Date of Notification (1)		ame of Building	Owner/Operator	(2)	\$ CED OF -				
Agencies Notified Type Notification	Str	reet Address 000 HADLEY	' ROAD	ţ.	4 SEP 25 17	52 ;	·		
EPA Initial Amended Amendmen	Ci	ity, State, Zip Co	de	7,000	الا قاران	<u> </u>			
□ Emergency justification	(including Na	ame of Contact			Telephone Num	nber			
DCA Cancellation	n /)	1; KE 2		15K1	·/ - v · -	, –			M
Name of Facility Where Abatement is Takin	ng Place (3)	FACILITY INFO	DRIVIATION	Type of Facility	(4)				
PS6+G Street Address					r 8 (Other than K-12				
900 WEST C	CAND :	s <i>T</i> ,		etc.)	private & commercia				∌S,
City (5) ELIZABETH				Square Feet	# of Floors	В	ldg. A	~.	LVRS
County (6)		ounty Code (7))	Current Use (Pr	ior if being demolish	2000	PAL.	1/	yrs
					B STAT	10	2		
Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS	Owner (8)	ASCM No. 0045		of Abatement Co QUE SYSTEM	ntractor (9) IS OF AMERICA	4			
Street Address 64 BROAD STREET				Address WHITEHEAD	AVE.				
City, State, Zip Code MATAWAN, NJ 07747				State, Zip Code JTH RIVER, N	J 08882				
Project Manager for Monitoring Firm TOM GEIGER	1000000	elephone No. 32-292-2217		hone No. 432-8350	License N 0111				
Start Date (10)	Scheduled Comp	, ,		of OSHA Monitor	S OF AMERICA	λ			
Occupancy Status During Abatement (Che		3//7	Street	Address		-			-
Facility Closed/Vacated During Entire	Period of Abatemer	nt	396	WHITEHEAD	AVE.				
Abatement Performed Outside of Nor Other – Describe:	mal Facility Hours			State, Zip Code JTH RIVER, N	J 08882				
Scope of Work (Check All That Apply)									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition		2	Mini-Enclosur Glovebag Pro	cedure				
	T			⊒ Non-Exempte	d (*) and Non-Friab	T	53075 A.S.	ement	
1	Is Location Normally	1	D		-			ре	3
Location of Asbestos-Containing Material (ACM)	Used Solely		Description tos Containing N		Amount			ш	
TO BE ABATED	Maintenance Custodial Sta	e/ /ie	thermal system	s insulation,	(Specify SF or LF)	Rer	Re	Encapsulate	Enclosure
In Facility (13)	(12)		surfacing, VA other miscella		SP OI LF)	Removal	Repair	psul	uso
	Yes No	N/A				-		ate	6
S NOW BLOWER ROOM	X	P; 6	E INS	GulATion	10 LF	X			
REPORTING ROOM	X	P;	16 INS	WATION	10 LF	X			
		_	\$1 \$3			-			
Name of Registered Waste Hauler	N.IF	DEP Waste	Cubic Yards	Name of	Registered Landfill	1		L	Щ
WASTE MANAGEMENT	Hau	uler ID No.	of Waste	100000000000000000000000000000000000000	/S NORTH				
City, State ELIZABETH, NJ			Disposal Date		te ISVILLE, PA				
	Tille		TBD	100000000000000000000000000000000000000		to -			
Completed by CAROL RAIMO	OFFICE MG	SR.	Signatur	ralka	Da	te 9/	24	110	1
			CA	rat / a	ma	10	14	17	

CK#5646 00

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

Agendes Notified Type Notification P.S.E.G. Street Address Street Address Address Amendment of P.S.E.G. Telephone Number Telephone Number of Telephone Number Telephone Number of Telephone Number Telephone Number of Te	Date of Notification (1)		1			Owner/	Operator (*		<u>./</u>	-		
Sep Control	Agencies Notified Type Notification	n	1	Street	Address			2714.5	<u> EP 25</u>	CX 5	• : 5			
DOL			-				.D		-		-			
DOH Justification Semigration Semig	DOL Amendmen		_				D, NJ. 0	7080	,) LIV,	. ,. ;	• •			
Name of Facility Where Abatement is Taking Place (3) Prove Address Light Min Abberson Aver Park Place City (5) Wood A. Ridge County (9) BERGEN County (9) Serve Address ASM No. Outcase (1) City, State, Zip Code Street Address Stoup And Abatement (Check Only Onls) State During Abatement (Check Only Onls) State Address Souper Facility (4) School (K-12) School (K-1	DOH justification)	Ī			1	7	1 /	Te	lephone N	umber	-		
Sched (K-12) Subchapter 8 (Other than K-12) Subchapter 9 (Othe						ORMAT	O NO	20/14		=	00 8	x: -: -	·	
Street Address County (B) CR GEN Name of Monitoring Firm Fried by Building Owner (B) North Miles (B) Street Address ACM No. OV45 Street Address ASCM No. OV45 Street Address Street Address Street Address ASCM No. OV57 Street Address SSCOUTH RIVER, NJ 08882 Teleptrone No. TOM GEIGER Talephone No. TOM GEIGER Talephone No. Tolephone No. Tolep		ng Place (3))	20				Type of Facility	(4)					
County (8)	Street Address				Λ					er than K-	12)			
County (8)	E1344 MH- ANDE	ERSON	A	15	+ PAR	K TI	ACE E.		private	& commer	ciál bui	ildings	s, hon	nes,
County Code (7) Crurent Use (Prior if heing demolished) Crurent Use (Crurent Use (Prior if heing demolished) Crurent Use (Additional Crurent Use (Prior if heing demolished) Crurent Use (Pr	WOBA Ri	NCE	_ =					0.000	# 0	f Floors			Age	
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. 0045 UNIQUE SYSTEMS OF AMERICA	County (6)	<u> </u>		County	Code (7)				rior if be	ing demolis	- CONT.	10 /	H	•
EMVIRONMENTAL TACTICS Street Address Street Address 396 WHITEHEAD AVE. City, State, Zip Code MATAWAN, NJ 07747 Project Manager for Monitoring Firm TOM GEIGER Scheduled Completion Date (11) Scheduled Completion Date (11) Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882 Project Manager for Monitoring Firm Telephone No. 732-292-2217 732-432-8350 Ulcense No. 732-432-8350 Other Describe (LT) Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882 Scope of Work (Check All That Apply) 23 sf or 23 lf 2160 sf or 2260 lf Renovation Demolition Renovation Normally Used Soley by Maintenanco' Custodial Statt? (12) Pes No N/A Abbestors-Containing Material (ACM) (i.e. fhermal systems insulation, Specify SF or LF) Renovation Specify Renovation Specify Renovation Specify Renovation Occurrence Renovation Occurren		Owner (8)		70000000000		Y)	Nome		-, , ,					
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City, State, Zip Code MATAWAN, NJ 07747 Project Manager for Monitoring Firm TOM GEIGER Scheduled Completion Date (1) Scheduled Completion Date (1) Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA Street Address South River, NJ 08882 Telephone No. 732-432-8350 01111 Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882 Scope of Work (Check All That Apply) 23 st or 23 lf 2160 sf or 2250 lf Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A ACM Pipe So MASTIC. I Disposal Date GROWS NORTH Name of Registered Landfill GROWS NORTH City, State City, State City, State City, State City, State City, State GROWS NORTH Name of Registered Landfill GROWS NORTH City, State City,		. N							Δ\/E					
Project Manager for Monitoring Firm Telephone No. 732-292-2217 Telephone No. 732-432-8350 Scheduled Completion pate (11) Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA Streat Address 396 WHITEHEAD AVE. Abatement Performed Outside of Normal Facility Hours Other Describe: QLT Doc RS Scape of Work (Check All That Apply) Asbestos-Containing Material (ACM) In Pacility (13) Renovation Demolition Type Asbestos-Containing Material (ACM) In Pacility (13) Asbestos-Containing Material (ACM) In Pacility (13) Acm Pipe SamasTic 10 LP X Acm Pipe SamasTic GROWS NORTH Name of Registered Waste Hauler NAME OUT No. Telephone No. 732-432-8350 Telephone No. 732-432-8350 Outling Name of Registered Waste Hauler Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A N/A Acm Pipe SamasTic 10 LP X Name of Registered Landfill GROWS NORTH Disposal Date City, State Reposation Demolition Type Abatement Type Abatement Type Abatement Type GROWS NORTH Disposal Date City, State MORRISVILLE, PA							City, Sta	te, Zip Code						
TOM GEIGER T32-292-2217 T32-432-8350 Other Display Scheduled Completion Pate (11) Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA Street Address 396 WHITEHEAD AVE. Abatement Performed Outside of Normal Facility Hours Other Describe: QLT Door & S Scope of Work (Check All That Apply) Scope of Work (Check All That Apply) Asbestos-Containing Material (ACM) In Pedility In Facility (13) TO BE ABATED In Facility (13) To BE ABATED (12) Yes No N/A N/A ACM P. PE So MasTic. In JOEP Waste Hauler WASTE MANAGEMENT City, State Name of Registered Waste Hauler WASTE MANAGEMENT City, State Cubic Yards Name of Registered Landfill GROWS NORTH Disposal Date City, State MorrisovilLE, PA Name of Registered Landfill GROWS NORTH City, State Lity, State MORRISVILLE, PA	Project Manager for Monitoring Firm		<u> </u>	Teleph	one No.				J 0888		No.			
Occupancy Status During Abatement (Check Only Onls) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe @ KT D o o R S				732-2	92-2217		732-43	32-8350						
Street Address 396 WHITEHEAD AVE.				pletion	Date (11)					AMERIC	A			
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Scope of Work (Check All That Apply) 23 sf or 23 if	Abatement Performed Outside of North	nal Facility I	oatem Hours	ent	77	-			AVE.				-	
Renovation Demolition Secondarion Demolition Pull Containment with Negative Pressure	M Other - Describe: OKT DOORS					-			J 0888	2				
Demolition Display Indicated (Color Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Page 1	Same?	™					П							
Non-Exempted (*) and Non-Friable Procedure S-Location Normally Description of Asbestos Containing Material (ACM) Location Normally Description of Asbestos Containing Material (ACM) Normally Description of Asbestos Containing Material (ACM) Amount (Specify SF or LF) Normally SF or LF Normally Normally Normally Normally Description of Asbestos Containing Material (ACM) Amount (Specify SF or LF) Normally No								Mini-Enclosur	e	Negative I	Pressu	re		
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Name of Registered Waste Hauler WASTE MANAGEMENT City, State ELIZABETH, NJ ACM Pipe So MASTIC 10 LF X NJDEP Waste Cubic Yards of Waste of Waste GROWS NORTH Disposal Date City, State MORRISVILLE, PA	Asbestos-Containing Material (ACM)			C () () () ()	Asbes	tos Conta	aining Mat	erial (ACM)					т	
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Name of Registered Waste Hauler WASTE MANAGEMENT City, State ELIZABETH, NJ NJDEP Waste Hauler ID No. 1125 City, State Disposal Date TBD MORRISVILLE, PA		Yes .	No	N/A		Other II	iiscellalle0	us)			val .	=	ulate	sure
Name of Registered Waste Hauler WASTE MANAGEMENT City, State ELIZABETH, NJ NJDEP Waste Hauler ID No. 1125 Cubic Yards of Waste GROWS NORTH Disposal Date TBD City, State MORRISVILLE, PA	OUTDOBRS		X		DCM	Pioe	5- M	neTic	- /	1 LE	×			
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WASTE MANAGEMENT Hauler ID No. 1125 Of Waste GROWS NORTH City, State ELIZABETH, NJ Disposal Date City, State MORRISVILLE, PA	Name of Registered Waste Hauter		NI	DED W	laste	Cubia	/ards	l Ninn	D	1				
City, State Disposal Date City, State MORRISVILLE, PA			Ha	uler ID	7. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	1858555		9						
(B)			<u>ا</u>		-									_
CAROL RAIMO OFFICE MGR. Carol Raimo 9/23/14.		[Title						MORRI	SVILLI	Water Control of the				
	CAROL RAIMO		E MC	€R.		210	ara	e Rec	nc.	Da	2/23	3/1	4.	

CK 6000

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

Date of Notification (1)				Name	of Buildin	g Owner/Operator (2)		·				
9 / 22	/	4		HN	/ISHost	/ Job #14	09-4819 Chec	k #6660					
Agencies Notified Type N	otification	{		Street	Address			K#6660	5 r	H E	. /		
				690	5 Rockle	edge Dr. Mail Sto	p: 6-Z			"	٠.,	_	
☑ DOLWD ☐ Ame	467022			City, S	State, Zip	Code	*		-				
	ndment #	_		Bet	theda, M	D 20817				- 1			
	rgency (i fication)	nciuain	g.	Name	of Contac	at		Telephone	Numbe	r	_	150-11F	
The state of the s	cellation			Ray	y Nielser	1							
				FA	CILITY IN	NFORMATION					1/24		
Name of Facility Where Abatemer	nt is Takir	g Place	e (3)		-		Type of Facility	(4)					
Atlantic Travel Plaza							School (K-12	5. /4					
Street Address	-				C 7/ 157		Subchapter 8						
Mile Marker 41.1 GSP							Other (i.e., p homes, etc.)		nmerci	ai bu	llaing	ıs,	
City (5)	+						Square Feet	# of Floors		Blo	ig. A	ne .	
Galloway Township							oquaio i oot	" or 1 10010	.	"	·9· / ·	90	
County (6)	+			Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being de	molish	ad)			
Atlantic				- Oou	nty code (r ((OTATE OOL ONE I)	Plaza	ioi ii beilig de	monoric	cuj			
Name of Monitoring Firm Hired by	Ruilding	Owner	(8)	ASCM	No	Name of Abateme							_
EHS Environmental	Dulluling	OWING	(0)	AGOIVI	140.	AbateTech, I							
Street Address	 					Street Address	iic.						
411 Southgate Court, Suite	, E					30 Maple Ave	DO Box 25						
City, State, Zip Code	, L			7									
Mickelton, NJ 08056						City, State, Zip Co							
Project Manager for Monitoring Fir			T-1-		NI.	Lumberton, N	NJ U0U40	11:					
Jack Carney	m			phone		Telephone No.		License N	0.				
Start Date (10)	I Caba	alcola al C			-0080	609-265-2107	70	00529					
					ite (11) 14	Name of OSHA M EMSL Analyt							
Occupancy Status During Abatem	ent (Chec	ck only	one)	-		Street Address							
☐ Facility Closed/Vacated During		The Park of the Pa		ment		200 Route 13	0 North						
☐ Abatement Performed Outside						City, State, Zip Co			S				
Time of Abatement:AM	F	M/	PM		MA	Cinnaminsor							
Scope of Work (Check all that app	ly)												
2.3-							ainment with Neg	gative Pressu	re				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			enovat emolitic			Mini-Enc Glovebag							
			Cirrolle	211			mpted (*) and No	n-Friable Pro	cedure				
		l:	s Loca	ion	T					Ab	atem	ent T	vpe
Location of		11 9000	Norma	-		Description of				R	D	m	m
Asbestos-Containing Material (TO BE ABATED	ACM)	5500000	ed Sole aintena			estos Containing Ma e., thermal systems		Amount (Specify	200	Removal	Repair	Encapsulate	Enclosure
IN Facility			stodial		(1.6	surfacing, VAT		SF or LF		oval	Ŧ	psu	Sur
(13)			(12)	Towns	-	other miscellane						late	æ
20		Yes	No	N/A				2					
Please see attached													
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		+=		-								1	
										Ш	Ш	Ш	Ш
*	15							1					
Name of Registered Waste Hauler	8		200	JDEP		Cubic Yards of	Name of Regis						
AbateTech, Inc.				18750		Waste 40	G.R.O.W.S	. Landfill					
City, State				10100		Disposal Date	City, State					-	
Lumberton, NJ						10/17/14	Tullytown,	PA					
Completed By (Print or Type)	Tit	e	-61			Signature			Date				-
Gwendolyn Trumbetti			ione (Coord	inator		·		1	71	77	110	I
ASB-41		p 5. a.					W			10	XX	/ /	
MAY 11		Do no	t use th	is form	for asbes	tos licensure exemp	ted activities.						

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CHECK#24474

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

Date of Notification (1)								2014 CED or					
			Ì				wner/Operator (2)		F	Ħ!	5: 0	ŗ.,	
9/23/2014					DELAWA	RE RIV	ER BAY AUTH	ORITY .			, ,	-	
The state of the s	ype Notif	ication	i		Street Add	ress		.1 /		- 1			
□ EPA	Initial	b			INTERST	ATE 29	AND NEW CA	STLE AVE LICE		1	·		
DEP [Amer	nded Am	nendm	ent #_	City, State,	Zip Code	9	STEERVE -C.					
□ DOL	☐ Emer	gency (i	ncludi	ng			ELAWARE 197	720					
□ DOH		cation)			Name of C		ELAWARE 197	20		T= .			
DCA I		ellation					DOOM (OTTOTAL)			le	ephon	ie Nur	nber
			-				PSON (OWNER	R'S REP)					
Name of Facility Where Abate	omont io	Tokina		(2)	FACILITY I	NFORM	ATION						345
CAPE MAY AIRPORT	enieni is	raking	Place	(3)				Type of Facility (4)					
Street Address								School (K-12)					
							100000000000000000000000000000000000000	Subchapter 8 (Othe	er tha	n K-1	2)	
BUILDING 12 DEMOLIT	ON		D.					Other (i.e., priv					uildina
City (5)								Square Feet					g. Age
CAPE MAY, NEW JERSE	Y							1		1 0	1 1001	3 Did	g. Age
County					County Cod	e (7) (S	TATE USE ONLY	AIRPORT					
CAPE MAY			1			.5 (.) (5	THE OOL ONE!	AIRFORT					
Name of Monitoring Firm Hire	d by Buil	ding Ow	mer (8	1	ASCM No.	Moma	of Abeter and O	<u> </u>					
N/A	,	ug U.	(0	,	ASCIVI NO.	The second secon	of Abatement Cor	1.000000000000000000000000000000000000					
Street Address			_					TRONMENTAL INC	Σ.				
						0.000	Address						
						15 BL	ACK FOREST I	ROAD					
						City, S	tate, Zip Code			-00)			
		21				HAM	LTON, NJ 0869	91					
Project Manager for Monitoring	Firm	Telep	hone	No.		Teleph	one No.			Lice	nse N	0	
						609-89	0-7110			0067			
Start Date (10)		Sche	duled	Comple	tion Date (11)		of OSHA Monitor			000	0		
10/6/2014		15 (0), 00,200000	/2014			E CONSTRUCTOR CON	RITECH SERVI	CIEC					
Occupancy Status During Aba	tement (Check o	nly on	e)			Address	CES	-				
Facility Closed/Vacated D	ouring En	itire Peri	iod of	Abatem	ent	1		V 7 TO A TE TOO					
Abatement performed outside	of work	ing hour	s SPM	LO AM			LAWRENCE A	VENUE					
		ing nou	3 O. W	-Z FUVI			ate, Zip Code						
Scope of Work (Check all that	apply)					SEASI	DE, NJ 08753						
1 ≥ 3 sf or ≥ 3 lf	арріу)				_			Full Containmen	nt wit	th Ne	gativ	e Pres	ssure
≥ 160 sf or ≥ 260 lf			1		Renova		54	. Mini-Enclosure					
≥ 100 St 01 ≥ 260 If			1		Demolit	ion		Glovebag Proce	dure	•			
			_ i					■ Non-Exempted (& (*)	Non	-Friab	le Pro	ocedur
			Loca							_	_	Туре	
Location of Asbestos-Conta	gining		mally		Description	n of Asbe	stos Containing						
Material (ACM) TO BE ABA	TED In		Solely				thermal systems	Amount (Specify SF	or	Removal	ZD.	Encapsulate	Enclosure
Facility (13)			Staff?	e/Custo	4		, VAT, or other	LF)		mo	Repair	sde	응
		Yes	No.	IN/A	{ '	miscellan	eous)			Va	air	ula	Sur
ROOFING FELT		1		117	11 T P POCY							6	
EXTERIOR SHINGLES		-	+-	1.X	11 L.F. TSI			38000 S.F.		X			
EXTERIOR SOFFIT		+	-	1X	SHINGLES			1150 S.F.		X			
INOLEUM		-	1_	1X	TRANSITE			800 S.F.		X			
			i	LX				121 S.F.	П	X			
lame of Registered Waste Hau	ıler				NJDEP Waste		Cubic Yards of	Name of Registered I	and	fill			
GOLD MEDAL ENV. INC.			i		Hauler ID No.		Waste						
			i		35676		170 YDS.	C.M.C.M.U.A.					
ity, State		į.					Disposal Date	CITY, STATE	-	-	-	100	
EWELL, NJ		31					10/21/2014	WOODBINE, NJ 08	270				3
completed By		Title	1			Signatur	27-Mar/	WOODBINE, NJ 08		_			
AVID D'ANDREA		PRES	יאשתו	т		111	7//	(Yan Dage	-	ate			
SB-41		LINES	The state of	I		1/4	viel Ax	Generes	19/	/23/2	014		

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

Date of Notification (1)			Name o	of Buildin	g Owner/Operator	(2)						
9-22-19	7			Pri	vate 1	deside.	1 & C	· -				
Agency Notified	Type Notification	1	Street /		E 29 1		-iu	· · ·				
D EPA S DEP	র্ম Initial		City Ct	ato Zin (Code		-					
E DOL	Amendment #		1 4	ONG	BEACL	Tup.	125					
DOH	☐ Emergency (included justification)	ing	Name o	of Contac	d'Andrei	,	Telephone Nu	mber				
□ DCA	☐ Cancellation					1						
			FACIL	_ITY INF	ORMATION	Type of Facility	(A)				_	
Name of Facility Where	A	ace (3)				Type of Facility	(4)					
Private	Residense					School (K-1	2) 8 (Other than K-1	2)				
Street Address	C+K = +					Other (i.e. p	rivate & commerc	ial buildin	igs,			
20E	9 31	_				Square Feet	# of Floors	Bldg.	Age			
City (5)	ach Twi	2	NJ			2000 N. 20022000 000000		-	251			
County (6)	100	•	County ONLY)) (STATE USE	Current Use (F	Prior if being demo	olished)				
CCEAN	19		ONLT									-
Name of Monitoring Firm	Hired by Building Own	er AS	CM No.			nent Contractor (. 1 Tmc				
(8) N/A					Crear	m Ridge Er	vironment	11 1110	-•		-	_
Street Address					Street Address	lack Fores	t Road					
					City, State, Zip (AND THE RESERVE OF THE PARTY OF	o Roda				_	_
City, State, Zip Code					250.5	lton, NJ	08691					
		Tolon	hone No.		Telephone No.	TCOIT, NO	License No.	-			-	
Project Manager for Mor	itonng Firm	Telep	Hone 140.		(609)890	-7110	0676					
Start Date (10)	Scheduled C	ompletion	Date (11)		Name of OSHA							
Statt Date (10)	00,1000.00				AMEN	tech						
Occupancy Status Durin	g Abatement (Check or	ily one)			Street Address	- <i>i</i> n	e sur d	Aue				
☐ Facility Closed/Vacate	d During Entire Period	of Abatem	ent		City, State, Zip.	Code	ewice	1100				
☐ Abatement Performed ☐ Other – Describe: 0	Outside of Normal Fac	ility Hours	2377-22372		SEA 51	de Par	K, NJ	08	??	5-	2	
Scope of Work (Check a	li that apply)				□ Full	Containment with	n Negative Pressu	ıre				
□ ≥ 3 sf or ≥ 3 lf			□Ren		☐ Mini-	-Enclosure						
□ ≥ 160 sf or ≥ 260 lf			⊟ Dem	olition	☐ Glov	rebag Procedure -Exempted (*) an	d Non-Friable Pro	ocedure				
		1-1-				10	1		At	Typ		nt
	74		cation mally							1		
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Asbestos-Containin TO BE Al	BATED		nance/ odial	(i.e	thermal systems	s insulation,	(Specify SF or LF		Remova	Repair	cap	nclo
IN Fac	ility		aff?		 surfacing, VAT other miscellan 	eous)	01 01 2.	,	oval	=	Encapsulate	Enclosure
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1								10-10-1		-	+	
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					0.1:)(====================================	Name of Regi	etered Landfill					-
Name of Registered Was	te Hauler	ID No.	P Waste H	auler	Cubic Yards of Waste							
Timster			1079		10	Tully	rtoan					
					Disposal Date	City, State	toan town t	14				
City, State 128 Bartle	IT AVE WE	ston	ek r	VJ	9-29-14	Tully	tomm k	114				\perp
Completed by	Title				Signature /	100	0	9-1	7.	-/	1	
David J. D'An	drea Preside	ent			Lord	1- Wer	esser	10	0	1	_	اب
ASB-41 .	* Do по	t use this f	orm for ast	estos lic	ensure exempted	activities.						

CA# 24472

Date of Notification (1)	,,/			ilding Owner/Operato	/	2,	1115:	V.	
4-22	-14		Dev	nivolec	soms/	<u> </u>			
Agency Notified	Type Motification		Street Addre	ess O	1		- A) !!	1	1
. □ EPA	Minitial		11-8	3 Beach	haven	west.	D.CU	<i>J</i> .	
DEP	1 Amended		City, State,			_			
DOL	Amendment #	dina	mr	ANA LAWK	IN, 14.	<i>J</i> .			
□ DOH	justification)	ding .	Name of Co	ntact // /		Telephone Nu	ımber		
□ DCA	☐ Cancellation		LAVE	DHINGK	IA	_			
		- V	FACILITY	INFORMATION					
Name of Facility Where	Abatement is Taking P	lace (3)			Type of Facility	(4)			
// A	esidence				☐ School (K-12	2)			
Street Address	010-AC				☐ Subchapter 8	(Other than K-	12)		
1183 Ben	. 1. 6.0.00		-01	-1	Other (i.e. pr homes, etc.)	ivate & commerc	cial buildings		
	gen naven	u wes,	1 50	ZC.	Square Feet	# of Floors	Bldg. Ag	je	
City (5)	1 11-	1.67	-						
M A 1/14 A County (6)	AWKIN	14-4			Current Line (P.	rior if being dem	olished)		
County (6)			ONLY)	e (7) (STATE USE	Cullent Use (F	nor it being derif	- Olistica)		
OCE	AM.								
Name of Monitoring Firm	Hired by Building Ow	ner ASCN	No.		ment Contractor (9		-1 T		
(8)	4 -			and the same of th	m Ridge En	vironment	al inc.		
Street Address				Street Address					
					lack Fores	t Road			
City, State, Zip Code				City, State, Zip					
					lton, NJ	08691		. 2	
Project Manager for Mor	itoring Firm	Telepho	ne No.	Telephone No.	=110	License No.			
				(609)890		0676			
Start Date (10)	Scheduled (Completion Da	to (111)						
			re (11)	Name of OSHA	_ / _				
9-23-1	4 9-2	3-14	-	Ameri	Tech 5	envices			
9-23-/ Occupancy Status Durin	4 9-2 g Abatement (Check o	3-14	-		Tech 5			-	
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CK#24642

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

Date of Notification (1)	22/14		Name of Buildi	ng Owner/Operator	Domber			h-d		
Agencies Notified	Type Notification		Street Address		2	JIA SEP 25	1.15	ن در	į	_
EPA DEP DOL	Initial Amended Amendment #	_	City, State, Zip	Code	14 Orchard S			1		_
M DOH □ DCA	Emergency (including justification) Cancellation	9	Name of Conta			Telephone Nun	nber			
			FACILITY IN	FORMATION						
Name of Facility Where	Abatement is Taking Place Residenti				Type of Facility		7.3			
Street Address	414 Orchard	Stree	t	0	Subchapter Other (i.e., phomes, etc.)	8 (Other than K-1 private & commercy	(2) cial buil	dings	,	
City (5)	Cranford, NJ	1			Square Feet 2000	# of Floors	В	ldg. A	kge +/_	
County (6)	Jnion	0,01	County Code USE ONLY)	(7) (STATE		rior if being demo		7.0		
(0)	Hired by Building Owner MECS		ASCM No.		ment Contractor (9					
Street Address	PO Box 341			Street Address		Box 322	, , , ,	10.		_
City, State, Zip Code	rosswicks, NJ 0851	5		City, State, Zip C	Code	n, NJ 08501				_
Project Manager for Mor			phone No.	Telephone No.	THICHEON	License No.				
	eisgarber Jr.		9) 298-4070	(609) 2:	59-9688		0049	3		
Start Date (10) 10/3/14	1	0/10/	tion Date (11)	Name of OSHA		ECS	:			
☐ Facility Closed/Vacat	ng Abatement (Check only ed During Entire Period of	Abater	nent	Street Address	PO I	30x 341				
☐ Abatement Performed Control Contro	d Outside of Normal Facilit 3am - 4pm	ty Hour	s	City, State, Zip C		ks, NJ 08515				_
Scope of Work (Check a	all that apply)			I						=
≥3 sf or ≥3 lf ★ ≥160 sf or ≥260 lf		enovation emolition		☐ Mini-En ☑ Gloveba	ag Procedure	gative Pressure on-Friable Procedi	ure			
Location	N	Location ormally Solely		Doordation			<i>A</i>	bate Typ	ment e	
Asbestos-Containing M TO BE ABAT IN Facility (13)	Material (ACM) Mair	ntenandustodial Staff? (12)	ce/ Asbes	Description of stos Containing Mar , thermal systems i surfacing, VAT, other miscellane	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Basement/Cra		×		nermal Asbest	os Pipe	170 LF	×		-	
Baseme	ent	×		VAT		180 SF				
			14.							
Name of Registered Was Stevens Environn City, State	ste Hauler nental Services, Inc	u-	JDEP Waste auler ID No. 18292	Cubic Yards of Waste 2 CU Disposal Date	Name of Regi	stered Landfill T.R.R.F., I	nc.			
Completed By	Allentown, NJ			_10/10/14	1/2/	Tullytown,	PA			_
Mahlon E. Ste	vens Title	oject	Manager	Signature		Date —	9/22	2/14		

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

MAR 00

Date of Notification (1) • 09 / 22	1	14		Jos	epn Ben	inato, Inc						
Agencies Notified Type N ☐ EPA ☐ Init	Notificat	tion			Address			2014 SE	P 25	- [<u>[:</u>	<u> </u>
H <u></u>	ended				Old Spy							
	endme				state, Zip C			Δ	100	ė.	,	
		y (includi	ng		Contract Contract Contract	y, NJ 08879			مارات	-		
	tificatio				of Contac			Telephone Nun				
□ Ca	ncellation	on 			non Kozı				20			
				FA	CILITY IN	FORMATION						
Name of Facility Where Abateme	ent is Ta	aking Pla	ce (3)				Type of Facility					
Apartment Building							Subchapter	2) 8 (Other than K-1:	21			
Street Address								rivate and comme		uilding	s,	
1783 Routé 35							homes, etc.)		200			
City (5)							Square Feet	# of Floors	BI	dg. A	ge	
Sayreville, NJ 08872												
County (6)				Cour	ity Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demol	lished)			
Middlesex												
Name of Monitoring Firm Hired b	y Buildi	ing Owne	r (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Bio Terra Solutions	•					ALL PRO MA	NAGEMENT L	LC				
Street Address			-			Street Address						
P.O. Box 1224						27 Outwater	Lane					
City, State, Zip Code				-		City, State, Zip Co			-			
Union, NJ						Garfield, NJ						
Project Manager for Monitoring F	irm		Tole	ephone	No	Telephone No.	07020	License No.		3		
				ř.			20 ye s 1	LICEITSE ING.				
		54 W	0.	72 404	2762	072 028 4888		1122				
Rick Eustaquio				73-494		973-928-4888		1188				-
	S	cheduled	Comple	etion Da	te (11)	Name of OSHA M			e e e e e e e e e e e e e e e e e e e		2	8
Rick Eustaquio Start Date (10)	Si	cheduled 03	Comple	etion Da	te (11)	Name of OSHA M	Monitor		<u> </u>		22	9
Rick Eustaquio Start Date (10)	Senent (C	cheduled 03 Check only	Comple / 12 / one)	etion Da	te (11)	Name of OSHA M	Monitor NAGEMENT L					8
Rick Eustaquio Start Date (10) 09	nent (C	cheduled 03 Check online Period ormal Fac	Comple /	etion Da 2 / _ ement rs - Des	te (11) 15 cribe	Name of OSHA M ALL PRO MA Street Address	fonitor NAGEMENT L Lane					9
Rick Eustaquio Start Date (10) 09	nent (C	cheduled 03 Check online Period ormal Fac	Comple /	etion Da 2 / _ ement rs - Des	te (11) 15 cribe	Name of OSHA MALL PRO MA Street Address 27 Outwater City, State, Zip Co	Monitor NAGEMENT L Lane					
Rick Eustaquio Start Date (10) 09	nent (C g Entire e of Nor	cheduled 03 Check online Period ormal Fac	Comple /	etion Da 2 / _ ement rs - Des	te (11) 15 cribe	Name of OSHA M ALL PRO MA Street Address 27 Outwater	Monitor NAGEMENT L Lane					0
Rick Eustaquio Start Date (10) 09	nent (C g Entire e of Nor	cheduled 03 Check online Period ormal Fac PM/	Comple /	etion Da 2 / _ ement rs - Des	te (11) 15 cribe	Name of OSHA M ALL PRO MA Street Address 27 Outwater City, State, Zip Co Garfield, NJ Full Cont Mini-End Glovebar	Monitor NAGEMENT L Lane ode 07026 tainment with Neglosure g Procedure	LC	ure			
Rick Eustaquio Start Date (10) 09 / 22 / 14 Occupancy Status During Abater ☐ Facility Closed/Vacated Durin ☐ Abatement Performed Outside Time of Abatement:Al Scope of Work (Check all that ap	nent (C g Entire e of Nor	cheduled 03 Check online Period ormal Fac PM/	Completed / 12 / one) of Abate lity Hour PM- Renovation Remolition Is Loca	etion Da 2 / _ ement rs - Des - ion on	te (11) 15 cribe	Name of OSHA M ALL PRO MA Street Address 27 Outwater City, State, Zip Co Garfield, NJ Full Cont Mini-End Glovebar	Monitor NAGEMENT L Lane ode 07026 tainment with Neglosure g Procedure	LC gative Pressure		atem	ent T	ype
Rick Eustaquio Start Date (10)	nent (C g Entire e of Nor M ply)	cheduled 03 Check online Period of rmal Fact PM/	Completed Advanced PM- Renovation PM	ement rs - Des	te (11) 15 cribe	Name of OSHA M ALL PRO MA Street Address 27 Outwater City, State, Zip Co Garfield, NJ Full Cont Mini-End Glovebact Non-Execution of	Monitor NAGEMENT L Lane ode 07026 tainment with Neclosure g Procedure empted (*) and No	gative Pressure	Ab		_	1
Rick Eustaquio Start Date (10) 09 / 22 / 14 Occupancy Status During Abater ☐ Facility Closed/Vacated Durin ☐ Abatement Performed Outside Time of Abatement:Al Scope of Work (Check all that ap ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material	nent (C g Entire e of Nor M ply)	cheduled	Completed / 12 / one) of Abate lity Hour PM- Renovation Remolition Is Loca	ement rs - Des - dion on dily ely by	te (11) 15 cribe AM	Name of OSHA M ALL PRO MA Street Address 27 Outwater City, State, Zip Co Garfield, NJ Full Cont Mini-End Glovebag Non-Exe Description of stos Containing Ma	Lane ode 07026 tainment with Neclosure g Procedure empted (*) and No	gative Pressure	Ab		_	1
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Rick Eustaquio Start Date (10)	nent (C g Entire e of Nor M ply)	cheduled03Check online Period of rmal FaccPM/	Complete / 12 / one) of Abate liity Hou_PM-Renovation Normal sed Solution (12) s No	etion Da 2 / _ ement rs - Des ion on tion ally ely by ance/ Staff?	cribe AM	Name of OSHA M ALL PRO MA Street Address 27 Outwater City, State, Zip Co Garfield, NJ Full Cont Glovebat Non-Exe Description of stos Containing Ma thermal systems surfacing, VAT other miscellane	Lane ode 07026 tainment with New losure g Procedure empted (*) and No of teterial (ACM) insulation,	gative Pressure on-Friable Proced Amount (Specify SF or LF)	Ab		Encapsulate	1
Rick Eustaquio Start Date (10) 09 / 22 / 14 Occupancy Status During Abater ☐ Facility Closed/Vacated Durin ☐ Abatement Performed Outside Time of Abatement:Al Scope of Work (Check all that ap ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material TO BE ABATED IN Facility (13) Unit #'s 1, 2, 3, 4, 5, 6	nent (C g Entire e of Nor M ply)	cheduled	Comple Comple Comple Cone	ement rs - Des ion on tion ally ely by ance/ Staff?	cribe AM Asbe (i.e	Name of OSHA M ALL PRO MA Street Address 27 Outwater City, State, Zip Co Garfield, NJ Full Con Gloveba Non-Exe Description of stos Containing Ma thermal systems surfacing, VAT other miscellane	Lane ode 07026 tainment with New losure g Procedure empted (*) and No of teterial (ACM) insulation,	gative Pressure on-Friable Proced Amount (Specify SF or LF)	A Removal		Encapsulate 🛛	-
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Rick Eustaquio Start Date (10) 09 / 22 / 14 Occupancy Status During Abater ☐ Facility Closed/Vacated Durin ☐ Abatement Performed Outside Time of Abatement:Al Scope of Work (Check all that ap ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material TO BE ABATED IN Facility (13) Unit #'s 1, 2, 3, 4, 5, 6	nent (C g Entire e of Nor M ply)	cheduled	Complete / 12 / one) of Abate liity Hou_PM-Renovation Normal sed Solution (12) s No	ement rs - Des ion on tion ally ely by ance/ Staff?	cribe AM Asbe (i.e	Name of OSHA M ALL PRO MA Street Address 27 Outwater City, State, Zip Co Garfield, NJ Full Con Gloveba Non-Exe Description of stos Containing Ma thermal systems surfacing, VAT other miscellane	Lane ode 07026 tainment with New losure g Procedure empted (*) and No of teterial (ACM) insulation,	gative Pressure on-Friable Proced Amount (Specify SF or LF)	A Removal		Encapsulate 🛛	-
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Rick Eustaquio Start Date (10)	nent (C g Entire e of Nor M ply)	cheduled 03 Check online Period of rmal Face PM/ Colored Technology Ye	Complete / 12 / one) of Abate lity Hour PM-Renovation Normal stodial (12) s No	etion Da 2 / _ ement rs - Des ion on tion ally ely by ance/ Staff? N/A	Asbe (i.e. Joint C Windov	Name of OSHA M ALL PRO MA Street Address 27 Outwater City, State, Zip Co Garfield, NJ Full Cont Glovebat Non-Exe Description of stos Containing Ma thermal systems surfacing, VAT other miscellane ompound Chaulking Cubic Yards of Waste As Needed Disposal Date	Monitor NAGEMENT L Lane ode 07026 tainment with Neclosure g Procedure empted (*) and No of sterial (ACM) insulation, , or oous) Name of Regis IESI Landf	gative Pressure on-Friable Proced Amount (Specify SF or LF) 10000 SF 120 LF	A Removal		Encapsulate 🛛	Enclosure

Date of Notification (1)				Name	of Building	Owner/Operator (2	2)	*1 5 5 5 5 6				
09/22	/ _ 1	4		Jos	eph Ben	inato, Inc	are.	050.55	12 m			
Agencies Notified Type No	tification	1		Street	Address	dim umme ene	- LU17	SEP 25 FM	4: 1			
☑ EPA ☑ Initia			9	170	Old Spy	e Road	4			9		7
☑ DOLWD ☑ Ame				City, S	tate, Zip C	Code	Δ,		1			
	ndment	-		200		y, NJ 08879		ي المال الم	``			
	rgency (ication)	including	3		of Contac	Market State of State		Telephone Numb	er			
	ellation			Dar	non Koz	ul .				•		
	7			FAG	CILITY IN	IFORMATION		-				
Name of Facility Where Abatemer	t is Taki	ng Place	(3)				Type of Facility (4)				
Club/Restaurant							School (K-12)					
Street Address							Subchapter 8	(Other than K-12) ivate and commen	oial bu	ildina	_	
1783 Route 35							homes, etc.)	ivate and commen	ciai bu	nung	5,	
City (5)			700000				Square Feet	# of Floors	Blo	dg. Ag	ge	
Sayreville, NJ 08872				-	*							
County (6)				Cour	ity Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Middlesex				34							9	
Name of Monitoring Firm Hired by	Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)	127			22311111	
Bio Terra Solutions						ALL PRO MA	NAGEMENT LI	_C				
Street Address	1971					Street Address						
P.O. Box 1224				18		27 Outwater	Lane				11000	
City, State, Zip Code						City, State, Zip C	ode					
Union, NJ		5		- "		Garfield, NJ	07026	\$ V		n"		
Project Manager for Monitoring Fir	m-			phone		Telephone No.		License No.				92
Rick Eustaquio				73-494		973-928-4888		1188		24)		
Start Date (10)		eduled C				Name of OSHA N						
09 /22 /14		03 /			15		NAGEMENT LI	_C				
Occupancy Status During Abatem		50				Street Address						
☐ Facility Closed/Vacated During					2.00	27 Outwater						
Abatement Performed Outside Time of Abatement:AM						City, State, Zip C						-
						Garfield, NJ	07026					-3000
Scope of Work (Check all that app	y)					⊠ Full Con	tainment with Neg	afive Pressure				
≥3 sf or ≥3 If			enovat			☐ Mini-End	dosure					
≥160 sf or ≥260 If		⊠ De	emolitio	on			g Procedure empted (*) and No.	n-Friable Procedu	re			
		Is	Loca	tion	T	Z Holl Exc			1	atem	ent T	vpe
Location of		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Norma			Description of			-			T
Asbestos-Containing Material (ACM)		ed Sole aintena			estos Containing Ma e., thermal systems		Amount (Specify	em	Repair	nca	ncl
TO BE ABATED IN Facility		5.555,000	todial		(1.6	surfacing, VAT		SF or LF)	Removal	₹	Encapsulate	Enclosure
(13)			(12)	1	-	other miscellane					late	O.
.st		Yes	No	N/A				4500.05	5 7			
1 st Floor - Dance Room		10			-	iles & Mastic		1500 SF				빔
1st Floor - B/W Tile Room			Ш.			les & Mastic		400 SF				닏
Roof					Roofin	9		17000 SF	\boxtimes		\boxtimes	
								8				
Name of Registered Waste Hauler			1000	JDEP !	33355555500 m	Cubic Yards of	Name of Regis					
Newark Carting				lauler II 04509		Waste As Needed	IESI Landfi	ill				
City, State						Disposal Date	City, State					
Newark, NJ	51					TBD	Bethlehem	, PA				
Completed By (Print or Type)	· Ti	tle				Signature A		Da	te	200	1.	1
Allen Monchik		Project	t Man	ager	8	1(00)	M	- 19	1/2	2	19	-

ASB-41 JAN 13

Date of Notification (1)		Name	of Buildin	g Owner/Operator (2	2) 1					
	14	Jos	seph Ben	inato, Inc						
Agencies Notified Type Notified	ation	Stree	t Address		2014 SEP 25	ितं कि क				
☑ EPA ☑ Initial		170	Old Spy	re Road		2				
☑ DOLWD ☑ Amende		City,	State, Zip (Code	<i>L</i> ,	i.,	10			
☑ DOH Amendn	nent # <u>1</u> ncy (including	So	uth Amb	oy, NJ 08879	ورانا الم	, ?				
DCA Emerge (NJAC 5:23-8) Emerge		Name	of Contac	it		Telephone Ni	-1			
Cancella	1 1 2 2	Da	mon Koz	ul	35	·~	.LU			
	***************************************	FA	CILITY IN	FORMATION						
Name of Facility Where Abatement is	Taking Place (3)		1	Type of Facility	(4)				
Residential House					School (K-12					
Street Address					☐ Subchapter 8	3 (Other than K-1 rivate and comm	l2) ercial bu	ildina		
1785 Route 35					homes, etc.)		Gradi Du	liuling	۵,	
City (5)					Square Feet	# of Floors	Blo	ig. Ag	ge	
Sayreville, NJ 08872										
County (6)		Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri	ior if being demo	lished)			
Middlesex							20			
Name of Monitoring Firm Hired by Bui	Iding Owner (8	ASCM	No.	Name of Abateme	ent Contractor (9)					
Bio Terra Solutions					NAGEMENT L					
Street Address				Street Address						
P.O. Box 1224				27 Outwater I	Lane					
City, State, Zip Code				City, State, Zip Co	ode					
Union, NJ			-	Garfield, NJ	07026					
Project Manager for Monitoring Firm		Telephone	No.	Telephone No.		License No.	-	-		
Rick Eustaquio		973-494	1-3762	973-928-4888		1188		89		
Start Date (10)	Scheduled Co	npletion Da	ate (11)	Name of OSHA M	lonitor					
09 /22 /14	03 /	12 /	15	ALL PRO MA	NAGEMENT L	LC				
Occupancy Status During Abatement	Check only on	e)	Marin	Street Address				771		_
☐ Facility Closed/Vacated During En	5.00			27 Outwater I	Lane					
☐ Abatement Performed Outside of N			scribe	City, State, Zip Co						
Time of Abatement:AM	PM/	PM	_AM	Garfield, NJ						
Scope of Work (Check all that apply)									1100	
D > 2 = 5 = > 2 5	П п	6!			ainment with Neg	gative Pressure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf	☐ Ren	ovation olition		☐ Glovebac						
		Berrosser in		Non-Exe ■ Non-Exe Non	mpted (*) and No	n-Friable Proced	dure			
	-12/02	ocation	-				Ab	ateme	ent T	уре
Location of Asbestos-Containing Material (ACI	11	rmally Solely by	Ache	Description o estos Containing Ma		Amount	₽ P	Re	Ē	m m
TO BE ABATED	Main	tenance/		e., thermal systems	insulation,	(Specify	Removal	Repair	сар	clos
IN Facility		dial Staff? (12)		surfacing, VAT, other miscellane		SF or LF)	l'a	*	Encapsulate	Enclosure
(13)	Yes	No N/A	1	Outer miscenarie	ous)				te	
Kitchen			Linole	um		144 SF			\boxtimes	
Laundry Room			Linolet	um		100 SF			\boxtimes	
1st Floor			Joint C	ompound		300LF		П	\boxtimes	П
			-		-				_	
Name of Registered Waste Hauler		NJDEP	Mosto	Cubic Yards of	Name of Regis	stored Landfill		ш	Ц	
		Hauler I		Waste	IESI Landf					
Newark Carting		0450	See 11	As Needed		141				
City, State				Disposal Date	City, State	- DA				
Newark, NJ				TBD	Bethlehem			,		
Completed By (Print or Type)	Title	2		Signafure	// ~		Date	, /	10	_
Allen Monchik	Project i	lanager		all	, , , ,		7/ 2	-1	17	
4 SR_//1	With the second second second									and the E

ASB-41 JAN 13

			IVALITIE	of Buildin	g Owner/Operator (2)					
	14		Jos	seph Ber	inato, Inc		- 511 (. (/*			*10
Agencies Notified Type Notific	ation		Stree	Address		2014 S.	EP 25 FM 4	• • • •		rie:	1000
⊠ EPA			170	Old Spy	e Road	2					
☑ DOLWD ☑ Amended	77 b		City, S	State, Zip	Code	L					
☑ DOH Amendm		Sec.			oy, NJ 08879			k s			
DCA Emergen (NJAC 5:23-8) justificati		aing		of Contac			Telephone Nun	nber			
☐ Cancella			Da	mon Koz	ul						
			FA	CILITY IN	FORMATION						
Name of Facility Where Abatement is	Taking P	lace (3)	175520			Type of Facility	(4)		590		
Residential House		200				School (K-1	2)				
Street Address				-		☐ Subchapter	8 (Other than K-1)				
1813 Route 35						Other (i.e., p. homes, etc.)	private and comme	ercial bu	uilding	ıs,	
City (5)						Square Feet	# of Floors	IRI	dg. A	30	
Sayreville, NJ 08872						Square reet	# 01 1 100.5		ug. A	ge.	
County (6)	-		Cour	shi Codo /)(STATE USE ONLY)	Current Hee (D	rior if being demol	iohod)			-
Middlesex			Coul	ity Code (MOTATE OSE ONLY)	Current Use (Pi	nor ii being demoi	isned)			
Name of Monitoring Firm Hired by Build	dina Our	20= (0)	10014	NI-	Name of All of the						
Bio Terra Solutions	aing Owi	ner (8)	ASCM	No.	Name of Abateme	and the second	D				
						NAGEMENT L	LC				
Street Address					Street Address						
P.O. Box 1224			-		27 Outwater I						
City, State, Zip Code					City, State, Zip Co						
Union, NJ		-		16	Garfield, NJ	07026					
Project Manager for Monitoring Firm			ephone		Telephone No.		License No.				
										900	
Rick Eustaquio			73-494		973-928-4888		1188				
Start Date (10)		ed Comple	etion Da	te (11)	Name of OSHA M	lonitor					
Start Date (10)			etion Da	te (11)	Name of OSHA M				-	<u></u>	
Start Date (10)	03 Check or	ed Comple /1: nly one)	etion Da	te (11)	Name of OSHA M	lonitor					30
Start Date (10)	03 Check or re Period	d Completed Completed Anity one)	etion Da	te (11) 15	Name of OSHA M	Ionitor NAGEMENT L					89
Start Date (10)	03 Check or re Period ormal Fa	ed Comple / 12 hly one) I of Abate cility Hou	etion Da 2 / ement rs - Des	te (11) 15	Name of OSHA M ALL PRO MA Street Address	onitor NAGEMENT L					
Start Date (10)	03 Check or re Period ormal Fa	ed Comple / 12 hly one) I of Abate cility Hou	etion Da 2 / ement rs - Des	te (11) 15	Name of OSHA M ALL PRO MA Street Address 27 Outwater I	lonitor NAGEMENT L Lane				9	
Start Date (10)	03 Check or re Period ormal Fa	ed Comple / 12 hly one) I of Abate cility Hou	etion Da 2 / ement rs - Des	te (11) 15	Name of OSHA M ALL PRO MA Street Address 27 Outwater I City, State, Zip Co	lonitor NAGEMENT L Lane				4	
Start Date (10)	03 Check or re Period ormal Fa PM/_	ed Comple / _ 1; niy one) I of Abate cility Hou_PM	etion Da 2/ ement rs - Des	te (11) 15	Name of OSHA M ALL PRO MA Street Address 27 Outwater I City, State, Zip Co Garfield, NJ	Lane ode 07026 ainment with Ne	LC		30	9	
Start Date (10)	03 Check or re Period ormal Fa PM/	niy one) I of Abate cility Hou PM	etion Da	te (11) 15	Name of OSHA M ALL PRO MA Street Address 27 Outwater I City, State, Zip Co Garfield, NJ	Lane ode 07026 ainment with Neclosure	LC				
Start Date (10)	03 Check or re Period ormal Fa PM/	ed Comple / _ 1; niy one) I of Abate cility Hou_PM	etion Da	te (11) 15	Name of OSHA M ALL PRO MA Street Address 27 Outwater I City, State, Zip Co Garfield, NJ	Lane ode 07026 ainment with Newsource procedure	LC	ure			
Start Date (10)	03 Check or re Period ormal Fa PM/	ed Comple / 1: hity one) I of Abate cility Hou PM Renovat Demolitie Is Loca	etion Da 2 / ement rs - Des ion on	te (11) 15	Name of OSHA M ALL PRO MA Street Address 27 Outwater I City, State, Zip Co Garfield, NJ	Lane ode 07026 ainment with Newsource procedure	LC gative Pressure		ateme	ent Ty	/pe
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Start Date (10)	03 Check or re Periodormal FaPM/	ed Comple / 1: hity one) I of Abate cility Hou PM Renovat Demolitie Is Loca	etion Da 2 / ement rs - Des ion on	te (11) 15 cribe AM	Name of OSHA M ALL PRO MA Street Address 27 Outwater I City, State, Zip Co Garfield, NJ Full Cont Glovebag Non-Exer Description of stos Containing Mai	Lane ode 07026 ainment with Neclosure procedure mpted (*) and No	gative Pressure	Ab			-
Start Date (10)	03 Check or re Periodormal Fa PM/	niy one) I of Abate cility Hou PM Renovat Demolitie Is Loca Norma Used Sole Maintena Custodial	ement rs - Des ion on tion ally ely by ance/	te (11) 15 cribe AM	Name of OSHA M ALL PRO MA Street Address 27 Outwater I City, State, Zip Co Garfield, NJ Full Cont Mini-Encl Glovebag Non-Exer	Lane Ode 07026 ainment with Nellosure procedure mpted (*) and No	gative Pressure		ateme		-
Start Date (10)	03 Check or re Period or re Per	Renovat Demolition Is Loca Normal Used Soli Maintena Custodial (12)	ement rs - Des ion on llly ely by ance/ Staff?	te (11) 15 cribe AM	Name of OSHA M ALL PRO MA Street Address 27 Outwater I City, State, Zip Co Garfield, NJ Full Cont Glovebag Non-Exer Description of stos Containing Main, thermal systems i	Lane Ode 07026 ainment with Neclosure procedure mpted (*) and No f terial (ACM) nsulation, or	gative Pressure on-Friable Procedu Amount (Specify	Ab		ent T) Encapsulate	-
Start Date (10)	03 Check or re Period or re Per	Renovation Demolition Maintena (12) es Normal	etion Da 2 / ement rs - Des ion ion tion ally ely by ance/ Staff?	te (11) 15 ccribe AM Asbe	Name of OSHA M ALL PRO MA Street Address 27 Outwater I City, State, Zip Co Garfield, NJ Full Cont Glovebag Non-Exer Description of stos Containing Mat., thermal systems i surfacing, VAT, other miscellaneo	Lane Ode 07026 ainment with Neclosure procedure mpted (*) and No f terial (ACM) nsulation, or	gative Pressure on-Friable Procedu Amount (Specify SF or LF)	Ab Removal		Encapsulate	-
Start Date (10)	03 Check or re Period or re Per	Renovat Demolition Is Loca Normal Used Soli Maintena Custodial (12)	ement rs - Des ion on llly ely by ance/ Staff?	te (11) 15 cribe AM	Name of OSHA M ALL PRO MA Street Address 27 Outwater I City, State, Zip Co Garfield, NJ Full Cont Glovebag Non-Exer Description of stos Containing Mat., thermal systems i surfacing, VAT, other miscellaneo	Lane Ode 07026 ainment with Neclosure procedure mpted (*) and No f terial (ACM) nsulation, or	gative Pressure on-Friable Procedu Amount (Specify	Ab			-
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Start Date (10)		Renovat Demolition Is Loca Normal Used Solution (12) es No-	etion Da 2 / ement rs - Des ion on tion ally ely by ence/ Staff?	Asbe (i.e	Name of OSHA M ALL PRO MA Street Address 27 Outwater I City, State, Zip Co Garfield, NJ Full Cont Mini-Encl Glovebag Non-Exer Description of Stos Containing Mar thermal systems i surfacing, VAT, other miscellaned V Caulk E Siding	Lane Ode 07026 ainment with Neclosure procedure mpted (*) and No f terial (ACM) nsulation, or	gative Pressure on-Friable Procedu Amount (Specify SF or LF)	Ab Removal		Encapsulate 🛛	ype
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Start Date (10)	O3 Check or re Periodormal Fa PM/	Renovat Demolition Is Loca Normal Used Solution (12) es No	etion Da 2 / ment rs - Des ion on fition ally ely by ance/ Staff? N/A	Asbe (i.e. Window Transit VAT Til	Name of OSHA M ALL PRO MA Street Address 27 Outwater I City, State, Zip Co Garfield, NJ Full Cont Glovebag Non-Exer Description of stos Containing Mat thermal systems i surfacing, VAT, other miscellaned V Caulk Siding Sidin	AGEMENT L Lane ode 07026 ainment with Neilosure procedure mpted (*) and No feterial (ACM) nsulation, or pus) Name of Regis IESI Landf City, State	gative Pressure on-Friable Procedu Amount (Specify SF or LF) 150 LF 1000 SF 400 SF	Ab Removal		Encapsulate X X	Enciosure

Date of Notification (1)							ng Owner/Operator (2)	1- 8 B	7.7	•		
	22 /	14			Jos	seph Bei	ninato, Inc			гч f.:	1 .	8,00	
Agencies Notified	Type Notifica	ation			Stree	t Address		501.	# CEP 25	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.		
☑ EPA					170	Old Sp	ye Road						
⊠ DOLWD		31			City,	State, Zip	Code	ν_{c}					
☑ DOH ☐ DCA	Amendme		·	,	So	uth Amb	oy, NJ 08879		4 -124				
(NJAC 5:23-8)	justification		Sidding	3	Name	of Conta	ct		Telephone Nu	umber	73		
	☐ Cancellat	tion			Da	mon Koz	cul	\$0					
	-				FA	CILITY II	NFORMATION	4400 7.0					-
Name of Facility Where	Abatement is 1	Taking	Place	(3)				Type of Facility (4)		-	-	
Residential								School (K-12)	1.0				
Street Address								Subchapter 8	(Other than K	-12)		.	
11 - 19 Ziegler Plac	ce							Other (i.e., pr homes, etc.)	ivate and comr	nerciai i	ouiic	lings,	
City (5)	-	-						Square Feet	# of Floors	E	Blda	. Age	
Sayreville, NJ 088	72							1					
County (6)		-			Cou	ntv Code (7)(STATE USE ONLY)	Current Use (Price	or if being dem	olished)			
Middlesex	15					,	. / /						
Name of Monitoring Firm	Hired by Build	dina C)wner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)					
Bio Terra Solutions		3 -		(-)	1.00		THE RESIDENCE OF THE PARTY OF T	NAGEMENT LI	C				
Street Address	-	-					Street Address						
P.O. Box 1224							27 Outwater	Lane					
City, State, Zip Code							City, State, Zip Co			-	_		
Union, NJ					8 7		Garfield, NJ						
Project Manager for Mon	itorina Firm	-	_	Te	lephone	No.	Telephone No.		License No.		8		
Rick Eustaquio				1000	73-494		973-928-4888		1188		77		*
Start Date (10)	18	Sched	uled C	- Boar 3	letion Da		Name of OSHA M	*	1		-		
09/22/					2_/	20 -0.50	W. CANCELLO	NAGEMENT LL	_C				
Occupancy Status During	g Abatement (0	Check	only	one)			Street Address						
☐ Facility Closed/Vacate					ement-		27 Outwater	Lane					
☐ Abatement Performed							City, State, Zip Co	ode					
Time of Abatement: _	AM	PN	٨/	_PN	Λ	_AM	Garfield, NJ						
Scope of Work (Check al	I that apply)					11000).	90
☐ >3 sf or >3 If			☐ Re	nova	ition			tainment with Neg	ative Pressure				
≥160 sf or ≥260 lf			⊠ De				☐ Gloveba	g Procedure					
							☑ Non-Exe	mpted (*) and Nor	n-Friable Proce	dure			
				Loca						A	bate	ement	Туре
Location Asbestos-Containing		n			lely by	Asb	Description of estos Containing Ma	22	Amount	7.0		R [] <u>[</u>
TO BE ABA	ATED	,			ance/ I Staff?		e., thermal systems	insulation,	(Specify	Remova	1	Renair	Enclosure
IN Facili (13)	ty		Cus	(12			surfacing, VAT other miscellane		SF or LF)) à		Renair	ure
(13)			Yes	No		1	Other miscenarie	ous)				ā	f
Unit #11 & 19						Transi	te		1600 SF	×	1 [
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				1000	_	-		-					
			ᆜ			-					L	_ _	1
Name of Registered Was	te Hauler	100.00		18	NJDEP		Cubic Yards of	Name of Regist	ered Landfill				1
Newark Carting					Hauler I 04509		Waste As Needed	IESI Landfi	li .				
City, State			- 1/1		U-100.		Disposal Date	City, State					
Newark, NJ							TBD	Bethlehem,	PA				
Completed By (Print or Ty	ype)	Title		_			Signature	1. 1		Date		1.	
Allen Monchik		Pr	oject	Mar	nager		(Ø)()().	- VAMI		9/2	2	11	4
ASB-41			10%				W	ol mo		1		1,	

ASB-41 JAN 13

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



Date of Notification (1)					Name	of Building	g Owner/Operator (2	2)					
	12 /	14	·		Jos	eph Ben	inato, Inc	8:79 /	SEP 25 FM	5:5			
Agencies Notified	Type Noti	fication			Street	Address			527 CU 111	-			
⊠ EPA					170	Old Spy	e Road				37		
☑ DOLWD	☐ Amend				City, S	tate, Zip C	Code	— A.		÷			
☑ DOH		iment #			Sou	th Ambo	oy, NJ 08879		Ch -124 + 11				
DCA (NJAC 5:23-8)	☐ Emerg		cluaing			of Contac			Telephone Number	or			$\neg \neg$
(140/10 0.20 0)	☐ Cance				Dan	non Kozi	ul						
					FAC	CILITY IN	IFORMATION						
Name of Facility Where A	batement i	s Takin	g Place	(3)				Type of Facility (4)				
Apartment Building	1						t.	School (K-12)				
Street Address								Subchapter 8	(Other than K-12)	:-!		_	
1783 Route 35			Đ.					homes, etc.)	ivate and commerc	iai bu	liding	s,	
City (5)						Pro-		Square Feet	# of Floors	Blo	ig. A	je	
Sayreville, NJ 0887	' 2												
County (6)					Coun	ty Code (7	()(STATE USE ONLY)	Current Use (Pri	or if being demolish	ed)			
Middlesex													
Name of Monitoring Firm	Hired by B	uilding (Owner ((8)	ASCM	No.	Name of Abateme	ent Contractor (9)					-
Bio Terra Solutions							ALL PRO MA	NAGEMENT L	LC				
Street Address	7						Street Address						
P.O. Box 1224							27 Outwater	Lane					
City, State, Zip Code							City, State, Zip Co	ode		-			
Union, NJ							Garfield, NJ	07026					
Project Manager for Moni	toring Firm			Tele	phone	No.	Telephone No.		License No.				
Rick Eustaquio					3-494		973-928-4888		1188				
Start Date (10)		Sched	duled C	omple	tion Da	te (11)	Name of OSHA M	lonitor					-
09/12/	14				_ /		ALL PRO MA	NAGEMENT LI	LC .				
Occupancy Status During	Abatemer	t (Chec	k only o	one)			Street Address						\neg
☑ Facility Closed/Vacate	ed During E	ntire Pe	riod of	Abate	ment		27 Outwater	Lane					1
☐ Abatement Performed							City, State, Zip Co	ode		-			\neg
Time of Abatement: _	AM	P	M/	PM-		AM	Garfield, NJ	07026					
Scope of Work (Check all	that apply)					L					Crain in	
□ > 2 of ov > 2 lf							☐ Full Cont	tainment with Neg	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				novati molitic				Procedure					
									n-Friable Procedure	9			
				Locat			6			Aba	atem	ent T	уре
Location		01.10		Norma			Description of			Z.	Z,	Ш	ш
Asbestos-Containing I TO BE ABA		CIVI)	100000000000000000000000000000000000000	intena			estos Containing Ma e., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facilit			Cus	todial	Staff?	(surfacing, VAT	, or	SF or LF)	val	7	usc	Sur
(13)				(12)	T	-	other miscellane	ous)		0.000		ate	(D)
11 11 11 11 1 1 1 1 1 1 1			Yes	No	N/A	1-1-4-0			40000 SE	N/		N	
Unit #'s 1, 2, 3, 4, 5, 6							ompound		10000 SF				
Exterior						Windov	w Chaulking		120 LF				닏
		0											
Name of Registered Was	te Hauler	a d		75%	JDEP \		Cubic Yards of	Name of Regis	tered Landfill				
Newark Carting				1	04509		Waste As Needed	IESI Landf	ill				
City, State							Disposal Date	City, State					
Newark, NJ							TBD	Bethlehem	, PA			,	
Completed By (Print or Ty	ype)	Titl	е				Signature	V A	Dat	e_/		1.	
Allen Monchik		F	roject	Man	ager		Wilh	- Marc		9/	12	1 14	_

ASB-41 JAN 13

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

Date of Notification (1) 09 /	12	Street Address 170 Old Spye Road 2												
Agencies Notified		Votificati							2014.5	tr 25 14 1		<u> </u>		-
⊠ EPA	100 TO 10						700	12.75	<u> </u>		-			
☑ DOLWD			nt #				시설하다 시장은 사람이 있다.		ς:		• •			
□ DCA				uding	,	Sou	th Ambo	y, NJ 08879						
(NJAC 5:23-8)						Name	of Contact	t		Telephone Number	er			
	☐ Ca	ncellatio	n			Dan	non Kozı	ıl	-					
						FAC	CILITY IN	FORMATION						
Name of Facility Where A	Abateme	ent is Ta	king f	Place	(3)				Type of Facility (4)				
Residential House											100			
Street Address						-					ial hu	ildina	19	
1813 Route 35										vate and commerc	iai ba		,,,	
City (5)									Square Feet	# of Floors	Blo	dg. A	ge	
Sayreville, NJ 0887	72													
County (6)		<u> </u>				Coun	ty Code (7	YSTATE USE ONLY)	Current Use (Price	or if being demolish	ed)			
Middlesex									*	3	65			
Name of Monitoring Firm	Hired b	v Buildir	ng Ov	vner ((8)	ASCM	No.	Name of Abateme	ent Contractor (9)			-		
Bio Terra Solutions	*	,	3							_C				
Street Address		-						Street Address						
P.O. Box 1224									Lane					
City, State, Zip Code						***		City, State, Zip Co	ode					
Union, NJ							, ia						20 E	
Project Manager for Mon	itorina F	irm			Tele	phone	No			License No.				
Rick Eustaquio	itorii g i	,		0	1			I was in the second of the sec		-1			1-	
Start Date (10)		Sc	27 Ou City, Stat Garfie Telephone No.									100		
09 /12 /	14									_C	ź			
Occupancy Status During	Abater	nent (Ch	heck (only o	one)			Street Address						
15 1		100						27 Outwater	Lane					
								City, State, Zip Co	ode	70				
I ime of Abatement: _	A	VI	_PM/		PM-		AM	Garfield, NJ	07026					
Scope of Work (Check al	I that ap	ply)						<u> </u>					-	- 100
≥3 sf or ≥3 lf≥160 sf or ≥260 lf								☐ Mini-End	losure g Procedure					
				- Is	Locat	ion		MINOTEXE	inpled () and Noi	- Hable Frocedure		atom	ont T	vno.
Location	of			1	Vorma	lly		Description of	of		10000			-
Asbestos-Containing	Materia	(ACM)			ed Sole intena			stos Containing Ma	iterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABA	_				todial		(i.e	 thermal systems surfacing, VAT 		(Specify SF or LF)	10/2	= =	sde	osu
(13)	Ly			0.000000	(12)			other miscellane		01 01 27 7	=		ulat	ē
		193		Yes	No	N/A							w	
Exterior							Windov	v Caulk		150 LF	\boxtimes		\boxtimes	
Exterior						\boxtimes	Transit	e Siding		1000 SF	\boxtimes		\boxtimes	
Basement						\boxtimes	VAT TII	es		400 SF	\boxtimes		\boxtimes	
Name of Registered Was	te Haul	er			I	JDEP \	Waste	Cubic Yards of	Name of Regis	tered Landfill				
Newark Carting					H	lauler II		Waste	IESI Landfi	11				
City, State		-		-		04509	1	As Needed Disposal Date	City, State					
Newark, NJ								TBD	Bethlehem	, PA				
CONSTRUCTION OF THE STREET WAS	vne)	— T	Title						1	Dat	- 1	-1		
Completed By (Print or Tr Allen Monchik	ype)		Title Pro	oject	Man	ager		Signature	Mont		9/1	4	14	-
ASB-41							•				1	-		
JAN 13			* D	o not	use ti	nis form	tor asbes	tos licensure exem _l	oted activities.					

Date of Notification (1)	1132/11/155				Name	of Building	Own	er/Operator (2	2)						
09 /	12 /	14			Jos	eph Beni	nato	, Inc	2314 SI	EP 25	FM L:	.			
Agencies Notified	Type Notifi	cation			Street	Address									
⊠ EPA					170	Old Spye	Ro	ad	£	40		0			
□ DOLWD	☐ Amende				City, S	tate, Zip Co	ode			• •	- :	•		183	
☑ DOH	Amendr			8		th Ambo		J 08879		where .					
DCA	☐ Emerge justifica		cluding			of Contact	5/3			Telepho	ne Numb	er			
(NJAC 5:23-8)	☐ Cancell					non Kozu			21						
	L Guilloui		-					MATION			-	-			
55 W 100	N	T.12.	Disease	(2)	FAC	CILITY IN	-OR	MATION	Type of English	(4)					
Name of Facility Where A	Abatement is	laking	Place	(3)					Type of Facility (☐ School (K-12)						
Club/Restaurant									Subchapter 8		an K-12)				
Street Address									Other (i.e., pr	rivate and	commerc	cial bui	Iding	s,	
1783 Route 35									homes, etc.)						
City (5)	4								Square Feet	# of Flo	ors -	Bld	lg. Aç	je	
Sayreville, NJ 0887	72														
County (6)		738-			Coun	ty Code (7)	(STAT	TE USE ONLY)	Current Use (Pri	ior if being	demolis	hed)			
Middlesex		Ş.													
Name of Monitoring Firm	Hired by Bu	lding C	wner (8)	ASCM	No.	Nan	ne of Abateme	ent Contractor (9)				2.		
Bio Terra Solutions	3						Α	LL PRO MA	NAGEMENT L	LC					
Street Address							Stre	et Address				E3			
P.O. Box 1224							27	7 Outwater	Lane						
City, State, Zip Code							City	, State, Zip Co	ode						
Union, NJ							G	arfield, NJ	07026			2			
Project Manager for Mon	itorina Firm			Tele	phone	No.	Tele	ephone No.		Licens	e No.			- 5	
Rick Eustaquio				9	73-494	-3762		73-928-4888		118	8				
Start Date (10)		Sched	uled C	omple	tion Da	te (11)	Nan	ne of OSHA M	Monitor				-		
09 /12 /	14				2_/		Α	LL PRO MA	NAGEMENT L	LC .					
Occupancy Status During	n Abatement	(Check	conly c	ne)			Stre	et Address							
□ Facility Closed/Vacate				Sec.	ment	131	2	7 Outwater	Lane						
☐ Abatement Performed						cribe	- 7	, State, Zip Co				-			
Time of Abatement: _								arfield, NJ							
Scope of Work (Check al	I that apply)	W200-1					_	arriora, reo	0.020		-		-	-	
Scope of Work (Check at	i triat appry)							☑ Full Con	tainment with Neg	gative Pre	ssure				
≥3 sf or ≥3 lf				novat				☐ Mini-End							
≥160 sf or ≥260 lf			□ De	moliti	on			☐ Gloveba	g Procedure empted (*) and No	n-Friable	Procedur	re			
			Is	Loca	tion	1					-	700	ateme	ent T	vpe
Location	of			Vorma				Description of	of				240000000000000000000000000000000000000		1
Asbestos-Containing		M)		ed Sol				Containing Ma			ount	em	Repair	nca	nclo
TO BE ABA					Staff?	(i.e.		rmal systems urfacing, VAT			ecify or LF)	Removal	=	psu	Enclosure
(13)	ity .			(12)				ner miscellane				-		Encapsulate	o,
			Yes	No	N/A			1							
1st Floor - Dance Roo	om				\boxtimes	VAT TI	les 8	& Mastic		150	0 SF	\boxtimes		M	X
1st Floor - B/W Tile F	Room	********			\boxtimes	VAT TIL	es &	Mastic		400	SF	\boxtimes		\boxtimes	Ø
Roof						Roofing	3			1700	00 SF	\boxtimes		\boxtimes	
Name of Registered Was	ste Hauler	31.77		1	NJDEP	Waste	1000	oic Yards of	Name of Regis	stered Lar	ndfill				
Newark Carting				1	lauler II 04509		Wa:	ste s Needed	IESI Landi	fill					
City, State					0-100			posal Date	City, State				- 177-		- 1
Newark, NJ							Т	BD	Bethlehen	n, PA					
Completed By (Print or T	ype)	Title	9	100000				Şignature	16.			ate [Ť.	1	
Allen Monchik	50 30	P	rojec	t Mar	ager			elle	, VV	_	(9/12	41	_	245

ASB-41 JAN 13

Date of Notification (1)					Name	of Buildin	g Ow	ner/Operator (2)	0 - F	M 1.	Ç.			
	2/	14	la 		Jos	eph Ben	inat	o, Inc	2014 SEF	20 1	114-	<u>.</u> .			
	pe Notii	ication			Street	Address			<i>t</i> .	0	100000	-			
The state of the s					170	Old Spy	e Ro	oad	<i>\$</i> ,	*	1.	•			
		170 miles			City, S	State, Zip (Code			-1-1					
Ø DOH			Total Control		Sou	uth Ambo	ov. N	J 08879			16				
			cluding	3		of Contac	3900			Telephor	ne Num	her		-	
(NOAC 3.23-0)		00 mm .				non Koz	72								
	ND 12				FA	CILITY IN	IFOF	RMATION							
Name of Facility Where Abat	12			(3)					Type of Facility ((4)					
Residential House							8		School (K-12						
Street Address									☐ Subchapter 8 ☐ Other (i.e., pr	Other the	an K-12	2) 	م مدالم ال		
1785 Route 35									homes, etc.)		comme	ercial bu	maine	s,	
City (5)									Square Feet	# of Flo	ors	BI	dg. A	ge	
Sayreville, NJ 08872															
County (6)					Cour	nty Code (7)(STA	TE USE ONLY)	Current Use (Pri	or if being	demoli	shed)			
Middlesex															
Name of Monitoring Firm Hire	ed by Bu	uildina C	Owner ((8)	ASCM	No.	Nai	me of Abateme	ent Contractor (9)						
Bio Terra Solutions	8.5	- 3	,				1		NAGEMENT L						
Street Address							1	eet Address				,			
P.O. Box 1224								7 Outwater	lano						
				-											
								y, State, Zip Co			35				
	-			1				Sarfield, NJ		11.					
	ng Firm		12.40	1000	ephone		1 200	ephone No		License		, S 8	194		
And the state of t				100	73-494			73-928-4888		1188	i				187
Start Date (10)								me of OSHA M							
	4		3 /	_1	2 /	15	A	LL PRO MA	NAGEMENT LI	_C					
Occupancy Status During Ab	atemen	(Check	only o	ne)		LI USIM	Stre	eet Address				48			
☑ Facility Closed/Vacated D	uring Er	ntire Pe	riod of	Abate	ement		2	7 Outwater	Lane	551			9		
							City	, State, Zip Co	ode			86			
Time of Abatement:	_AM	PI	Λ/	_PM	1	AM	1	Sarfield, NJ							
Scope of Work (Check all tha	t apply)								-						
	,,,,								tainment with Neg	ative Pres	sure				
≥3 sf or ≥3 lf ≥160 sf or >260 lf			☐ Re ☑ De					☐ Mini-Enc							
M = 100 St Ot = 200 H			M De	HOIL	1011				mpted (*) and No	n-Friable F	rocedu	ıre			
			ls	Loca	ation								atem	ent T	vne
Location of				Norm:				Description of	f				-		-
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	2		1000,400,600		Staff?	(1.6		ermal systems surfacing, VAT,		(Spe SF or		Removal	a-	sps	Enclosure
				(12)			her miscellane		0, 0,	,	_		Encapsulate	9
			Yes	No		ļ									
Kitchen		*				Linoleu	ım			144	SF	. 🛛		\boxtimes	X
Laundry Room						Linoleu	ım			100	SF			\boxtimes	×
1st Floor					\boxtimes	Joint C	omp	ound		300	LF			\boxtimes	
Name of Registered Waste H	auler				NJDEP 1	Waste	Cut	oic Yards of	Name of Regis	tered Land	ifill	32.00			-
Newark Carting					Hauler II		Wa		IESI Landfi	II					
City, State					04509			s Needed posal Date	City, State		-	-			
Newark, NJ							1	BD	Bethlehem	, PA					
Completed By (Print or Type)		Title						Sjignature				ate .	-	1 1	_
Allen Monchik			: roject	Mar	1200-			() A				9/1	21	14	-
Alich Mondik			oject	ividi	layer			Con V				11	1		

ASB-41 JAN 13

Date of Notification (1)	-200				Name	of Building	Owner/Operator (2)	2+4				
	12	1	4		Jos	eph Ben	inato, Inc						
Agencies Notified	Type Not	ification	1		Street	Address	2314	ISEP 25 FM	14° C4				0. 8495
⊠ EPA					170	Old Spy	e Road						
⊠ DOLWD	200				City, S	State, Zip C	Code 🙏		1				
☑ DOH ☐ DCA	500-500				Sou	th Ambo	y, NJ 08879	ا د داده د	. :				
(NJAC 5:23-8)			mendanig	,	Name	of Contac	t		Telephone Numb	er			
M S NASSES SECTION	82				Dan	non Kozi	ul						
			ing Owner (8) Techeduled Comp 03 / 1 Check only one) Period of Abat rmal Facility Hor PM/PM Renova Demoli		FAC	CILITY IN	IFORMATION						-
Name of Facility Where A	batement	is Takir	ng Place	(3)				Type of Facility ((4)				
Residential								School (K-12					
Street Address						7 .	-	Subchapter 8	(Other than K-12) ivate and commer	oial bu	ildina	_	
11 - 19 Ziegler Plac	е							homes, etc.)	ivate and commer	ciai bu	liding	5,	
City (5)								Square Feet	# of Floors	Blo	dg. Ag	ge	
Sayreville, NJ 0887	12						85 40						
County (6)					Cour	ity Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Middlesex			3.5										
Name of Monitoring Firm	Hired by E	Building	Owner ((8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Bio Terra Solutions							ALL PRO MA	NAGEMENT L	LC				
Street Address							Street Address						
P.O. Box 1224							27 Outwater	Lane					
City, State, Zip Code						19	City, State, Zip Co	ode				-	
Union, NJ							Garfield, NJ	07026					
Project Manager for Moni	toring Firm	1		Tele	phone	No.	Telephone No.	29	License No.		. 13		
Rick Eustaquio		·		9	73-494	-3762	973-928-4888		1188				
Start Date (10)		Sche	eduled C	omple	tion Da	te (11)	Name of OSHA M	Ionitor				+	
09 /12 /	14_		03_ /	12	2_/	15	ALL PRO MA	NAGEMENT L	LC				
Occupancy Status Durino	Abateme	nt (Che	ck only o	one)	2.34		Street Address					-	-
					ment		27 Outwater	Lane					
☐ Abatement Performed	Outside o	f Norma	al Facility	y Hou	s - Des		City, State, Zip Co						
Time of Abatement: _	AM	F	PM/	_PM-		AM	Garfield, NJ						
Scope of Work (Check all	that apply)								19,120			
	- a. app.)	′	_					tainment with Neg	ative Pressure				
☐ ≥3 sf or ≥3 lf ☐ >160 sf or >260 lf							☐ Mini-End	losure g Procedure					
24 E 100 31 01 E 200 11			EN DC	mont					n-Friable Procedu	re			
	-		100							Ab	atem	ent Ty	уре
	Till and a second and a second	O1 1)					Description of	92		70	ZJ	ш	ш
	10 To	CM)					stos Containing Ma thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facili			Cus		Staff?		surfacing, VAT	, or	SF or LF)	×a_	7	lusc	sure
(13)			Vac	T	N/A	1	other miscellane	ous)				ate	
11-14-444 9 40		-	1 -	37 37		T			1600 SF	M		\boxtimes	
Unit #11 & 19					Ø	Transit	е		1600 5F		Ш		
					\boxtimes					Ш			
			П	П	П					Tn	П	П	П
Name of Registered Was	te Hauler				JDEP \		Cubic Yards of	Name of Regis	tered Landfill				ш.
Newark Carting	te i laulei			0.00	lauler II	O No.	Waste	IESI Landfi				82	
City, State					04509		As Needed Disposal Date	City, State	***				
Newark, NJ							TBD	Bethlehem	, PA				
- N	me)	Tit	fle		-	-	Signature			ite /	+	5020	1
Allen Monchik	(pe)		8807 F969 R	Man	ager		177/17	1		9/1	U	14	/
Zaron monorm			Ject	wiaii	agei			V	*** J	. 1 .	1	•	

ASB-41 JAN 13

CK 33828

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60-7 and 12:-120-7)

Date of Notification (1) 09/10/14					Name of B	uilding Owner/ Univesity	Operato	69/120	rw 1.	£ =.		
Month/Day/Year								2014 SEP 25	17 4:	K :		
Agency Notified Ty	pe Noti	ificatio	n		Street Add	ress				*		
EPA		Initia	ı		P.O. box 2	158		f	* 50			
DEP		Noti	ficati	n	City. State	e, Zip Code		<i>P</i>	Ţ.			
DCA	x #1	Amer		-	Princeton :			Ci -1 /.				
	A /				Name of C				hone Nu	mber		
DOH			ficati					I cici	Jijenie			
		Canc	ellatio	n	Robert Ot	ego -	861					
	**** ***				FACILI	TY INFORMAT	TION					
Name of Facility Where Abateme Princeton University - Washing Street Address Washington Road and Williams : City (5)	ton Roa	d and		ams av	ve -Steam lin	es adjenct to fir	•	Subchapter 8 x Other (i. e. buildings, l	(Other Private & nomes, etc Floors	comme	ercial	
Princeton		10000	(0	98		(STATE USE ONL)		Current Use (Prior if	being den	nolishe	d)	
Frinceton						(STATE USE ONL)	L)	University	Deing den	uoxxome.	-/	
N 636 1/2 1 FF 771 3	1 D 0	2: 6		(0)		ASCM No.	IlNiama	of Abatement Contract	or (0)			
Name of Monitoring Firm Hired Pennoni Associates Inc	by Buil	iding (Jwner	(0)		ASCIVI IVO.		iated Specialty Contract	*****			
Street Address 515 Grove Street Suite 1B							100000	Address Crue Avenue				
City, State, Zip Code Haddon Heights NJ							100000	State, Zip Code Mills, PA 19342				
Project Manager of Monitoring L Alan Lloyd					Telephone 856-547-0			hone Number 64-9622		Liceno 1103	e Numb	er
Scheduled Start Date (10) 10/06/14				d. Cor	npletion Dat 10/17/14			of OSHA Monitor				30 00 00
Month/Day/Year			Vantonia	M	onth/Day/Ye	ear						
Occupancy Status During Abate	ment (C	heck	only o	ne)		-	Street	Address			55	
Facility Closed/Vacated I	During 1	Entire	Perio	d of A	hatement		3370	Progresive Drive				
x Abatement Performed Or					Биссшен		-	State, Zip Code				
Hours - Describe: 6: Other - Describe:				cinty				lem PA 19020				
Scope of work (Check all that ap	nlw)						11	Full Containment wit	h Negativ	e Press	ure	
	piy)				D	_	_		m r togum.	C X 7 COD		
Demolition				x	Renovatio	n	x	Mini - Enclosure				
x > 3 sf or > 3 if							x	Glovebag Procedure				
>160 sf or >260 lf								Non-Friable Procedu	re			
		Τ-	_					1			t Type	
			Is		_	2 6 2		1	AL	Tatemer		E
Location of		100	catio		575,0575	eription of			_ n		E N	N
Asbestos - Containing		140,000	rmall	y	(74.6.63)(A) Lincoles	tos-Containing		Amount	R	n	83502	
Material (ACM)			Ised			erial (ACM)		(Specify	E	R	C	C
TO BE ABATED		S	olely		(ie. Tl	hermal systems		SF or	M	E	A	L
In Facility		by	Mair	1-	insulation	a, surfacing, VA	T,	LF)	0	P	P	0
(13)		te	nance	,	or other	r miscellaneous))	1	V	A	S	S
		Cu	stodia	ıl					A	I	U	U
		8,7773	ff (12					1	L	R	L	R
				N/A	1				1	400,000	1	E
Washington Road and Williams manholex				IVA	pipe insul	ation		150 LF	x			
											-	
Name of Registered Waste Haul	94			NID	EP Waste	Cubic Yards		Name of Registered l	andfill			
Horizon Disposal	C1				er ID No.	of Waste	5	GROWS				
City, State						Disposal Dat As needed	te	City, State Morrisville PA				
Trenton NJ						As needed		MIOLISVILLE				
Completed By (Print or Type) Mark Goshow				Title Proj	ect Manager		Signa	aud Sohn	_ ,		Date 9 3	3-19
							1//	33-,0 0 300		_	1 9	

Date of Notification (3)	Name of De	iking Owner/Opaja	- 701		11.2
Date of Notification (1)			maich	20H SF	P 25 F7 (
Agencies Notified Type Notification	Street Activ	ess_ e :	1 1 6	de	
Amended Amended	City, State, 7	Cip Code / /)	144	
☐ DOH ☐ Emergency (Including justification) ☐ DCA ☐ Carosinism	Name of Co	niact /		Telestima A	dimine:
g .	FACE ITY	JODA RECREMATION	V		
Name of Facility Where Abstancent is Tabing Piece (3)	· · · · · · · · · · · · · · · · · · · ·	ae cicaron	Type of Facility	On	
- Residen+			School (K-12	1	
2304 Commonwealth	Are		Substantes 8 Other (i.e., pri house, etc.)	(Oliver frem) Vete & comme	(-12) පත්ත් වාට්ත්ලය,
_ Strathmene NJ			Some Feet ZOZO	S of Flores	Sidg. Age
County (6)	County Code	(T) (STATE	Current Lise (Grin	LICIA	Seyred)
Name of Admitting Form Fixed by Bushing Council (8)	ASOU No.	Name of Ahrisa	ent Contractor (9)	2007	ν/
Street Address		Street Address	DE-CC		
City, State, Zip Code		/	212 Bu	11-191	M
		Chy, Sale, Zo Co	nco NJ	088	771
Project Manager for Monitoring Firm Telep	ihone Nb.	Felsahone No.	62916	License No.	
Start Date (10) Schathfad Complete 9-30-14 10-30-1	an Date (11)	Name of OSHA RA	min / i/	-010	
Coursetty States During Abatement (Charit only one)	7	Street Address	self		
C Facility Closed/Vacabad During Entire Parind of Abetes. Till Abetesnant Fesicomeni Cuisiria of Normal Facility House	ant i				[F
Che-Decide:	486	Chy, Siele, Zip Con	le .		7 57
Scope of Work (Check all that apply)					+
	ı	I WELL TO CO	ර්තාකර පති එදෙන්ග ක්ෂාව	∍Pæsse	1 5
2		Globalica i Non-Ecsa	Proceine dei (°) ani Mar-Fri	skie Procedu	9
Is Location of Used Solely to			and the second		Abalement Type
Asbestos-Comisting Melanial (ACM) TO 85 ABATED	Ashesto	Description of ns Conteining Malarie		हरकामा इं	
(13) Star?	8	hennel systems insur swiacing, YAT, or other miscellancous)		ForLF)	Enclosure Encapsulate Repair Removal
YE NO N	VA.) (1	, [Tay/eas	Enclosure Encepsulate Rapair
OUTSIDE /	50	in (HO)	n) 29	10SF	H
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			Emp of Registered	Lancay)	
ANI JUELLC TO	1847	of Waste Day	WM OF	- PA	7
Delimo	- Contraction	750	Tullya	THA K	4-14055
JOE HAN THE AB		Signature	,	19-21	-14
* Do not use this form	n for esbestos i	licensurə exempted	activities.		

Date of Notwication (1)	Name of B	negling Owner/Open	(3)			
Agencies Notified Type Notified		Cobra		1200-4	V.A.	
DEA ZIE	Street Acti		11			11 (10)
DOL Amended Amended	City, State, 2	25 Corte	Fried De	f A		-
U DOH Singercy (Excluding inspired for the control of the control		Allenton	n No	: _		
DCA Carcalatin	Name of Co			Telepinna	Alteriace	
E.	EACC FO	Alex				
Name of Facility Winare Abatament is Taking Piece (3)	CACCELL S	in-Creation	Type of Fankly	720		
Street Address / Street Address			School SK-12	5)		
800 Wood St			Distriction of the party of the	Office from	K-12)	1. -
city (5) Linden			homes, etc.) Source Pear			
County (6)			3000	ad Floors	8	対象 Age イン
	County Conte USE CALLY)	(7) (STATE	Committee (Print	e il being der	100 (Desired)	
Name of Astrobuting Form Hared by Building Owners (8)	ASOM No.	Name of Ahren	ent Contractor (9)	eside	11.	
Street Address		Alle Jro	FLLC			
Land of the state		Street Address	Bunling to	n Ane		
City, State, Zip Code		City, State, Zip Co	nie .			
Project Meneger for Monitoring Firm Telent	לטוב ולט.	1 Dela	nco NJ	080	江	
		Telaphone No. 856824	097/ 1	License No.	076	
Stant Date (10) Scheduled Completion 4 10 -16 -	n Date (11)	Name of OSHA M	70500 . 0	-0/	100	
Occupancy Sieles During Abetsment (Cheris mitrosa)		Street Address	Cell			2
Feedly Green/Versied During Entire Period of Abstance Abstanced Period of Opinion of Normal Periody House	25 . di					S
Coner-Decide: Damo		City, State, Zip Conf	3		<u> </u>	-5
Scope of Work (Check all that apply)						<u> N</u>
			Tensaid višis Alagaide	a Pressure		
72:00 St dt 2200 E	(a)	Gineral P	معادة معادية			===
le i coefin Remair	1	No.		this Procedu	5	unere Go
Location of Used Solely by Asbestos-Containing Metania (ACM) Rehitemental		Description of	ij			pe C
TO BE ABATED CENTRAL STATES	(Le, th	Containing Material entrel systems insur-		දූපයකුර අගතකද		<u> </u>
(13)		swiscing, YAT, or ther niscellanews)	Ö	orLF)	Repeir	Enclosure Encapsulate
YES NO NUA		,			ial F	ura flate
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ame of Registered Waste Hauter N255	Missis I C	ibic Yards Ne		- Andreas	CL CO	- Arriva
Am Site UC 700	2/37 of	Weste / Day	WM of			
W. SEE 7 /			W. S. 11	1	77	
I () P. M. CO (V)		710U	Tullyto	wh to	4	
TOE HILL IN		Signature		19-71	1-14	
* Do not use this form i	or asbestos lic	ensure exempted a	divilies.			



Emergency \$

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

Print Form

Date of Notification (1) 9/23/14						wner/Operate		Up-	13					
	ype Notification		10.00	treet Ad	idress st 25th 9	Street		2014 SEP	25 F	ዝ 4: 3	£-			
EPA DEP DOL	Initial Amended Amendment #				e, Zip Coo ottom No			Δ .	•			25-11-11		
DOH DCA	justification)	cluding	4.0	lame of Barbara	Contact a		(w _	<u> </u>	Telep	hone Num	har			
Name of Facility Where Abarbara Gilbert Privat		Place (3)		FACIL	ITY INFO	RMATION		e of Facility (4	1 0			E -5-0000	***	
Street Address 103 East 25th Street	ic rioriic							School (K-12 Subchapter & Other (i.e. pr	(Other	than K-12) al build	lings,	home	es,
City (5) Ship Bottom NJ 0800	8					14.	Squ 100	etc.) are Feet 00+	# of F	loors	100000	idg. A	ge	
County (6) Ocean	~ 7~~				ode (7) ISE ONLY)		Curr	rent Use (Prio use	r if being	demolish	ed)			
Name of Monitoring Firm H N/A	ired by Building O	wner (8)		ASCM	No.		ne of Ab rnaco	atement Cont	tractor (9	9)		•		
Street Address						120,000	et Addr Box 3							
City, State, Zip Code	*							Zip Code rlin NJ 0809	91			201000000 21		
Project Manager for Monito	ring Firm		Ť	elephor	ne No.		phone 3-753-			License N 00727	0.			
Start Date (10) 9/24/14		Scheduled 9/26/14	Com	pletion (Date (11)	9 533	ne of OS me	SHA Monitor						
Occupancy Status During A Facility Closed/Vacate				ent		Stre	et Addr	ess						
Facility Closed/Vacate Abatement Performed Other – Describe:						City	, State,	Zip Code						
Scope of Work (Check All	That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novati molitic				H N	ull Containme fini-Enclosure flovebag Proc lon-Exempted	edure	_				B "
	4		ocatio						(/			Abate	ment pe	
Location of Asbestos-Containing M TO BE ABAT In Facility (13)	aterial (ACM) ED	Used Main Custo	Solely Solely Itenan Idial Si (12)	y by ce/		Description Containing thermal system surfacing, other miscel	Materi ms insu VAT, or	ulation,	(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Exterior Sig	ling	Yes	No	N/A		Exterior	Siding		100	0 SF	x		(D	
Exterior Sic	inig .			X		Exterior	Siulity		100	JU SF	\ <u>\</u>			
Name of Registered Waste	Hauler		T N	JDEP W	laste	Cubic Yard		Name of F	Penister	ed i andfil	1			
United Containers	, riddio		Ha	auler ID		of Waste		G.R.O.\						
City, State Elm NJ			il.	â		Disposal Da 9/26/14	ate	City, State Morrisvi		19067				
Completed by Anthony T Perna		Title Presid	ient		ar autya	Signat	ETTE			2000	ate 23/14	4		



Emergency

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

CK. 4378

Date of Notification (1) 9/23/14						wner/Operat Private H				ΓW 1.•	٠,			
Agencies Notified	Type Notification		1 5	treet Add	iress each Av	e		2014 SEP	23	1115				
EPA DEP DOL	Initial Amended Amendment #				e, Zip Cod each Tw	e /p NJ 0800	08	Δ,	: - -	- 15	,			
DOH DCA	Emergency (in justification) Cancellation	ncluding		ame of 0	Contact				Teler	nhone Nur	nher			
				FACIL	ITY INFO	RMATION							9	
Name of Facility Where Hank Ludington P		Place (3)					Туре	School (K-12 Subchapter 8	2)	r than K-1	21			
Street Address 8411 Beach Ave						let	×	Other (i.e. pretc.)	ivate &	commerci	al build			s,
City (5) Long Beach Twp I	NJ 08008					,	Squ 100	are Feet 00+	# of 2	Floors	319	ldg. A 5+	ge	
County (6) Ocean		5)		County C	ode (7) SE ONLY)		Curr	rent Use (Prio me	r if beir	ig demolis	hed)			
Name of Monitoring Fir	m Hired by Building C	Owner (8)		ASCM	No.	17.500000	me of Ab ernaco	atement Con Inc.	tractor	(9)	-		14	
Street Address							eet Addr	(T) (T) (T)						
City, State, Zip Code				-			y, State, est Be	Zip Code						
Project Manager for M	onitoring Firm		٦	Telephor	ne No.	Tel	ephone	No.		License 1	No.			
Start Date (10)		Scheduled 9/26/14	Com	pletion [Date (11)	Na	***	SHA Monitor		-				
9/24/14 Occupancy Status Dur			`				eet Addr	-966				-		
Facility Closed/Va	acated During Entire F rmed Outside of Norm	Period of Ab	atem	ent		Cit	y, State,	Zip Code						
Scope of Work (Check	(All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	f		enovat emoliti			25		Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure				re	
		le l	ocati	on								Aba	emen	t
Asbestos-Containi TO BE A	ion of ing Material (ACM) ABATED acility 3)	Used Mair	ormali I Solei ntenar odial S (12)	ly ly by nce/	Asbes (i.e.	Descrip tos Containin thermal sys surfacing other misc	tems ins , VAT, o	ulation, r	(5	mount Specify F or LF)	Removal	Repair	e Encapsulate	Enclosure
Futorio	r Cidina	1.00		X		Exterior	Siding	1	18	800 SF	x	1	1	
Exterio	r Siding					LATERIOR	Olding	3						
Name of Registered V United Containers			H	JDEP V lauler ID 2459		Cubic Yar of Waste 3	ds	Name of G.R.O.	Medical and	ered Land	fill			
City, State Elm NJ						Disposal I 9/26/14	Date	City, Sta Morris		A 19067				
Completed by Anthony T Perna		Title Presid	dent			Sign	ature			100	Date 9/23/	4		

CK 1310

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

Date of Notification (1) 9/23/14			Building Oah Thom	wner/Operator	CONTROL OF THE PROPERTY OF THE			. 20		
Agencies Notified Type Notification	on	Street Ad			9814	SEP 25 F	4 4:	33		
		43 Mer	tz avenu		2014			-		
EPA Initial DEP Amended Amendment			te, Zip Cod NJ 0720		£ .		,	•		
DOH justification DCA		Name of	Contact ah Thom	nson		Telephone N	Jumher			
Z DCA Caricellat			LITY INFO				-			
Name of Facility Where Abatement is Ta	king Place (3)	T AGE		Tuna Ton	Type of Facility (4	551				
Street Address					School (K-12	2) 8 (Other than K	-12)			
43 Mertz Avenue						rivate & comme		dings,	home	es,
City (5) Hillside NJ 07205				8	Square Feet 2000	# of Floors 2	1 20	ildg. A	ge	
County (6) Union		County C	Code (7) USE ONLY)		Current Use (Prio Residential	or if being demo	lished)			
Name of Monitoring Firm Hired by Buildir Divine Environmental	ng Owner (8)	ASCN	No.		of Abatement Con ingpoint Contra		ration			
Street Address 358 Broadway	·				Address erkeley Terr					
City, State, Zip Code Newark NJ				City, S	State, Zip Code gton NJ 07111	//			1000	
Project Manager for Monitoring Firm Chinyelu Oraegbunam		Telephor	ne No. 33-9788	Teleph	none No. 372-2177	License 44331				
Start Date (10)	Scheduled 0			Name	of OSHA Monitor					
10/4/14	10/7/14				Environmental,	Inc				
Occupancy Status During Abatement (Ci	6500 FG				Address Vest 25th Street	•				
Facility Closed/Vacated During Enti Abatement Performed Outside of N Other – Describe:				City, S	State, Zip Code NY 10007	-				
Scope of Work (Check All That Apply)				- 1110	7, 141 10007					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation olition			Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure			P	
	Js I o	cation				1/200			emen	t
Location of	Non	nally		Description	n of		<u> </u>	Ty	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainte Custodi	olely by enance/ al Staff? 2)		os Containing N thermal system surfacing, VA other miscellar	AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes N	lo N/A							æ	
Basment	3	K		Pipe Insula	ation	20SF	×	-		
								-		
		L VIDEO V				5 1-1 11	1611			
Name of Registered Waste Hauler Newark Carter Inc		NJDEP W Hauler ID 4506	1010-1010-00	Cubic Yards of Waste 1		Registered Land vn Refacility	uilli			
City, State Newark NJ 07102	-			Disposal Date	City, State					
Completed by Emeka Okeke	Title Preside	nt		Signatur		T	Date 8/23/1	4		
	1 103100				nate 98		5, 25, 1	1	25.10	

CK#0850 :		TECATION (te of New Jors OF ASBESTOS O NJAC 8:60 B	ABATEN		Altri	ROWE	Ti)		7
Date of Notification (1) 9-28-2014	1.00	Name of I BCSI	Building Owner	Operator	(2)	Dept of Health	ि इस	illor . 2	Servic	es
Agencies Notified 14 GED OF CM	दं । विद्यार	Street Ad	dress		Ds	te: 7/2 2/	атин) : .a. e			1
		146 Po	plar St		Les	421	Time	10	3.5	T
DEP A Initial Amended Amendment	1.17	City, State	e, Zip Cade	-		A.				
DOL Amendment		Ridgefi	ield Park, N.			7				
DOH justification)	Including	Name of			()	Telephone Nu	mber			
DOH justification) DCA Cancellation		Robert	Cimmino						1	
		A PART OF THE P	ITY INFORMA	TION	Maria de la compansión de	1				
Name of Facility Where Absternant is Taking	g Philos (3)	I MAIL	ALL HALL COLUMN	TIGHT	Type of Facility (4)		~		
Residential Property	! ''				School (K-12	*SS				
Street Address			M-11-			(Other than K-1	2)		İ	
62 Lenox Ave.	1					lvate & commerc		dings,	home	BR,
City (5)					Square Feet	# of Floors	В	ldg.	194	
Dumont, NJ 07628					1600 SF	2	5	50+	ĺ	
County (5)		County C	ode (7)		Current Use (Prior	r if being demolis	hed)	_	i	
Bergen	i	(STATE U	SE ONLY)		Residential Pa	roperty	and the		!	
Name of Monitoring Firm Hired by Building	Dwner (8)	ASCM	No.	Name	of Abatement Cont					
n/a		n/a			ilca Manageme				1	
Street Address					Address				i	
n/a					rov Ln				į	
City, State, Zip Code	· ·				tate, Zip Code					
n/a				0.000	oln Park, NJ 07	035			. :	
Project Manager for Monitoring Firm	i	Talaphon	ie No.	Teleph	ionė No.	License N	ج.ما		9.	
n/a	į	n/a		973-	706-7950	01193	*	3	91116	e*
Start Data (10)	Scheduled	Completion D	ate (11)	Name	of OSHA Monitor	. ,	,		10	
9-24-2014	9-26-201	4		Lozr	ilca Manageme	nt Corp			3	12
Occupancy Status During Abstement (Chec	k Only One)				Address				N	-
	1			22 T	roy Ln			*	C	
Facility Closed/Vacated During Entire I Abetement Performed Outside of Norm Other – Describe:	nal Facility He	ours		City, S	tate, Zip Code	703E			===: ==:	
Scope of Work (Check All That Apply)				Line	oln Park, NJ 07	U30	•		التي	بسبيسه
23 of or ≥3 if ≥150 of or ≥250 if	-	novation nolition			Mini-Enclosure Glovebag Prop	nt with Negative I adure (*) and Non-Frig		cedu	-	
Excess 46 (Str.)		cation tripliy	ř.					-	emeni vbo	
Location of Asbestos-Contolning Material (ACM)	: Used 9	Solely by		Description	of faterial (ACM)	Amount				
TO BE ABATED		enance/ ial Staff?	(l.s. them	al system	insulation.	(Specify	2	-	E	g
In Facility		12)		facing, VA		SF or.LF)	Remova	Repair	199	8
(13)	-		dine	miscellar	(Bugs)		<u>₹</u>	1 =	Encapsulate	Endosure
—		No N/A					-		B	-
Exterior		X	Asbestos	Transite	s Shingles	1600 SF	×			
	1									
								1		
P-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-										
Name of Registered Waste Hauler	1	NJDEP W	aste Cub	lc Yards	Name of B	egistered Landii	1	1		_
Loznica Management Corp	:	Hauler ID 0033137	No, of W	/aste D	V1000 - W100 - W10	S Landfill		,		
City, State	-	da.		osai Date	City, State					
Lincoln Park, NJ 07035	:		TBI	ס	Morrisvi	the second second				
Completed by	Title	-		Signature	3 3		Hite -		- i	-
E. Girovic	Secreta	ary	2	27	worne	20.0	-23-2	014		

Cleak 13234

Date of Notification (1) 9/19/14					Building Ov Construc	vner/Operato ction	r (2)	9014	SFP	25	FH 4	: "	52		
Agencies Notified	Type Notification		100	Street Add	dress st Main :	Street			V	-			-		
DEP DOL	Initial Amended Amendment #		100000		e, Zip Code Brook, N) J 08805			ے کی	lo.		``	P		
DOH DCA	Emergency (in justification) Cancellation	cluding	0.00	lame of (Rob Bia					Tele	nhane t	\1m= L				
				FACIL	ITY INFOR	MATION					-				
Name of Facility Where house Street Address 28-30 Mechanic S		Place (3)				9		of Facility (4 School (K-12 Subchapter 8 Other (i.e. pretc.)	2) 3 (Othe			uild		home	
City _c (5) Somerville				-				re Feet	# of	Floors		BI 50	dg. A	ge	
County (6) in	1			County Co	ode (7) SE ONLY)		Curre	nt Use (Prio	r if bei	ng demo	olished)		2		
Name of Monitoring Fir	m Hired by Building O	wner (8)		ASCM	No.			tement Cont onmental			LC		-		
Street Address	et Address Dock Dock State, Zip Code						H Addres	ss 33, 4 E Ga	ate Dr	ive -				20	
City, State, Zip Code							State, Z	ip Code , NJ 0741	8					1.40	
Project Manager for M	onitoring Firm	- E	٦	elephon	e No.	100000000000000000000000000000000000000	ohone N -583-8			Licens 703	e No.				
Start Date (10) 9/29/14		Scheduled		pletion D	ate (11)			HA Monitor					- 25		
Services.						01	4.4.4.4				-		- 1		
Abatement Perfor	acated During Entire Permed Outside of Norma	eriod of Ab	atem	ent			State, Z	ip Code			The e				-
Scope of Work (Check	All That Apply)										-	-			
23°5f or ≥3 If ≥160 sf or ≥260 If			novat moliti				Mir × Glo	Il Containme ni-Enclosure ovebag Proc n-Exempted	edure					e	
ne agailtír			ocatio			9 8 8	100						Abate Ty	ement pe	ŧ
Locati Asbestos-Containin TO BE A In Fa (13	ng Material (ACM) B <u>ATED</u> cility	Used Main Custo	Solei tenan	y by ice/	(i.e. ti	Descriptions Containing nermal system surfacing, Vother miscell	Materia ns insula AT, or	ation,	(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
i verti baser	ment			х		trancite	wall		4	0 SF	x				
front p	porch			X		front porc	h roof		30	00 SF	x				
rear p	orch			х		rear porch	n roof		30	00 SF	x		10.10		
	ime of Registered Waste Hauler					Cubic Yards of Waste		Name of F	Registe	ered Lar	ndfill			f:	
5 3-12 Te			15	5959		TBD	18						38	10	
City, State Freehold NJ						Disposal Da TBD	te	City, State	9					Í	
Completed by A. Scott Higgins		Title Owner	9			Signatu	ire	2		_	Date 9/19	/14			

 $x_{12} = x_{21} \cdot \sqrt{\kappa}$

MO#21901439856

MAY 11

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

				11-1	Ji Sua	IL TO MUE	C 0.60 and 5:16							
Date of Notification (1)					Name	of Buildin	g Owner/Operator (2				,			
09	22 /	14			Lyon	Com								
Agencies Notified	Type Notifica	ation			Ivan	t Address		981/	SEP 25 F	M (3:	~			Section Section
	Initial				20000000000		4	EGIY	9L1 20 1	11 7	٠. ت	č.		
	Amended	b			-	State, Zip	en Avenue							
⊠ DHSS	Amendm	ent#			1			Δ		1	•			
DCA	Emergen		cludin	g		coff, NJ 0			ا مادات د					
(NJAC 5:23-8)	justificati Cancella				183	e of Contac	ot .		Telephone I	Number				
	Caricella	1011			Ivan	Carp								
No. 15 30 118					FA	CILITY II	NFORMATION							
Name of Facility Where At	patement is	Takin	g Place	(3)				Type of Facility	/ (4)					
Private home								School (K-1						
Street Address								Subchapter	8 (Other than keeprivate and con	(-1 2) smercia	l bu	ildina		
234 Van Houten Avenu	е							homes, etc	.)	inici cia	ı Du	nann	3 5,	
City (5)								Square Feet	# of Floors		Bio	dg. A	.ge	
Wyckoff, NJ 07481	200													
County (6)		7.7			Cou	nty Code (7)	(STATE USE ONLY)	Current Use (F	rior if being der	molishe	d)	-	į.	
Bergen											50			
Name of Monitoring Firm F	fired by Buil	ding (Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9	3)					-
							Gr Tech LLC							
Street Address							Street Address				_	_		
							576 Valley Rd #	283						
City, State, Zip Code		130	3	200			City, State, Zip Co			-			_	
							Wayne, NJ 0747	0						
Project Manager for Monito	oring Firm			Tele	ephone	No.	Telephone No.		License No).				
							973-638-1777		01127					
Start Date (10)						ate (11)	Name of OSHA M	onitor .		1		-	_	
		100			2/	14	Envirovision Con	nsultants Inc						
Occupancy Status During	Abatement (Check	only	one)			Street Address	iisuruiris,iiic						
▼ Facility Closed/Vacated	During Enti	re Pe	riod of	Abate	ment		20-21 Wagaraw	Poad Plda #	244					
Abatement Performed C	Outside of No	ormal	Facilit	y Hou	rs - Des	scribe	City, State, Zip Co	ide	34A		-			
Time of Abatement:		—PI	VI/	PIVI_		_AM	Fair Lawn, NJ 07							
Scope of Work (Check all ti	nat apply)				-			and decontami	nation with neg	ative pr	9551	ILE		
▼ >3 sf or >3 If			N 5.	r			Full Cont	ainment with Ne	gative Pressure	a	0000	110		
≥ 3 sf or > 3 lf ≥ 160 sf or ≥ 260 lf				novati molitic			Mini-Encl	osure Procedure	Tent with Near	rtivo De				
							Non-Exer	npted (*) and No	on-Friable Proc	edure	2551	ii e		
				Locat							Aha	teme	ent Ty	vne l
Location of Asbestos-Containing Ma	tarial (ACNA	v.		Norma d Sole			Description of	f						
TO BE ABAT		1	Ma	intena	nce/	Asbe	stos Containing Mat ., thermal systems in	erial (ACM)	Amount		Remova	Repair	nca	Enclosure
IN Facility			Cus	todial	Staff?	10	surfacing, VAT.	01	(Specify SIF or LF)		2	air	psu	uso
(13)				(12)	1		other miscellaneo			3	<u>n</u>		Encapsulate	9
	•	-	Yes	No	N/A						1		ν.	
Basement			Ш	Ш	\boxtimes	Boiler in	sulation		24 SF	12	X			\Box
Basement					\boxtimes	VAT flo	or tiles		350 SF	0		n		=
				П		1111111	or thos		330 SF	10			\Box	믬
		-				-				1	1	Ш	Ш	
				Ш										
Name of Registered Waste	Hauler			NJE	EP Waste	Hauler ID No.	Cubic Yards of Waste	Name of Regis	stered Landfill	-				
Gr Tech LLC				0	03378	5	TBD	T.R.R.F. Inc						1
City, State							Disposal Date	City, State			-			-
Vayne, NJ 07470							TBD	Tullytown, P.	Δ					
Completed By (Print or Type	e)	Title		-			Signature /	, unifically F	, 1	Date				
I.Jevtic		Own	er				1 /	In ver	1					
SB-41				-			1/		LQ O	09/22/	201	4		
1AY 11		ů.	Do noi	use th	is form	for asbest	os licensure ex empte	ed activities.						



Check # 0853

Date of Notification (1) 9/23/14	(2)	-		T	Name of Tom D		mer/Operator		201	SEP	25 [M I	<u>م</u>	_
Agencies Notified	Type Notifi	-otion		-	Street Ad					LOLI	20 1	M	: <u>)</u>	
Agencies Notified	i ype Nouii	cauon				oringfield	Ave		Δ_{i}				. ,	
DEP DOL	☐ Amen	ded dment#	ŧ	T	City, Stat	e, Zip Code				J. Li	- ·		:	
		gency (in		- ⊦										
☑ DOH		ation)	•		Name of				Tel	ephone i	Number			
☐ DCA	Cano	ellation				aneke							2007-100	
M	**	-	DI (0		FACIL	LITY INFOR	MATION		'm. (4)		-			
Name of Facility Where Commercial Prope		s laking	Place (3) .				Type of Fac	(K-12)					
Street Address			-						apter 8 (Oth	er than K	(-12)			
415 Springfield Av	/e						**		(i.e. private			lding	s, hom	es,
City (5)								Square Fee	t #0	f Floors		Bldg.	Age	
Summit	- 2			5			5 5	5000	2			50÷		
County (6)					County C	`ode (7)		Current Use		ing demo				
5.309						ISE ONLY)		1	29 22700	_	HISH ICU)			
Union					ŝ.				cial Prope			33		
Name of Monitoring Fire	m Hired by Bu	uilding O	wner (8)		ASCM	No.		of Abatemen						
n/a				18	n/a		Loz	nica Manag	gement C	orp				
Street Address							Street	Address			7			
n/a							22 7	Troy Ln						
City, State, Zip Code				V-10-1			City, S	State, Zip Coo	le					
n/a	State, Zip Code						1	oln Park, N						
Project Manager for Mo	nitoring Firm			1	Telephor	ne No		hone No.		Licens	e No			
n/a	Jillothig Filtii	10.			n/a	ic No.	1 1000	-706-7950		0119				
										0113	3			V. L
Start Date (10)					mpletion [Date (11)		of OSHA Mo			2. 9.		W	
10/2/14			10/6/1	4				nica Manag	gement C	orp				
Occupancy Status Duri	ng Abatemen	t (Check	Only Or	ne)			Street	t Address						
	cated During	Entire P	eriod of A	Abater	ment		22 7	Troy Ln			e '=	10.		
Facility Closed/Va Abatement Perfor							City, S	State, Zip Coo	le		-			
Other - Describe:			- "				- Line	coln Park, I	J 07035		87			
Scope of Work (Check	All That Apply	v) .											200	100
	rai macrippi	,,	E2 -		-		г	٦			_	202023		(5)
23 sf or ≥3 lf				Renova Demoli	0.00			Full Cont Mini-End	ainment with	n Negativ	re Press	ште		
≥160 sf or ≥260 lf			U -	Jemon	uon		ē		Procedure		/ h			195
10									mpted (*) ar		riable Pr	oced	ıre	
			1						- I	5.0			temer	nt
241				Locat Norma								-	уре	
Location Asbestos-Containing		~A4)		d Sole		Acharta	Description S Containing I			Amount		T	T	T
TO BE A		CIVI)		intena	2010 COSC (4-7)		ermal system			Specify	70	_	1 5	I m
In Fac			Cus		Staff?	(surfacing, VA			F or LF)	9	Repair	, a	100
(13				(12)			other miscella	neous)		n managaran	Remova	ar	Encapsulate	Enclosure
		88	Yes	No	N/A		10				-		ê	0
Baser	nent				x		Pipe Insula	tion		75 LF	к	1	1	\top
Dato	none				+^-		i ipo iriodic				- -	+	+	+
			-		+					4	+		+	+
			-		-				-		-	+	+-	+
Name of Registered W	aste Hauler			1	JDEP W	aste	Cubic Yards	Nan	ne of Regist	ered Lan	dfili			
				H	lauler ID	No.	of Waste	1	ROWS La					
Loznica Managem	ent Com			16	0033137		TBD				31			
Loznica Managem	ent Corp									-				
City, State						1	Disposal Date	1 2	, State		<u> </u>			
		-			. ,	1	Disposal Date TBD	1 2	, State orrisville, F	PA				
City, State			Title	etary		1	TBD Signatur	Mo	orrisville, F	PA	Date 9/23/			

Sept 18/2014			S	lame of Sea G	f Building Own irt National	er/Operato Guard Jo	r (2) oint Tr	aining/C	in GEF	25 F	1 4:	20		
Agencies Notified	Type Notification		S	treet A				Δ,		-	 1.			
EPA DEP DOL	Amended Amendment Emergency (ite, Zip Code irt, NJ 0875	50			٠. نـ	f				
DOH DCA	justification) Cancellation		100		Contact Bride				Tal		JU			
N				FACI	LITY INFORM	IATION								
Name of Facility Where Sea Girt National (d Am	nory			-	of Facility (
Street Address 100 Camp Dirve							×	School (K-1 Subchapter Other (i.e. p	8 (Oth			dings,	, home	es,
City (5) Sea irt, NJ 07850								etc.) are Feet	# 0	Floors		Bldg. A	Age	
County (6) OCEAN					Code (7) USE ONLY)			ent Use (Pri		ng demolisi	hed)			-
Name of Monitoring Firm Whitman	n Hired by Building (Owner (8)		ASCN	No.		of Aba	atement Corpo	ntractor					
Street Address 7 Pleasant Hill Roa	ad					Stree	t Addre							-
City, State, Zip Code Cranbury, NJ 0851	2					City,	State, 2	Zip Code						
Project Manager for Mo			- 1	elepho		Telep	hone N	lo.	J93	License N	lo.			
Start Date (10)		Scheduled			390 585 Date (11)	٥	-295-1	HA Monitor		01074				
Septiembre 29/201		Feb 25/2			17.	EA S	Servic	es Corpo	ration					1
Occupancy Status Durin					1.380		t Addre							
Abatement Perform	cated During Entire F ned Outside of Norm 7:30 AM to 3:30 PM	Period of Ab al Facility F	ateme lours	ent				above ip Code	-					
Scope of Work (Check A	All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novati molitio				Min Glo	Il Containm ni-Enclosure ovebag Pro n-Exempte	e cedure				_	
***************************************		Isl	ocatio	n				II-LACITIPIC	u () am	I NOIF-FIAL	le Fio	10.525 10.55	ement	
Locatio		No	rmaliy			Description	n of					Ту	ре	
Asbestos-Containing TO BE AB In Faci (13)	ATED lity	Maini Custo	tenano	æ/	SI	Containing I mal system urfacing, VA er miscella	ns insula AT, or	ation,	(S	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A			'						te	
Field Training are				X	Clean	up trans	ite del	oris	8,260	cubic yd	x			
as asbestos aba														
1,2,3 8	§ 4		+								-			
Name of Registered Wa EPIC	ste Hauler		Hai	DEP Waler ID 1	No. of	ibic Yards Waste 260 cubic	yd	Name of Stablex	0000	red Landfill da Inc	1	l		
City, State Mount Arlington, NJ		,				sposal Date	1700	City, State		ebec				$\overline{}$
Completed by Gina Salvador		Title Office	Mana	адег		Signatur	e (//	Peuas-		Da	ite ept 18	3/20	14	
		1				4		i was						

(K 12829

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

Date of Notification (1)		1	Name	of Buildin	g Owner/Operator (2	2)					
	14		TO	AL, STE	PHEN AND ROBY	'N 2014 SEP	25 FH 4: 2	*5. Ed			
Agencies Notified Type Notific	ation		Street	Address	4-						
⊠ EPA ⊠ Initial			303	WASHI	NGTON AVENUE	٥ .	1				
☑ DOLWD ☐ Amende ☑ DOH Amenda			City, S	State, Zip (Code	٠,٠	Face of				
	ncy (including		PIN	E BEAC	H, NJ 08741						
(NJAC 5:23-8) justificat			Name	of Contac	at		Telephone Numb	er			
☐ Cancella	ation		RIC	H DISBE	ROW						
Name of Facility Where Abotement is	Takina Dina	(0)	FAC	CILITY IN	FORMATION	T	(4)				
Name of Facility Where Abatement is	l aking Place	(3)				Type of Facility					
RESIDENCE						☐ School (K-12) 3 (Other than K-12)				
Street Address 605 ANGLESEA AVENUE							ivate and commer		ilding	s,	
City (5)						Square Feet	# of Floors	RI	dg. Ag	10	
OCEAN GATE						1950 SQ FT			74 YI		s
County (6)			Cour	ity Code (7)(STATE USE ONLY)		or if being demolis				
OCEAN			000.	, 0000 (Mennie ode onen	HOME	or it boing defines				
Name of Monitoring Firm Hired by Bui	Iding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
,	•				The second of the second secon	CONTRACTING					
Street Address		- 4			Street Address		*************************************				
					170 U.S. HW	/ 9					
City, State, Zip Code					City, State, Zip Co	ode					
5.					BAYVILLE, N	J 08721					
Project Manager for Monitoring Firm		Tele	ephone	No.	Telephone No.		License No.				
					732-349-3771		01244				
Start Date (10)	Scheduled C				Name of OSHA M						
	10 /	100	<u> </u>	14	NEIL MARZA	NO					
Occupancy Status During Abatement		0.84			Street Address						
☐ Abatement Performed Outside of N				arib a	138 SENECA						
Time of Abatement:AM	100	•			City, State, Zip Co BARNEGAT,						
Scope of Work (Check all that apply)		*******					4. 5.				
☐ ≥3 sf or ≥3 lf	□ Re			20	☐ Mini-Enc		gative Pressure				
⊠ ≥160 sf or ≥260 lf	⊠ De	moliti	on			g Procedure mpted (*) and No	n-Friable Procedur	e			
	· Is	Loca	tion	T				1 1000	atem	ent T	уре
Location of	11	Norma	ally ely by		Description of			Z	Z.	Ш	ш
Asbestos-Containing Material (ACI	VIII	intena			estos Containing Ma e., thermal systems		Amount (Specify	Removal	Repair	nca	nclo
IN Facility	Cus		Staff?	(,,,	surfacing, VAT,		SF or LF)	val	=	Encapsulate	Enclosure
(13)	Yes	(12)	N/A	-	other miscellane	ous)				ate	U
OUTSIDE SIDING		No		ACREC	TOS SIDINO		2300 SQ FT				
OUTSIDE SIDING			10	ASDES	TOS SIDING		2300 SQ F1				
								Ш	Ш	Ш	Ш
					(4)						
Name of Registered Waste Hauler		1	JDEP I	Waste	Cubic Yards of	Name of Regis	tered Landfill				
RICH-MARK CONTRACING, IN	IC.	1	tauler II 07764		Waste 10	GROWS N	ORTH LANDFIL	L			
City, State			01104	•	Disposal Date	City, State			27.0		
BAYVILLE, NJ					10/9/14	MORRISVI	LLE, PA				
Completed By (Print or Type)	Title				Signature	7 1	Da	te /			
NEIL MARZANO	SUPER	VISC	R		Mi	Whom	6	7/2	1/	14	
ACD 41			,		1900	1 /wy	/	10	1'	-/-	

ASB-41 JAN 13

2014 SEP 25	5 PH 4: 2	, NO	TIFIC (Pur	ATION O	F ASBES	ros abaten 0 and 12:120	vent }	N.Mer	APPA Alealth st.			ervice
who of Notification (d)			N	ame of B	uildina Ow	ner/Operator	(2)	VA	MX ()	15	137	01 4101
ate of Notification (1)	Į.,		"	BITTE OF W	SAM		20Cf-			aturo)		1
	Notification		s	treet Add		1 Dex	12 CC	Date:	9/12/14	Tim	. X	IDA
gendes Nooned 136				ii DDL / IOO	O-	64 34	TH STREET	Date		11111	V	1
EPA -	Initial Amended		10	Ity, State	, Zip Code		<u> </u>			2001.11		1
DEP	Amenoment #			-	RLLL	1392	0741	0				İ
	Emergency (Inc	duding	-	larne of C	Contact	, <u>, , o . o</u>			phone Numi	DET		
DOH DCA	Justification) Cancellation			SAN	20	NZack		1				
1 - 1 -				FACILI	TY INFOR	MATION						
eme of Facility Where Abate	ment is Taking F	Place (3)					Type of Facility	(4)				
RESID	EXE						School (K	-12)		8		
tract Address							School (K- Subchapte Other (i.e.	er 8 (Oths private 8	ar than K-12) 4 commercia	buildir	nas. h	omes
0-64 34	1TH STRE	et					GIC.)					1
ity (5)	·						Square Feet	# of	Floors .	3	g. Ag	1976
FUILLOWN							1,825		3		50	<u>. </u>
aunty (6)				County Co			Current Use (P			2d)		İ
BERGEN			6	STATE US	SE ONLY)			SIDEW		_		1
leme of Manitoring Firm Hire	d by Building Ou	mer (8)		ASCM	No.		of Abatement C		(9)			1
		W.				A.M.	AC Contractin	ig inc.				1
treet Address					***		Address					1
						1	Lowell Road					!
ity, State, Zip Code			_				State, Zip Code	-1-5				
						Gler	n Rock, NJ 07	452				i _
rolect Manager for Monitorio	ng Firm		7	Telephon	e Na.		hone No.		License No	3.		1
		V				\$67,5500	1)262-5841	-	00156			-
Start Date (10)	1 8	Schedule			late (11)	Name	e of OSHA Monito	or note(D	onioes In	_		
9/21/14		9/3	1/8-6	4			ega Environm	ignal 5	Bi VICES III	·-		-
Occupancy Status During Ab	atement (Check	Only One	2)	ita a Ricovita in			t Address					į
Facility Closed/Vacated	During Entire Po	eriad of Al	baten	ent			Huyler Street	ι 				<u>. </u>
Abatement Performed C	outside of Norma	l Facility	Hours	K		City.	State, Zip Code	OTAGE				1
Ofher - Describe:						- Had	kensack, NJ	0/605				١.
Scope of Work (Check All Tr	at Apply)		otto toka									ľ
21 ಜಾತ್ರ್ಯ≥3 ೫			anova						h Negative F	ressur	E	
2160 sf or ≥260 lf			amolit	ion			Mini-Enclos	mondure	:			
				200			. Non-Exemp	rted (*) ar	nd Non-Friat			
		le	Locat	ion						1	Abate Ty	
Location of	- E	N	orma	B.		Description	on of '			-	- ,	. 1
Ashestos-Containing Ma	and INCAN		d Sole niena		Asbest	os Containing	Material (ACM)		Amount (Specify	, 70	_	Ene
	HEITER (AUNI)				(I.e. 1	netitiai systol	ms insulation,		For LF)	l a	Repair	age
TO BE ABATE			odial :	Starr?		surfacing, V	AI, OF		N 1		₩.	ncapsulate
in Facility (13)			odial : (12)	Starr?	-50	sprizicing, v ofher miscell			, , ,	Removal		th.
in Facility				N/A	10°				, ,	oval		
in Facility (13)		Cust	(12)	N/A		ofher miscell	апериь)			oval		
in Facility		Cust	(12)		<u>P,</u>	ofher miscell			2SCF	oval		
in Facility (13)		Cust	(12)	N/A	<u>P,</u>	ofher miscell	апериь)			oval		
in Facility (13)		Cust	(12)	N/A	Р,	ofher miscell	апериь)			oval		
in Facility (13)		Cust	(12)	N/A	<u>P,</u>	ofher miscell	"U CaTION		2SLF			
Basement	D	Cust	(12) No	N/A	/asto	PE 125	"U CATION Name	of Regis	∂SCF			
In Facility (13) Base Henr Name of Registered Waste	D	Cust	(12) No	N/A	/asto	other miscell PE ルンS	"U CATION Name	of Regis	2SLF			
In Facility (13) Base Henr Name of Registered Waste	D	Cust	(12) No	N/A	/asto	PE INS	Name Name IESI	e of Regis	∂SCF			
In Facility (13) Basement Name of Registered Waste Rovic Transport City, State	D	Cust	(12) No	N/A	/asto	Other miscell PE INS Cubic Yards of Waste Disposal Da	Name IESI Like City,	e of Regis PA Bet	∂SCF Stered Landfl thlehem La	andfill		
in Facility (13)	D	Yes	(12) No	N/A	/asto	Other miscell PE /AS Cubic Yards of Waste Disposal Da 9 / 21/	Name IESI Ide City, Ide Beth	e of Regis PA Bet	∂SCF stered Landfl thlehem Li	andfill		
In Facility (13) Base Ment Name of Registered Waste Rovic Transport City, State	D	Yes	(12) No	N/A	/asto	Other miscell PE INS Cubic Yards of Waste Disposal Da	Name IESI Ide City,: Beth	e of Regis PA Bet	∂SCF stered Landfl thlehem Li	andfill		

CK1644

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State of New Jamey NOTIFICATION OF ASBESTOS ABATEMENT (Province to NIAC 8:60 and 12:120)

Date of Notification (1)	Name of Buildin	og Owner/Operation / MEIS	ENBA	CHER			
Agencies Notified Type Notification	Street Address	- 11.16	SE A	VE			
M DOL Amended Amended	City, State, Zip	A	NJ.0	8721		-	
☐ DOH	Name of Conta	ct		Telephone Num	hor		·
DCA Cancellefium	ERIC		X/S_	1,	//		/
Name of Facility Where Abatement is Taking Place (3)	STANDARD FOR	- Compression	Type of Facility				
Street Address : // / / // / /			School (K-1	2) 8 (Other than K-1) private & commerci	2)		
449 HULSE H	VE		homes, etc., Square Fest) KESI DE	$\equiv N$	de As	in in
BRICK . NJ.	08/24		1800		_ _	ST	>
COUNTY (6) OCEAN	County Code (USE ONLY)			HOME	sined)	2	
Name of Monitoring From Hired by Building Owner (8)	ASCRENO.	Name of Abatem BRICK	Contractor (ISTRIES	1	Ne	
Street Address		Street Address	NATIO	K. TRA	14	-	
City, State, Zip Code	N	City, State, Zip C	ICK				
Project Manager for Monitoring Firm Te	lephone No.	Telephone No.	99 1499	License No.	90	/	
Start Date (10) 9-23-14 Scheduled Comp		Name of OSHA				0.51	==
Occupancy Status During Abatement (Check only one)		Street Address				ä	
Facility Closed/Vacated During Entire Period of Abat	ement						
Abeternant Perfumed Outside of Normal Facility Ho. Other - Describe:		City, State, Zip C		(-	甲	
Scope of Work (Check all that epply)			deitonest with Na	galive Pressure		-51	
		Afini-End Gloveba KJ Non-Exc	ac Procedure	on-Friable Procedu	re_	PH 4	\$.* Hs
is Local Normal			-			bation Type	
Location of . Used Sole Ashestos-Conteining Material (ACM) Maintena	ay by Asbes	Description of tos: Containing Mai	ented (ACM)	Amount		T	21 m
TO BE ASATED Custod IN Facility Staffs (13) (12)	ist (i.e.,	thermal systems in surfacing, VAT, other miscellaneo	'907	(Specify SF or LF)	Removal	Repair	Encepsulate
Yes No	N/A			ia+	al		Bto I
TRANSITE	VENC		The second livery with the second	12 LF	-	_	7
	1-7-	LUE P	iPE.		\vdash	+	-
					П	寸	
RPICK INNISTRIES /W	Harler D.No. 21602	Cubic Yards of Waste		ROWS	,	•	
BRICK. N.J.	3.052	Disposal Date	City, State	PA.	-		
ERIC PLACKIS PRE	5, .	Signature	Rock-	Date 9-	22	- 15	/

CK 13586

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

Date of Notification (1) SEPT. 23, 2014				Name of PUER	Building TO RIC	Owner/Op AN ACT	erator ION	⁽²⁾ BOAF	RD :				j			
Agencies Notified	Type Notificat	ion		Street Ad 90 JEF		VENUE			261	4 SEF	25	FH 4	: 2	, H		
DEP DOL	Amended Amendm	ent #		City, Stat NEW E	e, Zip Co BRUNS	ode WICK, I	VJ 08	903	Ď,							
DOH DCA	justificati Cancella			Name of FRED	Contact ESPAN	۱A				1 = :	•			7		
		-		FACIL	ITY INFO	ORMATIO	N									
Name of Facility Where RESIDENCE	e Abatement is Ta	aking Place (3)					_	of Facility (4 School (K-12							
Street Address 145 WELTON ST	REET								Subchapter Other (i.e. pi etc.)				uildi	ings,	home	es,
City (5) NEW BRUNSWIC	OK .			29/100					re Feet	# of 3	Floors		Blo 94	dg. A 4 YF	ge RS	7-3- Jul 1885
County (6) MIDDLESEX				County C)	_	Curre APA	nt Use (Prio	r if bei	ng demo	olished) CES				
Name of Monitoring Fit N/A	m Hired by Buildi	ng Owner (8)		ASCM	No.				tement Con Touch Asi			emen	t Co	orp.	, Inc	*
Street Address		***************************************						Addres	ss dway, Unit	t A						
City, State, Zip Code									ip Code	7740	7					
Project Manager for Mi N/A	onitoring Firm			Telephon	ne No.		Teleph	none N .222.8	0.		Licens 0004					
Start Date (10) 10/3/14		Schedule		mpletion [Date (11)		2000000000	of OSH	HA Monitor		2737433					
Occupancy Status Dur	ing Abatement (C	1/2						Addres	SS							
Facility Closed/Va Abatement Perfor Other – Describe:	med Outside of N						City, S	State, Z	ip Code							
Scope of Work (Check	All That Apply)		-									-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			tenova emoli				* *	Mir Glo	l Containme ni-Enclosure ovebag Proc n-Exempted	edure					0	
-				. 1					II-LXeIIIpteo	() and	J NOTH-I	Table I	- 01	X16-1-1-27	ement	t
		1125	Locat Iorma												ре	
Locati Asbestos-Containir <u>TO BE A</u> In Fa (13	ng Material (ACM <u>BATED</u> cility	Use Ma	d Sole intena	ely by ince/ Staff?		stos Conta thermal s surfaci other m	system ing, VA	Material s insula AT, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A											Œ,	
BASE	MENT			Х			TSI	- 47		13	30 LF	Σ	2			
								F 8000811								
Name of Registered W Finishing Touch As		ment Corp.	1- F	NJDEP W Hauler ID I I 2058		Cubic Y of Wast 2 Cy			Name of F	. 37 may .					W.	
City, State Long Branch, NJ						Disposa 10/4/1		:	City, State		N, PA			-		
Completed by JOSEPH P. MILLE	ER .	Title PRE	SIDE	ENT			gnature		1/1/		6 (0)	Date 9/23	/14			
							11 PK	Jul 1.	1000				-			

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

Date of Notification (1) SEPT. 23, 2014					ing Owner/C RICAN AC			o ,.			i.,			
Agencies Notified	Type Notification			et Address JERSE	Y AVENU	E		2014 9	SEP 2	5 FM	4: 2	5		
DEP DOL	Amended Amendment		City, NE	State, Zip W BRU	Code NSWICK,	NJ 08	3903	Δ, .						
DOH DCA	Emergency (i justification) Cancellation	ncluding		e of Cont ED ESF					LTale	nhone M	imhar			
			F	ACILITY I	NFORMATI	ON								
Name of Facility Where RESIDENCE	Abatement is Taking	Place (3)						f Facility (4 chool (K-12						
Street Address 145 WELTON STI	REET			* v			Si o	ubchapter ther (i.e. pi c.)	8 (Othe			dings,	home	es,
City (5) NEW BRUNSWIC	ok .						Square 1275		# of 3	Floors		ldg. A		
County (6) MIDDLESEX				nty Code	(7) NLY)			t Use (Prio RTMENT						
Name of Monitoring Fir N/A	m Hired by Building C	Owner (8)	A	SCM No.		Name Finis	of Abate shing T	ement Con ouch Asi	tractor pesto:	(9) s Abater	ment C	orp.	, Inc	
Street Address	¥					100000000000000000000000000000000000000	Address Broad	way, Unit	t A					
City, State, Zip Code							State, Zip g Brand	Code ch, NJ 07	7740				2.717.2	
Project Manager for Mo	onitoring Firm		Tele	phone No	\$11	Telep	hone No. .222.83	III. Laurence		License 00040				
Start Date (10) 10/2/14		Scheduled 10/3/14	Complet	ion Date (11)	100000000000	of OSH	A Monitor						
Occupancy Status Duri	ng Abatement (Check					2030202	Address			-	10			
	cated During Entire P med Outside of Norm					City, S	State, Zip	Code						
Scope of Work (Check	All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	4	and the same of	ovation nolition			2	Mini- Glov	Containme Enclosure ebag Proc Exempted	edure	· -			e	
		1						- Administra	1 / 411	- 11011 1 110			emen	t
			cation mally		_	00 - 50 X 1 X X -015		40				Ty	ре	
Locatio Asbestos-Containin TO BE AI In Fac (13	g Material (ACM) BATED cility	Used S Mainte Custod	Solely by enance/ ial Staff' 12)	As	bestos Con (i.e. therma surfa		Material (ns insulat AT, or		(S	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes 1	No N	/A	2).								O.	
BASEN	MENT)	X		TSI			16	30 LF	X			

Name of Registered War		nt Corp.,Ir	100000000000000000000000000000000000000	P Waste or ID No.	Cubic of Wa 2 Cy	Yards ste	7.2	Name of F			fill			
City, State Long Branch, NJ			1		1.70	sal Date)	City, State		N, PA	- C/V			•
Completed by JOSEPH P. MILLE	R	Title PRESI	DENT		198817192	Signatur		1/1			Date 9/23/1	4		
						MM	WIM	N						

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)					Name of Buil					. 118			1929		
. Se	eptember 22, 20	14					Icon B	uilde	ers, LLC	87	ai	-J.	52	118	
Agencies Notified [x] EPA [] DEP	[] Ame	l Notificat nded Notif	fication		Street Addres City, State, Zi		33 Uni	on A	ZO14 SE Avenue	P 25	PH 4:	22			
[X] DOL	[X] Emer	ndment #_ gency (inc					Manas	quar	ı, NJ 08736		- <u> </u>				
[] DCA	The same of the sa	ication) ellation			Name of Con St	tact teve Bi	ialecki		Т	elephon	e Niimber	12			
	· ·			FACI	LITY INFO	DRMA	TION								
Name of Facility Where A	batement is Taking sidence	Place (3)						Тур	e of Facility (4)	Schoo	l (k-12)				
Street Address	l Cartagena Dr	ive							[x]		(i.e., privat			al build	ings,
City		County	(6)		County Code (STATE USE			Squ	are feet 2500 sf		Floors 2	Bldg	, Age	50	
Brick		Ocean	- 4		*			Cu	rent Use (Prior if Resider	200	emolished)		2.5		
Name of Monitoring Firm Gu	Hired by Building ardian Contrac				ASCM No.		Name of .	Abate	ement Contractor Guardia		tracting,	Inc.			
Street Address	89 Rte. 9, Unit				Street Ad	dress		oute 9	, Unit 61						
City, State, Zip Code	ms River, NJ 0						City, Stat	e, Zip	Code		New Jerse	ey 087	755-12	271	
Project Manager for Moni Nicholas Fer	toring Firm		Telephone Nu 732-349-99			- 11	Telephon 732-349		nber		License N 00624				
Scheduled Start Date (10) 9/23/14			Scheduled Cor 9/25/14		n Date (11)				A Monitor E.M.S.	L. Ana		100-00			
[] Ab	ility Closed/Vacate atement Performed	d During I					Street Ad City, Stat		1056 St	telton l	Road				
	er – Describe		-						Piscata	way, N	lew Jerse	y 088	54		
Scope of Work (Check all	that apply)						[]		Full Containment Mini-Enclosure	with Ne	gative Pres	sure			
5 5	sf or ≥3 lf 60 sf or ≥260 lf		F 3	enovati Demoliti			[] [x]		Glovebag Procedi Non-Exempted (*		on-Friable I	rocedu	ıre		
			10									Abat	ement '	Гуре	
Location Asbestos-Containing N TO BE ABA in facilit (13)	Material (ACM)	Maint	s Location ormally used Solely by enance/Custo Staff (12)	odial		Asbes Ma (i.e., t insula	escription stos-Con terial (A thermal s ation, sur VAT, o miscella	taini CM) syster facin	ms ng,	(Spe	mount ecify SF or LF)	R E M O V	R E P A I R	E N C A P S U L	ENCLOSUR
		YES		N/A						0.50		L		E	Е
Exterior			X		Asbestos	siding		-		250	U sf	X			
N	-		D.W. 0.			-	N CD		1CII						
	Hauler ontracting, Inc.	N	JDEP Waste F 202	.23		oic Yard	s of Wast		Name of Registe T.R.R.F.	red Land	0 TIII				
City, State Toms River	, New Jersey			Disposa 9/26/1			City, Sta Tullyto		Pennsylvania	10					
Completed by (Print or Ty Nicholas Fer	pe)	Title Projec	t Manager		Signature	100	hat	1	Le	1		Date 9/22	2/2014	4	
		*D	o not use thi	s form	for asbestos	licensi	ıre exem	pted	activities.						

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) September 19, 20	14	Name of Building		rcola Enterprises	51.77	2	5 2	21-	7
	tion Notification nded Notification	Street Address	POB	ox 790	SEP 25 PA	1 4: 3]		
[] Emer	ndment # gency (including	City, State, Zip Co.			4 LIO.				
[x] DOH justif	ication) Hold	Name of Contact Fernan	ndo	Te	elephone Number			1	
	FA	CILITY INFORM	IATION						
Name of Facility Where Abatement is Taking Residence garage				Type of Facility (4)	School (k-12)				
Street Address 1307 Millcreek Ro	oad			[x]	Subchapter 8 (of Other (i.e., priva homes, etc.)		- 0.5	ial build	lings,
City	County (6)	County Code (7) (STATE USE ONL)	Y)	Square feet 1000 sf	# of Floors 1	Bldg		50	
Beach Haven West	Ocean			Current Use (Prior if Residen	0.70)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCM No.	Name of	Abatement Contractor (Inc			
Street Address			Street Ad	dress	oute 9, Unit 61				
City, State, Zip Code	-		City, Stat	e, Zip Code					
Project Manager for Monitoring Firm	Telephone Number		Telephon 732-349	e Number	iver, New Jers License N 00624		55-1	271	
Scheduled Start Date (10) 9/19/14	Scheduled Comple 9/22/14	tion Date (11)		OSHA Monitor	. Analytical				
Occupancy Status During Abatement (Check [X] Facility Closed/Vacated			Street Ad	dress 1056 Str e, Zip Code	elton Road way, New Jerse	ey 0885	54		
Scope of Work (Check all that apply) $[] $	[] Renov		[] [] [x]	Full Containment of Mini-Enclosure Glovebag Procedur Non-Exempted (*)	re		re		
						Abate	ment '	Туре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Ast l (i.e inst	Description bestos-Con Material (A ., thermal s ulation, sur VAT, or er miscella	taining CM) systems facing,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior	X	Asbestos sidir	ıg		200 sf	X			
		 							
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haule	er ID No. Cubic Ya	ards of Waste	e Name of Register T.R.R.F.	ed Landfill			l	
City, State Toms River, New Jersey		osal Date	City, Sta			-			
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	- fort	1	1	9/19/2	2014		

313-NJ-14

Date of Notification (09/19	/2014				e of Buil ugo Rea			erator (2)						
Agencies Notified	Notificat (x) Initia	ion Ty	ре		Stree	t Addres	SS	Place #	7	Des e or					
(X) EPA () DEP (x) DOL	() Ame Ame	nded ndme	nt#	lina		State, Z saic, NJ				a A	3.4 1.4	- 			
(x) DOH () DCA	() Eme justit () Cand	icatio	n)	ang		e of Con e Knud				,	·	Tel. Nû	mher		
						ITY INF	ORM	ATION							
Name of Facility Whe	ere Abaten	nent is	Taking	Place	(3)					Facility (
Street Address 1 Church Street	1.								() Subo (x) Othe		(other	than K-12 commerc		dings	,
City (5) Sea Bright									Square	Feet	# of l	Floors	Bldg	. Age)
County (6) Monmouth						ty Code ONLY)	(7) (5	STATE	Current	Use (Prid	or if bei	ng demol	ished)		
Name of Monitoring F	irm Hired	by Bi	dg. Owr	ner (8)	ASC	M No.			of Contract Sons, LLC						
Street Address								Street A	Address ver Drive						
City, State, Zip Code				ħ.					ite, Zip Co d, NJ 070						7000
Project Manager for I	Monitoring	Firm	Tele	phone	Number	г			one Numbe 85-9791	er		License 01191		er	*5
Scheduled Start Date 10/06/2			Sche		ompletio /06/20	n Date (1	11)	Name of Testor	of OSHA M Tech	lonitor					
Occupancy Status Di	uring Abat	emen	t (Check	only or	ne)			Street A	ddress Jackson A	Avenue					16
(x) Facility Closed/Va() Abatement Perfor() Other – Describe:	med Outs					ent		City, Sta	ate, Zip Co	ode	101				
Source of Work (Che		apply)	***											
(x) ≥ 3 sf or ≥ 3 lf (x) ≥ 160 sf or ≥ 260			() F	Renovat Demolitio		±1		() Mir () Glo	ll Containn ni-Enclosu ove bag Pr n-Exempte	re ocedure				re	
			1 567	Location								Ab	ateme	nt Ty	pe
Location Asbestos-Contain (ACM) TO BE ABA in Facili (13)	ing Materi	ai	Ma	rmally U Solely b aintenar atodial S (12)	y ice/	Cont	aining rmal s urfacir		(ACM) (i.ensulation, or other	. (8	mount Specify or LF)		Repair	Encapsulate	Enclosure
(13)			Yes	No	N/A		11113	scellal leo	us)					6	
Exterior Siding					Х	Aspha	alt Asb	estos Ba	rrier Pape	18	300 SF	X		-	
							-			-		+	+	-	
							-					-1	+	-	
Name of Reg. Waste Cid & Sons, LLC	Hauler		NJDEF	Waste 329		r ID#	Cub	ic Yards o		Name of G.R.O.		Landfill Waste N	/lanag	eme	nt
City, State Garfield, NJ							Disp	osal Date		City, St.		A			
Completed by Roque Schipilliti Jr	Title	Pro	ject Ma	anager		Sign	ature	Bou	Alle	UM)		Date	/19/20	014	

NO CK

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

Date of Notification (1)			11 1935		Name	of Building	Owner/Operator (2	2)	18 W. 18				
	19 /	14	_		Ridg	ge Cross	ing, LLC	G CER II	פר פאו	r			
Agencies Notified	Type Notific	ation			Street	Address		<u>ผู้นำใ</u> น	SEP 25 PM	ين با ال	,		
1 (2)					P.O.	Box 100	9						
☑ DOLWD					City, S	tate, Zip C	ode		1	1	1		
☑ DOH	Amendm	and a subsection	- N. Y. Y.			onne, NJ		: Life					
DCA (NJAC 5:23-8)	Emergen justificati		cluding		L	of Contact			Telephone Numb	er			
	☐ Cancella					hael Riel				-			
		-					FORMATION						
Name of Facility Where At	natement is	Takino	Place	(3)	FAC	JILITI IIV	FORWATION	Type of Facility (4)				\dashv
Building 18A	Jatement is	raking	1 lacc	(3)			M. 39	School (K-12	\$15				
Street Address								Subchapter 8	(Other than K-12)				
590 Belleville Turnpi	ike							Other (i.e., pr homes, etc.)	ivate and commer	cial bui	lding	S,	
City (5)								Square Feet	# of Floors	Bld	g. Ag	je	
Kearney, NJ 07032													
County (6)	-	-			Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Hudson	. T	T.											
Name of Monitoring Firm F	Hired by Buil	dina C)wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Bio Terra Solutions		3	,	,			ALL PRO MA	NAGEMENT L	LC				
Street Address		-					Street Address						
P.O. Box 1224							27 Outwater	Lane					
City, State, Zip Code							City, State, Zip Co				0		
Union, NJ				188 169		Garfield, NJ							
Project Manager for Monit	orina Firm	-		Tele	phone	No.	Telephone No.		License No.				***
Rick Eustaquio				30,00000	73-494		973-928-4888		1188				
Start Date (10)		Sched	luled C	omple	tion Da	te (11)	Name of OSHA N	Monitor					
10/_06_/	14	0	3_ /	12	2 1	15	ALL PRO MA	NAGEMENT L	LC				
Occupancy Status During	Abatement	(Checl	c only o	one)		5111111 × 1000	Street Address		5.4				
☐ Facility Closed/Vacated					ment	*	27 Outwater	Lane					100
☐ Abatement Performed							City, State, Zip Co	ode					
Time of Abatement:	AM	PI	VI/	_PM		AM	Garfield, NJ	07026					
Scope of Work (Check all	that apply)							Sales Carres					
	88.56				0.00000			tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			☐ Re	novat			☐ Mini-End	a Procedure					
☑ ≥100 St Of ≥200 II					Non-Exempted (*) and Non-Friable Procedure								
			10000	Loca						Aba	atem	ent T	уре
Location of				Norma	aly by	Asha	Description of estos Containing Ma		Amount	Re	Re	Ē	四
Asbestos-Containing N TO BE ABA		VI)	Ma	intena	ince/		a, thermal systems		(Specify	Removal	Repair	cap	Enclosure
IN Facility	1		Cus	todial (12)	Staff?		surfacing, VAT		SF or LF)	<u>8</u>		Encapsulate	ure
(13)			Yes	No	N/A		other miscellane	ous)	26			6	
Throughout 2 st Floor		-		П	\boxtimes	Floor T	ïles		1805 SF	Ø		\boxtimes	\boxtimes
2st Floor Ceiling				In			essed Board Ce	iling Tiles	1805 SF	\boxtimes		\boxtimes	\boxtimes
Main Entrance Highes	t Roof			H		Roofing			4490 SF	\boxtimes		\boxtimes	\Box
Lower Warehouse Ro		HES - SOFT				Flashn			430 LF		П	\boxtimes	
Name of Registered Waste		-			JDEP \		Cubic Yards of	Name of Regis					
Newark Carting	o i iauloi			0.00	tauler II	O No.	Waste	IESI Landi					
					04509	9	As Needed	City, State				77-77	
City, State							Disposal Date TBD	Bethlehen	РΔ				
Newark, NJ								Demienen		250	,	7	
Completed By (Print or Ty	pe)	Title					\$ighature)) [.	_ . Da	ate O	110	7/1	1
Allen Monchik		Project Manager								7/	11	//	7

NO CK

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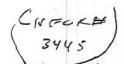
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)					Name	of Buildin	g Owner/Operator	(2)								
/	12 /	14	_		Rid	ge Cross	sing, LLC	2814 SE	P 25 PM 6:			90				
Agencies Notified	Type Notific	cation			Street	Address			•							
⊠ EPA					P.0	. Box 10	09	A.	9							
☑ DOLWD	Amende Amendn				City, State, Zip Code											
□ DCA	☐ Emerge		ckudina		Bay	Bayonne, NJ 07002										
(NJAC 5:23-8)	justificat		Jidding		Name	Name of Contact Telephone Number										
	☐ Cancella	ation			Mic	hael Rie	la									
	-				FA	CILITY IN	IFORMATION									
Name of Facility Where A	Abatement is	Taking	Place	(3)				Type of Facility								
Building 18A								School (K-12	2) 8 (Other than K-12)				12			
Street Address								Other (i.e., p	orivate and commerce	cial bu	ilding	s,				
590 Belleville Turnp	oike						46	homes, etc.)	_		25				
City (5)						#C.18104		Square Feet	# of Floors	Bio	dg. A	ge				
Kearney, NJ 07032											5500 est. et a					
County (6)					Cour	ity Code (7	r)(STATE USE ONLY)	Current Use (Pr	rior if being demolis	hed)						
Hudson							#0									
Name of Monitoring Firm	Hired by Bui	lding C	wner (8)	ASCM	No.	Name of Abatem	nent Contractor (9))							
Bio Terra Solutions	15						ALL PRO M.	ANAGEMENT L	LC							
Street Address			4				Street Address		- A							
P.O. Box 1224						sar 1	27 Outwater	Lane			935					
City, State, Zip Code							City, State, Zip. C	Code			*		- 8			
Union, NJ							Garfield, NJ	07026								
Project Manager for Moni	toring Firm			Tel	ephone	No.	Telephone No.	8 5/7	License No.		:		t			
Rick Eustaquio				9	73-494	-3762	973-928-488	8	1188							
Start Date (10)		Sched	uled Co	ompl	etion Da	te (11)	Name of OSHA	Monitor					15			
09 /12 /	_14_	_0	3_/	1	2 / -	15	ALL PRO M	ANAGEMENT L	.LC							
Occupancy Status During	Abatement	(Check	only o	ne)			Street Address									
☑ Facility Closed/Vacate	신기를 먹었다고 있었다. 프로그램 선계를						27 Outwater	Lane								
Abatement Performed							City, State, Zip C	Code				1/4				
Time of Abatement: _	AIVI	PN	W	_PIV	·	AIVI	Garfield, NJ	07026								
Scope of Work (Check all	that apply)						Ø Fall Co.	stainment with No	active Process							
☐ ≥3 sf or ≥3 lf	162		Re	nova	tion		☐ Mini-En	ntainment with Ne Iclosure	galive Pressure							
≥160 sf or ≥260 lf			⊠ Dei				Gloveb	ag Procedure								
2							☑ Non-Ex	empted (*) and No	on-Friable Procedur	-						
1		P 3		Loca lorma			Description	of		Ab	atem	ent T	ype			
Location Asbestos-Containing I		M)	Use	d Sol	lely by	Asbe	estos Containing M		Amount	Re	Repair	Enc	E			
TO BE ABA	TED	1			ance/ Staff?		e., thermal systems	s insulation,	(Specify	Remova	air	aps	Enclosure			
IN Facilit	ty		Cusi	(12		-	surfacing, VA other miscellan		SF or LF)	<u>m</u>		Encapsulate	-E			
(13)			Yes	No	I Visit State	1	Otrei miscenan	eousj				e e				
Throughout 2 st Floor					\boxtimes	Floor T	iles		1805 SF	\boxtimes		\boxtimes	\boxtimes			
2st Floor Ceiling					\boxtimes	Compr	essed Board Ce	eiling Tiles	1805 SF	\boxtimes		\boxtimes	\boxtimes			
Main Entrance Highes	st Roof				Ø	Roofing	9		4490 SF	\boxtimes		\boxtimes				
Lower Warehouse Ro	oof					Flashn	g		430 LF	\boxtimes		\boxtimes				
Name of Registered Was	te Hauler			1	NJDEP 1	Waste	Cubic Yards of	Name of Regi	stered Landfill							
Newark Carting				1	Hauler II 04509		Waste As Needed	IESI Land	fill							
City, State	-		- W- - A		U45U3	-	Disposal Date	City, State		2001000000						
Newark, NJ							TBD	Bethlehen	n, PA				9			
Completed By (Print or Ty	/pe)	Title					Signature	10 11	· Da	te/,	1	1	,			
Allen Monchik		Pr	oject	Mar	ager		(00)	en ya	~ 9	2//2	-//	4				

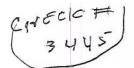
CNECK#

SIZE OF NOW JOINEY HOTHCATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

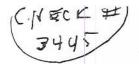
				(Pursuant to NJAC 8:60 and 12:120)										
	Date of Noutication (1)	125/14		Name of Building Owner Operator (2) MEU + MACHINESSEP 25 FM 4: 31										
SEF	Agencies Novined	Type Nothcason		Steel Address FREMONT AVE.										
	D 84 1	Simeal S	-				10-1-							
		Amendment #		Chy, Salo, Dr	000 BING	= , N. W.	08270							
	i	Emergency (In justification)	Smind	City, State, Zip Code W 06 9 610 E, N. J. 18270 Name of Contact.										
	□ 00 h □ 00 h	Cancellation		41	51									
		ļ		EACIL ITY IN	FORMATION			=						
		Yahini	n Diace [3]			Type of Facility	(4)							
	Name of Facility Where	1DENCE	9 1 800 (3)			School (K-12)							
						(Other than K-12)	i Libulangs							
	Street Address	15 PLEISUE	E ANE			homes, etc.)	T # of Floors	Bldg Age						
	Production of the Control of the Con					Square Feel	2	40 t						
	Ciry (5) SEA	THUE CIT	·/			1000	for if being demolis	ned)						
				County Code	(7) (STATE		CANT							
	County 16) CAP	IF MAY		USE OHLY)	7115110	meni Convador (9								
	Name of Marioning Fir	Th Hired by Building	Owner	ASCAL HO.	Name of Abate	100 EN	ici							
	(8)	V/A			<u> </u>									
	Street Adoress	1			369	S. SPRU	CE AVE.							
					City. State, Zip	C∞e	_							
	City State Zip Code				MA	DPLI SHPDE, ND JOS								
	1		T Yel	ephone No	Teleprone No.	0. 779-0472 00444								
	Practi Hanager la M	lonilonna Firm			856-7	7 1 1 2 1 2 - 1 = - :								
	i	LScha	Muted Comple	elion Date (11)	Harrie of OSH	EPKHLEM M								
	Stan Date (10)	141	0/12/	14		MKM CCI								
	10/5/	1 1	1 - 1											
		Abolement (Che	eck only one)		Sueel Addres	5 COOLIG	EAUE.	-						
	Ov	ring Abalement (Che	eck only one)		3699	SISPILUC								
	Occupancy Status Du	- alad Dunno Engle F	eck only one)	ement	3699	SISPILUC		08052						
	Coupancy Status Du R Facility Closed Vac	ning Abatement (Che caled During Entire P ned Outside of Norm	eck only one)	ement	369 Ciry. State, Age	SCORE SHAD	E, N, J,	08052						
	Coupancy Status Du Facility Closed Vac Abatement Perform Other - Describe	caled During Entire r	eck only one)	ement	369 Ciry. State, Age MDB	COOLE SHAD	E, N, J,	08052						
	Coupancy Status Du Facility Closed Vac Abatement Perform Other - Describe Scope of Work (Chec	taled During Entire r ned Outside of Norm	eck only one) renicd of Abat al Facility Hot	niz ement	369 Cay, State, Ag	Containment with N	egabye Pressure							
	Coupancy Status Du Facility Closed Vac Abatement Perform Other - Describe Scope of Work (Chec	taled During Entire r ned Outside of Norm	eck only one) lencd of Abat al Facility Hot	niz ement	369 Cay, State, Ag	COOLE SHAD	egabye Pressure							
	Coupancy Status Du Facility Closed Vac Abatement Perform Other - Describe	taled During Entire r ned Outside of Norm	eck only one) renicd of Abat al Facility Hot Renova Demodia	ement	369 Cay, State, Ag	Containment with N	egabye Pressure	oure						
	Coupancy Status Du Facility Closed Vac Abatement Perform Other - Describe Scope of Work (Chec	taled During Entire r ned Outside of Norm	Renova Demodi	ement Jirs Jilion Son Jian Jihy	Sale, Age Man.	Code Containment with N Encrosure ebag Procedure Exempted (1) and the	egabye Pressure	oure Abatemer.						
	Coupancy Status Do Facility Closed Vac Abatement Perform Other - Describe Scope of Work (Check 23 \$1 0: 23 II 2160 \$1 0: 2260 II	ned Outside of Norm	Renova Demodic Used Sol	ement urs	J 6 9 Consisted	Code Containment with N Encrosure ebag Procedure Exampled (1) and the	egabye Pressure	AD aterrer.						
	Coupancy Status Du Facility Closed Vac Abatement Perform Other Describe Scope of Work (Check 23 \$1 0: 23 2160 \$1 0: 2260 Locality Locality	on of Material (ACM)	Renova Renova Demolit Used Sol Maintend Custox	ement urs stion wn like hy by ance! Ast	City, State, Zig	Code Containment with N Encrosure ebag Procedure Exempted (') and the Material (ACM) This insulation. AT, of	egabye Pressure	AD BLEFTICK						
	Coupancy Status Du Facility Closed Vac Abatement Perform Other - Describe Scope of Work (Check 23 \$1 0: 23 2160 \$1 0: 2260	on ol SATED	Renova Demodi Used Sol Hainten	ement urs uition to the property of the prope	J 6 9 Consisted	Code Containment with N Encrosure ebag Procedure Exempted (') and the Material (ACM) This insulation. AT, of	egabye Pressure	AD BLEFTIC C.						
	Coupancy Status Du Facility Closed Vac Abatement Perform Other Describe Scope of Work (Check 23 \$1 0: 23 2160 \$1 0: 2260 Aspestos Containny TO BE A	on of Material (ACM)	Renova Renova Demolity Is Loca Normal Used Soll Mainten Custor Staff (12)	ement uns	City, State, Zig	Code Containment with N Encrosure ebag Procedure Exempted (') and the Material (ACM) This insulation. AT, of	egabye Pressure	Apatemer 1 px Pagen Village Removal						
	Coupancy Status Do Facility Closed Vac Abatement Perform Other Describe Scope of Work (Check 23 \$1 0: 23 2160 \$1 0: 2260 Aspestos Containur TO BE A IN Fa	on of Material (ACM)	Renova Renova Demolit Used Soil Maintena Custor Staff	ement uns	City, State, Age City, State, Age Full (Containment with N Encourse ebag Procedure Exempted (1) and it not Material (ACM) its insulation. AT, or anexus)	egabye Pressure	AD BLEMEN						
	Coupancy Status Du Facility Closed Vac Abatement Perform Other Describe Scape of Work (Check 10 81 or 2360 II Aspestos Container TO BE A IN Fa	on of same (ACM)	Renova Renova Demolity Is Loca Normal Used Soll Mainten Custor Staff (12)	ement uns	City, State, Zig	Containment with N Encourse ebag Procedure Exempted (1) and it not Material (ACM) its insulation. AT, or anexus)	egabye Pressure Non-Friable Proces Amount (Specify SF or LF)	Apatemer 1 px Pagen Village Removal						
	Coupancy Status Do Facility Closed Vac Abatement Perform Other Describe Scope of Work (Check 23 \$1 0: 23 2160 \$1 0: 2260 Aspestos Containur TO BE A IN Fa	on of same (ACM)	Renova Renova Demolity Is Loca Normal Used Soll Mainten Custor Staff (12)	ement uns stillon con light by shock Ast	City, State, Age City, State, Age Full (Containment with N Encourse ebag Procedure Exempted (1) and it not Material (ACM) its insulation. AT, or anexus)	egabye Pressure Non-Friable Proces Amount (Specify SF or LF)	Apatemer 1 px Pagen Village Removal						
	Coupancy Status Du Facility Closed Vac Abatement Perform Other Describe Scape of Work (Check 10 81 or 2360 II Aspestos Container TO BE A IN Fa	on of same (ACM)	Renova Renova Demolity Is Loca Normal Used Soll Mainten Custor Staff (12)	ement uns stillon con light by shock Ast	City, State, Age City, State, Age Full (Containment with N Encourse ebag Procedure Exempted (1) and it not Material (ACM) its insulation. AT, or anexus)	egabye Pressure Non-Friable Proces Amount (Specify SF or LF)	Apatemer 1 px Paper William						
	Coupancy Status Du Facility Closed Vac Abatement Perform Other Describe Scape of Work (Check 10 81 or 2360 II Aspestos Container TO BE A IN Fa	on of same (ACM)	Renova Renova Demolity Is Loca Normal Used Soll Mainten Custor Staff (12)	ement uns stillon con light by shock Ast	City, State, Age City, State, Age Put (Min. Glove Non- Oescapto estos Containing e. Vierrai syster surlaung. V other myscella	Code Containment with N Enclosure ebag Procedure Exempted (') and the Material (ACM) as insulation. AT, of anexus)	Amount (Specify SF & LF)	Apaierre C. Apaierre C. Rapaul Hamoul X						
	Company Status Du Facility Closed Vac Abatement Perform Other Describe Scope of Work (Check 23 \$1 or 23 ft 2160 \$1 or 2260 ft As Desios Container TO BE A IN Fa	on of Material (ACM) BATED Outy (A	Renova Renova Demolity Is Loca Normal Used Soll Mainten Custor Staff (12)	emeni Jis Jis Jis Jis Jis Jis Jis J	City, State, Zigner State, Zigner State, Zigner State, Zigner State, Zigner State, Zigner State, Zigner State, Zigner Myscodia State, Zigner Myscodia Cubic Yards	Code Containment with N Enclosure ebag Procedure Exempted (') and the Material (ACM) as insulation. AT, of anexus)	Amount (Specify SF & LF)	Apaterro C. Apaterro C. Hermouli						
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Dare of Notification (1	1/23/14		T	Name	of Buildin	ng Owner/Operator	(2) 2014	SEP 25 FM	[4: 17					
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