EDS13-263

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

Page 1 of 1

Date of Notification (1)	2812 CE	Do	7. 14	112 -	9						Che	ok#	1859)
9-12-13		-1 5	Plain	of Buildin	g Owner blic Sc	/Operator	(2)							
Agencies Notified Type Notification		147	Street	Address			- IN.	Dente	APP	Vicen	PIFFF		_	7_
EPA Initial				Park Av			-	Cept.	n reatt	n &	Şenic	ir Sei	vices	1
DEP Amended Amended Amended	nt att		City, S	state, Zip (field, N.	Code	,		0	(sig	nature)	_	=	-
DOH Emergence Justification	y (includin	g	_	of Contac)	Da	-	131	5	1	9:	3	
DCA Cancellette				ne Can				Te	lephon	क्रापिय	mber			0.2
Name of Facility Where Abatement is Tak		7		CILITY IN		TION							-	
Plainfield Cedarbrook K-8 Cente	mg Place r	(3)			/V 68		Type of Facilit	y (4)				-	•	
Street Address							School (K	(-12)			5 11 .			
1049 Central Ave							Other (f.e	- private	& com	merc	2) Ial bu	ilding	s, hor	nes,
City (5) Plainfield		10	-		_		etc.) Square Feet	# 0	of Floor	8	_	Bldg.	Age	
County (6)					_		125000	3				40÷		
Union			(STATE	Code (7)	n		Current Use (F	rlor If be	ing den	nolis	ned)			
Name of Monitoring Firm Hired by Building	Owner (8) .	ASC	M No.		Name	of Abatement C	ontroolo	× (0)					
I I I Environmental Inc		107	000			GL G	roup, Inc	CHILL STC(Q)	(8)					
Street Address 1253 North Church St							Address			-			-	<u> </u>
City, State, Zip Code							lamburg Tur	npike						
Moorestown, NJ 08057						Bloom	atc, Zip Code ningdale, NJ	07403				8		Š7
Project Manager for Monitoring Firm	-		Telepho	one No.		Telepho		0,400	Licen	se N	^			
Mary Ellen Leotta Start Date (10)	1000			40-8800		(201)	710 -97 25		0108	777	4 -			
9-13-13 after 3.30pm	9-14-1	ied Co 3	mpletion	Date (11))	Name o	OSHA Monito	г						
Occupancy Status During Abatement (Che						Street A								
Facility Closed/Vacated During Entire	Period of	Abater	ment				amburg Turi	npike						
Abatement Performed Outside of Non Other - Describe:	mal Facility	y Hour	5				ate, Zip Code			+		3-30		
Scope of Work (Check All That Apply)						Bloom	ningdale, NJ	07403						
X ≥3 sf or ≥3 If	Xi :	Renova	atlon				100 BASS 0							
2160 sf or ≥260 lf		Demoli				×	Full Containn Mini-Englosu	10	Negati	VC P	ressu	re		
						×	Glovebag Pro Non-Exempto	cedure	l Non E	rinbl	o Five		_	
		Locat						- CAR	2 14011-1	HOU	1		emen	. —
Location of Asbestos-Containing Material (ACM)		vormal d Sole			_ De	scription o	of					Ty	pe	
TO BE ABATED In Facility	Ma	intena Iodial S	nce/ Staff?	Asoes (i.e.	thermal	systems !	terlal (ACM)		nount		70		m	(1)
(13)		(12)			surfac	olog, VAT	or		or LF)		Removal	Repair	Encapsulate	Endosure
7	Yes	No	N/A				/				ž.	#	ulate	and and
Altic		X		-	Pipe	Insulation	on .	8	LF.	-	x	-	-	_
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										\vdash				
					×					-	-			
Name of Registered Waste Hauler			JDEP W		Cubic		Name of	Register	ed Lan	dfill				
GL Group, Inc			auler ID 33034		of Was	de	Grows	2 - 55		J. 1784				
City, State Bloomingdale, NJ						al Dale	City, Stat	e		4-				
Completed by	1 4947-1				TBD		Morrisv							
/lichael B Solakov	P.M.				Si	gnature	fre file	are.	T	Date				
	1				_1_		AND THE PROPERTY OF THE PARTY O			9-1	2-20	113		

Chik H Dill

		S.										
Date of Notification (1)		. III 551223	me of Bu S.E.G.	uilding Owner/Op	perator (2)			2813 SEP 23	ΔK	10.	<u>50</u>	
Agencies Notified Type Notification			eet Addr	ess DLEY ROAD)				9 - w			
EPA DEP Initial Amended Amendment #		Cit	v State.	Zip Code PLAINFIELD		080		1 1177	e e e e e e e e e e e e e e e e e e e	24 f.	*	
Emergency (inclu	iding		ame of Co			3793		Toleral Mile Wumbe		9		
DCA Cancellation			FACILIT	TY INFORMATI	ON	ype of Fa	oilibr (4)		, n			\dashv
Name of Facility Where Abatement is Taking Plance PS Ex G - CuTHBERT	ace (3)	LV	۵. ۶	CUBSTAT	1000	Scho	ol (K-12)	(Other than K-12)				
Street Address 708 HAMPTo	N_	R	D.			Othe etc.) Square Fe	1000 N	vate & commercial I		gs, no		\dashv
City (5) CHERRY H	iL	<u>L</u> _				10/	4	N/A-	1	2//		\dashv
County (6) CAMBEN				SE ONLY)		S	wit	TCH ST	AT	01	U	4
Name of Monitoring Firm Hired by Building Owr ENVIRONMENTAL TACTICS	ner (8)		ASCM I		UNIQU		STEMS	OF AMERICA				
Street Address 64 BROAD STREET					100000000000000000000000000000000000000	/HITEH	770	VE.				
City, State, Zip Code MATAWAN, NJ 07747					City, Sta	ate, Zip C H RIVE	ode R, NJ				¥	
Project Manager for Monitoring Firm TOM GEIGER			elephone 732-292		100000000000000000000000000000000000000	32-835		License No. 01111				
	cheduled	Com	pletion D	ate (11)	Name of UNIQ	FOSHA I	Monitor STEMS	OF AMERICA				
Occupancy Status During Abatement (Check C						Address VHITEH	IEAD A	VE.				
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: 047 00 6	Facility	batem Hours	ent		City, Sta	ate, Zip C	ode ER, NJ	08882				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoliti			 	Mini-E	nclosure	ent with Negative Pr eedure d (*) and Non-Friabl			e	
	Is	Locati	on			110112					ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	lormal d Sole intena odial s (12)	ly by nce/	Asbestos Co (i.e. therm sur	Description ontaining Mal systems facing, VAr miscellan	laterial (A s insulatio T, or	cM) on,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	0 =	Λ	1	—	Canic	V	_	-	
OUTSIDE SUBSTATION		×		Somasti	c tip	E Co	Aling	500 LF				
									-			-
A Section of Wests Harder			NJDEP V	Vaste Cut	oic Yards		Name of	Registered Landfill		1	1	
Name of Registered Waste Hauler WASTE MANAGEMENT			Hauler ID 1125	No. of V	Vaste × 3 7 1	TBO		/S NORTH				
City, State ELIZABETH, NJ				Dis	posal Date	13		ISVILLE, PA	1.	_		-0
Completed by CAROL RAIMO	Title OFF	ICE I	MGR.		Signatur	g Usak	2 %	aimo	ate g	18	1/1	3
	-		- 735									

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

N#1895			NOT		MOITA		BES	ersey TOS ABAT 60 and 5:1							
Date of Notification (1)				•	Name	of Buildir	ng Owr	ner/Operator (2)						
	17 /	13			BA	SF Corp	oratio	on	07.5						
Agencies Notified	Type Notifica	ation	\$to		Stree	t Address	1		7817 (SEP 23	Ann	3: 3	3	51	
☐ EPA					100	Campu	s Driv	ve					150		
☑ DOLWD	Amended Amendm				City,	State, Zip	Code			4 - L- L	J		1		
□ DCA	Emergen	_		- n	Flo	rham Pa	ark, N.	J. 07932		LICTS					
(NJAC 5:23-8)	justification		oluulii	9	Name	of Contac	ct			Telephone	Numb	or_			-
	☐ Cancellat	tion			Fra	nk Piech	hoeta								
				•	FA	CILITY II	NFOR	MATION							
Name of Facility Where A	Abatement is T	Faking	Place	e (3)		200000000000000000000000000000000000000			Type of Facility (4	4)					
BASF - Guard Shad	ck								☐ School (K-12)						
Street Address			90 Hair						Subchapter 8 Other (i.e., pri	(Other than	K-12)	ial b	ildin	70	
1 James Street									homes, etc.)	vate and con	mmerc	iai bi	anding	y 5,	
City (5)									Square Feet	# of Floors	s	В	dg. A	ge	
Belvedere									300 sf	1			50		
County (6)				3.0	Cou	nty Code ((7)(STAT	TE USE ONLY)	Current Use (Price	or if being de	molish	ned)		10000	8 56
Warren				ŧ.					Vacant/ Guar	rd Shack					
Name of Monitoring Firm	Hired by Build	ding O	wner	(8)	ASCM	No.	Nam	ne of Abateme	ent Contractor (9)						-
Environmental Hea	Ith Investiga	ation	s, Inc	;	0010)4	C	lassic Envi	ronmental Inc						
Street Address	****			and the second			Stre	et Address							
655 West Shore Tra	ail						11	12 Wade Ro	ad						
City, State, Zip Code	in 200			77-24			City,	, State, Zip Co	ode						
Sparta, NJ 07871							La	atham, New	York 12110						
Project Manager for Moni	_				ephone		Tele	phone No.		License N	lo.				
William S. Kerbel, C	CIH .			9	73-79-	5649	51	18-591-0234	-	01062					
Start Date (10)	5347459				etion Da		Nam	ne of OSHA M	lonitor						1.0
	13	_1	0_/	12	2_/	13	Te	ester Tech							
Occupancy Status During							Stree	et Address	**						
☐ Facility Closed/Vacate	ed During Entir	re Per	iod of	Abate	ment		10	59 Jackin A	Ave						
☐ Abatement Performed Time of Abatement: _				y Hou PM		cribe AM	City,	State, Zip Co	ode						
						∆ivi									
Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	that apply)		□ Re 図 De	novat molitic				☐ Mini-Enc ☐ Glovebag			8	,	×		
				Loca				A764344				Ab	atem	ent T	уре
Location Asbestos-Containing I	[유럽 경기 등 등 - 10 10 10 10 10 10 10 10 10 10 10 10 10	,		Norma	ely by	Acho		Description of Containing Mar		Amount		Re	Re	ш	T I
TO BE ABA	TED	'		intena				mal systems i		(Specify		Remova	Repair	Encapsulate	Enclosure
IN Facilit (13)	У		Cus	(12)	Staff?	327		ırfacing, VAT,		SF or LF	-)	<u>a</u>		sula	sure
(13)			Yes	. No	N/A	1	otne	er miscellane	ous)					ate	
Interior Guard Shack						350 sf \	VAT			SF			П	П	1
Interior Guard Shack		\neg				120 Pip	e Cut	<u> </u>		lf					15
		-											-		-
		-	N 0	1	+-		0	pent-literatur							
Name of Desisters (187)	- 111-			Щ		<u>. </u>	Ta						Ш	П	
Name of Registered Wast Classic Environmen				1500	JDEP V lauler ID	No.	Wast	c Yards of te	Name of Register Ontario Cou						
City, State					11467	is .	Dispo	osal Date	City, State					90705355	
Latham, New York 1	2110						10	/14/2013	Stanley, Nev	w York					
Completed By (Print or Ty	pe)	Title					1	Signature O			Date)			1.11/2/20
Gregory Streeter		Dir	recto	r of C	perati	ons	(XX XX			9/	18	113	3	

CAN BOARD

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

720.	NOT	(Purs	uant	to NJ	AC 8:6	(0 and 5:16)		6				7
*		N	ame o	f Buildi	ng Own	er/Operator (2)		/.lob # 13	309-1804 Chk	#3342		
e of Notification (1)	19 / 13		Holy	Trinit	y Paris	sh 	2513	SEP 23 A				
9 / _	Type Notification	5	treet /	Address								4
encies Notified	Initial		11 N	orth K	enyon	Avenue	1 1					
EPA DOLWD	☐ Amended	(City, S	tate, Zir	Code			LICES	1			
DHSS	Amendment #	-				08402		Telep	hone Number			
DCA	☐ Emergency (including justification)	ig i	Name	of Cont	act	_		1				
(NJAC 5:23-8)	☐ Cancellation		Rev	. Jose	ph R.	Ferrara				*		
	L oans		FA	CILITY	INFO	RMATION	Type of	Facility (4)				
III Mhoro	Abatement is Taking Pla	ace (3)						I /K 12)	(40)			
ame of Facility Where	nt - Holy Trinity Chu	rch					Sub	chapter 8 (Oth	er than K-12) and commercial	l building	s,	
	10 110 7						⊠ Oth hor	nes, etc.)	u			
treet Address 14 North Jerome A	venue						Square		of Floors	Bldg. A		
	• • • • • • • • • • • • • • • • • • •					33	532	4	3	1954		
ity (5) Margate City				0	1- 171/9	TATE USE ONLY)	Currer	nt Use (Prior if	being demolishe	ed)		
County (6)			Co	unty Co	ae (/)(3	TATE OOL OIL	Vac	ant - Church	1			
					IN	Name of Abatem	ent Cor	tractor (9)				
Name of Monitoring Fir	m Hired by Building Ow	ner (8)	ASC	M No.	Ι.	Asbestos ar	nd Mole	d Services, C	corp.			
MDG Environmen	ntal					Street Address						
Street Address						3859 Sylon	Boulev	ard				
1000 Maplewood	Drive, Suite 207					City, State, Zip (Code					
City, State, Zip Code						Hainesport,	NJ 08	036	License No.			
Maple Shade, N.	08052	T	elenho	ne No.		Telephone No.	ne ne comercia		00862			
Project Manager for N	Monitoring Firm			755-93	00	609-702-040			00002	- 50		
Tony Esposito		uled Com				Name of OSHA	Monito	r To a				
Start Date (10)	7.0	0_ / _	11	/ _1	3_	EMSL Anal	ytical,	inc.				
10 / 2						Street Address		a a Maretha				
Occupancy Status D	uring Abatement (Check	riod of Ab	, ateme	nt		200 U.S. R		30 NOTHI				
- Darie	mad () I I Side of North		lours -	Descri	be	City, State, Zip	Code	1 02077				
Time of Abateme	ent: 2:00AMPM/	PN	л- <u>6:00</u>	<u>J</u> AM		Cinnamine	son, N	3 00077		Talai i C	1115	_
						⊠ Full (Sontainr	nent wit h Nega	ative Pressure	INULU	MK	5
Scope of Work (Che	ck all that apply	⊠ Reno	vatio	า		☐ Mini-	Enclose	ire				
≥3 sf or ≥3 lf ≥3 sf or ≥3 lf	ı£	☐ Dem	olition			⊠ Glov	Exemp	ocedure ted (*) and Non	-Friable Proced	ure		nt Typ
⊠ ≥160 sf or ≥260	11									7400		
			ocation or mall			Descript	ion of		Amount	Ren	Repair	Encapsul
Lo	cation of	Used	Solel	y by	Asb	pestos Containin i.e., thermal syst	g Mater	ulation,	(Specify	Removal	air.	Encapsulate
Asbestos-Conta	aining Material (ACM) E ABATED	Mai	ntenar odial S	taff?	(1	surfacing.	VAI, O		SF or LF)	=		late
IN	Facility	Juon	(12)			other misce	llaneou	s)			1000	
	(13)	Yes	No	N/A					570 SF			
The state of the s				\boxtimes	Floor	Tile & Mastic			600 LF			
			-	157	Pipe	Insulation					+	IT
Hallway			П	\boxtimes					100 LF		-	1
Hallway Crawlspace				-	Pipe	Insulation		15 200				
	office			\boxtimes	Pipe	Insulation						
Crawlspace	office						s of	Name of Reg	istered Landfill			
Crawlspace Maintenance C				□	Waste	Cubic Yard Waste	s of	Name of Reg	istered Landfill			
Crawlspace Maintenance C	red Waste Hauler				Waste D No.	Cubic Yard Waste		GROWS I	istered Landfill Landfill			
Crawlspace Maintenance C Name of Register Freehold Ca	red Waste Hauler			NJDEP Hauler	Waste D No.	Cubic Yard Waste 5 Disposal D	ate	GROWS I	istered Landfill			
Crawlspace Maintenance C Name of Register Freehold Ca City, State	red Waste Hauler rtage, Inc.			NJDEP Hauler	Waste D No.	Cubic Yard Waste 5 Disposal D	ate 3	GROWS I	istered Landfill Landfill	Date		72
Crawlspace Maintenance C Name of Register Freehold Ca	red Waste Hauler rtage, Inc.	Title		NJDEP Hauler	Waste D No. 5	Cubic Yard Waste 5 Disposal D	ate 3	GROWS I	istered Landfill Landfill	Date	19-1	3

ASB-41 MAY 11

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



te of Notification (1) 8 / 1 / 13				ilding Owner/Operator (2 Old Bridge, LLC	r) / Job	#1308-1790: Chk.	#NA			
encies Notified Type Notification EPA Initial			et Addr ne Fay	ess vette Street, Suite 10			~ 3 Å			-
DOLWD Amended	NA F			Zip Code		: L108 :	n #2			
DHSS Amendment #U		C	onsho	hocken, PA 19428		Ter Luckara Number				4
DCA Emergency (included in its property (included in its property in its prope	cluding	Nan	ne of Co	ontact		Telephone Number	-			
(NJAC 5:23-8) Justification		N	lr. Jerr	y McMullen				-		\dashv
		F	ACILI	TY INFORMATION	× 12-17-20-11-12-1			-		-
Abetement is Taking	Place (3)	-			Type of Facility					
ame of Facility Where Abatement is Taking Old Bridge Gateway Shopping Cen	ter - Spac	e 101	16		School (K-12	o (Other than K-12)				
					Other (i.e., p	private and commercia	al buildin	ıgs,		
treet Address					homes, etc.)				\dashv
100-1074 Route 9					Square Feet	# of Floors	Bldg. /			
ity (5)					235,995	1	April 100 mg	0		_
Old Bridge		ТС	ounty C	code (7)(STATE USE ONLY)	Current Use (P	rior if being demolished	ed)			
county (6)			· · · · ·		Vacant				_	_
Middlesex	Owner (8)	AS	CM No.	Name of Abater	nent Contractor (9	9)				
Name of Monitoring Firm Hired by Building	Jonies		0021	Asbestos a	nd Mold Servic	es, Corp.				
Accredited Environmental Techno	logico			Street Address						
Street Address		•		3859 Sylon	Boulevard					
28 North Pennel Road	Int	A		City, State, Zip	Code					
City, State, Zip Code	HIIL	(//		Hainesport						_
Media, PA 19063	0 100	elenh	one No	Telephone No.		License No.				
Project Manager for Monitoring Firm	1.		.891-0°		00	00862				_
Dave Turotsy	eduled Com	C. Allegaria		Control of the contro	Monitor					
Start Date (10)	10_ / _				lytical, Inc.					
0 1 11 1	State State of the Party of the			Street Address						
Occupancy Status During Abatement (Che	eck only one	e)	nt		oute 130 North					
Facility Closed/Vacated During Entire I	Period of Ab	ateme	- Descr							
Abatement Performed Outside of Norm Time of Abatement:AM	PM/	PM	AI	M Cinnamins	on, NJ 08077					
Time of Abatement.	• 9000									
				⊠ Full C	Containment with I	Negative Pressure				
Scope of Work (Check all that apply)				<u> </u>	Olitali il liciti Witti	togutte				
	⊠ Reno	ovatio	n	☐ Mini-l	Enclosure					
Scope of Work (Check all that apply) □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	⊠ Rend □ Dem	ovation	n	☐ Mini-l	Enclosure	Non-Friable Procedu	re			
☐ >3 sf or ≥3 lf	☐ Dem	olition		☐ Mini-l	Enclosure		Aba	teme		
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	☐ Dem	olition	on y	☐ Mini-I ☐ Glove ☐ Non-	Enclosure bag Procedure Exempted (*) and on of	Non-Friable Procedu	Aba			
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf Location of	Is L No Used	ocation ocation ormall	on y y by	☐ Mini-I☐ Glove ☐ Non-	Enclosure ebag Procedure Exempted (*) and on of Material (ACM)	Non-Friable Procedu	Aba	teme Repair		
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED	Is L No Used Mair	ocation ocation ormall Solel	on y y by ace/	☐ Mini-☐ Glove☐ Non-☐ Non-☐ Masbestos Containing (i.e., thermal system surfacing.)	Enclosure ebag Procedure Exempted (*) and on of Material (ACM) ems insulation, VAT, or	Non-Friable Procedu	Aba			
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility	Is L No Used	ocation ocation ormall Solel	on y y by ice/ staff?	☐ Mini-I☐ Glove ☐ Non- Descripti Asbestos Containing (i.e., thermal syste	Enclosure ebag Procedure Exempted (*) and on of Material (ACM) ems insulation, VAT, or	Non-Friable Procedu Amount (Specify	Aba		nt Ty Encapsulate	
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED	Is L No Used Mair	ocation ocatio	on y y by ace/	☐ Mini-☐ Glove☐ Non-☐ Non-☐ Non-☐ Masbestos Containing (i.e., thermal system surfacing, Vother miscel	Enclosure ebag Procedure Exempted (*) and on of Material (ACM) ems insulation, VAT, or laneous)	Amount (Specify SF or LF)	Aba Removal	Repair	Encapsulate	Licitor
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is L No Used Mair Custo	ocation ocatio	on y y by ice/ staff?	☐ Mini-☐ Glove☐ Non-☐ Non-☐ Masbestos Containing (i.e., thermal system surfacing.)	Enclosure ebag Procedure Exempted (*) and on of Material (ACM) ems insulation, VAT, or laneous)	Amount (Specify SF or LF)	Aba Removal	Repair	Encapsulate	Elicioanic
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Rear Storage & Bathroom	Is L No Used Mair Custo Yes	ocation ocation ocation Solel atenan odial S (12)	on y y by ice/ itaff?	☐ Mini-☐ Glove☐ Non-☐ Non-☐ Non-☐ Masbestos Containing (i.e., thermal system surfacing, Vother miscel	Enclosure ebag Procedure Exempted (*) and on of Material (ACM) ems insulation, VAT, or laneous)	Amount (Specify SF or LF)	Abar Removal	Repair	Encapsulate	ype
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is L No Used Mair Custo Yes	ocation Solel International Solel (12) No	on y y y by cice/ ctaff?	☐ Mini-☐ Glove☐ Non-☐ Non-☐ Non-☐ Masbestos Containing (i.e., thermal system surfacing, vother miscel☐ Floor tile and masti	Enclosure ebag Procedure Exempted (*) and on of Material (ACM) ems insulation, VAT, or laneous)	Amount (Specify SF or LF)	Aba Removal	Repair	Encapsulate	Licitor
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Rear Storage & Bathroom	Is L No Used Mair Custo Yes	ocation cocation and cocation a	on y y by loce/ staff?	☐ Mini-☐ Glove☐ Non-☐ Non-☐ Non-☐ Masbestos Containing (i.e., thermal system surfacing, vother miscel☐ Floor tile and masti	Enclosure ebag Procedure Exempted (*) and on of Material (ACM) ems insulation, VAT, or laneous) c c	Amount (Specify SF or LF) 2,000 SF 1,600 SF	Abar Removal	Repair	Encapsulate	Liciogaio
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Rear Storage & Bathroom Throughout Store	Is L No Used Mair Custo Yes	ocation Solel International Solel (12) No	on y y y by cice/ ctaff?	Description Non- Description Non- Description Non- Asbestos Containing (i.e., thermal system surfacing, vother miscel Floor tile and mastion Theorem Non- Floor tile and mastion Non- Floor tile All Mastion Non- Fl	Enclosure ebag Procedure Exempted (*) and on of Material (ACM) ems insulation, VAT, or laneous) c c c	Amount (Specify SF or LF) 2,000 SF 1,600 SF	Abar Removal	Repair	Encapsulate	Licitor
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Rear Storage & Bathroom Throughout Store Name of Registered Waste Hauler	Is L No Used Mair Custo Yes	ocation sole or mall sole of tenan odial S (12)	on y y by loce/ staff? N/A S JDEP \ lauler IE	Description Non- Description Non- Asbestos Containing (i.e., thermal system surfacing, vother miscel) Floor tile and mastion Tile and mastion No. Waste O No. Cubic Yards Waste	Enclosure ebag Procedure Exempted (*) and on of Material (ACM) ems insulation, VAT, or laneous) c c c	Amount (Specify SF or LF) 2,000 SF 1,600 SF	Abar Removal	Repair	Encapsulate	Licitor
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Rear Storage & Bathroom Throughout Store	Is L No Used Mair Custo Yes	ocation sole or mall sole of tenan odial S (12)	on y y by ice/ ctaff?	Description Asbestos Containing (i.e., thermal systes surfacing, other misceled) Floor tile and mastion Floor tile and mastion Vaste O No. Waste O No. Waste O No. Waste S Waste S Waste	enclosure ebag Procedure Exempted (*) and on of Material (ACM) ems insulation, VAT, or laneous) c c d Mame of I GROW te City, State	Amount (Specify SF or LF) 2,000 SF 1,600 SF Registered Landfill	Abar Removal	Repair	Encapsulate	Licitor
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) (13) Rear Storage & Bathroom Throughout Store Name of Registered Waste Hauler Freehold Cartage, Inc. City, State	Is L No Used Mair Custo Yes	ocation sole or mall sole of tenan odial S (12)	on y y by loce/ staff? N/A S JDEP \ lauler IE	Description Non- Description Non- Asbestos Containing (i.e., thermal system surfacing, vother miscel) Floor tile and mastion Tile and mastion No. Waste O No. Cubic Yards Waste	enclosure ebag Procedure Exempted (*) and on of Material (ACM) ems insulation, VAT, or laneous) c c d Mame of I GROW te City, State	Amount (Specify SF or LF) 2,000 SF 1,600 SF Registered Landfill //S Landfill esville, PA 19067	Aba Removal	Repair	Encapsulate	Licitor
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Rear Storage & Bathroom Throughout Store Name of Registered Waste Hauler Freehold Cartage, Inc.	Is L No Used Mair Custo Yes	ocation sole or mall sole of tenan odial S (12)	on y y by loce/ staff? N/A S JDEP \ lauler IE	Description Non- Description Non- Description Non- Asbestos Containing (i.e., thermal system surfacing, other miscel) Floor tile and mastion Tile and mastion No. Waste O No. Disposal Date	enclosure ebag Procedure Exempted (*) and on of Material (ACM) ems insulation, VAT, or laneous) c c d Name of I GROW te City, State Morris	Amount (Specify SF or LF) 2,000 SF 1,600 SF Registered Landfill //S Landfill esville, PA 19067	Aba Removal	Repair	Encapsulate	Licitor

Job Number: 1211-1689 Check: #NA

		(Puisi						1	Operator (2)							
ate of Notification	(1)		Joh:	e of	Bui	ilding nvill	g Own Ie	er /	Operator (2)	2313 SEP 2	م م	1115				1
28/13			Stree	ot Ac	dre	ess					. U A	u in: 28				1
gencies Notified	Type Notificat	ion	717	17 th	Si	tree	t									1
			City	Stat	te 8	& Zir	Code	9		: LD						
DEP	☐ Initial		Don	WAT	C	0.8	0202			1 4 4 1 5	9,5	Teleph	one N	umb	er	7
DOL	E-mail	ded #17	Nam	10 Of	C	onta	ct					Leichi	ione i	4.1.1.	_	
DOH	☐ Emerg	jency	Nan	-4 1	Mar	oin a	Sou	ırci	ng Manager		4	4				_
DCA	Cance	ellation														
			F	ACI	LIT	TY I	NFOF	RM/	ATION							
		tia Taking Place						Typ	e of Facility (4	4)						
ame of Facility V	Vhere Abateme	nt is Taking Place	C (C)						School (K-12	2)	(40)					
ohns Manville	- Penbryn Pla	int						П	Subchapter	8 (Other than h	(-12)	ildings be	mas	etc.)		
treet Address									Other (i.e. pr	rivate & comm	ercial	oulidings, no	A = 0	010.7		-
37 North Grov	e Street							Sa	uare Feet	# of Floors		Bldg.	4ge			
01 1101111						(7)		N/							_	_
2:h. (E)		County (6)	Coun	ty Co	ode	(1)		N/	A Driv	or if being dem	olishe	d)				
City (5)		GLE	1							Of It Domig arm				0.000000		
Berlin		0	1					PI	ant	. 0 . 1	- (0)					
		Duilding Owne	r (8)		AS	SCM	No.	Na	ame of Abaten	nent Contracto	(a)	n				
Name of Monitori	ng Firm Hired I	by Building Owner	. (0)					A	sbestos & M	old Services	, 601	ρ.				
One Source Sa	afety & Health	1			-			St	reet Address	72						
Ctroot Address								38	359 Sylon Be	oulevard						
140 South Villa	age Avenue-	Suite 130		-	-			C	ity State & Zip	o Code						
City, State & Zip	Code			35				1H	ainesport, N	1J 08036						_
Exton PA 193	41		Teleph		Nice	mhe	ar .	T	elephone Num	nber	Li	cense Num	0862			
Project Manager	for Monitoring	Firm	leleph	one	NU	ILLIDE	51	16	09-702-0400				0002		_	_
Brian Hovend	on	13	610-5					1	lame of OSHA	Monitor						
Scheduled Start	Date (10)	Scheduled Com	pletior	n Da	te ((11)			MSL Analyt	ical						_
4 4 14 0 14 0		10/4/13						45	Street Address							
	us During Abat	ement (Check on	ly one)				13	07 Haddon	Λνο						
La cilitat	TOCOUTY ALBERT	1 Duilling Line			ate	mer	ıt	17	U/ Haddon	in Code						
Facility	ant Dorformed	Outside of Norma	al Hou	Irs				10	City, State & Z	I 00400						
		Outoide -						1	Westmont, N	47 08100						
Describ	e:	a Abatement														
	Occupied Durin	Ig Abatement									tainme	ent with Neg	ative I	res	sure	
Scope of Work	(Check all that	apply)							1	Full Con	lanning	in with 1109				
			\square	Re	no	vatio	n			Mini-End	losule	; 				
≥3 sf or			12			olitio				Glove B	ag Pro	cedules	riable	Pro	edu	ire
≥160 sf	≥260 If		Ш	De	,,,,,,	,,,,,,	5.E			Non-Exe	empted	and Non-F	Aba	tom	ont T	vn
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	Location of			Loca				1	Asbestos-Cont	taining		Specify	1 1		ш	
A	sbestos-Contai	ning	Norr	colely	, b	seu v			Material (AC	CM)	S	F or LF)	Z.	N	nce	
	Material (ACN	N)	Mair	ten	anc	e or		(ie thermal s	vstems			Removal	Repair	Encapsulate	1
	TO BE ABATE	<u>.D</u>	Cust	hodia	I S	taff?		ins	ulation, surfac	cing, VAT			Va	¥	l a	
	in Facility		Cusi	(12		******		O	other miscell	aneous)			-		9	
	(13)		Yes	_		N/A							M	П	m	I
			100			$\overline{\Box}$		nei	te Deck Pan	els	2,40		N N	片	11	H
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			+=	17	Ť						1.4	d Landfill				-
				14	NI	DFF	Was	te (Cubic Yards	Name of Re	gistere	ea Landiiii				
Name of Reg	istered Waste	Hauler			Ha	uler	ID No).	of Waste			11				
1					1 10		612		30	GROWS L	andti					_
Horizon Dis	sposal							-	Disposal Date	City, State						
City, State								1	10/4/13	Morrisville	e, PA			8		
Trenton, N.	J	2-24-2112-1214-2-1-1			,			-	December 1				Date		_	
Completed D	y (Print or Type	<u>a)</u>				tle			Signature				9/1	2/1	3	
Completed B	ala atti	y.			A	dmi	n.		MIN I							
Kim Trun	nperti				1				MOV							

Date of Notification (1)				Name o	of Building	Owner/Operator (2	2)					
9 / 1	9 / _1	13		Mr. J	Jeff Wille	y / J	lob # 1308-1793	3-1 Chik.#334	3 23	ħ₩	in.	20
Agencies Notified T	ype Notificatio	n		Street A	Address				4,0	•	10.	2.2
	☑ Initial			111	Metcalfe	Street		12 E 8				
☑ DOLWD □	Amended			City, St	ate, Zip C	ode		- 1	LICEN	2.71	1.1	1.
☑ DHSS	Amendment		•		Head, N				-1000		A STATE OF THE STA	
Later Annual Control C	☑ Emergency justification)		9		of Contact	and the second second		Telephone Nur	mber			- 4
(NJAC 5:23-8)	Cancellation				Willey							
		0)				FORMATION						
Name of Facility Where Aba	atement is Tak	ing Place	e (3)				Type of Facility (4	4)				
Bay Head Yacht Club		Ŭ					☐ School (K-12)					
Street Address				- 11			☐ Subchapter 8 ☐ Other (i.e., pri	(Other than K-1	2)	Idina		
111 Metcalfe Street							homes, etc.)					
City (5)							Square Feet	# of Floors		g. Ag	e	
Bay Head							62,300	3	1	928		
County (6)	720			Count	ty Code (7)	(STATE USE ONLY)	Current Use (Price	or if being demo	lished)			
Ocean							Vacant					
Name of Monitoring Firm Hi	ired by Buildin	g Owner	(8)	ASCM N	No.	Name of Abateme	ent Contractor (9)					
NA	35/4		W.=			Asbestos and	d Mold Services	s, Corp.				
Street Address						Street Address						
						3859 Sylon B	oulevard					
City, State, Zip Code				7002 70	***************************************	City, State, Zip Co	ode					
and the second s						Hainesport, I	NJ 08036					
Project Manager for Monito	ring Firm		Tel	ephone I	No.	Telephone No.		License No.				
						609-702-0400		00862				
Start Date (10)	Sch	heduled	Compl	etion Dat	te (11)	Name of OSHA M	Monitor			5-5-3	23/25/22	
9 / 22 / _	13	9	/ _2	2_//	13	EMSL Analyt	ical, Inc.					
Occupancy Status During A	Abatement (Ch	neck only	one)			Street Address						
☑ Facility Closed/Vacated						200 U.S. Rou	te 130 North					
Abatement Performed C						City, State, Zip Co						
						Cinnaminsor	n, NJ 08077				77.00	
Scope of Work (Check all the	hat apply)					☐ Full Con	tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf			enova			☐ Mini-End	closure					
≥160 sf or ≥260 lf			emolit	ion		∐ Gloveba ⊠ Non-Exe	g Procedure empted (*) and No	n-Friable Proce	dure			
			ls Loca	ation		Z (toll Exc	(/ 2			atem	ent T	ype
Location of	f		Norm	ally		Description of	of			_		
Asbestos-Containing M	aterial (ACM)	70000	sed So lainten	lely by		stos Containing Ma		Amount	em	Repair	nca	nck.
TO BE ABAT IN Facility				Staff?	(i.e	e., thermal systems surfacing, VAT		(Specify SF or LF)	Removal	₹.	Encapsulate	Enclosure
(13)			(12)	1	other miscellane			-		late	(D)
		Yes	No.	_						_	_	_
Exterior - Electrical Clo	oset		\Box		Transit	e		100 SF		Ш	Ш	Ш
Exterior - Kitchen Hoo	d			\boxtimes	Trasnit	e		6 SF				
Name of Registered Waste	Hauler		- 13	NJDEP \		Cubic Yards of	Name of Regis					Mar. The
Freehold Cartage, Inc	c.			Hauler II 02265		Waste 5	GROWS La	andfill				
City, State						Disposal Date	City, State					
Freehold, NJ						9/23/13	Morrisville	, PA 19067				
Completed By (Print or Typ	oe)	Title		00.0		Signature 1			Date	70		
Kimberly A. Trumbet		Office	Coo	rdinato	r	(XM)			9-19	-13		

D&S Proj. #: 2013-344

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

TAL-USUS-	(1)	Name	of Building	Owner/O	perator (2)	-12/12/1	711	3 SEP 2	2 FM 11	- 50				
Date of Notification	1/1131	Harl	een Nara	ng			4. i. i	ا الداد	J HEEL					
Agencies Notified	Type Notification		Address						L					
☐ EPA	☐ Initial ☐ Amended	28 7	Wilcox Pl	ace	1			1.1		- 18				_
DEP	Amendment #:	City, S	State, Zip C	ode					24					
DOL	Emergency		r Lawn, l					TT	elephone l	Number		-		
□ DOH	(including justification)	Name	of Contact					<u> </u>	elephone	V ullibel				
☐ DCA	Cancellation	Ha	rleen Nai	rang							_		_	_
	Caricellation			FACILIT	Y INFORMA	ATION				1.25-12				
No. of Spelithy w	here abatement is ta	king place (3)					Type of	Facility (4) School	(K _ 12)				
Name of facility w	niere abatement le te	5	66. % 2				35	1		oter 8 (Other	er thai	1 K-12	2)	
Harleen Naran	g								Other (P	rivate/Com	merci			
Street Address									Bldgs./H	omes, etc.			. Age	
28 Wilcox Pla	ice							Square	Feet #	of Floors		Diag	. rigo	
City (5)		County (6)				y Code (7) use only)	Curre	nt Use (Pri	or if being	demol	ished)	_
		ESSEX	ζ											_
Fair Lawn	ing Firm Hired by Blo			T /	ASCM No.	1	lame of Abatemer	nt Contracto	or (9)					
Name of Monton	mg :		3D				D & S RESTO	RATION,	INC.	- 0				_
Street Address						5	Street Address			2.0				
Succe, ladioco				<u> </u>			20 California	Annual Control of the			-			_
City, State, Zip Co	ode	T T		P. 1			ity, State, Zip Coo			- 4				
77 m /F	T2 11 11 11 11 11			Nb.s.		-	Paterson, NJ elephone Numbe			License N	lumbe	r		_
Project Manager	for Monitoring Firm		Phor	ne Number		- 11	973-345-802			01	169			_
(1)			completion	Data (11)		ī	Name of OSHA M	onitor						
Start Date (10)		Sched. C	ompietion	Date (11)			D & S Restor	ation, Inc				-		
09/26/13		10/101					Street Address	Avanue		-				
Occupancy Statu	s During Abatement	(Check only	y one) of abatem	ent		1	20 California City, State, Zip Co							_
Facility clos	sed/vacated during e t performed outside o	of normal fac	cility hours	-			51.J ₁ 51.1.1-1							
Describer						=11	Paterson, NJ				_			
	(check all that apply								ntainment v	v/negative	press	ure		
>3 sf or >3		, Renovation						Mini-en	closure ag procedu	re				
≥160 sf or		Demolition						Non-E	empted (*)	and Non-	friable	proce	edure	
		Is location	normally u	sed solely							R	R	E n	E
Location of asbestos-	containing	by mainten staff(12)	ance/custo	odial			sbestos-containing	g	Amount (Specify	SF or	m o	p a	c a	n c
material (acm) to be facility (13)	Yes	No	N/A	materia	al (ACM)			LF)		v e	i	р	L
		163	140	1,47,	PIPE INS	TIL ATI	ON	20	LFT		×			
	boiler insulation		X		BARE H				LFT				M	
BASEMENT			_X_		BAKEII	EATIN	GTHE			N. II				
					1									믹
					1									
Registered Was	te Hauler	INJDE	P Hauler I	D# C	ubic Yards	of Waste	Name of Regist	tered Landf	III	ECOVE	RV			
D & S REST	ORATION, INC.				1 YD		TULLYTOV City, State	WN, KES	JUKCE N	DCC (E)				
City, State				Disposal [09/27/1			TULLYTO	WN, PA						
	N, NJ 07503	Title		OJIZITI	Signature	9				Date	(1001	2		
Completed by BOGDAN J	(Print or Type)	PRESID	ENT							09/1	6/201	3	_	
BOODAN		* Do not us	e this form	for asbes	tos licensure	exempt	ed activities.							

State of NJ

2013 SEP 23 AM 10: 79

D&S Proj. #: 2013-343

Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

		II Non	no of Build	ing Owner	Operator (2)				- F	88	11		
Date of Notification	(1) 												
Agencies Notified	Type Notification		et Address	MANVII	LLE								_
☐ EPA		-			A.D.								
☐ DEP	Amended	0.00	, State, Zip	ITAN RO	AD								
□ DOL	Amendment #:				NIT 07076								
	Emergency (including		ne of Conta		NJ 07076			Telephone	Number				
□ DOH	justification)												
☐ DCA	☐ Cancellation	J	ENNIFE	R MANV	ILLE					=			_
				FACILI	TY INFORM	ATION							
Name of facility w	here abatement is	taking place	e (3)					Type of Facility (4) (K - 12)				
JENNIFER M.	ANVILLE							Subcha	pter 8 (Oth Private/Con			2)	
Street Address								Bldgs./h	Homes, etc				
2101 RARITA	AN ROAD							Square Feet #	of Floors		Bld	g. Age	9
City (5)		County	y (6)				Code (7)					1)	
						(State	use only)	Current Use (Pri	or if being	demo	lished	1)	
SCOTCH PL	AINS	unior			ASCM No.	<u> </u>	lame of Abatemer	nt Contractor (9)	_				
Name of Monitori	ing Firm Hired by B	lag. Owner	(0)		ASCIVI NO.	11	D & S RESTO						
							treet Address	ICATION, INC.					
Street Address			26				20 California	Ave.					
A A Y . O	1.					<u> </u>	ity, State, Zip Coo					1 446	100
City, State, Zip Co	ode						Paterson, NJ		6				-
Designat Managar f	or Monitoring Firm		I Pho	one Numbe	r		elephone Numbe		License N	Numbe	er		
Project Manager i	or wormorning r intr			0110 1101112			973-345-802		01	169			
		TSchool	Completic	n Date (11)		<u> </u>	Name of OSHA M						
Start Date (10)		Scried.	Completio	in Date (11)			D & S Restora	ation, Inc.					
09/27/13		10/16				-	Street Address						
	s During Abatemen						20 California			_			
Facility clos	ed/vacated during performed outside	entire perio	a of abate	ment. 's-		110	City, State, Zip Co	ae					
							Paterson, NJ	07503					
	cribe: NORMAL H					-1	T decision, I is	Full Containment v	v/negative	press	ure		
[24] [1] [1] [1] [1] [1] [1] [1] [1] [1] [1	check all that apply						Ĺ	Mini-enclosure	miogaaro	,,,,,,			
$\ge 3 \text{ sf or } >3$	If 🖂	Renovation						Glovebag procedu	re			201 4 0.00222	
≥160 sf or	≥260 If	Demolition						Non-Exempted (*)	and Non-f	riable	Proce	E	Т
Location of	f	Is location	n normally enance/cus	used solely todial	1			Amount		e	е	n	E n
asbestos-o material (a		staff(12)	nancoroue			tion of as I (ACM)	bestos-containing	(Specify S	SF or	m o	p a	c	С
abated in f		Yes	No	N/A	- materia	. (,		LF)		v e	i	р	L
				1	PIPE INS	TIT ATT	ON	60 L FT		X			\Box
BASEMENT			X	-	PIPE INS			90 L FT					
CRAWL SPACE	CE				TRANSIT			30 SQ FT					
BASEMENT	.) [2] H. 424 (H.)		LX		IKANSI	ETAN	EL .			Ī			
				-									
	11-1-	INID	EP Hauler	ID# 1.0	ubic Yards o	of Waste	Name of Registe	ered Landfill		1			
Registered Wast	e Hauler ORATION, INC.		506	10"	2 yds		TULLYTOW	N, RESOURCE R	ECOVER	Y			
City, State				Disposal D	ate		City, State						
PATERSON	, NJ 07503			09/30/1			TULLYTOV	VN, PA	To-t-	_		_	
Completed by (F		Title			Signature				Date 09/16		3		
BOGDAN JO	OLDZIC	PRESID	ENT		. licanaura	ovemnte	d activities			., 201			
ASB-41		* Do not us	se this form	n for aspest	os licensure	exemple	a activities.						

State of NJ

Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) 2013 SEP 23 D&S Proj. #: 2013-342 CV#005088

Date of Notification (1)	Na Na	ame of Bui	lding Own	er/Operator (2)	-	0.000	- 1					
0 9 /1 6 /1 13		Erin Ram	os									
Agencies Notified Type Notification	on St	reet Addre	SS									
☐ EPA ☐ Initial ☐ Amended		84 ARLT	NGTON	AVENUE								
DEP Amendment #:	1	ty, State, Z		DITOD				1				
DOL Emergency	$- \parallel$		ELL, NJ	07006		*	9 8					
DOH (including	Na	me of Cor		07000			Tele	phone Nur	mber			
justification)		- · -										
Cancellation		Erin Rar	nos									
			FACI	ILITY INFORM	ATION					-		
Name of facility where abatement is	taking pla	ce (3)					Type of Fac	ility (4) chool (K -	12)			
Erin Ramos								ubchapter		han K	-12)	
Street Address								ther (Priva	te/Comme			
84 ARLINGTON AVENUE							Square Fe	dgs./Home	es, etc. Floors	Ble	dg. Ag	ge
City (5)	Coun	ty (6)			Cou	nty Code (7)						
					(Sta	te use only)	Current Us	e (Prior if	being dem	nolishe	ed)	
CALDWELL	ESS	AL 0170000										
Name of Monitoring Firm Hired by E	lldg. Owne	r (8)		ASCM No.		Name of Abatemen	t Contractor (9)					
						D & S RESTOR	RATION, INC	J				
Street Address						Street Address						19
The second secon						20 California A				-		
City, State, Zip Code						City, State, Zip Code						
		Lei	- N 1		_	Paterson, NJ 0	7503	Lin	amaa Muumb			24 (2)
Project Manager for Monitoring Firm	10	Pr	none Numb	er		Telephone Number 973-345-8020)	LICE	ense Numb 01169			
<u> </u>						Name of OSHA Mo			01107			
Start Date (10)	Sched	. Completi	on Date (1	1)		D & S Restora						
09/27/13	10/10	/13				Street Address	,					
Occupancy Status During Abatemen	t (Check o	nly one)				20 California A	venue					
Facility closed/vacated during						City, State, Zip Cod	e					
Abatement performed outside Describe:		acility hou	rs-									
Other-Describe: NORMAL H	OURS					Paterson, NJ 0	7503					
Scope of Work (check all that apply)		N. III				Full Containm	ent w/neg	ative press	sure		
\boxtimes >3 sf or >3 lf	Renovatio	n					Mini-enclosur					
≥160 sf or ≥260 lf	Demolition	1				¥	Glovebag pro Non-Exempte		Non-friable	e proc	edure	e.
Location of	Is location	normally	used solel	у			Tron Exempte	, a () a.i.a .	R	R	E	E
asbestos-containing	by mainte staff(12)	nance/cus	stodial	Descripti	on of a	sbestos-containing	Amo		e m	е	n	n
material (acm) to be abated in facility (13)	242		T	material	(ACM)		(Spe	cify SF or	10	a	a	C L
abated in facility (10)	Yes	No	N/A						v e	r	p	-
BASEMENT		$\Box X$		PIPE INSU	JLATI	ON	75 1 ft					
24 1									□			
Registered Waste Hauler		P Hauler	0.000	Cubic Yards of	Waste			E DECC	VEDV			
D & S RESTORATION, INC.	135	006		1 YD		TULLYTOWN	, KESOURC	E KECO	VEKY			
City, State PATERSON, NJ 07503			Disposal I 09/30/1			City, State TULLYTOW	N PA					
Completed by (Print or Type)	Title		03/30/1	Signature		TODDITOWI	1,111	Di	ate		-	
BOGDAN JOLDZIC	PRESID	ENT						1 1 2 2 2 2	9/16/201	3		
			for asbest	tos licensure e	kempte	d activities.						

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 2013-345

ASR-41

1 × 2 × 2			CI	1#	002381	0						
Date of Notification (1)		f Building Owner	r/Operator (2)			EP 23	thions	Ş	_ 4			
Agencies Notified Type Notified Type Notified Initial	Street A	ddress				- 13 -						
DEP Amended	0:1	EDAR STREE	T									
DOL Amendment		AR GROVE,	NI 07000									
☐ Emergen (including	Name of	Contact	NJ 07009				Telephon	e Numbe	r		-	
justification	II TEE	GROEGER					L					
Cancella	ion EEE		ITY INFORMA	ATION		-						_
Name of facility where abateme	nt is taking place (3)			ATION	11.	ТТт	pe of Facility (4)			-	
	III IS taking place (5)						Schoo	I (K - 12)				7.14
LEE GROEGER						-		apter 8 (0 (Private/0			12)	
Street Address		59					Bldgs.	Homes, e	etc.			
53 CEDAR STREET	T (0)					_ S	quare Feet	# of Floo	rs	Bld	g. Ag	е
City (5)	County (6)				ty Code (7) e use only)		Current Use (P	rior if beir	na demo	olishe	d)	
CEDAR GROVE	ESSEX							10.84 (31, 307.0)				
Name of Monitoring Firm Hired	by Bldg. Owner (8)		ASCM No.		Name of Abatem							
<u> </u>				_	D & S RESTO	ORATI	ON, INC.					
Street Address					20 California	Ave						
City, State, Zip Code					City, State, Zip Co							
	1				Paterson, NJ							
Project Manager for Monitoring I	irm	Phone Number	er		Telephone Numb			License	Numb 1169	er		
Zingaran					973-345-80 Name of OSHA N				71107			
Start Date (10)	Sched. Com	pletion Date (11)		D & S Resto		Inc.					
09/28/13	10/15/13			_	Street Address							
Occupancy Status During Abate Facility closed/vacated du					20 California City, State, Zip C		ıe					
Abatement performed out	side of normal facility	/ hours-			oity, otato, zip o	000						
Describe:NORMA	L HOURS			_	Paterson, N.	J 07503	l					
Scope of Work (check all that a		4 1					Containment	w/negativ	e press	ure		
≥ 3 sf or >3 If	Renovation						i-enclosure vebag procedi	ıre				
≥160 sf or ≥260 lf	Demolition					Nor	n-Exempted (*	and Nor	n-friable	proce	1000	
Location of	Is location norr	nally used solely e/custodial	1 1	ion of o	sbestos-containin	0	Amount		е	е	E n	E n
asbestos-containing material (acm) to be	staff(12)		material		spesios-containin	9	(Specify LF)	SF or	m o	p a	c a	C L
abated in facility (13)	Yes 1	No N/A							v e	r	р	
BASEMENT		X	DUCT INS				20 SQ FT				무	片
ATTIC			DUCT INS	SULAT	TION		5 SQ FT			H	ዙ	H
			1						╫	늗	H	卅
			1			_			冒			
Registered Waste Hauler	NJDEP H	44.0.	Cubic Yards of	Waste	Name of Regist	ered La	ndfill	DOO!	-1			
D & S RESTORATION, IT	NC. 13506	Disposal D	1 YD		TULLYTOV City, State	VN, RE	SOURCER	ECOVE	KY			_
City, State PATERSON, NJ 07503		09/30/1			TULLYTO'	WN, PA	4					
Completed by (Print or Type)	Title		Signature					Date	(112			
BOGDAN JOLDZIC	PRESIDENT	form for asbest	no licensure o	vemnte	d activities			09/1	0/13			
ASR-41	* Do not use this	s form for aspest	os licensule e	vembre	a activities.							

State of NJ

D&S Proj. #: 2013-346

Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)	Name of Buildi	ng Owner/	Operator (2)		7*1	3 SEP 23 LH	Qt 49				
0 9 /1 6 /1 3	CAMELLA	GIMMI	5005 - 50 -								
Agencies Notified Type Notificatio	n Street Address										
☐ EPA ☐ Initial ☐ Amended	626 ACKE	RMAN A	VENUE								
DEP Amendment #:	City, State, Zip				Ç::						
DOL Emergency	GLEN RO	CK NI (7452								
DOH (including	Name of Conta		77432			Telephone	Number				
justification)		o				1					
DCA Cancellation	PETER BO	OLIEN								_	
		FACILI	TY INFORMA	NOITA		=					
Name of facility where abatement is	taking place (3)					Type of Facility (4	1) (K - 12)				
CAMELLA GIMMI					102		apter 8 (Othe	er tha	an K-'	12)	
Street Address							Private/Com				
							Homes, etc.		DIA	- ^-	
626 ACKERMAN AVENUE						Square Feet	# of Floors		Blo	g. Ag	е
City (5)	County (6)				y Code (7) use only)	Current Use (Pr	ior if being		licha	4)	
CLENIBOCK	BERGEN			(State	dsc omy)	Current Ose (F)	ioi ii beilig c	261110	iisiic	-)	
GLEN ROCK Name of Monitoring Firm Hired by B			ASCM No.	111	Name of Abatemen	t Contractor (9)					
Name of Montoning 1 mm 1 mod by b	nag (-)				D & S RESTOR	RATION INC.					
Charact Address				=	Street Address	difficit, five.					
Street Address					20 California A	\ve					
City, State, Zip Code				— l la	city, State, Zip Cod						3
City, State, Zip Code					Paterson, NJ 0				4		
Project Manager for Monitoring Firm	Pho	ne Numbe	r		Telephone Number		License N	umbe	er		1
Project Manager for Monitoring 1 infi	1 110	no manibo	•		973-345-802	Section 18	011	169			
	101 10	D-4- (44)			Name of OSHA Mo	nitor					
Start Date (10)	Sched. Completion	1 Date (11)			D & S Restora	tion, Inc.					
09/28/13	10/10/13				Street Address		1.5		and the		
Occupancy Status During Abatemen					20 California A	Venue			0.7 (9)		
Facility closed/vacated during	entire period of abatem	nent.		1	City, State, Zip Coo	е					
Abatement performed outside Describe:		S- 		_11							
Other-Describe: NORMAL H	OURS .			-	Paterson, NJ (_
Scope of Work (check all that apply						Full Containment v	v/negative p	ressi	ıre		
\boxtimes >3 sf or >3 lf	Renovation		123			Mini-enclosure Glovebag procedu	Ire				
>160 sf or ≥260 lf	Demolition		,£5		Ĕ	Non-Exempted (*)		iable	proce	edure	:
	Is location normally u	sed solely	-					R	R	Е	E
Location of asbestos-containing	by maintenance/custo	odial	Descripti	ion of as	bestos-containing	Amount		m	e p	n	n
material (acm) to be	staff(12)		material	(ACM)	**************************************	(Specify S	SF or	0	a	a	C L
abated in facility (13)	Yes No	N/A				2. /		v e	I r	р	_
DACEMENT		1	PIPE INSU	JLATI	ON	· 150 L FT		\boxtimes			
BASEMENT.											
				_							
								〒	П		
David and Maste Haulet	NJDEP Hauler II	D# C	ubic Yards of	Waste	Name of Register	red Landfill			_		
Registered Waste Hauler D & S RESTORATION, INC.		- 10 CO	YDS		TULLYTOW	N, RESOURCE R	ECOVER'	Y			
City, State	A CONTRACTOR OF THE CONTRACTOR	Disposal D	ate		City, State						
PATERSON, NJ 07503		09/30/13	3		TULLYTOW	N, PA					
Completed by (Print or Type)	Title		Signature		1/0		Date	2011	,		
BOGDAN JOLDZIC	PRESIDENT						09/16/	2013)	_	
	* Do not use this form	for achaetr	os licensure e	xempte	d activities.						

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	18/2013	358	Name of	Building O						11	
	af Notificatio		0		Sakout	is Brothers Disp	oosal 4	22	54	11	
[X] EPA [[Initial N	on Notification ed Notification	Street A		РОВ	ox 84		7	N/ I		
[x] DOL	Amend Emerge	ment #ency (including	City, Sta	ite, Zip Code		Neck, NJ 07722	e ced	2 3 2	013		7.7
[X] DOH [] DCA	justifica Cancell		Name of	Contact John Sa	koutis		Telephone Number		1/1/1		1
	-	FA	CILITY I	NFORMA	ATION		N - 20	- 1000		- Cit	
Name of Facility Where Abates Reside						Type of Facility (4	School (k-12)	-			
Street Address						[]	Subchapter 8 (of		100		
	Asident Ave	enue				[x]	Other (i.e., priva homes, etc.)	ite & con	nmercia	l build	lings,
City		County (6)	County C	ode (7) USE ONLY)	Square feet 2000 sf	# of Floors	Bldg.	Age 60) ·	
Lavallette		Ocean		8 H			if being demolished)			
Name of Monitoring Firm Hire N/A	Building Ov	vner (8)	ASCM N	0.	Name of	Abatement Contract	or (9)	Tue			
Street Address		110000000000000000000000000000000000000			Street Ad		lian Contracting,	inc.			
City, State, Zip Code					City State	1889 e, Zip Code	Route 9, Unit 61				
						Toms	River, New Jers	ey 087	55-12	71	- 4
Project Manager for Monitorin	nt	Telephone Number			Telephone		License N 00624	Number			
Scheduled Start Date (10) 9/19/13		Scheduled Complete	tion Date (1	1)		OSHA Monitor	S.L. Analytical				
Occupancy Status During Abar					Street Ad	dress					
[X] Facility		During Entire Period of Aboutside of Normal Facility H					Stelton Road				
Other -	· ille	00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			City, State	e, Zip Code Piscat	away, New Jerse	ey 0885	64		
Scope of Work (Check all that	1. (1)				[]		nt with Negative Pres	ssure			
>3 sf or		[] Renov	ation		[]	Mini-Enclosure Glovebag Proce	dura				
[x] ≥160 st	'r - 11			12	[x]		(*) and Non-Friable	Procedur	e		
								Abate	ment T	vpe	
• • • • • • • • • • • • • • • • • • • •		Is Location			escription			R	R	E	Е
Location of Asbestos-Containing Mate	(ACM)	Normally used Solely by	-		stos-Con aterial (A		Amount (Specify SF	Е	E	N	N
TO BE ABATE		Maintenance/Custodial		(i.e.,	thermal s	ystems	or LF)	M	P A	C A	C L
in facility (13)		Staff (12)		insul	ation, sur VAT, or			O V	I R	P S	OS
(10)		(12)		other	miscella			A	.	U	U
2000		YES NO N/A				5		L		L E	R E
Exterior		X	Asbes	tos siding			2000 sf	Х			
Name of Registered Waste Ha		NJDEP Waste Hauler	ID No. T	Cubic Yard	s of Waste	Name of Regis	tered I andfill				
Guardian Contra	Inc.	20223		3		T.R.R.F.	LOIGH LANGIN				
City, State Toms River, N	ey	Dispo 9/23	sal Date		City, Stat	e wn, Pennsylvan	ia				
Completed by (Print or Type)	1	Γitle .	Signath	<u>ر</u> ب	/ A	wii, romisylvan	/	Date			
Nicholas Fernic	_ I	Project Manager		1110	n51	te	1	9/18/	2013		
		*Do not use this for	m for asbe.	stos licensi	ure exemp	oted activities.					

ch 4663

Description of Northern Community Control of Northern Community Community Control of Northern Community Community Control of Northern Community
DOCK
DEFA DOL DESCRIPTION DESCRIPTI
Brook Constitution Constitutio
D. CUNIS FACILITY INFORMATION
FACILITY INFORMATION
Name of Facility Where Abstracts is Taking Place (8) D. KUNIS Street Address G21 DOREMUS AVENUE COUNTY (8) G15 N ROCK County (9) G15 N ROCK Co
D. KUNIS Street Address (21 DOREMUS AVENUE Color (a. private & conservation buildings. Square Foot & of Floors 79 YES County (a) DERGEN County (b) County (c) County
County Code (7) (STATE USE Current Use Prior II being demonstrated) County (8) County (9) County Code (7) (STATE USE Current Use (Prior II being demonstrated) County (9) County Code (7) (STATE USE Current Use (Prior II being demonstrated) RESIDENCE Name of Manifestary From Hired by Building Counter ASCIM No. Name of Address 450 S. River St Chy, State, Zp Code Rackensack, N.J. 07601 Prior Manager for Manifestary From Telephone No. 201-329-7444 O0388 State Durb (8) Schoolfold Completion Date (11) Q-30-13 Company States During Austraneat (Check only cam) Company States During Austraneat (Check only cam) Chy, State, Zp Code Rackensack Parkersed Qualities Entire Points of Abstracent Chy, State, Zp Code Chy, State, Zp Code Rackensack Address 280 Ruyler St Chy, State, Zp Code
County Code (7) (STATE USE Current Use (Prior If being demonstrated) County Code (7) (STATE USE Current Use (Prior If being demonstrated) Residence Residen
County Code (7) (STATE USE Current Use (Prior If being demonstrated) County Code (7) (STATE USE Current Use (Prior If being demonstrated) Residence Residen
Name of Manifolding Firm Hand by Building Conner ASCAI No. Name of Abdument Contractor (*) Best Removal Inc Street Address 450 S.River St Cay, State, Zap Code Hackensack, N.J. 07601 Project Manager for Manifolding Firm Telephone No. Telephone No. Licensee No. 201-329-7444 00388 Start Date (**) Q-30-13 10-1-13 Omega Environmental Inc Occupancy States During Abdument (Check only one) Steet Address 280 Huyler St Cay, State, Zap Code Cay, State, Zap Code Name of Abdument Contractor (**) Best Removal Inc Cay, State, Zap Code Licensee No. Onega Environmental Inc Occupancy States During Abdument (Check only one) Steet Address 280 Huyler St Cay, State, Zap Code Cay, State,
Name of Manholing Film Hired by Building Contest ASCM No. Name of Abatement Contests (**) Best Removal Inc
Best Removal Inc Short Address 450 S.River St Cay, State, Zp Code Project Manager for Manifesting Firm Telephone No. Telephone No. 201-329-7444 00388 Start Date (10) 9-30-13 0ccupancy States During Atabases (Check only one) Deciming Closed Vacanted During Entire Ported of Abalancent Deciming Closed Vacanted During Entire Ported of Abalancent City, State, Zp Code **To 7606** **To 7
Short Address 450 S. River St City, State, Zip Code Hackensack, N.J. 07601 Project Manager for Manifeding Firm Telephone No. 201-329-7444 Start Date (19) 9-30-/3 Occupancy States During Abstrace (Check only one) Discontinuous Firm Short Address 201-329-7444 Name of OSHA Manifer Omega Environmental Inc Short Address 280 Ruyler St City, State, Zip Code
Cay, State, Zip Code Cay, State, Zip Code Hackensack, N.J. 07601 Project Manager for Manifesing From Telephone No. 201-329-7444 00388 Stat Date (19) 9-30-/3 Occupancy States During Abstract (Check only one) Discrete Address 280 Huyler St Cay, State, Zip Code Hackensack, N.J. 07601 Telephone No. 201-329-7444 Omega Environmental Inc State Address 280 Huyler St Cay, State, Zip Code
Hackensack, N.J. 07601 Project Manager for Manifering From Telephone No. 201-329-7444 00388 Sint Date (19) Schooland Compilion Date (11) Manne of OSHA Monitor Omega Environmental Inc Occupancy Status During Abstract (Check only one) Difficulty Closed Necested During Entire Period of Abstract Abstract Address 280 Huyler St City, State, Zip Code
Project Manager for Manifeling Firm Telephone No. 201-329-7444 Scheduled Completion Date (11) 9-30-13 Occupancy Status During Abelianment (Check only one) Differently Closed Verside of Normal Facility Flours Telephone No. 201-329-7444 Name of OSHA Manifer Omega Environmental Inc Street Address 280 Huyler St City, State, Zip Code
Stirst Date (19) 9-30-/3 Cocupancy Status During Abstractant (Check only one) Discrete Performed Outside of Normal Facility Flours 201-329-/444 Name of OSHA Monitor Omega Environmental Inc Street Address 280 Huyler St City, State, Zip Code
Omega Environmental Inc Omega Environmental Inc Omega Environmental Inc Omega Environmental Inc Street Address 280 Huyler St Chy, Saite, Zip Code
Occupancy Status During Abahasant (Check only one) Street Address 280 Huyler St City, State, Zip Code 27, 50, 50, 50, 50, 50, 50, 50, 50, 50, 50
G Fainilly Closed/Vacated During Entire Period of Abstract City, State, Zip Code City, State, Zip Code
D Abstract Performed Cutaide of Normal Facility Flours
South Hackensack, N.J. 07000
Sciopo of Work (Check all that apply)
DESS or 28 F
□≥ 160 of or ≥ 260 F
Is Location Tope
Leasting of Street Substitute Description of
Andreates Containing Material (ACM) Maintenators Andreate (ACM) Maintenators
(13) (12) ciber miscellaneous)
Yes No NMA
BASEMENT * THERMAL INSULATION TO LEX
Name of Registered Waste Hoster NADEP Waste Hoster Cubic Yards of Name of Registered Lands
Post Pemoval Inc 17500 Minerva Enterprises
Disposed Date City, State
12120

MO#20613935790

								188	_				
Date of Notification (1)				Nan	e of Buildir	ng Owner/	Operator	(2)	25 C E E		7		
		13		Lake	land Bani	k		(2)	EIW.	E 1			
Agencies Notified EPA	Type Notificati	on		_	et Address					1	+		
□ DOLWD	X Initial ☐ Amended			30 P	ark Place			2.55			į		
₩ DHSS	Amendmen	ıt#		City,	State, Zip	Code		- S.F.K	2 3 2013		-		
! □ DCA	☐ Emergency		ng	New	ton, NJ 07	7860				i	1		
(NJAC 5:23-8)	Justification)		Nam	e of Conta	ct		100	Telephone	Number	1		2000
	Cancellatio	n ,	ě	Tim	Clegg						4		
				F	ACILITY I	NFORMA	TION	-	-		-		
Name of Facility Where	Abatement is Tal	king Plac	e (3)					Type of Facilit	v (4)				
Bank								School (K-					
Street Address								Subchapter	8 (Other than	K-1 2)			
30 Park Place								Other (i.e., homes, etc	private and co	mmercial	build	ngs.	
City (5)								Square Feet	# of Floor		Did-	Α	
Newton, NJ 07860								oquare reet	# 01 F1001	5	Bldg.	Age	
County (6)				Cou	nty Code (7)	(STATE U	SE ONI YI	Current Use (F	Prior if hains de	omaliahaa			
Sussex						(on 01121/	our one ose (nor ii being de	anonsned	2		
Name of Monitoring Firm	Hired by Buildin	g Owner	(8)	ASCN	No.	Name o	f Ahatem	ent Contractor (9	2)				
Envirovision Consulta	nts. Inc			00079		Access to the second		ent contractor (s	9)				
Street Address				00075		Gr Tecl							
20-21 Wagaraw Road,	Bldg.#35 E							12.02					
City, State, Zip Code							lley Rd # ate, Zip C						
Fair Lawn, NJ 07410													
Project Manager for Mon	itoring Firm		Tel	ephone	No	Telepho	NJ 0747	/0	11: 3				
Guillermo Morales			M. Marie	-636-9		100000000000000000000000000000000000000			License N	0.			
Start Date (10)	Sch	eduled C	idmo	tion Da	143 ate (11)	973-638	5-1/// f OSHA N	1:	01127				
_09 / _27 /	_13	10	0:	2 /	13								
Occupancy Status During	Abatement (Che	eck only	200)					nsultants,Inc					
Facility Closed/Vacate	ed During Entire F	Period of	Olie) Ahate	ment		Street A							
X Abatement Performed	Outside of Norm	al Engille	o Have		crihe	20-21 W	/agaraw	Road, Bldg .#	35 E				
Time of Abatement.	AM	PM/6:00	PM_	6:00	AM	and the same of th	ite, Zip Co					192	
Scope of Work (Check all	that apply)					Fair Lav	vn, NJ 0						
						\forall	Clean up	and decontami	nation				
≥ 3 sf or >3 if ≥ 160 sf or ≥260 if			novati				Mini-Encl	ainment with Ne losure	gative Pressur	е			
24 _ 199 01 01 _ 200 11		∐ De	molitic	חכ		H	Glovebag	Procedure	Tent with Neg	ative Pre	ssure		
		le	Locat	ion			Non-Exe	mpted (*) and No	on-Friable Pro	cedure	1		
Location	of		Norma	lly		Des	cription o	£		A	bater	nent T	ype
Asbestos-Containing N TO BE ABA	Material (ACM)	Use	d Sole intens	ly by	Asbes	stos Conta	uning Mat	teriai (ACM)	Amount	7	R	E	I
N Facilit		Cusi	todial	Staff?	(i.e.	, thermal	systems i	nsulation,	(Specify	, mg	Repair	cap	clos
(13)			(12)			other m	ing, VAT, iscellaneo	or	SIF or LF) <u>a</u>	. =	Encapsulate	Enclosure
		Yes	No	N/A				Judy				i e	
Basement-vault		iΠ		X	Wall plas	tor			700 CF	LX.	1	+-	-
					wan pias	5101			700 SF	X			ᆜ
		+=-		12	-							旦	
Name of Registered Wast	e Haulas		Ц										
	e nauier				Hauler ID No.	Cubic Yard	ds of Waste	Name of Regis	stered Landfill			-	b
ir Tech LLC City State			C	03378	5	TBD		T.R.R.F. Inc					
8						Disposal	Date	City, State	-				-
Vayne, NJ 07470						TBD		Tullytown, P.	A				
Completed By (Print or Ty	pe) Tit	tie					atur 💋	A F) ,	Date			
.Jevtic	Ov	vner					120	the we	nad	09/17/2	012		
SB-41			-				11			09/1//2	015		

CK 6176400282

Date of Notification (1) 9/13/13			of Building (ed Presbyt				127	1	7.5 -		17	- 1	5]	
Agencies Notified Type Notification			Address an Houter	Stree	t					-	1111			
EPA Initial Amended Amendment #			State, Zip Corrson, NJ 0			:		SEP	2 3	1- 20	13	j'.,	7	
Emergency (in justification) DCA Emergency (in justification) Cancellation	cluding		of Contact h Page				i.,	Tolo	nhone	Num	her	_ 8	- OF CHILD SE	
		FA	CILITY INFO	RMATI	ON									
Name of Facility Where Abatement is Taking Church	Place (3)					-	Facility (4 chool (K-12	28				è		
Street Address 375 Van Houten Street		11.					ibchapter 8 her (i.e. pr c.)					lings,	home	es,
City (5) Paterson						Square N/A		# of N/A	Floors			ldg. A	ge	
County (6) Passaic			y Code (7) E USE ONLY)			Current	Use (Prio	r if beir	ng dem	nolish	ed)			
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City, State, Zip Code Englewood, NJ 07631		<i>y 12</i>				tate, Zip wa, NJ								
Project Manager for Monitoring Firm Anthony Valentine		100000000000000000000000000000000000000	hone No. 569-6708		Teleph	one No. 345-86			Licen #006).			
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Name of Facility Where House Street Address 1 Twin Oak Road	Abatement is Taking	Place (3)					Sch Sub Oth etc.	er (i.e. pri)) (Otherwate &	r than K-12) commercial				
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Project Manager for Mo	onitoring Firm		Te	elephone	No.	Tele	phone No. 3-345-86	lon-		License No #00675).		6)	
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Date of Notification

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Project Manager for Monitoring Firm		7	Telephone	No.	Tel	lep	hone No. 345-868			License No #00675).			
Start Date (10)	Scheduled		npletion Da	ite (11)	Na	me	of OSHA	Monitor					10	
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:120) NJ Dept. of Health & Senior Services Date of Notification (1) Name of Building Owner/Operator (2) 9/17/13 KERR MRS. (signature) Agencies Notified Type Notification Street Address SOUTH MHALE 430 EPA Initiat 図 DEP City. State, Zip Code Amended 07452 DOL Amendment# GLEN PUCK Emergency (including Name of Contact DOH justification) KONK DCA 14/23 Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) 1CEVENZ mins School (K-12) School (K-12) Subchapter 8 (Other than K-12) 2 3 2013 Street Address South MARLE AVE. Other (i.e. private & commercial buildings, homes, etc.) City (5 Square Feet # of Floors Bldg. Age ROCK 1850 2 County (6) Gounty Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) RES Name of Munitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) A. Mac Contracting Inc. Street Address Street Address 105 Lowell Road City, State, Zip Code City, State, Zip Code Glen Rock, N.J. 07452 Project Manager for Monitoring Fign Telephone No. Telephone No. License No. 201-262-5841 00156 Start Date (10) Schedyled Completion Date (11) Name of OSHA Monitor 9/17/13 9/20 Omega Environmental Services Inc. Occupancy Status During Abatement (Check Only One) Street Address 280 Huyler Street Facility Closed/Vacated During Entire Period of Absternent Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Hackensack, NJ 07606 Scope of Work (Check All That Apply) ≥3 af or ≥8 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abetement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenancei TO BE ABATED (Specify SF or LF) (i.e. thermal systems insulation, Removal Custodial Staff? rcepsulate In Facility surfacing, VAT, or (12)other miscellaneous) Yes No N/A BASEMENT Baichn 4855 × x BASENENT PIFE × 30 15 Name of Registered Waste Hauter NJDEP Waste Cubic Yards Name of Registered Landfill Heuler ID No. of Waste Rovic Transport IESI PA Bethlehem Landfill Corp. 20785 City, State Disposal Date City, State Riverdale, New Jersey 07457 9/17/13 Bethlehem, PA 18015

Completed by

R. McDonald

Tilie

President

Signature

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility	Mai	Is Location Normally use Solely by intenance/Cus Staff (12)	todial	Asbestos	Descri Asbestos Materi (i.e., ther insulation V	Containial (ACM) mal syste n, surfaci AT, or	ms ng,	Amount (Specify SF or LF)	Abate R E M O V A L	R E P A I	E N C A P S U L	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Mai	Is Location Normally use Solely by intenance/Cus Staff (12)	todial	Asbestos	Descri Asbestos Materi (i.e., ther insulation V	Containial (ACM) mal syste n, surfaci AT, or	ms ng,	Amount (Specify SF or LF)	Abate R E M O V A L	R E P A I	E N C A P S U L	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Mai	Is Location Normally use Solely by intenance/Cus Staff (12)	todial		Descri Asbestos Materi (i.e., ther insulation V/ other mi	-Containi al (ACM) mal syste n, surfaci AT, or scellaneo	ms ng, us)	Amount (Specify SF or LF)	Abate R E M O V A L	R E P A I	E N C A P S U L	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Exterior	Mai	Is Location Normally use Solely by intenance/Cus Staff (12) S NO X	N/A		Descri Asbestos Materi (i.e., ther insulation V other mi	-Containi al (ACM) mal syste n, surfaci AT, or scellaneo	ms ng, us)	Amount (Specify SF or LF)	Abate R E M O V A L	R E P A I	E N C A P S U L	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Exterior	YE	Is Location Normally use Solely by Intenance/Cus Staff (12) S NO X NJDEP Wast	N/A e Hauler 0223	ID No. Cu	Descri Asbestos Materi (i.e., ther insulation Variother mi	-Containi al (ACM) mal syste n, surfaci AT, or scellaneo of Waste	ms ng, us) Name of Regist T.R.R.F.	Amount (Specify SF or LF) 1150 sf	Abate R E M O V A L	R E P A I	E N C A P S U L	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Exterior Name of Registered Waste Hauler Guardian Contracting, In	YE	Is Location Normally use Solely by Intenance/Cus Staff (12) S NO X NJDEP Wast	N/A e Hauler 0223 Dispos	ID No. Cu	Descri Asbestos Materi (i.e., ther insulation Variother mi	-Containi al (ACM) mal syste n, surfaci AT, or scellaneo of Waste	ms ng, us)	Amount (Specify SF or LF) 1150 sf	Abate R E M O V A L X	R E P A I R	E N C A P S U L E	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Exterior Name of Registered Waste Hauler Guardian Contracting, In	Mai YE	Is Location Normally use Solely by Internance/Cus Staff (12) S NO X NJDEP Wast	N/A e Hauler 0223 Dispos 9/20/	ID No. Cu	Descri Asbestos Materi (i.e., ther insulation Variother mi	-Containi al (ACM) mal syste n, surfaci AT, or scellaneo of Waste	ms ng, us) Name of Regist T.R.R.F.	Amount (Specify SF or LF) 1150 sf	Abate R E M O V A L X	R E P A I R	E N C A P S U L E	

of Notification (1)			Name	of Building Ow	ner/Operat Matt's (or (2)	ction		-22	533	-6/		1
September 18, 2013					Matt's C	JOHSHU	CHOIL		J. J.		11		1
ncies Notified Type of Notification EPA	fication		Street	t Address	14 Irene	e Court	TV.		F1 -12 -12113	,			-
DEP [] Amended 1	Notificationt #		City,	State, Zip Code	Lakewo	ood, NJ	08701	SEP	2 3 2013)			
DOL Emergency justification	y (includi	ng	Nam	e of Contact			Te	lephone	Number		-		
DCA [] Cancellation				Matt's	Construc	tion					- T		_
		FAC	CILIT	Y INFORMA	ATION	T of	Facility (4)						_
me of Facility Where Abatement is Taking Place	e (3)					Type of	[]	School	l (k-12)		۵)		
Residence							[]	Subch	apter 8 (other (i.e., private 8	than k-1	(2) ercial b	uildings	s,
reet Address 202 Elaine Street							[x]	homes	s, etc.)				_
	county (6)		Cour	nty Code (7)		Square	feet 200 sf	# of	Floors 1	Bldg. A	ge 60		
ity			(STA	ATE USE ONLY	()	Currer	t Use (Prior it	being o	lemolished)				
Lakewood	Ocean					S A L of some	Resider ent Contractor						
lame of Monitoring Firm Hired by Building Own	ner (8)		ASC	CM No.	Name of	Abateme	Guardi	an Co	ntracting, I	nc.			_
N/A treet Address					Street A			Loute 9), Unit 61				_
St. State Zin Code					City, St	ate, Zip C	Toms	River.	New Jerse	y 0875	5-127	1	_
City, State, Zip Code .	To	elephone Numb	er			one Numb	er	,	License Nu 00624	mber			
Project Manager for Monitoring Firm					732-3	49-993 of OSHA	2 Monitor		00024				
Scheduled Start Date (10)	So	cheduled Comp	letion I	Date (11)			E.M.S	.L. Ar	nalytical		-		-
10/2/13 Occupancy Status During Abatement (Check on	ly one)				Street	Address	1056	Steltor	n Road				
Occupancy Status During Abatement (Check of Facility Closed/Vacated I Abatement Performed On	Juring Ci	ntire Period of A	Abatem Hours	ent	City	tate, Zip	Code						
Abatement Performed Of Other – Describe	utside of	Normal 1 dones			City, 5	itate, zip	Pisca	away,	New Jerse	y 0885	54		_
• •							ull Containme		Negative Pres	sure			
Scope of Work (Check all that apply)					Ĺ		Mini-Enclosure Hovebag Proc						
[] >3 sf or ≥3 lf		[] Re	novatio	n	[]	x] 1	Non-Exempted	(*) and	Non-Friable	Procedu	re		_
[x] ≥160 sf or ≥260 lf		[x] De	monuo	n .	===			T			ement '	Гуре	_
					Descrit	otion of				R	R	Е	
Location of	N	Is Location ormally used		I	Asbestos-	Containi 1 (ACM)	ng		Amount (Specify SF	E M	E P	N C	-
Asbestos-Containing Material (ACM)) / - i - t	Solely by enance/Custo	dial	(i.e., thern	nal syste	ms		or LF)	O	A	A P	١
TO BE ABATED in facility	Maint	Staff	diai	i	nsulation	, surfaci T, or	ng,			v	R	S	1
(13)		(12)			other mis	cellaneo	us)	1		A		U L	1
	YES	NO . I	N/A							L	-	E	4
	Tx T		Asbestos s	iding				1000 sf	X	+-	+-	-	
Exterior	-	+						\dashv		+	+	+-	
								\dashv		+	+	+	
				TO LOUIS	c Yards of	Waste	Name of Re	gistered	Landfill				_
Name of Registered Waste Hauler Guardian Contracting, Inc.	- 1	NJDEP Waste	223		3	tv. State	T.R.R.	F					_
City State			10/4/		T	ullytow	n, Pennsylv	ania		D	ate		=
Toms River, New Jersey				Signature		11	/				18/20		

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

		1-	lne	nded (4	ddition mater	ar	CK 30	PIND 80	t Foi	m	
L COOLS X	NOTIFICAT			Jersey STOS ABATEN 60 and 12:120		March	35	57			1	
Energence (1)		- (5)	ilding ()	wner/Operator rivate Home	(2)	27	W				1	
9/13/13 Agencies Notified Type Notification	Stre	eet Addr 0 Tem	ess				0040				1	
EPA Initial	Cit	State	Zip Co			SEP 23		one Number			+	
DOL Amendment ** Emergency (includir instification)	ng Na	me of C					10.00				=	
DCA Cancellation		FACIL	TY INF	ORMATION	T	Type of Facility (
Name of Facility Where Abatement is Taking Place Agnes Green Private Home	e (3)				4	School (K-1 Subchapter Other (i.e.	(2) r 8 (Other private & (than K-12) commercial b	uildings, ho	mes,		
Street Address 450 Temple Road					+	etc.) Square Feet		Floors	Bldg. Age 35+	;		1
City (5) Pemberton NJ 08068		County	Code (7	0/		1000+ Current Use (P	rior if bein	g demolished	i)			1
County (6)		(STATE	USE ON	LY) N	ame	of Abatement C	ontractor	(9)				
Burlington Name of Monitoring Firm Hired by Building Own	er (8)	ASC	M No.	F	en	naco Inc et Address						
N/A				\ 1	20	Box 329						-
Street Address					City,	State, Zip Code est Berlin NJ 0	8091					_
City, State, Zip Code			hana Ni		Tele	phone No.		License No	0.			
Project Manager for Monitoring Firm			hone No	,	85	6-753-9800 ne of OSHA Mor	nitor					-
[5	Scheduled C	ompleti	on Date	(11)	Sa	ame					-	-
	9/18/13				Str	eet Address						_
Occupancy Status During Abatement (Check	J Eacility Ho	itement ours		:	Ci	ty, State, Zip Coo	ie					_
Abatement Performed Outside of North Abatement Performed Outside of North Other – Describe: Home owner will be H Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	X Re	novatior molition	1			Mini-Fn	closure	with Negative lure ') and Non-Fr			ment	t
	l N	Location ormally	- 1	•	-4-	cription of ining Material (A	CM)	Amount	2			1
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Mai	d Solely intenance odial St (12)	:e/ \	(i.e. therm	nal s	systems insulation ing, VAT, or iscellaneous)	n,	(Specify SF or LF)	Removal	Repair	Encapsulate	
(13)	Yes	No	N/A	F	loc	or tile only		700 SF	-	-	+	-
Basement		-	X		20	- tile onl	1	20 5	= X	+-	+	-
Bathroom 1st Floor.		-	 	1 1						1	I	_
		1	NJDEP	y vasic	ubi	Yards	Name of G.R.O	Registered L	andfill			
Name of Registered Waste Hauler United Containers		11	Hauler I	D No.		osal Date	City Ctr	nto.	2067			
City, State				9)/18	3/13 Signature	Morris	ville PA 19	Date 9/13	/13		_
Elm NJ Completed by	Titl	e esider	nt			/ /						
Anthony T Perna	PI					# De not use	this form	for asbestos	licensure e	xemp	ted	а

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		1	Name of Bu	ilding O						~	7 <	- 2	0			
Se	ptember 18, 20	13					DeFor	est .	Demoliti	on_	. 522 //			22	2	,
Agencies Notified [X] EPA	1 1	Notificat		5	Street Addre	ess	2406 I	Herl	bertsville	Roa	d	. E	Ų ₩	_ !		OF Bear and September 1
[] DEP [x] DOL		ded Notif dment #	ication		City, State, 2	Zip Code		n.		005		-D 2 2	2011		1 :1	
[x] DOH	[X] Emerg	gency (inc	cluding				Point I	Plea	asant, NJ	08/4	I2 SE	P 23	2013)		
[] DCA		cation)			Name of Co			29.0.0			Telephone	Number				
	[] Cance	liation			1	Dane					Abs	122	-		-	
				FACII	LITY INF	ORM	ATION	_						***	CALTIFORN	
Name of Facility Where Al		Place (3)						T	ype of Facil	ity (4)		(l- 12)				
	sidence								l L	1	School Subcha	pter 8 (oth	er than	k-12)		
Street Address 4 T	renton Avenue								į	x j		i.e., privat			al buildi	ings,
City		County	(6)		County Code		^	So	quare feet	c	# of F		Bldg	Age	Λ.	
I socillants		Occas		(STATE USI	EONLY	,		2000 s current Use		if being de	1 molished)		6	U	
Lavallette		Ocean	1							eside						
Name of Monitoring Firm		Owner (8)		A	SCM No.		Name of	Aba	atement Cor				*			
N/A	٨						Street Ac	ddres		iuard	lian Cont	racting,	Inc.			-
Street Address							. Succi Ac	uures		889	Route 9,	Unit 61				
City, State, Zip Code							City, Sta	te, Z	Cip Code							(1)
			T 1 1 N	1			Telephor	NI		oms	River, N	lew Jerse License N		55-12	271	
Project Manager for Monit	oring Firm		Telephone Nu	ımber			732-34					00624	umber			
Scheduled Start Date (10) 9/19/13	mpletion	Date (11)				HA Monito		S.L. Anal								
Occupancy Status During	Abatement (Check						Street Ac	ddres	ss		200 200 00					
T 000 T	ility Closed/Vacated					1			1	056	Stelton F	Road				
	tement Performed	Outside o	f Normal Faci	lity Hou	rs	1	City, Sta	ite, Z								
[] Oth	er – Describe								P	iscat	away, N	ew Jerse	y 088	54		
Scope of Work (Check all	that apply)						[]]	Full Conta	ainmei	nt with Neg	gative Pres	sure			
				98			[]]	Mini-Enc							
L 1	sf or ≥3 lf			Renovati			[x]]	Glovebag		dure (*) and No	n Friable	Procedu	re		
[x] ≥16	0 sf or ≥260 lf		[x] 1	Demolitic	on		Lx.	1	Non-Exer	ripied	(·) and No	ni-Friable i	т-			
													Abat	ement '	Гуре	
			Is Location				Description				١ ٨.	nount	R	R	Е	E
Location Asbestos-Containing N		l N	formally use Solely by	a			estos-Con laterial (A				1000000	cify SF	E	E P	N C	N C
TO BE ABA		Maint	tenance/Cus	todial		(i.e.	, thermal	syst	tems			r LF)	М	A	A	L
in facilit			Staff			insu	lation, su		cing,				v	I R	PS	S
(13)			(12)			othe	VAT, er miscell		ous)				A	K	Ü	U
		YES	NO	N/A		Othic	or miscon	14110	ousy				L		L E	R E
			Тх		Asbesto	a aidin	~	_			2000	n ef	X	-	-	-
Exterior			<u> ^</u>		ASUESIO	o siuili	5	-		_	2000	0 01	1		\vdash	
								-				_	1	_	—	-
			-		-20			_		_	-	-	-			
Name of Registered Waste	Hauler I	D No. C	Cubic Ya	rds of Was	ste			stered Land	ifill				1			
Guardian C	223 Disposa	l Date	3	City, S												
Toms River	, New Jersey			9/22/1	3				n, Penns	ylvan	nia'		TE			
Completed by (Print or Ty		Title	at Manaa-		Signature	Λ.	h	V.	1,	1	1		9/1	8/201	3	
Nicholas Fe	micora	Proje	ct Manager			110	10		-10	_			7/1		700	

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)					Name of Building Owner/Operator (2)												
September 18, 2013					Zarrilli Homes 4 2 3 5 40												
Agencies Notified [x] EPA	Type of Notification [] Initial Notification				Street Address 186 Mantoloking Road												
[] DEP	Amended Notification				City Sta	ite, Zip Cod	e				7890	100	<u> </u>	111			
[x] DOL Amendment #					City, bu	, <i>21</i> p Cou		New Jersey	y 08723	0.50 0	2 2	012	11.	2/1			
[x] DOH [x] Emergency (including justification)					Name o	f Contact			Те	SFP 2	5 6	013		4			
[] DCA Justification [] Cancellation					Name of Contact Rich Zarrilli Telephone Number												
				FACI	ILITY I	NFORM	ATION										
Name of Facility Where Ab	atement is Taking idence	Place (3)						Type of Fac	[]	School (k-12)							
Street Address										Subchapter 8 (oth				.			
	Princeton Aven				[X] Other (i.e., private & com							***********	al build	ings,			
City County (6)				County C	ode (7) USE ONLY	2	Square feet # of Floors Bldg. Age 1200 sf 1 60										
Lavallette Ocean						OSE ONE	Current Use (Prior if be			being demolished)							
N 6N 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(0)			1000()) i	Residence of Abatement Contractor (9)									
Name of Monitoring Firm		Owner (8)		1	ASCM N	lo.	Name of A				Contracting, Inc.						
Street Address	1						Street Add		Guardiai	Conducting,	me.			\neg			
			2						1889 Ro	ute 9, Unit 61							
City, State, Zip Code					City, State, Zip Code Toms River, New Jers												
Project Manager for Monitoring Firm Telephone Number				Number				one Number License Number 49-9932 00624									
Scheduled Start Date (10) Scheduled Comple 9/19/13 9/20/13					on Date (1	1)	. Analytical										
Occupancy Status During A	Abatement (Check	only one)			Street Address												
[X] Facility Closed/Vacated During Entire Period of Ab																	
[] Abatement Performed Outside of Normal Facility F						City, State, Zip Code											
[] Othe	er – Lescribe								Piscataw	ay, New Jerse	y 088	54					
Scope of Work (Check all that apply)							[]	Full Con	tainment w	vith Negative Pres	sure						
•					[] Mini-Enclosure												
[] >3 sf or 3 lf [] Renor																	
[x] ≥160	0 sf ≥260 If		[x]	Demolit	ion		[x]	Non-Exe	empted (*)	and Non-Friable I	Procedu	ıre					
					Π						Abat	ement '	Гуре				
Is Location]	Description	of									
Location of Normally used					1	Asb	estos-Containing			Amount	R	R E	E	E N			
Asbestos-Containing Material (ACM) Solely by						laterial (A		(Specify SF	М	P	C	C					
TO BE ABATED Maintenance/Custodia in facility Staff				stodial			, thermal s			or LF)	0	A	A P	L			
(13) Stan					moditation, carriering,								S	S			
(12)						oth	er miscella				A		U	U			
YES NO N/A										L		L	R E				
Exterior X				Asbestos siding					1150 sf	Х							
Name of Registered Waste Hauser NJDEP Waste Hause																	
Guardian Contracting, Inc. 20223 City, State Disp				posal Date City, State T.R.R.F.													
					2/13 Tullytown/Pennsylvania												
Completed by (Print or Type) Title				Signature Date													
Nicholas Fer		Ylica	not	te	//		9/1	8/201	3								
		*D	o not use i	this form	for asb	estos licen	sure exemp	otéd activiti	ies.								

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\cup	
	358

Date of Notification (1) 9/18/13	Name of Building Owner/Operator (2) Tim Stumpf Private Home														
Agencies Notified Type Notification			Street Address 5523 Holly Ave												
DEP Amended Amendment #	Amendment #				J 080	008		SEP 2			7				
Emergency (inclu justification) DCA Emergency (inclu justification) Cancellation	ding	Na Ti	me of Co	ontact					Teler	hone Núm	per_l				
	(0)		FACILIT	Y INFOR	MATIC	DN	acility (4)						\dashv		
Name of Facility Where Abatement is Taking Pla Tim Stumpf Private Home						School (K-12) Subchapter 8 (Other than K-12)									
Street Address 5523 Holly Ave						Other (i.e. private & commercial but etc.)						Bldg. Age			
City (5) Harvey Cedars NJ 08008							1000 +		2		35+				
County (6) - Ocean			ounty Co	de (7) E ONLY)			Current Use (Prior if being demolished) Home								
Name of Monitoring Firm Hired by Building Own N/A		ASCM No.				Name of Abatement Contractor (9) Pernaco Inc.									
Street Address						Street Address PO Box 329									
City, State, Zip Code	-				City, St	ity, State, Zip Code Vest Berlin NJ 08091									
Project Manager for Monitoring Firm	Telephone No.				Teleph	one No.	License No.								
	Completion Date (11)				856-753-9800 00727 Name of OSHA Monitor								\dashv		
9/19/13	S				Same	Same Street Address									
Occupancy Status During Abatement (Check O						Agaress									
Facility Closed/Vacated During Entire Peri Abatement Performed Outside of Normal Other – Describe:	ours City, State, Zip Code					Code									
Scope of Work (Check All That Apply)							1	O t . !	_4	Nogotivo l	Dracciii	· o			
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	enovation emolition				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedur							re			
					Non-Exempled (u Non-i na		Abatement				
Location of	Location lormally				Description of					-	Туре				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Main Custo	Solely itenan dial St (12)	cel (i.e. thermal systaff?			taining Material (ACM) I systems insulation, acing, VAT, or miscellaneous)			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A							200.05	-	-	-	\vdash	
Exterior Siding	_		х		Ext	erior Si	Siding 200			000 SF	x	-	-		
											+				
Name of Registered Waste Hauler	11000			376346	(14/4-		Name of Registered Landfill G.R.O.W.S.								
United Containers	22459 3				oosal Date City, Sta		White Control of the								
City, State Elm NJ	9/23/1				3/13	Morrisville PA 19067									
Completed by Anthony T Perna	Title President					Signature Date 9/18/13									