

Date of Notification (1) 9 /	24 /	13					ng Owner/Operator (Corporation Inc.	2)	ERBI	WED	
Agencies Notified	Type Notific	ation				Address				<u> </u>	
⊠ EPA	☐ Initial					1 Legac	v Drive		-		
⊠ DOLWD						State, Zip			SEP 2 6 2	013 . 5//-	-
☑ DHSS ☑ DCA	Amendm		5 K			no, TX					
(NJAC 5:23-8)	☐ Emerger justificati		ciuaing	3		of Contac		7 er	Telephone Num	ber -	
	☐ Cancella				Soy	/ Thoma	s				
					FA	CILITY IN	NFORMATION				
Name of Facility Where A	Abatement is	Taking	Place	(3)				Type of Facility	(4)		-
Ocean County Mail								School (K-12			
Street Address									3 (Other than K-12		
1201 Hooper Avenu	ıe							homes, etc.)	rivate and comme	rcial buildings,	
City (5)							*****	Square Feet	# of Floors	Bldg. Age	_
Toms River								150000	2	75	
County (6)					Cour	ty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	shed)	
Ocean											
Name of Monitoring Firm	Hired by Buil	ding C	wner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)	// ****		
Hillmann Consultin	g LLC				6225	52	JVN Restorat	tion Inc			
Street Address							Street Address				_
1600 Route 22 East							47 Foster Ro	ad			
City, State, Zip Code							City, State, Zip Co	ode			
Union NJ 07083							Staten Island				
Project Manager for Mon	itoring Firm			Tele	phone	No.	Telephone No.		License No.		
Tom Rubino				90	08-956	-1233	718-605-6256		00774		
Start Date (10)		Acceptant.	Title Broom, a con-		tion Da		Name of OSHA M				
7/10/					_ / _	13	Testor Tech				
Occupancy Status During							Street Address		5		
☐ Facility Closed/Vacate							10 59 Jackso	n Avenue			
							City, State, Zip Co				
			W_10.0	OF IVI	0.00AI	<u>er</u> \(VIAI	LIC, NY 1110	1 🐰			
Scope of Work (Check al	that apply)						П Б.:II О	-i	6		
≥3 sf or ≥3 lf			☐ Re	novati	ion		☐ Mini-Enc	ainment with Neg losure	jative Pressure		
≥160 sf or ≥260 If			☐ De	molitic	on		Glovebag				
			le	Locat	ion		⊠ Non-Exe	mpted (*) and No	n-Friable Procedu		
Location	of			Vorma			Description o	,		Abatement Typ	ре
Asbestos-Containing	Material (ACM	1)		d Sole		Asbe	estos Containing Ma		Amount	Encaps Repair Remov	Ē
TO BE ABA				intena todial			e., thermal systems i	nsulation,	(Specify	Encapsu Repair	Enclosure
(13)	.y			(12)]	surfacing, VAT, other miscellane		SF or LF)	Encapsulate Repair Removal	ure
			Yes	No	N/A					6	
1 st Level Furniture De	ept.			\boxtimes		VAT/M	ASTIC		10,000SF		
2 nd Fl Optical/Photo S	Shops					VAT/M	ASTIC		2,360SF		
2 nd FI Dressing Room	i					VAT/M	ASTIC		200SF		
											П
Name of Registered Was	te Hauler			N	JDEP V	Vaste	Cubic Yards of	Name of Regis	tered Landfill	1010101	==
Global Waste Indus	tries, Inc.			Н	lauler II		Waste	G.R.O.W.S			
City, State					NJ-22	14/	80 Disposal Date	City, State			
Hackettstown, NJ							10/31/13	Morrisville	PA		
Completed By (Print or Ty	rpe)	Title					Signature)	Da	te	_
John Tardy	E-7/	22226.000		Proie	ct Mar	nager	Jigilatule /	auch	1		2
ASB-41					J. 10101			0000		7/24/1	2
MAY 11		* E	Do not	use th	is form	for asbes	tos licensure exemp	ted activities.	1	1 1	



Date of Notification (1)				Name o	of Building	g Owner/Operator Perth A	(2) mboy Tér	minal (LI	JC .		11	3	
9-23-13 Agency Notified	Type Notification		\dashv	Street /	Address			11-15-0	-			-	
DKEPA	Ճ Initial			1 G	reen	way Plaza	Suite	6.0.0			_		1
Q€DEP	☐ Amended		Ī	City, St	ate, Zip (Code L. TX 770	46	SEP	2 6	201	3		
E DOL	Amendment # Emergency (includi	ng	L			(X	- 1	Telephone Num	hor	19			-
DKDCA	justification) □ Cancellation				of Contact Leel		}	Telegricula man				- 43	
				FACIL	ITY INF	ORMATION			and the state of	-			2000
Name of Facility Where	Abatement is Taking Pla	ice (3)		55555			Type of Facility	(4)					\neg
Buckeye Pert	h Amboy Ter	min	al				☐ School (K-12	2)					
Street Address 380 Maurer	Road							8 (Other than K-12 rivate & commercia)		gs,			
City (5)		31 10000			T-21-MISSIEMS		Square Feet	# of Floors	Bldg.				
Perth Amboy			ACCOLUMN				7500] 1	+/-	1(0		
County (6)				County ONLY)) (STATE USE		rior if being demoli	shed)				
Middlesex							pipe ra				-	,	
Name of Monitoring Firm		er /	ASCM	No.		Name of Abatem		9) ntal Serv	ri ces		Тт	20	
(8) Finog Envi	ronmental							illai serv	ices	,	Τ1	10	•
	Road, Suite	4 - 3	318	1			aley Str	reet					
City, State, Zip Code Medford, NJ	08055					City, State, Zip (Philadel		A 19137					
Project Manager for Mor				ne No.	5	Telephone No.		License No.					
Mark Rubine			201011		2211			01166					
Start Date (10) 9-26-13	Scheduled C 10-4-1	-	ion Da	ate (11)		Name of OSHA Finog Er		ntal					
Occupancy Status Durin	g Abatement (Check on	ly one)				Street Address	D 1	G! 1	210				
☐ Facility Closed/Vacate ☐ Abatement Performed	Outside of Normal Fac	lity Hot		t		City, State, Zip C Medford,	Code	, Suite 4	-318				_
☑ Other – Describe: OU		aı				Mediora,	100 000.						_
Scope of Work (Check a □ ≥ 3 sf or ≥ 3 lf	ii that apply)				ovation	☐ Mini-	Enclosure	n Negative Pressur	е				
<u>ज</u> ू≥ 160 sf or ≥ 260 lf				© kDem	HOITION		ebag Procedure Exempted (*) an	d Non-Friable Prod	cedure				
		Is	Locat	tion			3			Al	Typ		rt
Location	on of		lorma d Sole			Description	of				1		П
Asbestos-Containin	g Material (ACM)	Mai	intena	ince/		stos Containing Man, thermal systems	aterial (ACM)	Amount (Specify		,	_	E	Ф
TO BE A		C	ustod Staff		(1.6	surfacing, VAT	Γ, or	SF or LF)		Removal	Repair	ncapsulate	nclosure
(13)		(12)			other miscellane	eous)			val	=	ulate	ure
		Yes	No	N/A								"	
pipe rack in	tank #26		-	х	pip:	ing		601f		x			
													_
				-							4		_
Name of Decision 2001	eta Haules	1 51 1	DED	Waste H	loules	Cubic Yards of	Name of Dog	stered Landfill					
Name of Registered Wa			No.	vaste r	laulei	Waste							
Service Tran	ısport						A & L S	aivage					
City, State Morrisville	. PA					Disposal Date	City, State Libson	, OH					
		2. 00000			/	Signature	7		Date				-
Completed by Jennifer Ni	ven Dir. of	op	era	atio	ns (Jan			9-24	4 -	13		

ASB-41

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

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Date of Notification (1) 9/43//3				wner/Op	erator (2)						. !	
Agencies Notified Type Notification				ROAD	Y			SEP	2 6	2013	1	ن	- Characterist
DEP Amended					NJ. 07	080	-,			1.	ل. غان _		Takine entern
Emergency (in justification)	cluding		Contact	w	7001	TAR		Telephor	e Numb	ег	-		4
Cancellation		1	ITY INFO			1716-6	16			-		_	=
Name of Facility Where Abatement is Taking	Place (3)	1701				Type of F	acility (4)						
PSE+6-	Name of Building Owner/Operator (2) P.S.E.G.												
Street Address 205 WALTER	e 5	T.				Othe etc.)	er (i.e. priv	rate & con	nmercial		(2)		3,
City (5)		•			- 1			# of Floo	rs			- 1	i Ac
County (6)		County 0	Code (7)					if being de	emolishe		×	50)	(KS)
					-		Sw	,TC:	Η	5	TAI	10	O
	wner (8)								RICA				
Street Address							IEAD A	/E.					
				-									
MATAWAN, NJ 07747							ER, NJ (amaa Na				
Project Manager for Monitoring Firm TOM GEIGER							0	LIC					
Start Date (10)	Scheduled C	/ /						OF AME	ERICA				
Occupancy Status During Abatement (Check	Only One)	4/						<i>/</i> F			S-00-1005		
Abatement Performed Outside of Norm	al Facility Ho	UES	7	,	11-1000-00-00-00-00-00-00-00-00-00-00-00	VALUE OF TAXABLE		VE.					11
Other - Describe: Occupied la	y Necess	very oft	ralous	rely	SOUT	TH RIVI	ER, NJ	08882					
Scope of Work (Check All That Apply)	urd.										_		
					M	Mini-E	nclosure		gative Pi	essur	е		
	_					Glovel Non-E	bag Proce exempted	edure (*) and No	n-Friabl	e Prod	edure	3	
	ls Lor	ration						1 /			Abate	ment	
Location of	Nom	nally		Des	scription	of					ıy	pe	
Asbestos-Containing Material (ACM)								300		R		Enc	g
In Facility			(1.0.	surfac	cing, VAT	T, or	.,,			emo	Repa	apsı	clos
(13)	-		-	other n	niscellan	eous)				val	₹	Jlate	le.
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CONTROL HOUSE	X	4	ACM	1 (4B/E	Soc	K	20	LF_				
							1000	\i_t	Locaten				
Name of Registered Waste Hauler		Hauler ID		of Was	ste								
		1125				2	×						
City, State ELIZABETH, NJ				10	/3//	3 1	MORRIS	SVILLE,	PA				
Completed by CAROL RAIMO	1.0000000000000000000000000000000000000	E MGR.		S	Signature	al	Lai	Mã	Da	te //	12	/,	3
C. II (CE 10 IIII)					-w		nac	1100		101	7		_

B & G proj. #: 2013-188

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Monitoring Firm India Dep Dot Cancellation Type Notification Street Address Hathaway Lane SEP 2 6 2013 Street Address Street									Cl	neck #	6146				_
Septiment Sept	Date of Notification	1 (1)	111	lame of Bu	ilding Own	er/Operator (2)		F ₂	1 4	17.5				
Agencies Notified Sys Notification Find Find	019/12/3	3/1/3	- 11				,		01.00	*					
EPA ORP DRA ORP DRA		Type Notificati			2010/00/00/00/00/00/00										
Verona, NJ 07044 Verona, NJ 07045 Verona Ver		Initial		1 Hatha	way Lan	e `		. SEF	2 6 201	3 .	1				
DCA	DOL.	Amendr				44			3 ₄ 8						
DCA	☑ DOH			ame of Co	ntact			L	√Tele	phone	Number	_			
Name of facility where abatement is taking place (3) Jennifer Forino Sireet Address 1 Hathway Lane City (5) Vertona Essex County (6) County (7) County (8) County (8) County (9) County (10) Co	DCA	L Cancella	ition	Jennife	er Forino							_			
Jennifer Forino				\$	FAC	ILITY INFORM	ATION	I							
Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Chere (Private Commercial Bidgs. Homes, etc.	Name of facility wi	here abatement is	s taking pla	ice (3)											
County (6) County (6) County (7) County (8) Cou	Jennifer Forin	10							=			41	1/	40)	
Hathaway Lane	Street Address													12)	
City (5) Verona County (6) Essex Square Feet # or Frioris eligy. Age Essex Name of Monitoring Firm Hired by Bidg. Owner (8) N/A Street Address To Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Cocupancy Status During Abatement (Check only one) Feeting Cocupancy Status During Abatement (Check only one) Feeting Address 10/O4/2013 Cocupancy Status During Abatement (Check only one) Feeting Address 10/O4/2013 Tully Own Resource & Recovery Center Tullytown, PA Date Completed by (Print or Type) Title Feeting Address 10/O7/2013 Tullytown, PA Date	(2) (2) (2) (3)	ane						1	В	ldgs./H					
Name of Monitoring Firm Hired by Bidg. Owner (8) N/A				- /6\			_		Square Fe	et #	of Floors		Blo	ig. A	ge
Name of Monitoring Firm Hired by Bidg. Owner (8) N/A Street Address City, State, Zip Code City, State C			Cour	ity (6)			10.000000		0		a if haina		aliaba	الم	
Street Address City, State, Zip Code Cincoln Park, NJ 07035 Telephone Number 973-696-6869 0378 Name of OSHA Monitor B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number 973-696-6869 0378 Name of OSHA Monitor B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number 973-696-6869 0378 Name of OSHA Monitor B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number 973-696-6869 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number 973-696-6869 10378 Name of OSHA Monitor B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number 973-696-6869 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number 973-696-6869 10378 Name of OSHA Monitor B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Lincoln Park, NJ 07035 Telephone Number 973-696-6869 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Lincoln Park, NJ 07035 Telephone Number 973-696-6869 10378 Name of OSHA Monitor 105 Ryerson Road City, State Lincoln Park, NJ 07035 Telephone Number 105 Ryerson Road City, State Lincoln Park, NJ 07035 Telephone Number 105 Ryerson Road City, State Lincoln Park, NJ 07035 Telephone Number 105 Ryerson Road City, State 106 Ryerson Road City, State 107 Ryerson 107 Ryerson Road City, State 107 Ryerson 107 Ryerson 107 Ryerson					38	2	(Gla		resident	ial	or it being	aem	olisne	·a)	
Street Address City, State, Zip Code City, State City,	Name of Monitorin		Bldg. Owne	er (8)		ASCM No.		Name of Abatement	Contractor (9))					
City, State, Zip Code Project Manager for Monitoring Firm		N/A							on, Inc.						
City, State, Zip Code Project Manager for Monitoring Firm Phone Number City, State, Zip Code Lincoln Park, NJ 07035	Street Address				*1.										
Lincoln Park, NJ 07035 License Number 973-696-6869 0378	City State Zin Coo	No.					_				-			-	
Project Manager for Monitoring Firm Phone Number 973-696-6869 Name of OSHA Monitor B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Crawl space Non-friable procedure	City, State, Zip Coo	16													
Scheduled Start Date (10) 10/04/2013 Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: Other-Describe: Scope of Work (check all that apply) Demolition Renovation Full Containment w/negative pressure Glovebag procedure Full Containment w/negative pressure Glovebag procedure Full Containment w/negative pressure Glovebag procedure Non-friable procedure Location of asbestos-containing material to be abated in facility (13) Full Containment w/negative pressure Glovebag procedure Description of asbestos-containing material to be abated in facility (13) Full Containment w/negative pressure Glovebag procedure Description of asbestos-containing material to be abated in facility (13) Full Containment w/negative pressure Glovebag procedure Description of asbestos-containing material (ACMI) Description of asbestos-containing material (ACMI) Full Containment w/negative pressure Glovebag procedure Description of asbestos-containing material (ACMI) Full Containment w/negative pressure Glovebag procedure Description of asbestos-containing material (ACMI) Full Containment w/negative pressure Glovebag procedure Description of asbestos-containing material (ACMI) Full Containment w/negative pressure Glovebag procedure Description of asbestos-containing material (ACMI) Full Containment w/negative pressure Glovebag procedure Description of asbestos-containing material (ACMI) Full Containment w/negative pressure Glovebag procedure Description of asbestos-containing material (ACMI) Full Containment w/negative pressure Glovebag procedure Description of asbestos-containing material (ACMI) Full Containment w/negative pressure Glovebag procedure Description of asbestos-containing material (ACMI) Full Containment w/negative pressure Glovebag procedure Description of asbestos-containing material (ACMI) Full Containment w/negative pressure Glovebag procedure Non-friable procedure Non	Project Manager fo	r Monitoring Firm		I P	hone Numb	per	-		13 07033	- T	License N	lumb	er		
Sched. Completion Date (11) 10/04/2013 10/04/2013 10/05/2013 1	,						j		Salajus et al a company		0378				
10/04/2013 10/05/2013 10/05/2013 States During Abatement (Check only one)	Scheduled Start Da	ate (10)	ISched	. Complet	ion Date (1	1)	-								
Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: Cother-Describe: Scope of Work (check all that apply) Demolition Renovation Full Containment w/negative pressure Glovebag procedure Full Containment w/negative pressure Glovebag procedure Non-friable procedure Location of asbestos-containing material to be abated in facility (13) For awaiting staff(12) Yes No N/A Crawl space Namount (Specify SF or o a a a L or o a a a L or o a L or o a L or o a L or o a L or o a L or o a L or o a a L or o a L or o a L or o a L or o a a L or o a L o			0.000						ion, Inc.						
Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: Other-Describe: Scope of Work (check all that apply) Demolition Renovation Full Containment w/negative pressure Glovebag procedure Non-friable procedure Non-friable procedure Location of asbestos-containing material to be abated in facility (13) Crawl space Trawl space Non-friable procedure X duct insulation Registered Waste Hauler B & G Restoration, Inc. Disposal Date Disposal Date 10/07/2013 Completed by (Print or Type) Title City, State City, State City, State Disposal Date 10/07/2013 City State Date Containment w/negative pressure Mrap & cut Solvebag procedure Non-friable procedure Description of asbestos-containing material (ACM) Amount (Specify SF or o a a a c LF) Non-friable procedure Amount (Specify SF or o a a a c LF) Trawl Space Non-friable procedure Amount (Specify SF or o a a a c LF) Trawl space Non-friable procedure Amount (Specify SF or o a a a c LF) Trawl space Non-friable procedure Amount (Specify SF or o a a a c LF) Trawl space Non-friable procedure Non-friable procedure Amount (Specify SF or o a a a c LF) Trawl space Non-friable procedure Non-friable procedure Non-friable procedure Non-friable procedure Non-friable procedure Amount (Specify SF or o a a a c LF) Trawl space City, State Disposal Date	Occupancy Status	During Abatemer				Mark Mill Control	-		and						
Abatement performed outside of normal facility hours-Describe: Cother-Describe: Lincoln Park, NJ 07035	[12.72-24]				ement.							_			<u> </u>
Other-Describe:	Abatement p							0.13, 0.11.10, 2.19 0.51.1							
Scope of Work (check all that apply) □ Demolition □ Renovation □ Part Registered Waste Hauler □ Demolition □ Part Registered Waste Hauler □ Demolition □ Part Renovation □ Part		ibe:					_	Lincoln Park, N	IJ 07035						
Location of asbestos-containing material to be abated in facility (13) Crawl space Registered Waste Hauler B & G Restoration, Inc. Si location normally used solely by maintenance/custodial staff(12) Description of asbestos-containing material (ACM) Description of asbestos-containing material (ACM) Amount (Specify SF or LF) Crawl space	Scope of Work (ch	heck all that apply	<u>')</u>							Г	wrap &	z cu			
Location of asbestos-containing material to be abated in facility (13) Crawl space Registered Waste Hauler B & G Restoration, Inc. NJDEP Hauler ID# 19563 1	Demolition		Renovation	n			F	ull Containment w/ne	egative pressu	re 🗀	Gloveba	ag pr	ocedu	re	
Location of asbestos-containing material to be abated in facility (13) Crawl space Crawl space Cubic Yards of Waste Hauler B & G Restoration, Inc. Disposal Date Lincoln Park, NJ 07035 Disposal Date Lincoln Park, NJ 07035 Date Completed by (Print or Type) Title Signature Cubic Yards of Waste Park Cubic Yards of Waste	☑ >3 sf or >3 lf		≥160 sf or	≥260 If				Mini-enclosure			Non-fria	able p	oroce	dure	
asbestos-containing material to be abated in facility (13) Crawl space No N/A No N/A Description of asbestos-containing material (ACM)	Location of					у							19900 (0	(1997)	F
raterial to be abated in facility (13) Yes No N/A Aduct insulation To sf Registered Waste Hauler B & G Restoration, Inc. NJDEP Hauler ID# 19563 NJDEP Hauler ID# 19563 NJDEP Hauler ID# 19563 Name of Registered Landfill Tullytown Resource & Recovery Center City, State Lincoln Park, NJ 07035 Completed by (Print or Type) Title Signature Date	asbestos-cor			nance/cus	stodial			sbestos-containing			.		100000		n
crawl space				No	N/A	material	(ACM)		1000000	city of	or	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	а	а	155000
Registered Waste Hauler B & G Restoration, Inc. NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill Tullytown Resource & Recovery Center City, State Lincoln Park, NJ 07035 Disposal Date 10/07/2013 Tullytown, PA Completed by (Print or Type) Title Signature C. J. C. Date		.,,,	165	NO								е	ŗ	Р	<u></u>
B & G Restoration, Inc. 19563	crawl space				X	duct insula	ation		70 sf				屵	부	쓔
B & G Restoration, Inc. 19563					4	-						片	님	무	ዙ
B & G Restoration, Inc. 19563	-				4-	-					- TA	屵	井	片	11
B & G Restoration, Inc. 19563					#==							屵	片	片	卅
B & G Restoration, Inc. 19563	Registered Waste	Hauler	INID	EP Hauler	ID# I C	Cubic Yards of	Waste	Name of Registere	d Landfill					ш	17
Lincoln Park, NJ 07035 10/07/2013 Tullytown, PA Completed by (Print or Type) Title Signature Completed by (Print or Type) Title Signature						1				very C	Center				
Completed by (Print or Type) Title Signature C. , C. Date		n manuficiliza ginera						19							6
Completed by (Plint of Type)					1						Data				
		nt or Type)		v/Treasm	rer	Signature		Gordana Luna				201	3		

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2013-175

Check #6145

Date of Notification (1)	21	1.1			Operator (2)		八层)		? [\/	15					
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□ FPA	Notification		et Address		oct										
□ DEP ☑	Initial			uare We	ist		S	EP 2	6 2013		1	_	_	_	
	Amendme		, State, Zip		1					20					
	Amendine			NJ 0711				-	Telephor	ne Nun	nber	-	-		
DOH	Cancellation	- 11	ne of Conta					n Second	1 releption						
☐ DCA ☐	Cancellati	"	Joan Wh	ittaker							48			_	
				FACIL	TY INFORMA	TION								_	
Name of facility where aba	tement is t	aking plac	e (3)					Тур	e of Facility	(4) ol (K -	12)				
Irvington Public Libra	ary								=	napter		er tha	in K-1	2)	
Street Address									Other	(Privat	te/Con	merc		153	
5 Civic Square Wes	+							-		./Home	es, etc.		Bld	g. Ag	ie .
5 Civic Square vves							- 1 O - d - (7)	Sq	uare Feet	# 01 1	-10015		Dia	j. Ag	ŭ
City (5)		Count	/ (6)				nty Code (7) e use only)	C	urrent Use (F	Prior if	being	demo	lished	<u></u>	
Irvington, NJ 07111		Ess	ex			,	.,		sidential						
Name of Monitoring Firm	lired by B	dg. Owner	(8)		ASCM No.	$\neg \sqcap$	Name of Abatemen	nt Contr	actor (9)	77					
	N/A					_	B & G Restorat	tion, Ir	nc.						
Street Address							Street Address								
							105 Ryerson R								
City, State, Zip Code							City, State, Zip Cod								
						_	Lincoln Park, 1)33	Lice	ense N	umbe	er		
Project Manager for Monito	ring Firm		Pho	one Numbe	ır		973-696-6869			1000	378				
1446-114						_	Name of OSHA Mo	onitor					1///		
Scheduled Start Date (10)		News Assets		n Date (11)		B & G Restora	ation, I	nc.						
10/03/2013		_	04/2013				Street Address								
Occupancy Status During	Abatement	(Check or	ly one)				105 Ryerson R								- 17
Facility closed/vacate Abatement performe	ed during of	entire perio	d of abater	ment. s-			City, State, Zip Coo	de							
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Other-Describe:							<u>Emcomit ark</u> ,	110 07			vrap &	z cut			
Scope of Work (check all						П	full Containment w/	negativ	e pressure		loveb			re	
Demolition		Renovation				- T	Vini-enclosure				Non-fri	ace to the			
>3 sf or >3 lf		160 sf or					VIIII-ericiosure	—-т				R	R	E	T
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asbestos-containing material to be		staff(12)			material		sbestos-containing		(Specify	SF or		0	p a	a	C
abated in facility (13	3)	Yes	No	N/A					LF)			v e	i	р	
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Registered Waste Hauler			P Hauler	ID# C	ubic Yards of 1/2	Waste	Name of Registe Tullytown Re	red Lar	ndfill : & Recove	rv Ce	nter				
B & G Restoration, In	c.	195	03	Disposal D			City, State	Jour oc	- CO 1000 VC	,, ,,					200
City, State Lincoln Park, NJ 070	35			10	/04/2013		Tullytown, P.	Α			10/2				
Completed by (Print or Ty		Title			Signature		Gordana Lun			VS215	Date	1204	2		
Gordana Luna	estation	Secretar	y/Treasur	er			gordana Lun)9/23	201	J	-	

2343

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8; 60 and 12: 120-) Name of Building Owner/Operator (2) Date of Notification (1) 60 Passaic Ave LLC 0 9 Street Address Type of Notification Agencies Notified 180 Passaic Avenue [X] EPA City, State, Zip Code [X] Initial [] DEP Fairfield NJ 07004 [] Amended [X] DOL Amendment # Telephone Number | Emergency (including Name of Contact [X] DOH Justification) Stanley Karczynski [] Cancellation [] DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) [] Commercial Building Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial [X] buildings, homes, etc.) 60 Passaic Avenue # of Floors Bldg. Age Square Feet County Code (7) City (5) County (6) (STATE USE ONLY) Current Use (Prior if being demolished) Fairfield Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM J.R. Contracting & Environmental Consulting, Inc. Street Address Street Address 1141 Route 23 City, State, Zip Code Wayne NJ 07470 License No. Telephone Number Telephone Number Project Manager for Monitoring Firm 00408 973 628-9500 Name of OSHA Monitor Scheduled State Date (10) Scheduled Completion Date (11) Enviro Vision Consultants, Inc. 1 0 2 5 1 1 0 0 Month / Day Year Month Day Street Address Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period 20-21 Wagaraw Road, Bldg. #34A of Abatement City, State, Zip Code [] Abatement Performed Outside of Normal Facility Hours Fairlawn NJ 07410 Other - Describe: Scope of Work (Check all that apply) Full Containment With Negative Pressure Mini-Enclosure [X] Renovation [X] Glovebag Procedure Demolition [] ≥ 3 sf or ≥ 3 lf Non-Exemted (*) and Non-Friable Procedure [X] \geq 160 sf or \geq 260 lf Abatement Type E E N N Description of Location E R C C Amount Normally Asbestos-Containing Location of M E L (Specify Used Material (ACM) Asbestos - Containing P 0 P 0 SF or LF) (i.e., thermal systems Solely by Material (ACM) v S S insulation, surfacing, VAT, Maintenance / TO BE ABATED I U U A or other miscellaneous) Custodial in Facility (13) L R L R Staff (12) Yes No N/A 9000 SF X Roofing Exterior X 1500 SF X Transite Exterior X 1800 SF X VAT Throughout 300 LF X Pipe Insulation Throughout Cubic Yards of Waste Name of Registered Landfill NJDEP Waste Name of Registered Waste Hauler Hauler ID No. G.R.O.W.S J.R. Contracting & Environmental Consulting, Inc. 17819 Disposal Date City, State Morrisville PA Wayne NJ 07470 Date Signature Title Completed by (Print or Type) 9/20/2013 Project Manager Jerry Bijelonic

	Non ((Pursi	sant to i	F ASBESTO NJAC 8:60	end 12:120)	MONDO.	APF phot Heal	ROVED	100 mm	price		
Date of Notification (1) 9/18/2013				uilding Own al Building		(2)	Tai	VC.	HOV				
Agencies Notified Type Notification		Str	eet Addi	ress And Hillsk	de Ave		Date:	d [18]	3 Tim	ie; /:2	134		
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- (IV) Emergency (in	cluding	Ne	me of C	ontect :	. 3i	EP 2	8 2013	Telepho	na Numi	nar .	_		_
DOH justification) DCA Cancellation			PACILIT	ijaj TY INFORM	ATION						_		
Name of Facility Where Abatement is Taking Hillside Public Library	Place (3)				F.C.T.	_	Facility (4 chool (K-12						
Street Address							ubohapter (ther (i.e. pr	(Other th	an K-12) nmercki	i buildir	ngs, h	omes	
Liberty and Hillside Ave					<u>·</u>		c.)	# of Flor		_	g, Ag		-
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County (6) Union			TATE US	ode (7) SE ONLY) _		Curren	t Use (Prio	t II. Deiluğ -d	emousne	ou)			
Name of Munitoring Firm Hired by Building O	wner (8)	1	ASCM I	No.			ement Con						
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N/A						-52nd State, Zi	Street Su	Ite#15			_		
City, State, Zip Code N/A					We	st New	York NJ						
Project Manager for Monitoring Firm N/A			elephon I/A	e No.	0. U.S. C. S.	phone No -758-7			cense N 01144	0.			
Start Date (10)	Scheduled	Сопк		ate (11)	Nam	e of OSF	iA Monitar	<u> </u>					
9/19/2013 Occupancy Status During Abatement (Check	9/26/201	30				et Addres	onmental s	Corp	• •			_	_
Facility Closed/Vacated During Entire P	eriad of Ala	ateme	ent		1		e 22 We	st				_	
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Scope of Work (Check All That Apply) ≥3 of or ≥3 if ≥150 of or ≥250 if		novat molitic				H Mi	Containim ni-Enclosur ovebag Pro n-Exempte	e oodure		ole Pro			
		ocatio			Descript	los of						pe	_
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Main	Solet ntenan idial S (12)	ice/	(i.e. th	s Containing narmal system surfacing, other misce	g Materia ems insul VAT, or	ation,	Amo (Spe SF o	cify	Removel	Repair	Encapsurate	Enclosure
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			x									_	-
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Tri State Transfer Assoc Inc		34	lauler ID 9551	NO.	of Waste			/a Enter	orises				
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Completed by	Title	et NA:	anager	<u>_</u>	Signa	ture	Ma	,-	Ţ) 18/2	013		
Edwin Precilla	rioje	-1416	-114901			مديميات	4/6	V					-

NOTIFICATION OF ASBESTOS ABATEMENT

ASB-41 (R-06-08)

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

of 14/0/0

Date of Notific	cation (1)						Building C		122	(2)								
9/13/2013							Sons B	uildei		***		200	111111		11			
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☐ DCA		ш	Cancellation				LITY INFO	RMAT	ION			1		- //-	-			
Name of Facil	lity Where	Abater	ment is Takin	g Place (3)		1 701		ICINIA		Type	of Facility (4	1)						
Private Pro	and the same of the same of the same of									П	School (K-1	2)						
Street Addres	s									n s	Subchapter	8 (Oth	er than K	(-12)		* **********		
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City (5)										// //	e Feet	# of	Floors	-	BI	dg. A	ge	
Edison NJ										600		2	*		+	50		
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middlesex					1	STATE	ISE ONLY)											
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Street Addres	s									Addres								
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Project Manag	ger for Mon	nitoring	j Firm		53	Telephoi N/A	ne No.		1	none No 758-7			License 00114					
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Edwin Prec	illa		<u> </u>	Proje	ct Ma	anager			Elm		Meles			9/1	3/20	113		

* Emergency * NOTIFICATION OF THE PRINT

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

CK 3583

Date of Notification (1) 9/19/13	•			Building Owner/ Fagen Privat								- 91		
Agencies Notified Type Notification			reet Ado 6 Ralp			a.		Ħ						
EPA Initial Amended Amendment #_				e, Zip Code awkin NJ 080	050	f.	SEP	2 6	2013	11	ار			
DOH Emergency (inclining justification) Cancellation	uaing	11/2/00	ame of 0 obby		at	14		Tolo	nbono Ni	umbar				
Name of Facility Where Abatement is Taking P	lace (3)		FACIL	ITY INFORMA	TION	Type of	Facility (4)					20.54	-
Bobby Fagen Private Home						☐ Sc	chool (K-12	2)						
Street Address 56 Ralph						⊠ Of et		rivate 8	commer	rcial bui				3,
City (5) Manahawkin NJ 08050						Square 1000-	<u>s</u>	1	Floors		Bldg 35	g. Ag	e	
County (6) Ocean			ounty C	ode (7) SE ONLY)		Home				ished)				
Name of Monitoring Firm Hired by Building Ow N/A	ner (8)		ASCM	No.	119	of Abate aco Inc	ment Con	tractor	(9)			٠		
Street Address						Address Box 329				10				
City, State, Zip Code						State, Zip t Berlin	Code NJ 080	91						
Project Manager for Monitoring Firm		T	elephon	e No.	100000000000000000000000000000000000000	hone No. 753-98			License 00727		28			
	cheduled /23/13	Comp	oletion D	Date (11)	Name		A Monitor							
Occupancy Status During Abatement (Check C	Only One)				Street	Address	3							
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	riod of Aba Facility H	ateme ours	ent		City, S	State, Zip	Code		_					
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati				Mini Glov	Containmer -Enclosure rebag Prod -Exempted	e cedure						
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Maint Custoo	tenan	ce/	su	ontaining nal systen rfacing, V er miscella	ns insula AT, or		(mount Specify F or LF)	Kellioval		Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler United Containers		Ha	auler ID 2459		Naste		G.R.O.		ereu Lan	QIIII				
City, State Elm NJ					posal Dat 23/13	е	City, Sta Morris		A 1906	7				
Completed by Anthony T Perna	Title Presid	ent			Signatu	re \	•			Date 9/19/	13			



Date of Notification (1) 9/23/13			1 (60.00)		Building O		The reserve to the reserve the second	(2)		74-		†:::		Ý	5,1	
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City (5) Haddonfield NJ 080	033							1000		1	Floors		35	lg. Ag	je	
County (6) Camden				County C	ode (7) SE ONLY)			Curre	nt Use (Prior Ie	if beir	ng demo	olished))			
Name of Monitoring Firm N/A	Hired by Building (Owner (8)	,	ASCM	No.		100000000000000000000000000000000000000	of Aba aco Ir	tement Cont	ractor	(9)					
Street Address								Addres								
City, State, Zip Code				5002					ip Code n NJ 0809	91						
Project Manager for Mor	nitoring Firm		Т	elephon	e No.		PERSON 0319-03	hone N 753-9			Licens					
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Occupancy Status Durin	g Abatement (Chec	k Only One)				Street	Addres	ss							
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire F ned Outside of Norm	Period of Ab nal Facility F	atem	ent		_	City, S	State, Z	ip Code							
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Name of Registered Wa	aste Hauler		N	JDEP W	/aste	Cub	c Yards		Name of I	Registe	ered La	ndfill				
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City, State Elm NJ							osal Dat	е	City, State Morrisv		A 1906	67				
Completed by Anthony T Perna		Title Presid	dent				Signatu	re l	-			Date 9/23		3		

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Name of Monitoring Firm N/A	Hired by Building C	wner (8)		ASCM	No.			of Abate aco Inc	ment Con	tractor	(9)		•		
Street Address)							Address Box 329							
City, State, Zip Code								tate, Zip	Code NJ 080	91					
Project Manager for Mor	nitoring Firm		T	elephon	e No.	-	Teleph	one No.		-	License N 00727	0.			
Start Date (10)		Scheduled	Comp	pletion D	ate (11)			753-98 of OSHA	Monitor		00727				
10/2/13		10/8/13					Street	e Address							_
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Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)		novat					Mini Glov	-Enclosur rebag Pro	e cedure	h Negative I			e	
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	DI (2)		FACILI	TYNFO	RMATION	Type	of Facility (4))				\dashv
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Name of Monitoring Firm Hired by Building O	wner (8)	\dashv	ASCM	No.	Nam		atement Cont					
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City, State, Zip Code							Zip Code ck, N.J. 07	722				
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Project Manager for Monitoring Firm		1'	elephoni	e No.	10.000	2-294-		0002				
Start Date (10)	Schedule	d Com	pletion D	ate (11)	Nan	ne of OS	HA Monitor					
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Occupancy Status During Abatement (Check	Only On	e)	6		Stre	et Addre	ess					
Facility Closed/Vacated During Entire P	eriod of A	batem	ent		Cib	State	Zip Code		-			-
Abatement Performed Outside of Norm Other – Describe:	1 - Contracting	pr	7		_	, Otato, i	p					
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Date of Notification (1) Sept. 23, 2013				Name of	Building (Owner/Ope	erator				1,5	7	1	// <u>{</u>		
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Name of Monitoring Firm H N/A	ired by Building C	wner (8)		ASCM	l No.							emer	nt C	orp.,	Inc.	
Street Address						1				t						
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Project Manager for Monito	ct Manager for Monitoring Firm Date (10) 2/13 Sch				ne No.		Teleph	none N	No.		License					
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		1			Sulding Owner/Operator (2) Is SUNSET 35 LLC dress X 1908 SEP 2 6 2013 SINSET 35 LLC dress X 1908 SEP 2 6 2013 Set 2 1906 Set 2 19063 Contact SIEY WRIGHT ITY INFORMATION Type of Facility (4) School (K-12) Other (i.e. private & commercial buildings, home etc.) Square Feet # of Floors Blidg. Age 60 + YRS ode (7) Set only FORMER RETAIL STORES No. Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp., Inc. Street Address 17 Thompson Street City, State, Zip Code West Long Branch, NJ 07764 Telephone No. 732-222-8372 Out (11) Name of OSHA Monitor N/A Street Address City, State, Zip Code West Long Branch, NJ 07764 Telephone No. 732-222-8372 Out (11) Name of OSHA Monitor N/A Street Address City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Aba											
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Private house				10. 5					School (K-						
Street Address	of Notification (1) 09								 Subchapte 	er 8 (Other than I	K-1 2)				
750 Goffle Road	of Notification (1) 09								Other (i.e. homes, et	, private and cor	nmercia	ıl bı	uildin	gs,	
City (5)									Square Feet			Гр	ldg. /	100	
Hawthorne, NJ 0750	6									01110010	,	0	iug. 7	ige	
County (6)					Cou	nty Code (7)	(STATE	JSE ONLY)	Current Use (Prior if being de	molishe	(d)			
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							80.00 50.00	ch LLC							
Street Address		N						Address			_		_	_	_
							576 V	alley Rd	#283						
City, State, Zip Code						-		tate, Zip (_	-	
							Wayne	, NJ 074	70						
Project Manager for Mo	nitoring Firm			Tele	phone	No.		one No.		License No	0.	_			
				1			973-63	8-1777		01127					
Start Date (10)						ate (11)		of OSHA	Monitor	01127		_	-	_	
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Occupancy Status Durin	ng Abatement	(Check	only (one)				Address	onsultants, nic			-			
✓ Facility Closed/Vaca	ited During En	tire Peri	od of	Abate	ment		20-21	Waqarau	Road, Bldg .#	+ 25 E					
Time of Abatement	ed Outside of N AM-	Normal F	acilit	y Hou	s - De	scribe	City, St	ate, Zip C	ode	F 33 E					
		FIVI.				_AM	Fair La	wn, NJ (7410						
Scope of Work (Check a	all that apply)					70		Clean u	p and decontam	ination					
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≥ 160 sf or ≥260 if		Ĺ		molitic				Gloveba	a Procedure	Tent with Neg	ative Pr	ess	ure		
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r Tech LLC			- 26		03378		9999999999		1	otorou Lanuilli					
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ayne, NJ 07470									MEDICAL SERVICES CONTROL OF						
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Emergency (inc justification) DOH justification Cancellation	cluding	1.00	Name of Ron Bi	Contact		*			Tele	phone I	Numbe	r `			g-19-21-
			FACI	LITY INFO	RMATIC	ON									
Name of Facility Where Abatement is Taking R PATCO contrac10-G, Lindenwold St	Place (3) ation () Stárt	Point)					of Facility (4 School (K-12	2)		(40)				
Street Address Whitehorse Road & Berlin Road							X (Subchapter (Other (i.e. pretc.)	ivate &	comme					es,
City (5) Lindenwold					0.7		Squar N/A	re Feet	# of I	Floors		BI N	dg. A /a	ge	
County (6) Camden				Code (7) JSE ONLY)		_		nt Use (Prio sit Author		g demo	olished)			
Name of Monitoring Firm Hired by Building Ov	vner (8)		ASCM	l No.				tement Cont ervices, L		9)					
Street Address							Addres	ss con Road							
City, State, Zip Code	***************************************							ip Code PA 19474	1						
Project Manager for Monitoring Firm		1	Telepho	ne No.		1-7-20-00-00-00-00-00-00-00-00-00-00-00-00-	hone No 539.50			Licens 01077		00-71		·	
	Schedule 12/31/1		pletion	Date (11)				HA Monitor ervices, L	LC						
Occupancy Status During Abatement (Check	Only On	e)					Addres								
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: Not Occupied						City, S	State, Z	con Road ip Code PA 19474					-		
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vecinees, energy im, industries					cket fro										
(Project will commence in Voorhees					ect star						_				
and proceed to Haddonfield)				and er	nds @	Ferry	Ave S	Station)		20					
Name of Registered Waste Hauler		N	JDEP W	100000000000000000000000000000000000000	Cubic			Name of F	Register	red Lan	dfill		_		
American Disposal Systems, Inc.		7 - 100	wauler ID W2069		of Was		,	JP Mas		Pione	er Cr	os	sing		
City, State Lumberton, NJ						sal Date	2	City, State Birdsbo		C					
Completed by Caroline M. Harper	Title Proje	ct Ma	anager		S	ignatur	ral	1///	less	24	Date 9/23	/13	3		

D. L. (1) (6-1) (4)				laws of	Duilding (2	Operator (2	21		<u> </u>	(D)	41	11	
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I value of workoring t infi	Tilled by building	Owner (o)		AGGIV				rsulation		(3)				
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Desired Manager for Manie	Lades Fies		1.	F-1b	- N-			Neck, N.	J. 07722					
Project Manager for Month				Telephor	ie No.		Telepho 732-2	94-1757		00029	NO.			
Start Date (10)		Schedule	d Com	pletion [Date (11)		Name of	f OSHA Mo	nitor					
10-3-13	3	10-10	2-1	3		7								
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City, State Colts Neck, New Jers	sev					2000	sal Date		, State lytown, P	a	-			
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George Wuest		Presid	dent			3	ng lature	har- 2	eked-	\ \ \ \ \	ate	1	12	
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City (5)	<u> </u>						Square Feet	# 01	Floors	B	ldg. A	ge	
C. BRUNSWICK			Vector Washington	100 Table 100 Ta			1800		2		33	7	
County (6)				Code (7) USE ONLY	1		Current Use (Pr			ned)			
MIDDIESEX							,,	102 K					
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	√ No.			of Abatement Co		(9)				
Street Address							Insulation Co.	, Inc.					
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<i>i</i>							Neck, N.J. 0	7722					
Project Manager for Monitoring Firm			Telepho	ne No.	100,000	10/12/2018	one No. 294-1757		License N 00029	0.			
Start Date (10)	Schedule	d Con	npletion	Date (11)			of OSHA Monitor		00020				
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TO BE ABATED		ntenar odial S			thermal sys	stems	insulation,	1 576.75	Specify	20		Enc	四
In Facility (13)	Cusi	(12)	nan:		surfacing other misc	g, VA	r, or	SF	or LF)	Remova	Repair	apsı	Enclosure
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Name of Registered Waste Hauler		N.	JDEP W	/aste	Cubic Ya	rds	Name of	Registe	red Landfill				
Ace Insulation Co., Inc.		Н	auler ID 2086		of Waste		Chrins	ugiaic	. Je sanuill				
City, State		12	_000		Disposal		City, Star	te					\dashv
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George Wuest	Presi	dent			0.911		Jery & K	heest	2	91.	201	13	
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Completed by Tatiana Kalenikova Notor

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Date of Notification (1)					V 2000 100 100 100 100 100 100 100 100 10	wner/Oper	rator (2)			5.7			7	1	į	
09-18-13			_		a Hofma	nn		- 1					3	1	1	
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County (6)				County C			C	urrent	Use (Pri	or if bei	ng demo	lished)				
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Name of Monitoring Firm	Hired by Building	Owner (8)	_	ASCM	No.	N	lame of	Abaten	nent Cor	ntractor	(9)					
N/A	1.50						Delfa C	Contra	cting L	LC.						
Street Address							Street Ac									-3%
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Project Manager for Mor	nitoring Firm		Τ.	Telephon	ne No.		elephor				License	e No.				
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09-19-13		09-20-13			()	Г	Delfa (Contra	cting L	LC						
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)				Nan	ne of Bui	lding Own	er/Operato	or (2)	1		· ` ` `	1	14	1	- 1
Date of Notification (1)	9/23/2013						George (Cray		, m	27	2	I-/	7	_
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[] DEP [ed Notifica	ation	Cit	y, State, 2	Zip Code			> * * * 0.07	61	10000 0		12		
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	justific		ug	Na	me of Co					Telepho	one Number		1	1	
[x] DOH] Cancel	lation				Ge	orge Cra	ıy						· 4	
[] DCA				EACILI'	TY INF	FORMA	TION								_
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Ortley Beach	h	Ocean						Curre			g demolished)				
		Occan	-							idence			-		\dashv
Name of Monitoring Firm His	red by Building (Owner (8)		AS	CM No.		Name of A	Abaten	nent Contra	ctor (9) ardian (Contracting, I	nc.			
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City, State, Zip Code										ms Rive	r, New Jerse	y 08 /	33-12	/1	-
Project Manager for Monitor							Telephon 732-349				00624	annoci			
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[] Other	- Describe								Pis	scatawa	y, New Jerse	y 088:	54		
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Scope of Work (Check all th	nat apply)						וֹ זֹ		Mini-Enclo						
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Guardian Co	ontracting, Inc	<u>. </u>	2	0223 Dispos	al Data	11	City,	State	1.10.						
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Toms River	Toms River, New Jersey upleted by (Print or Type) Title						1	U.	7	_		Dat		12	
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

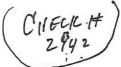
(Pursuant to NJAC 8:60 and 12:120)

Date of Natification (1)				Nam	ne of Buildi	ing Owner/Ch	Operato arles	or (2) Baha	& Son	S		0	12	5	78	
Se Agencies Notified	Type of Notification	1		Stre	et Address		Dure			1	8	EP 2 6	2018	,		٦
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[x] DOL [x] DOH [] DCA	[] Emerge	tion)	cluding	Nat	ne of Conta	<u> </u>						Number			- re V	
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Name of Facility Where A	batement is Taking P d Lumber Yard	lace (3)		ACILI	TT INTO	MAN		Туре	of Facili [ty (4)	Subch	l (k-12) apter 8 (other	r than k	·12)	huilding	TC .
Street Address	Durell Street								[]	homes	(i.e., private s, etc.) Floors	Bldg.		Dunding	,3,
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Verona		Esse	x						C	ld lun	iber y	lemolished) ard				\dashv
Name of Monitoring Firm		wner (8	3)	AS	CM No.	Na	me of	Abate	ment Cor	tractor Juardia	(9) an Coi	ntracting,	Inc.			_
Street Address	/A					St	reet Ad	ldress	1	889 R	oute 9	, Unit 61				4
City, State, Zip Code						Ci	ity, Sta	te, Zip	Code	Toms I	River,	New Jers	ey 087	55-12	71	
Project Manager for Mon	ect Manager for Monitoring Firm Telephone						elephor					License N 00624	umber			
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[x] F [] A	acility Closed/Vacated Abatement Performed Other - Describe	of Abatem	ent		City, Sta	ate, Zi	n Code		_	New Jers	ey 088	54				
Scope of Work (Check							[t with 1	Negative Pre	ssure			
[x]	>3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renovation Demolition			[[x]]]	Mini-En Gloveba Non-Exc	g Proce	iure (*) and	Non-Friable	Procedu	ire		
[x]	≥160 si or ≥260 ii										T		Abat	ement	Туре	
Asbestos-Containin TO BE A in fac	Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally us Solely by Maintenance/Cu Staff (12) YES NO					Asbes Ma (i.e., t insula	escript stos-Co terial therma ation, VAT misce	ontair (ACM al syst surface , or	ning (I) tems cing,		(3	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
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City, State Toms R	iver, New Jersey	Dispos 10/10	al Date 0/13	ute ^	City	, State lytox	vn, Pén	nsylva	nia /	,	Da	ite 23/20	13			
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

e of Notification (1) September 10, 20	12			Name o	of Building Ov	vner/Opera Lynx W	tor (2) /aste & R	ecycling	Inc. U	20	25	71	7	-
Type of Notificat	ion			Street .	Address	P O Bo	x 188							
] EPA [] Initial	Notification Notification	cation		City, S	State, Zip Cod	Caring	Lake, NJ	07762	SEP Z	25/15				
DOL [x] Emer	ndment # rgency (incl fication)	uding		Name	of Contact			Te	lephone Number			-		
	cellation		88			d Hyde								
			F.F	CILITY	Y INFORM	ATION	Type of I	Facility (4)						
ame of Facility Where Abatement is Taking Residence	g Place (3)							[] [x]	School (k-12) Subchapter 8 (o Other (i.e., priv	ther the	an k-12) commer) cial bu	ildings	,
treet Address 564 Pompano Av	venue						Square i	W	homes, etc.) # of Floors		dg. Age	,		-
City	County	(6)		Coun (STA	ty Code (7) TE USE ONI	Y)	1 15	on of	f being demolishe	(d)		60		-
	Monr	mouth	Ĺ	1			Current	Reside	nce					-
Manasquan					n (No	Name (of Abatemen	et Contractor	(9)	T 0				
Name of Monitoring Firm Hired by Buildir N/A	ng Owner (8	3)		ASC	M No.		Address	Guardi	ian Contraction		·			
Street Address						1			Route 9, Unit	61				
						City, S	State, Zip Co	ode	River, New Jo	ersey	08755	-127	1	_
City, State, Zip Code						Telepl	hone Numbe		Licens	e Num	ber			
Project Manager for Monitoring Firm			hone Nur			732-	349-9932 of OSHA	!	0062	4				_
Scheduled Start Date (10)				npletion I	Date (11)	Name	of OSHA	E.M.S	S.L. Analytica	<u>.l</u>				-
0/22/13			/24/13			Stree	t Address	1056	Stelton Road					
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Perior [] Abatement Performed Outside of Normal Facility [] Other – Describe				my riours	ent	City,		Pisca all Containm	ataway, New J			1		
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Name of Registered Waste Hauler	g, Inc.	N		20223	sal Date	3	City State	T.R.R						
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State of New Jersey HOTHICATION OF ASBESTOS ABATEMENT

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ily State Zp C∞de					_	MA	266	SAN	License No			
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ordect Manager la	Monitoring Firm		0.07			856-7	19-	0120				
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) PINELANDS CONSTRUCTION 24/ 13 Street Address Type Notification Agencies Notified 300 initial | DOL Amended City, State, Zip Code Amendment # SED TYLE Emergency (including elephone Numbe Name of Contact □ DOH □ XXA justification DUDITOI Cancellation FIDE FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) RESIDENCE Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, Street Address homes, etc.) Bldg. Age # of Floors Square Feet City (5) Current Use (Prior If being demolished) County Code (7) (STATE County (6) USE ONLY) APE Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner Street Address Street Address 369 City, State, Zip Code 0005 City, State, Zip Code MOPL License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 009 856-779 Name of OSHA Monitor Scheduled Completion Date (11) 0 SEPH Start Date (10) 10/11 10/4 Street Address Occupancy Status During Abatement (Check only one) 369 ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code MAPL Other - Describe: Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclosure Renovation Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Demotition Abatement Is Location Type Normally Description of Used Solety by Amount Encapsulate Asbestos Containing Material (ACM) Location of Maintenance/ (Specify Remova Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, Custodial SF or LF) TO BE ABATED surfacing, VAT, or Staff? other miscellaneous) IN Facility (12)(13) No N/A Yes X 8000 TRANSITE SIDING Name of Registered Landfill Cubic Yards NUDEP Waste , M, C, M.V. A. Name of Registered Waste Hauler of Waste Hauter 10 No. City, State Disposal Date CODBINE City, State SHADE Signature Completed By OSEPN

AS8-41

17# 7900	3	. ((Purs	suant to	NJAC 8:60	0 and 12	:120)		1 1					1	-	
Date of Notification (1) 9/24/13	/	٠			uilding Ow Eckberg					SFP	2	2 6 3	2013			
Agencies Notified	Type Notification			reet Add East 9										لمير		
EPA DEP X DOL	Initial Amended Amendment #				, Zip Code Park NJ		3	A						: 1) 	•	
X DOH DCA	Emergency (ir justification) Cancellation	ncluding		ame of Co	ontact		19			Telepi	none	, Numl	ner			
				FACILI	TY INFOR	MATION										
Name of Facility When Joanne Eckberg Street Address	re Abatement is Taking Private Home	Place (3)						Scl	Facility (4) nool (K-12 bchapter 8 ner (i.e. pri) s (Other	thar	1 K-12)	l buildir	nge h	omes	
6 East 91St								Ott etc	.)	# of F				g. Ag		
City (5) Peahala Park NJ	08008						-	1000+		2			35			
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	irm Hired by Building C	Owner (8)		ASCM	No.			of Abate aco Inc	ment Cont	ractor (9	9)				â	
Street Address	ger for Monitoring Firm Sched 10/1 tatus During Abatement (Check Only							Address ox 329								9
City, State, Zip Code						(City, S West	tate, Zip Berlin	Code NJ 0809	91	0.04=	0.000				
Project Manager for I	Monitoring Firm		17	relephon	e No.			one No. 753-98	Chinatan .	1.0		nse No 27	0.			
Start Date (10)		Scheduled Completed 10/10/13		pletion D	Date (11)	14.5	Name Sam		A Monitor							
10/3/13 Occupancy Status D	uring Abatement (Chec						Street	Address			_					
Facility Closed/	Vacated During Entire I	Period of Ab	atem	ent		_	City, S	State, Zip	Code	Ÿ						
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Elm NJ Completed by		Title	don				ignato	íře-				1	Date 9/24/1	3		
Anthony T Pern	a 	Presi	ueni						<u> </u>							



ate of Notification (1) Name of Building Owner/Operator (2) Dennis & Cathy Brazill Private Home Sireet Address 128 Jeanette Ave (78th St)	CV # 210	,i	(F	ursu	ant to N	JAC 8:60	and 12:120)		v js	4				٦.
Size Address DOL DOL American # January J				Nar De	ne of Bui ennis &	ilding Own Cathy B	er/Operator razill Priva	(2) ate H	lome			()	<u> </u>	- 8	
DCP Amended	A	Type Notification		Stre 12	eet Addre 8 Jean	ess ette Ave	(78th St)				DEL 2	. 0		3	
Name of Contact Dennis DOH Donal	DEP	Amended Amendment #		City	y, State, a	Zip Code aven Cre	est NJ 080	80				<u>.</u>			-
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County (6) Ocean O	City (5)	N.I 08008						10	00+	2		35+			_
Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address PO Box 329 City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 Telephone No. S56-753-9800 S0727 Start Date (10) 10/3/13 Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entrice Period of Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) S1 et 60 sf or ≥260 if City, State, Zip Code Street Address City, State, Zip Code City, State, Zip Code City, State, Zip Code Abatement Herformed Outside of Normal Facility Hours Coher - Describe: Scope of Work (Check All That Apply) S2 s of or ≥260 if S1 Location of Asbestos-Containing Material (ACM) (Inc. hermal systems insulation, Specify (Inc. hermal systems insulation, Spec	County (6)			C	ounty Co	de (7) E ONLY)		H	ome			ed)			
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Completed by Anthony T Perna President Signature 9/24/13	Completed by		100,000,000	ider	nt		Sign	ature	0				13		



Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) In Facility (13) Yes No N/A Exterior Siding Name of Registered Waste Hauler United Containers Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Exterior Siding Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Exterior Siding Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Exterior Siding Is Location Description of Asbestos Containing Material (ACM) (Specify Section of Uspecify Section Staff) Namunt (Specify Section of Uspecify Section of Asbestos Containing Material (ACM) (Specify Section of Uspecify Secti	ハギがり		(1	Pursu	ant to N	JAC 8:60	and 12:12	20)					17.	- 5		_	
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Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address Street Address Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091 Project Manager for Monitoring Firm Telephone No. 856-753-9800 Start Date (10) 10/3/13 10/3/13 10/3/13 Same Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091 Telephone No. 856-753-9800 U727 Start Date (10) 10/3/13 Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) Street Address City, State, Zip Code City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Slovebag Procedure Slovebag Procedure Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Location of Asbestos-Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Exterior Siding Exterior Siding Name of Registered Waste Hauler United Containers Name of Registered Waste Hauler United Containers Cuty State Survey Asbestos-Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Name of Registered Landfill G.R.O.W.S City, State Cubic Yards Of Waste G.R.O.W.S City, State City, State Location of Asbestore Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Name of Registered Landfill G.R.O.W.S City, State	County (6)								Home				d)				
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City State Disposal Date City, State				F	Hauler ID		of Waste										
	City, State				2400		Disposal		ate	City, Sta Morris	ate ville f	PA 19067					
Completed by Anthony T Perna President Signature 9/24/13	Completed by			dont				11	uţe	,			15555	3			

UC# 3599	N		ATION	OF ASBE	STOS	ABATE												
Date of Notification (1) 9/24/13			Building O unsa Pri			(2)		<u>, (</u> .,										
Agencies Notified Type Notification EPA Initial	922	Street Address 7 East Seabreeze SEP 2.5								2012								
DEP Amended Amendment #_	Amended					City, State, Zip Code Peahala Park NJ 08008							- 113					
DOH justification)							Telephone I				Number							
			FACIL	ITY INFO	RMATI	ON												
Name of Facility Where Abatement is Taking F Bob Bunsa Private Home		Type of Facility (4) School (K-12)																
Street Address 7 East Seabreeze			Subchapter 8 (Other to Other (i.e. private & coetc.)							nan K-12) ommercial buildings, homes,								
City (5) Peahala Park NJ 08008	-							re Feet	# of 1.5	Floors		Bidg. Age 35+						
County (6) Ocean		County C	ode (7) ISE ONLY)		Current Use (Prior if being den Home						nolished)							
Name of Monitoring Firm Hired by Building Ow N/A		ASCM	No.			of Aba aco Ir	tement Con	tractor (9)	•								
Street Address						Addres Box 32	3070											
City, State, Zip Code	City, State, Zip Code West Berlin NJ 08091																	
Project Manager for Monitoring Firm	T					phone No. License No. 5-753-9800 00727												
Start Date (10) S 10/3/13 1		Completion Date (11) Name Same					e of OSHA Monitor ne											
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City, State				Dispo	osal Date	•	City, Stat		190	67								
Completed by Title Anthony T Perna Presiden				10/4/13 Morrisville PA 19							Date 9/24/13							

SEP 28

New Jeredy Department of Health
Consumer, Environmentel & Occupational Health Service
PO Box 368, Trenton, NJ 08625-0369
Telephone: 809-826-4950 Fax: 809-826-4975

N. Dept. of Health & Senior Sorvices

October (eignature)

Date: 9/23//3 Time: 1:14/P/

MUST be automitted 10 days prior to the beginning of work. Please type or print legibly.

	Must be sub	mitted 10 days prior to this begin	uning of work Ploase	e type or print legibly.
FI THE WAY OF THE TANK TO THE	TO PERMITE	Type of Natification (check	onel and Date Subm	nicted
Inkiel Ame	andea Dave			Date of Notification: _09/20/20/3
新安二年之一時日	on the second	Building Inf	ormation ,	The state of the s
Name of Building Own	ar/Operator:		Scott V	/oron 🚆
Street Address; 522			City: Egg Harb	or City State! N.J Zip: 08215
Name of Contact: SC		-		Telephane Na
part of age of a section of	, , , , , , , , , , , , , , , , , , ,	Facility Info	omation.	1 18 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Name.of-Facility When	e Work Activity is	to Take Plade;	. Re	sidence
Describb Fucility Use:		the second secon		1.::
Sizect Address:	522 S. E	iglish Creek Road	Cing Egg Hai	rbor City State: NJ Zip: 08215
	Atlantic	and the state of t	48	ounly Code (atate use only).
Schoduled Stert Date:	09/25/20	3	Scheduled	d. Completion, Date: 09/2/7/20/3
Occupancy Stains Dur				;;
	Facility Closed/	Vacated During Entire Activity	**	
W.		ned Outside Normal Facility Hour	rs—Describle:	
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	FloorTile	Square Footage: 185 SF		Porcentage Ashestos:
	Maslic	Squara Footage: 250 SF		Percentage Asbastos
[4]	Other:	Square Footage:		Percontage Ashestos
	Girdi			
		Contractor In	rormadon .	the proof of the control of the proof of the control of the contro
Company Name: Sha	ade Environ	mental, LLC		Telephone No: (856)755-0099
Street Address:	623 C	utler Avenue	city: Maple S	hade swmNJ zip: 08052
New Jersey Asbestoe:L	icense Number (F 80001030(4): 00842		1,
Monitoring Firm (if app	licable): MDG	Environmental		_ Telephoha.Na.: 856-755-9300
nigo par di		" Signat	ure	
Completed by Type or	print legibly) C	pristina Lynch	Title: Office	Manager
Signature:	1000	1	Date: 09/2	0/2013
-1			9 W	\$
		4 , , ,		- 1

New Jersey Department of Health

Consumer, Environmental & Occupational Health Service PO Box 369, Trenton, NJ 08625-0369

Telephone: 609-826-4950 Fax: 609-826-4975

CONTRACTOR INFORMATION FOR NON-FRIABLE ASBESTOS WORK ACTIVITIES—Exemption Request 2 6 2013

Please Type or Print Legibly

er a di sua de la della	n – eren förs Arge å ja	e de la companya de l	Type of Exem	ption Request	t toget e				
✓ Floor Tile	Roofing	Siding	Fransite	Other, explain:_					
			General I	nformation				t Variation of	
Name of Company	y:		Shade	Environme	ental, Ll	_C			
Type of Company:	Corporati	on _	Individual	Partnershi	p		2004	00050	
Mailing Address:	323 Cutler A	venue	-	city:Maple	Shade		State: NJ Zip	08052	
Company Name:	Shade Envir	onmental	, LLC		Telep	hone No.			
Fax No.: (856)			No.: (856)755	-0099 Fed	deral I.D. Nur	mber:	37-072173	1	
Corporation Numb	per (if applicable):	n/a	Date Incorpor	ated:/	_/s	tate Incor	porated In:		
**************************************			Primary Con	pany Contact	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		. / * 3 10 . 4 1 14	le o i e se p Le se e se p Se e e e e e	
Name: Willian	n J. Lynch		Title: Owner		Tele	ephone No	.: (856)755	-0099	
Address: 623 C	Cutler Avenu	ue e							
		- + • Cc	mpany (as identifi	ed above) Inform	nation			or i to i	
How long has the	company/agency	been in exist	ence?9			_Months	/		
Has the company				V	o Yes	If yes,	explain below:		
	yes to the above		of any other organiz the name(s) and add	W_		ation(s) ar	nd explain the r	relationship on	
List all owners, pa	rtners, sharehold	ers (10% or m	nore), officers, and d	irectors of the com	npany (use a	separate	piece of paper	if necessary):	
Name (Last, First,	Middle Initial)	Address	3	Office	e/Title			% Ownership	
Lynch, D	iana B.	623	Cutler Avenue	e Ov	wner			80%	
		Мар	le Shade, NJ	08052					
Lynch,	William J.	62	23 Cutler Ave	enue Ov	wner			20%	
		Мар	le Shade, No	08052			1		
Directions for the Committee	eleting and Submission		Go To Page 2 to Corr formation for Non-Friable			quest form	and a state of the	Page 2 of 3	
Directions for the comp									

CONTRACTOR INFORMATION FOR NON-FRIABLE ASBESTOS WORK ACTIVITIES (cont'd)

re personal production of the	Company's History of Legal Action	ns SEP 2	6 2013: 1. 3-
If you answer "yes" to any of the follow	ing questions, you must provide a detailed state	ement to fully explain the circur	nstances, and attack
the statement to this form.		्रे अस्ति समि	*
Has the company or any person identif	ed on this form:	*****	N
been subject to, or has pending, any ministrative, governmental or regula NJDCA or NJDHSS?	disciplinary action(s), suspension(s), or citation or agency, including, but not limited to, OSHA,	(s) of violation(s) by any ad- EPA, NJDOLWD, NJDEP,	No Ve
now or has been subject to any orde against such company, persons or pa	resulting from any criminal, civil or administrat arties by any administrative, governmental or rep	ive proceeding brought gulatory agency?	No Ye
been denied any license/certificational tall or regulatory agency?	/approval, or had it suspended or revoked by a	ny administrative, governmen-	No Ye
been disbarred, suspended or disqua	alified by any federal, state or municipal agency?	?	No Ye
been a defendant in any civil or crimi	nal litigation?	₽	No Pe
on the Board No. 12 and the Co. 15 a	Historical Data (check most appropr	iate)	
/ intend to use the data provided b	y the RFCI which indicates that no significant ex	coosure exists during the remov	al of ashestos
containing floor tiles, when their m	ethodology is applied to their described situation	n.	at or aspestos
The RFCI data is not applicable to employed. This data represents a exposure exists.	the floor tile removal I am undertaking. Attacher rborne asbestos levels generated during and af	d is data for the removal metho fter the removal, and is proof th	od which will be nat no significant
		iing no significant exposure exists d	uring or after the
removal of the material.		:	
rit of the first production of	Statement and Signature		
I agree that the information co such information contained herein is fo	ntained herein is accurate, true and complete, t und to be false, I may be subject to the penalty p	to the best of my knowledge. I provisions of N.J.A.C. 8:60.	understand that if
or the same purpose, I also understant of ormation which may be needed to de	ion is subject to verification and that I agree to in that outside sources may be contacted, therefore the contents of this document is valid ested or required information may result in the tee approval of this Request.	fore I hereby give permission fo I and/or eligible. I also underst	r disclosure of any and that failure to
By signing this form, I understa cribed by the New Jersey Department	nd that, should this request be approved, I am i of Health in regulation and/or guidance docume	required to follow any and all pents as provided.	rocedures pre-
l am authorized to sign for and y identified in this document.	in behalf of persons listed as owners, partners,	shareholders, officers and dire	ectors of the compa-
lame (Print): Christina Lynch	Title:_Off	fice Manager	
ignature:		Date: 09/20/2013	3
irections for the Completion and Submission of Cor	ntractor information for Non-Friable Asbestos Work Activities—	Exemption Request form	Page 3 of 3

CK# 13096

MAINE SANDY WHIVE	<						11344		-		- 2+		_	
Date of Notification (1) SEPT. 24, 2013				wner/Opera TOPLEY)	SEP	2 6	2013	1				
Agencies Notified Type Notification EPA Initial		Street Address 560 RIVERSIDE DRIVE												
EPA Initial Amended Amendment #_		1.7900	City, State, Zip Code MANASQUAN, NJ 08736											
DOH justification) DCA Cancellation	cluding		Name of	Contact ES HUI	LLFISH		Telephone Number							
DOA Carrocitation	RMATION				100									
Name of Facility Where Abatement is Taking Place (3) TOPLEY RESIDENCE Street Address							School (K- Subchapte	12) 8 (Othe	er than K-	12)				
560 RIVERSIDE DRIVE							Other (i.e. petc.)						s,	
City (5) MANASQUAN				Square Feet 300 SF	1	Floors		dg. A 920	ge 					
County (6) MONMOUTH			County C STATE U	ode (7) SE ONLY)			Current Use (Pri PRIOR RES			shed)				
Name of Monitoring Firm Hired by Building Ov N/A		ASCM	No.	F	Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp.						,Inc.			
Street Address					Street Address 17 Thompson Street									
City, State, Zip Code					, State, Zip Code est Long Branch, NJ 07764									
Project Manager for Monitoring Firm		Telephor	ne No.	one No. 22-8372				se No. 10						
Start Date (10)		pletion [tion Date (11) Name of OSHA Monitor N/A											
Occupancy Status During Abatement (Check		St	treet A	ddress										
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:						City, State, Zip Code								
Scope of Work (Check All That Apply)						-								
≥3 sf or ≥3 lf Renovation ≥160 sf or ≥260 lf Demolition							Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
	100	Locati	77.00								Abate	ement	t	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normalled Sole intenar todial S (12)	ly by nce/		tos Contain thermal sys surfacing	Description of containing Material (ACM) and systems insulation, (Specify facing, VAT, or striniscellaneous)					Repair	Encapsulate	Enclosure	
EXTERIOR	1.44		X					8	00 SF	Х				
ZXI II II I	.,													
		1												
			UDEE ::	(T Outil V	rd-	N	f Docist	ered Land	4611				
Name of Registered Waste Hauler Finishing Touch Asbestos Abatemen	t Corp	, F	IJDEP W lauler ID 2058		of Waste		200000000000000000000000000000000000000		RTH LA		L.			
City, State OCEANPORT, NJ 07757-0400		44			Disposal 9/24/13		City, Sta		LE, NJ					
Completed by JOSEPH P. MILLER	Title PRE	Title PRESIDENT				nature								