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| Date of Notification (1) | | | - 1 | Name o | f Building | Owner/Ope | erator (2 | 2) | | 200 | | | - | 200 |
|--|--------------------------|---------------|-----------|-------------|-------------|--|--------------------|----------------------------|------------|---------------------|--------------------|--------|--|-----------|
| Mar | ch 30, 2012 | | (| Ortho [| Diagnost | ic / John | son & | Johnson = | | E I W | E | 17) | 1 | |
| Agencies Notified | Type Notification | | | Street A | | | | 1119 | | | | | | |
| ⊠ EPA | Initial | | | 1000 / | 1001 Ro | ute 202, | PO Bo | ox 300 | | | | 11 | | |
| DEP | Amended | E | | City, St | ate, Zip Co | ode | | | APR | 4 20 | 12 | 1 | 1 | |
| DOL | Amendment Emergency (| | l | Raritan | , NJ 088 | 369 | | | | P1 100 | | | | |
| □ DOH | justification) | including | | Name o | of Contact | | | | Te | lephone Nu | mber | | District of the state of the st | |
| DCA | Cancellation | | | | Manage | and the second s | | | / | - | | - | 1 | |
| No see of Facility M/h and | Abatamant in Takin | - Diago (2 | | FAC | ILITY INF | ORMATIO | | Type of Facility | (4) | | - | | | - |
| Name of Facility Where | | |) | | | | - | | | | | | - 1.1 - 1.1 | |
| Ortho Diagnostic / J Street Address | ionnson & Jonns | on | | | | | | School (K | | er than K-1 | (2) | | | |
| | | | | | | | | | | & commerc | | dings | , home | es, |
| 1000 / 1001 Route 2 | 202 | | | | | | | etc.) Square Feet | 1 # / | f Floors | | ldg. / | 100 | |
| City (5) | | | | | | | , | Square reet | # (| | | iag. / | tye | |
| Raritan, NJ | | | | County | Code (7) | | | Current Use (P | rior if he | 3 | (hod) | | | |
| County (6) | | | | | USE ONLY | 9 | _ ' | Julient Ose (F | ווטו וו טפ | | sileu) | | | |
| Somerset Name of Monitoring Fire | m Hirad by Building (| Owner (8) | | ASCI | M No. | | Name o | f Abatement Co | ontracto | Facility | | - | - | |
| . O O D | 157 | JWHEI (0) | | 730 | WI NO. | 1 | | CK Group, | | (0) | (4) | | | |
| Bulava Environmen Street Address | tai, inc. | | | | | | Street A | | LLO. | | | - | -1-17 | |
| 12 Kilmer Drive | | | | | | 1 | | ngs HWY N | I STE | 209 | | | | |
| City, State, Zip Code | | | | | | | | ite, Zip Code | , 012 | 200 | | | | |
| Hillsborough, NJ 08 | 044 3030 | | | | | - 1 | | Hill, NJ 080 | 34 | | | | | |
| Project Manager for Mo | | | | Telepho | one No. | | Telepho | NAME OF TAXABLE PARTY. | - | License | No. | | | |
| Edward J. Bulava | | | | Maria Maria | 4-6207 | 1 | | 59 - 5000 | | 00781 | | | | |
| Start Date (10) | | Schedule | 1 | | Date (11) | - 1 | | f OSHA Monito | or | 1 | | | | - |
| 2/2/1 | 2 | | | 12/31/ | | 1.00 | he MA | CK Group, | LLC. | | | | | |
| Occupancy Status Duri | | k Only Or | | | | - | Street A | | | | | | | |
| Facility Closed/Va | cated During Entire I | Period of | Abate | ment | | 1 | 500 Ki | ngs HWY N | I, STE | 209 | | | | |
| Abatement Perform | med Outside of Norm | | | | | | City, Sta | ate, Zip Code | | | | | | |
| Other - Describe: | | | 5-1993147 | | | — c | Cherry | Hill, NJ 080 | 34 | | | | | |
| Scope of Work (Check | All That Apply) | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf | | ⊠ F | Renov | ation | | | \times | Full Contain | ment wit | h Negative | Pressu | re | | |
| ≥160 sf or ≥260 lf | | | Demol | ition | | | X | Mini-Enclosu | | | | | | |
| | | | | | | | | Glovebag Pr Non-Exempte | | | e Proce | dure | | |
| | | le | Loca | tion | | | | | | | | | emen | it |
| Location | on of | 1,100 | Norma | | | Desc | cription o | of | | | - | T | уре | |
| Asbestos-Containin | | V8985832 | d Sol | ely by | | stos Conta | ining Ma | iterial (ACM) | | Amount | 7 | | m | _ m |
| TO BE A | | | | Staff? | (i.e | thermal s | systems ng, VAT | | | Specify F or LF) | Ren | Re | ncap | nclo |
| (13 | | | (12) | | | other mi | | | | , | Remova | Repair | Encapsulate | Enclosure |
| | | | | T | | | | | | | <u>a</u> | - | ate | Ф |
| | | Yes | No | N/A | - | | | | + | 45.15 | | | | - |
| OCD Boile | er Room | \rightarrow | | | | | pipe | | 1 | 45 l/f | $-\langle \rangle$ | ļ | - | - |
| _". | - | | 22 | | | Tank | | . 3 | 350 s/f | $\perp X$ | | 1 | | |
| F Building E | Basement | | | | fi | ttings | 16 | | 51 | X | | | | |
| Tenant | House | | X | | | Vat | /Mastic | 3 | | 50 s/f | X | | | |
| Name of Registered W | | | | NJ DEP | Waste | Cubic Y | | | | ered Landfi | | | | |
| | | | | Hauler II | O No. | of Wast | e | | | | | | | |
| Freehold Cartage | | | | 22 | 253 | 1 | 6 | BFI Im | | andfill | | | | |
| City, State | | | | | | Disposa | | City, St | | | | | | |
| Freehold, NJ | (#) A | 1-20 | | | | | /31/12 | | al, PA | | \atc | | | |
| Completed by | | Title | | | | Sįg | gnature | 19/ | 1 | | ate | | | |
| Michael Cooper | | lent | | | | | | | 3/ | 30/12 | | | | |

| Location of | | s Locati Normal | ly | Description of | EWE | (m) | Abat | emer ype | nt |
|---------------------------------------|------|--|------|--|---|----------|------------|-------------|-----|
| Tenant House OCD Boiler Control Room | Ma | ed Sole aintenar stodial S (12) | nce/ | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | (Specify SF or LF) | Removal | Repair | Encapsulate | |
| | Yes | No | N/A | | *************************************** | <u>a</u> | To address | ate | |
| | | X | | pipe insulation | 33 lf - 8 | X | - | | |
| | X | | | VAT/Mastic | 250 s/f | X | _j- | | |
| OMP B 242 - fume hoods | | X | T. | transite | 600 s/f | X | | | |
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| Date of Notification (1) | | | | Name o | f Buildin | g Owner/O | perator (| (2) | 10 | Est W | 15, | 1 | 1 | |
|---|------------------------|---------------|------------------|----------------------|------------|-----------------------------|------------|--|---|-------------------------|-------------------|--------|-------------|-----------|
| -11274 | ch 28, 2012 | | | | | | | Johnson | | | | | | |
| Agencies Notified | Type Notification | | | Street A | | | | | | | | | 1 | |
| ⊠ EPA | Initial | | | 1000 / | 1001 R | Route 202 | 2, PO E | 300 Sox 300 | Arn | 4 20 | 12 | | - 1 | |
| DEP | Amended | | | City, Sta | ate, Zip (| Code | | The same of the sa | 101111111111111111111111111111111111111 | | | 1 | | |
| ☑ DOL | Amendment Emergency | | | Raritan | , NJ 08 | 8869 | | | e larens | 03 1 | | 3 | | |
| DOH. | justification) | | | Name o | f Contac | ct | | | T | elephone Nu | | | | - |
| DCA | Cancellation | 1 | | Project | | | 3007 | | | | | • | | 1 |
| Name of Facility Where | Abatement is Takin | n Place (| 31 | FAC | ILITY IN | IFORMATIO | NC | Type of Facility | (4) | | ı. | | | d. |
| | | | 3) | | | | | | | | | | | |
| Ortho Diagnostic / Jo Street Address | JIIISOII & JOIIIS | 5011 | | - | | | | School (K- | | ther than K-1 | 2) | | | |
| | 00 | | | | | | - 1 | | | & commerc | | lding: | s, hom | nes, |
| 1000 / 1001 Route 2 | 02 | | | | | | | etc.) Square Feet | 1 # | of Floors | - 1 | Dida | ^ | |
| Raritan, NJ | | | | | | | | oquare reet | " | | | Bldg. | Age | |
| County (6) | | | | County | Code (7) | <u> </u> | | Current Use (Pi | rior if h | 3 eina demolis | had) | | | |
| Somerset | | | - | | USE ONL | | | ourent oce (i i | | Facility | incuj | | | |
| Name of Monitoring Firm | Hired by Building | Owner (8) |) | ASCN | Λ No. | · · · · · · | Name o | of Abatement Co | ntracto | | | | - | |
| Bulava Environmenta | 46 489 | 11 | | | | 8 4 4 | | ACK Group, | | (-) | | | | |
| Street Address | ., | | | 1 | 7 | | Street A | | LLO. | | | - | | |
| 12 Kilmer Drive | | | | | | | 1500 K | ings HWY N | STE | 209 | | | | |
| City, State, Zip Code | | W1-12-75- | | the state of | | | | ate, Zip Code | , 012 | | - | | | |
| Hillsborough, NJ 088 | 44-3830 | | | | | | Cherry | Hill, NJ 0803 | 34 | | | | | |
| Project Manager for Mon | | | | Telepho | ne No. | | Telepho | | | License N | No. | | | |
| Edward J. Bulava | - | | - | 908-874 | 4-6207 | | (973) 7 | 59 - 5000 | | 00781 | ı | | | |
| Start Date (10) | | Schedul | ed Co | mpletion | Date (11 | 1) | Name o | f OSHA Monitor | r | | | | _ | |
| 2/2/12 | | | | 12/31/1 | 12 | - | The MA | ACK Group, I | LLC. | | | | | |
| Occupancy Status During | Abatement (Chec | k Only Or | ne) | - COOC - COOC - COOC | | | Street A | Address | | | - | - | | |
| Facility Closed/Vaca | | | | | | 1 | | ings HWY N | STE | 209 | | | | |
| Abatement Performe Other - Describe: | ed Outside of Norm | nal Facility | y Hour | S | | | | ate, Zip Code | | | | | | |
| | | | | | | (| Cherry | Hill, NJ 0803 | 34 | | | | | |
| Scope of Work (Check Al | That Apply) | - | | | | | _ | 7 | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | promote | Renova Demoli | | | | K | Full Containn | | th Negative | Pressu | re | | |
| Z 2100 SI 01 2200 II | | Ш, | Jemon | itton | | | × | Mini-Enclosur Glovebag Pro | |) | | | | |
| | | | - | | | | | Non-Exempted | d (*) an | d Non-Friable | Proce | dure | | |
| | | 2,235 | Locat | | | | | | | | | | emen | it |
| Location | | (0.040) | Norma ed Sole | | i cemin | | cription o | | | | - | Т | уре | 1 |
| Asbestos-Containing TO BE ABA | | Ma | intena | ince/ | | estos Conta e. thermal s | | iterial (ACM) | 100 | Amount (Specify | 77 | | E | m |
| In Facili | | Cus | todial (12) | | , | surfac | ing, VAT | , or | | F or LF) | Remova | Repair | Encapsulate | Enclosure |
| (13) | | | (, | - | 1 m 1 m | other m | iscellane | ous) | | | ova | pair | ula | Sure |
| | | Yes | No | N/A | - 111 | | | | | | - | | 6 | 1 |
| OCD Boiler | Room | X | | | lii e . | | pipe | | | 45 l/f | X | _ | | |
| | | \Rightarrow | | | | | Tank | | | 350 s/f | $\langle \rangle$ | - | - | - |
| F Building Ba | | | | | ittings | | - | 51 | | - | - | - | | |
| Tenant H | | -/- | V | | | | | | - | | $\langle \rangle$ | - | | - |
| Name of Registered Was | | | | NJ DEP W | laste | Cubic Y | /Mastic | The second second | | 50 s/f ered Landfill | \triangle | | | L |
| | | | - 33 | Hauler ID | | of Wast | | Name of | regist | C.CG Lanuilli | | | | 8 |
| Freehold Cartage | | | 9 3 | - 222 | 53 | | 6 | BFI Imp | erial L | andfill | 35 | | | |
| City, State | | | | | | Disposa | | City, Stat | te | - | | | | 10 |
| Freehold, NJ | | Title | | | | | /31/12 | Imperial | , PA 1 | 15126 | | | | |
| Completed by | lent | | | Sįį | gnature | 17/ | 1 | 1 | ite | | 7 | | | |
| Michael Cooper | | | | | A STEWNS | | | 3/2 | 8/12 | | | | | |

| Date of Notification (1) | | | 1 | Name of | Building C |)wner/Operato | r (2) | 117) 15 | CF | 7 11 | 7 12 | - | - | David. |
|------------------------------|--|-------------|------------------|------------------|--|----------------------------|-------------|---------------------------------|-------------------|----------|-------------------|----------|-------------|-----------|
| | ch 12, 2012 | | | | and the same of th | Johnson | & Joh | nson | 9 E | U V | | 1 | 11 | |
| Agencies Notified | Type Notification | | | Street Ad | | += 202 DO | Doy ' | 200 | | | | 11 | | |
| EPA | Initial | | - | | | ite 202, PO | BOX . | 300 | APR - | - 20 | 17 - | - | 1 | |
| DEP | Amended Amendment # | 3 | | | e, Zip Coo | | | | | 30.000 | (24 | 100 | | |
| X DOL | Emergency (ir | | - Inches | | NJ 0886 | 09 | | <u> </u> | Tolophor | o Num | hor | | 4— | |
| DOH | justification) | | | Name of | | | | | Telephor | ie ivuii | ibei | 7 | | |
| DCA | Cancellation | | P | | Manager | | | | Seman. | · | | - | _ | - |
| Name of Facility Where | Abatement is Taking | Place (3) | | FACIL | ITY INFO | RMATION | Туре | of Facility (4 | 1) | 18-49 | W. PT., | | | |
| Ortho Diagnostic / J | | | | | | | | School (K-12 | 2) | | | ** ** ** | | |
| Street Address | Offison a doffiso | | | | 1 | | | Subchapter | 8 (Other tha | | | | h | |
| 1000 / 1001 Route 2 | 202 | | | | | | \boxtimes | Other (i.e. poetc.) | rivate & com | mercia | ai build | ıngs, | nome | es, |
| City (5) | | | 1210-50 | | | | Squa | are Feet | # of Floo | s | BI | dg. A | ge | |
| Raritan, NJ | | | | | | | | | 3 | | | | | |
| County (6) | | | | County C | | | Curr | ent Use (Prio | or if being de | molish | ed) | | | |
| Somerset | | | | (STATE U | SE ONLY) | | | | Faci | lity | | | | |
| Name of Monitoring Fire | m Hired by Building C | wner (8) | | ASCM | No. | Nam | e of Ab | atement Con | tractor (9) | | | | | |
| Bulava Environmen | | | | | | The | MACK | Group, LI | LC. | | | | | |
| Street Address | | | | | | | et Addre | | | | | | | |
| 12 Kilmer Drive | | | | 27130 | | 1500 | Kings | s HWY N, | STE 209 | | | | | |
| City, State, Zip Code | | | | 1907-1919 | Second Control | City, | State, | Zip Code | | | | | | |
| Hillsborough, NJ 08 | 844-3830 | | | | | Cher | ry Hill | , NJ 08034 | 4 | | | | | |
| Project Manager for Mo | The second secon | | | Telephor | ne No. | Tele | phone I | No. | Lice | nse N | 0. | | | |
| Edward J. Bulava | | | 9 | 08-874 | -6207 | (973) | 759 | - 5000 | 007 | 81 | | | | |
| Start Date (10) | | Schedule | ed Con | npletion [| Date (11) | Nam | e of OS | SHA Monitor | | | | | | |
| 2/2/1 | 2 | | | 12/31/1 | 2 | The | MACK | Group, LI | LC. | | | | | |
| Occupancy Status Duri | ng Abatement (Check | Only On | e) | | - | Stree | et Addre | ess | | | | | | |
| Facility Closed/Va | cated During Entire P | eriod of A | Abaten | nent | | 1500 | Kings | s HWY N, | STE 209 | | 100 | | | |
| Abatement Perform | med Outside of Norm | al Facility | Hours | 3 | | City, | State, | Zip Code | | | | | | |
| Other - Describe: | | | | +011- | | — Cher | rry Hill | , NJ 08034 | 4 | | | | | |
| Scope of Work (Check | All That Apply) | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf | | ⊠ F | Renova | ition | | | X F | ull Containme | ent with Neg | ative F | ressur | е | | |
| ≥160 sf or ≥260 lf | | | Demolit | tion | | | NC Z | lini-Enclosure llovebag Proc | | | | | | |
| | | | | | | | | on-Exempted | | Friable | Proced | dure | | |
| | 2 | le | Locat | ion | | | | | | | | | emen | t |
| Landi | on of | 7,0,00 | Norma | | | Descripti | on of | | | | | T; | pe | |
| Locati Asbestos-Containir | | | d Sole | | Asbes | tos Containing | | al (ACM) | Amour | | 1 | | ш | |
| TO BE A | | | intena todial | | (i.e. | thermal syste surfacing. \ | | | (Speci SF or L | | Re | Z. | nca | ncl |
| In Fa | | | (12) | | | other miscel | | | 3F 01 L | r) - | Removal | Repair | Encapsulate | Enclosure |
| | -7 | - | | T - | | | | | | | <u>a</u> | 5 | ate | ō |
| | | Yes | No | N/A | | | | | | | \7 | - | - | - |
| OCD Boil | er Room | $\perp X$ | | | | pipe | 9 | | 45 1/ | | $\langle \rangle$ | | - | - |
| _" | - | X | | | | Tan | k | | 350 s | /f | X | | ļ | |
| F Building | Basement | | | | fitting | gs | | 51 | | X | | | <u> </u> | |
| Tenant | House | | X | | | Vat/Ma | stic | | 150 s | /f | X | | 9 (| |
| Name of Registered W | | 1 | - 1 | NJ DEP V | | Cubic Yards | 3 | Name of | Registered I | .andfill | | | W | |
| Freehold Cartage | | | | Hauler ID 222 | | of Waste | | BFI Impe | erial Land | fill | | | | |
| City, State | | | | | | Disposal Da | ite | City, Stat | | | - | | | |
| Freehold, NJ | | | | | | 12/31/ | /12 | Imperial. | PA 1512 | 6 | | | | |
| Completed by | | Title | | | - | Signati | | 1/2/ | 0 | 4 | ite | | | |
| Michael Cooper | | Presid | dent | | | -// | | // | | 3/1 | 2/12 | | | 0.000 |
| Michael Goopei | - calculation and an approximate the four | | | | | | | | | | | | | |

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

| Location of | | s Location | y | Description of | | | Abate Ty | emen pe | t |
|--|--------------|---|--------------|--|---------------------------------|------------------|-------------|-------------|-----|
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Use Ma | ed Solel aintenan itodial S (12) | y by ice/ | Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | |
| | Yes | No | N/A | | | ļ-, | | Ф | |
| Tenant House | | X | | pipe insulation | 33 lf | X | | | |
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| Date of Notification (1 | | | | | | Owner/Op | | | | | 2 5.0 | - 17-3 P | | 19 | |
| | oruary 21, 2012 | | (| | | tic / Johr | nson 8 | & Johr | nson | 9 15 | 11 W | 5 | 7) | | |
| Agencies Notified | Type Notification | | | Street Ac | | | | | 1 | | | | | | |
| EPA | Initial | | | | | oute 202 | , PO | Box 30 | 00 | | | | | ¥ | |
| DEP | Amended Amendment | # 2 | | City, Stat | | | | | II A | 28 | 4 201 | 2 | | | |
| DOL | Emergency | # <u>~</u> (including | - | Raritan, | | | | | | | | | | | |
| □ DOH | justification) | | | Name of | | | | | 1 | 16 | elephone | lumber | c | | |
| ☐ DCA | Cancellation | | | Project N | | | | | | 1 | | | _ | [| |
| Name of Escility Whe | ere Abatement is Takir | n Place (3 | ` | FACIL | LITY INF | ORMATIC | NC. | Type | of Facility (| 4) | - | | | | |
| | | | , | | | | | | | | | 1.0 | | | |
| Ortho Diagnostic / Street Address | Johnson & Johns | 5011 | | | - | - | | | School (K-1 Subchapter | | her than K | -12) | | | |
| | | | | | | | | | Other (i.e. | | | | dings | , hom | es, |
| 1000 / 1001 Route | 202 | | | | | | | € | etc.) | - Tu | - f = 1 | | Note: | A | |
| City (5) | | | | | | | | Squar | e Feet | # 0 | of Floors | | 3ldg. | Age | |
| Raritan, NJ | | | | 0 | \I (7\ | | | - | - 1 H (D - | 16.1 | 3 | Cala ad | | | |
| County (6) | | | | County C | | 0 | ********* | Curre | nt Use (Pri | or if be | | | | | |
| Somerset | | | | | | | | | | | Facility | | | | |
| Name of Monitoring F | irm Hired by Building | Owner (8) | | ASCM | No. | | | | ement Cor | | r (9) | | | | |
| Bulava Environme | ental, Inc. | | | | | | | | Group, L | LC. | | | | | |
| Street Address | | | | | | | | Addres | | | | | | | |
| 12 Kilmer Drive | | | | | | | | | HWY N, | STE | 209 | | 300-00 | | |
| City, State, Zip Code | | | | | | | | State, Zi | | NO. | | | | | |
| Hillsborough, NJ (| CONTRACTOR NAME AND ADDRESS OF THE OWNER OWN | | | | | Personal Section in the Party Section 1975 | Commence of the Commence of th | NJ 0803 | 4 | | | | | | |
| Project Manager for N | Monitoring Firm | | | Telephor | | | (1850) (185 0) | none No | | | License | No. | | | |
| Edward J. Bulava | | | | 908-874 | | | | 759 - | | | 00781 | | | | |
| Start Date (10) | | Schedule | | mpletion [| | | | | A Monitor | | | | | | |
| 2/2 | | | | 12/31/1 | 2 | | | | Group, L | LC. | | | | | |
| | uring Abatement (Che | ck Only Or | ne) | | | | | Addres | | | | | | | |
| Facility Closed/ | Vacated During Entire | Period of | Abate | ment | | Ľ | | - | HWY N, | SIE | 209 | | | | |
| Other - Describe | ormed Outside of Norr e: | nai Facility | Hour | S | | | | State, Zi | | | | | | | |
| | | | | | | | Cherry | y Hill, | NJ 0803 | 4 | | | | | |
| Scope of Work (Chec | ck All That Apply) | 15-71 | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf | 14 | 1 | Renov | | | | | \/ | Containm | | h Negative | e Pressu | re | | |
| ≥160 sf or ≥260 | П | | Demol | ition | | | | | i-Enclosure vebag Pro | | | | | | |
| | | | | | | | | | -Exempted | | | ole Proce | dure | | |
| | | Is | Loca | tion | | | | | | | | | | temen | t |
| Loca | ation of | | Norma | 30 Billion 1 | | Des | cription | n of | | | | | T - | уре | T |
| | ning Material (ACM) | | d Sol | ely by ance/ | | stos Conta | | | | | Amount | | | Щ | |
| | ABATED acility | | todial | Staff? | (i.e | thermal | system: ing, VA | | tion, | | (Specify F or LF) | Remova | Re | Encapsulate | Enclosure |
| | 13) | | (12) | | | other m | | | | | | VOC | Repair | Sula | DSur |
| | | | | | | | | | | | | <u>a</u> | 7 | ate | (D) |
| | | Yes | No | N/A | | | | | | -0 | | | | | - |
| OCD Bo | iler Room | $\perp X$ | | | | 2.75 | pipe | | | | 45 l/f | $ \langle \times \rangle$ | <u> </u> | | 1 |
| | ."_ | | | | | Tank | | | 3 | 350 s/f | X | | | | |
| F Building | Basement | X | | | | f | ittings | | | | 51 | X | | | |
| 1 Danding | Baccinone | | | | _ | | itarigo | | | | | | | - | |
| None of Decistored | Masta Haulas | | | · NJ DEP W | looto | Cubic | Varda | | Nama of | Dogical | ered Land | fill | | 1 | |
| Name of Registered | waste Hauter | | | Hauler ID | | of Was | | 11.0 | ivalile of | Regisi | ereu Lanu | 3111 | | | |
| Freehold Cartage | | | | 222 | | W. 2000 | 4.5 | | BFI Impe | erial l | _andfill | | | | |
| City, State | | | | | | Dispos | al Date | | City, Stat | | | | | | |
| Freehold, NJ | | | | | | 12 | 2/31/1 | 2 | Imperial, | PA | 15126 | | | | |
| Completed by | | Title | SWW_S- | , | | The state of the s | gnature | | 77 | 0 | | Date | | | |
| Michael Cooper | | Presid | dent | | | 11-1-1 | Man | 1) | 2 | | 2 | /21/12 | | | |
| | | | | | | | | - | | | | | | | - |

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

| February 10, 2012 Agencies Notified Type Notification EPA DOL Amended Amended Amended Bold Amended Amended Bold DOL DOCA DOCA DOCA DOCA DOCA DOCA DOCA DOCA | Date of Notification (1) | | | 77016 | Name of | f Building | Owner/Oper | rator (| 2) | E I | W/ E | 1 19 | 1 | | |
|--|--|------------------------------|-------------|--------|---|------------|--|----------------------|--|-------------------|--------------|---------------------------|----------|-------|--------|
| Part | Febr | uary 10, 2012 | | | Ortho D | iagnos | tic / Johnso | on & | Johnson | 15 | W L | 2 | | | |
| Dep Amended Amended Emergency (including Emergency (includ | Agencies Notified | Type Notification | | | Street A | ddress | | | I part | | | | | | |
| DOP DOL Amended Amended at 2 Energency (including) Name of Facility Where Abstement is Taking Place (3) Ortho Diagnostic / Johnson & Jo | ⊠ EPA | Initial | | | 1000 / 1 | 1001 R | oute 202, F | PO B | 300 Amm | , , | 0010 | 11 | | | |
| County (a) County (b) County Code (7) County (b) County (c) | DEP | Amended | 4 | | City, Sta | ite, Zip C | ode | - 4 | y sq - Alin | | 1 L. 1. 1 L. | 2.000 | | | |
| DOH | ■ DOL | | | | Raritan, | NJ 08 | 869 | | | | | | | | |
| Dock Cancellation Project Manager FACILITY INFORMATION | DOH DOH | | (including | | Name of | f Contact | | 1 | Str. | Те | lephone N | umber | | | |
| Assertion Asse | | | | | Project | Manage | er | | | 1 | 0/10/24 | 7004 | 7 | | |
| Street Address Street | | | | | FACI | LITY INF | ORMATION | | | 140 | F 1 4 - 4 | | | | |
| Subchapter 8 (Other fram K-12) County Code (7) County (6) Square Feet # of Floors Bidg, Ape Square Feet # of Floors Square Feet # | Contraction of the same of the | | | 3) | | | | | Type of Facility (| 4) | | | | | |
| 1000 / 1001 Route 202 | | Johnson & Johns | on | | 76 | | | | | | | | | | |
| 1000 / 1001 Route 202 | Street Address | | | | | | | | - Contract | | | | ldinas | hom | ies |
| Raritan, NJ County (6) County Code (7) Current Use (Prior if being demolished) Facility | | 202 | | | | | | 1 | | ,,,,, | <u> </u> | olar bar | umg | , | |
| County (5) County Code (7) County Code (7) Facility | City (5) | | | | | | | | Square Feet | # 0 | f Floors | | Bldg. | Age | |
| Somerset Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Bullava Environmental, Inc. Street Address 12 Kilmer Drive 1500 Kings HWY N, STE 209 City, State, Zip Code Hillisborough, NJ 08844-3830 Project Manager for Monitoring Firm Proved Manager for Monitoring for Monitoring Manager for Monitoring Manager for Monitoring Man | Raritan, NJ | | | | | | | | | | 3 | | | | |
| Someriset Name of Monitoring Firm Hired by Building Owner (8) Bulava Environmental, Inc. Street Address Uz Kilmer Drive Street Address Clty, State, Zip Code Cherry Hill, NJ 08034 Start Date (10) Scheduled Completion Date (11) Scheduled Completion Date (11) Street Address Start Date (10) Street Address Str | County (6) | | | | 100000000000000000000000000000000000000 | | 4 | | Current Use (Price | or if be | ing demol | ished) | | | 10.000 |
| Bulava Environmental, Inc. | Somerset | | | WESTER | (STATE) | ISE ONL | · | - | | | Facility | | | | |
| Street Address Street Address 1500 Kings HWY N, STE 209 | Name of Monitoring Fir | m Hired by Building | Owner (8) | 1 | ASCN | 1 No. | Na | ame c | of Abatement Con | tracto | (9) | | | | |
| 12 Kilmer Drive City, State, Zip Code City, State, Zip Code Cherry Hill, NJ 08034 Project Manager for Monitoring Firm Edward J. Bulava Start Date (10) Scheduled Completion Date (11) Name of Registered Waste Hauler Name of Registered Hauler Name of Registered Landfill City, State, Zip Code Cherry Hill, NJ 08034 Telephone No. (1973) 759 - 5000 00781 Name of OSHA Monitor Name of Registered Landfill Name of Registered Landfill Project Manager for Monitoring Firm Special Staff? Telephone No. T | Bulava Environmen | ital, Inc. | | | | | | | | LC. | | | | | |
| City, State, Zip Code Hillsborough, NJ 08844-3830 Froject Manager for Monitoring Firm Telephone No. Edward J. Bulava 908-874-6207 973) 759 - 5000 00781 Start Date (10) 2/2/12 Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describle: Scope of Work (Check All That Apply) 3 sf or >280 ff > 280 ff > 2 | Street Address | | | | | | St | reet A | Address | | | | | | |
| Hillsborough, NJ 08844-3830 Project Manager for Monitoring Firm Edward J. Bulava Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor The MACK Group, LLC. Occupancy 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) 3 sf or > 3 if > 3 sf or > 3 if > 3 sf or > 2 if | 12 Kilmer Drive | | | | | | 150 | 00 K | ings HWY N, | STE | 209 | | | | |
| Project Manager for Monitoring Firm Edward J. Bulava 908-874-6207 Start Date (10) Scheduled Completion Date (11) 12/31/12 The MACK Group, LLC. Occupancy Status During Abatement (Check Only One) Facility Closed/vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Street Address 1500 Kings HWY N, STE 209 City, State, Zip Code Cherry Hill, NJ 08034 Renovation Demolition Renovation Demolition Street Address 1500 Kings HWY N, STE 209 City, State, Zip Code Cherry Hill, NJ 08034 Renovation Demolition Street Address 1500 Kings HWY N, STE 209 City, State, Zip Code Cherry Hill, NJ 08034 Abatement Type Abatement Type Asbestos-Containing Material (ACM) In Facility (13) Yes No N/A OCD Boiler Room OCD Boiler Room Normally Yes No N/A Pipe 45 I/f Tank 350 s/f Name of Registered Waste Hauler Name of Registered Waste Landfill Name of Registered Landfill Name of Regi | City, State, Zip Code | | | | | | Cit | ty, Sta | ate, Zip Code | | | | | | |
| Edward J. Bulava 908-874-6207 (973) 759 - 5000 00781 | Hillsborough, NJ 08 | 3844-3830 | a | | | | Ch | erry | Hill, NJ 08034 | 4 | | | | | |
| Start Date (10) 2/2/12 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Street Address 1500 Kings HWY N, STE 209 City, State, Zip Code Cherry Hill, NJ 08034 Scope of Work (Check All That Apply) 3 s for 23 lf 2160 s for > 260 lf Renovation Demolition Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exemp | Project Manager for Mo | onitoring Firm | | | Telephor | ne No. | Te | elepho | one No. | 1-7.71 | License | No. | | | |
| 2/2/12 12/31/12 The MACK Group, LLC. Occupancy 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) 3 st or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition To BE ABATED In Facility (13) OCD Boiler Room -"- Name of Registered Waste Hauler Name of Registered Waste Hauler Name of Registered Waste Hauler Freehold Cartage City, State Title Title Tank To BE ABATED Abatement Type | Edward J. Bulava | | | | 908-874 | 1-6207 | (97 | 73) 7 | 59 - 5000 | | 00781 | | | | |
| Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Periormed Outside of Normal Facility Hours Cherr Describe: Scope of Work (Check All That Apply) > 3 sf or ≥3 lf ≥160 sf or ≥260 lf Street Address | Start Date (10) | | Schedul | ed Co | mpletion I | Date (11) | Na | ame o | f OSHA Monitor | | 8 | | | | |
| Facility Closed/Vacated During Entire Period of Abatement Abatement Period of Normal Facility Hours Chter - Describe: Scope of Work (Check All That Apply) Scope of Work (Check All That Apply) | 2/2/1 | 2 | | | 12/31/1 | 2 | The | e MA | ACK Group, L | LC. | | | | | |
| Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Cherry Hill, NJ 08034 Scope of Work (Check All That Apply) Sophish Service of Work (Check All That Apply Service of Work (Check All Tha | Occupancy Status Duri | ing Abatement (Chec | k Only O | ne) | | | Sti | reet A | Address | | | | | | |
| Abatement Performed Outside of Normal Facility Hours Cherry Describe: City, State, Zip Code | Facility Closed/Va | cated During Entire | Period of | Abate | ment | | 150 | 00 K | ings HWY N, | STE | 209 | | | | |
| Scope of Work (Check All That Apply) | Abatement Perform | | | | | | Cit | ty, Sta | ate, Zip Code | | | | | | |
| Salidity Second | Other - Describe. | | | | | | - Ch | erry | Hill, NJ 08034 | 4 | | | | | |
| Demolition Demolition Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and N | Scope of Work (Check | All That Apply) | | | | | | ******* | | | | | | | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Ves No N/A OCD Boiler Room Name of Registered Waste Hauler City, State Freehold Cartage City, State Freehold, NJ Completed by Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) From Day In Facility (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) From Day In Facility (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) From Day In Facility (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) From Day In Facility (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) From Day In Facility (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) From Day In Facility (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) From Day In Facility (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) From Day In Facility (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) From Day In Facility (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) From Day In Facility (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) From Day In Facility (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) From Day In Facility (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) From Day In Facility (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) From Day In Facility (i.e. thermal systems insulation, surfacing, VAT, or othe | | | \boxtimes | Renov | ation | | | \geq | Full Containme | ent wit | n Negative | Pressu | ire | | |
| Non-Exempted (*) and Non-Friable Procedure | ≥160 sf or ≥260 lf | | | Demol | ition | | | K | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) OCD Boiler Room Name of Registered Waste Hauler Preehold Cartage City, State Freehold, NJ Completed by Is Location Normally Used Solely by Maintenance / Custodial Staff? (12) Normally Used Solely by Maintenance / Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT. or other miscellaneous) Property of the maintenance of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT. or other miscellaneous) Property of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT. or other miscellaneous) Property of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT. or other miscellaneous) Property of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT. or other miscellaneous) Property of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT. or other miscellaneous) Property of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT. or other miscellaneous) Property of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT. or other miscellaneous) Property of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT. or other miscellaneous) Property of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT. or other miscellaneous) Property of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT. or other miscellaneous) Property of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT. or other miscellaneous) Property of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT. or other miscellaneous) Property of Asbestos Containing Material (ACM) (i.e. ther | | | | | | | | F | | | Non-Friab | le Proce | dure | | |
| Normally Used Solely by Maintenance / Custodial Staff? (12) Yes No N/A | | | Τ. | | tion. | | | | | (/ | | | | temen | it |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A OCD Boiler Room Name of Registered Waste Hauler NJ DEP Waste. Hauler ID No. City, State Freehold Cartage City, State Freehold, NJ Completed by Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems ins | | | 1 | | | | | 7,00 | | | | | T | уре | |
| Maintenance/ Custodial Staff? (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF Tank Signature | | | | | | Asbes | | | | - 1 | mount | | | | |
| OCD Boiler Room -"- Name of Registered Waste Hauler Name of Registered Landfill Octive, State Freehold Cartage City, State Disposal Date City, State Freehold, NJ Completed by Title Signature Date | TO BE A | BATED | 7.00 | | \$1000 market for 6 | | thermal syst | tems | insulation, | (| Specify | R | מ | nca | En |
| OCD Boiler Room -"- Name of Registered Waste Hauler Name of Registered Landfill Octive, State Freehold Cartage City, State Disposal Date City, State Freehold, NJ Completed by Title Signature Date | | CINCON | 000 | | | | | | | S | or LF) | ome | ера | psu | dos |
| OCD Boiler Room -"- Name of Registered Waste Hauler Name of Registered Landfill Octive, State Freehold Cartage City, State Disposal Date City, State Freehold, NJ Completed by Title Signature Date | (13 | ,, | | Ι | | | Other misc | enane | (ous) | | | \varepsilon \varepsilon a | a; | late | ure |
| Name of Registered Waste Hauler NJ DEP Waste. Hauler ID No. of Waste Freehold Cartage City, State Freehold, NJ Completed by Title NJ DEP Waste. Cubic Yards of Waste BFI Imperial Landfill City, State Disposal Date 12/31/12 Imperial, PA 15126 Date | | | Yes | No | N/A | | | | | | | | | 10 | |
| Name of Registered Waste Hauler NJ DEP Waste. Hauler ID No. of Waste Freehold Cartage City, State Freehold, NJ Completed by Title NJ DEP Waste. Cubic Yards of Waste BFI Imperial Landfill City, State Disposal Date 12/31/12 Imperial, PA 15126 Date | OCD Boile | er Room | \times | | | | pig | oe . | | 20 | 45 l/f | X | | | |
| Name of Registered Waste Hauler NJ DEP Waste. Hauler ID No. Freehold Cartage City, State Freehold, NJ Completed by Title NJ DEP Waste. Cubic Yards of Waste BFI Imperial Landfill City, State Disposal Date 12/31/12 Imperial, PA 15126 Date | | | | | | | | | | $\langle \rangle$ | - | | | | |
| Freehold Cartage 22253 4 BFI Imperial Landfill City, State Disposal Date City, State Freehold, NJ 12/31/12 Imperial, PA 15126 Completed by Title Signature Date | | | | | · Id | IIK | | | 50 5/1 | | + | | | | |
| Freehold Cartage 22253 4 BFI Imperial Landfill City, State Disposal Date City, State Freehold, NJ 12/31/12 Imperial, PA 15126 Completed by Title Signature Date | | | | | - | | | | | | | | <u> </u> | | |
| Freehold Cartage 22253 4 BFI Imperial Landfill City, State Disposal Date City, State Freehold, NJ 12/31/12 Imperial, PA 15126 Completed by Title Signature Date | | | | | | | T-2-77-02-1 | | | , | | | L | | |
| Freehold Cartage 22253 4 BFI Imperial Landfill City, State Disposal Date City, State Freehold, NJ 12/31/12 Imperial, PA 15126 Completed by Title Signature Date | Name of Registered W | aste Hauler | | | | | | ds | Name of I | Registe | ered Landf | ill | | | |
| City, State Disposal Date City, State Freehold, NJ Completed by Disposal Date 12/31/12 Imperial, PA 15126 Date | Freehold Cartage | | | | | | Transcel Constitutions of | 1 | BEI Impe | rial I | andfill | | | | |
| Freehold, NJ Completed by Title 12/31/12 Imperial, PA 15126 Signature Date | | diministration of the second | | | | | | | | | arrann | | | | |
| Completed by Title Signature Date | The state of the s | | | | | | E AND SON AND SON AND SON ASSESSED. | | | | 5126 | | | | |
| | | | Title | | | | The second secon | at a second contract | A CONTRACTOR OF THE PROPERTY O | 0 | | Date | | | -0- |
| | | | Presid | dent | | | | Zi- | 12//- | | 21 | 10/12 | | | MI J |

 $[\]ensuremath{^{\star}}$ Do not use this form for asbestos licensure exempted activities.

| Date of Notification (1) | | -// | | Name o | f Building | Owner/0 | Operato | r (2) | 110 | E | O E | - | | | 10.00 |
|--|---|-------------|------------------|--------------------------------------|------------|---|------------------|--|--------------------------|----------|------------|--------------|--|-------------|------------------|
| The state of the s | uary 01, 2012 | | | Carlos Street Street Wilder Contrage | iagnosi | tic / Jol | hnson | & Joh | nson | E | CE | 11 W | The state of the s | I I | 7 |
| Agencies Notified | Type Notification | | | Street A | | | 0 00 | Б 0 | | | | ************ | | HI | 11 . |
| EPA | Initial | | | | 1001 Rd | | 12, PO | BOX 3 | 00 11 111 | A | PR 1 | 004- | | 44 | - |
| DEP | Amended Amendment | # | | | ite, Zip C | | | | | | 1, 4 | 2012 | | | E C |
| 2002 | Emergency | | - 1 | | NJ 088 | | | | 1 1 | Te | lanhana N | Lumbar | | + | |
| DOH | justification) | | | | f Contact | | | | Į. | 1 16 | lephone N | umber | ,! | | |
| ☐ DCA | Cancellation | ľ. | | | Manage | | 1011 | | | au | | | - | | |
| Name of Facility Where | Abatement is Takin | g Place (3 |) | FACI | LIIYINF | ORMAT | ION | Туре | of Facility (| 4) | - No. | | ************************************** | | - |
| Ortho Diagnostic / J | ohnson & Johns | son | | | | | | | School (K-1 | 2) | | TOTAL | | | . / |
| Street Address | | | 10.55 | | | | | ΊП : | Subchapter | 8 (Oth | | | | | |
| 1000 / 1001 Route 2 | 202 | | | | | | | | Other (i.e. p etc.) | rivate | & comme | rcial bui | lding | s, hon | ies, |
| City (5) | | | | | | | | + | re Feet | # (| of Floors | | Bldg. | Age | |
| Raritan, NJ | | | | | | | | | | | 3 | İ | | | |
| County (6) | | | | County | Code (7) | | - | Curre | nt Use (Pri | or if be | eing demol | lished) | | - | |
| Somerset | | | | (STATE U | USE ONLY | ′′ | | | | | Facility | | | | |
| Name of Monitoring Fire | m Hired by Building | Owner (8) | | ASCM | 1 No. | | Name | e of Aba | tement Cor | tracto | | | | | |
| Bulava Environment | tal Inc | | | | | | The N | MACK | Group, L | LC. | | | | | |
| Street Address | , | | | | | 3-411 | | t Addres | | | | | | | - 340 |
| 12 Kilmer Drive | | | | | | | 1500 | Kinas | HWY N, | STE | 209 | | | | |
| City, State, Zip Code | *************************************** | | | | | | | | ip Code | | | | | | |
| Hillsborough, NJ 08 | 844-3830 | | | | | | Acres State | | NJ 0803 | 4 | | | | | |
| Project Manager for Mo | | | Telepho | ne No. | | 110000000000000000000000000000000000000 | hone N | 131-101-101-101-101-101-101-101-101-101- | | License | No. | | | 13160 | |
| Edward J. Bulava | | | ç | 908-874 | 1-6207 | | (973) | 759 - | 5000 | | 00781 | | | | |
| Start Date (10) | | Schedule | | | Date (11) | | | | HA Monitor | | | | | | |
| 2/2/1: | 2 | | | 2/10/12 | 2 | | The N | ИАСК | Group, L | LC. | | | | | |
| Occupancy Status Durin | ng Abatement (Ched | k Only On | ne) | | | | ******** | t Addres | | | | | - | | |
| Facility Closed/Va | cated During Entire | Period of A | Abater | ment | | | 1500 | Kings | HWY N, | STE | 209 | | | | |
| Abatement Perform | ned Outside of Norn | | | | | | City, | State, Z | ip Code | | | | | | |
| Other - Describe: | | | 2000 | | | - | Cherr | y Hill, | NJ 08034 | 4 | | | | | |
| Scope of Work (Check / | All That Apply) | | | | | and World of Bully and | | naturnianos (| 1 | | | | 0.00 | | 20-568101- |
| ≥3 sf or ≥3 lf | | X F | Renova | ation | | | | X Ful | I Containme | ent wit | h Negative | e Pressi | ıre | | |
| ≥160 sf or ≥260 lf | | | Demoli | tion | | | | 57 | ni-Enclosure | | | | | | |
| | | | | | | | | | vebag Prod n-Exempted | | | ole Proce | edure | | |
| | | le | Locat | ion | | 7.0000 | | | | | | | | temer | nt |
| Locatio | on of | | Norma | | | Do | escriptio | n of | 1 | | | | | уре | |
| Asbestos-Containing | | 25555 | d Sole | | Asbes | stos Con | 경기에 있다면 얼마를 받는다. | | (ACM) | / | Amount | | | m | |
| TO BE A | | | intena todial | Staff? | (i.e | therma | I system | | ition, | | Specify | Re | Z) | nca | Enc |
| In Fac | | - 7040,0000 | (12) | | | | miscella | | | 5 | F or LF) | Remova | Repair | Encapsulate | Enclosure |
| | | | | 1 | | | | | | | | <u>a</u> | = | ate | 9 |
| | | Yes | No | N/A | | - | | | | | | | / | | ļ |
| OCD Boile | er Room | X | | | | | pipe | | | | 45 l/f | X | | | |
| _"_ | | | | | Tank | | | 3 | 850 s/f | X | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | - | | 1 | | | | | | | + | 1 | 1 |
| Name of Registered Wa | aste Hauler | | T. | NJ DEP W | laste. | Cubic | Yards | | Name of | Regist | ered Land | fill | 100 | | |
| Traine of Registered We | aste (Taule) | | (3) | Hauler ID | | of Wa | | | Ivaliic or | tegist | cica Lana | | | | |
| Freehold Cartage | | | | 222 | 53 | 1 1 | 4 | | BFI Impe | erial L | andfill | | | | |
| City, State | | 1.5 | | | | Dispo | sal Date | 9 | City, State | Э | | | 11 | | |
| Freehold, NJ | - Par - 20 - | | | | | | 2/10/12 | 100 | Imperial, | PA 1 | 15126 | | | | |
| Completed by | III SARAMAN III II AAAAAA | Title | | | | 5 | Signatur | e/ | 7/ | 1 | | Date | - | | D. 1. 10.8. 14.5 |
| Michael Cooper | A. | Presid | ent | | | n-k | Justin- | | | | 2 | /1/12 | | | |

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

| No ch | eck | | | | | | Parties of the same | Y P m m | n n | 17 1 | | THE PARTY NAMED IN |
|--|-----------------------------|----------|------------------|-----------|------------------------|--|--------------------------|---|-----------|-----------|-------------|--------------------|
| Date of Notification (1) | | | | Nam | e of Buildir | g Owner/Operato | r (2) Lawrencevil | I School | 11 / | 7 [| | 1 |
| A CONTRACTOR OF THE PARTY OF TH | | | | | . A .l.l | 1110 | Lawrencevii | ic School | | | | |
| Agencies Notified EPA | Type Notification Initial | | | Stree | et Address | Route 206 & | & Main Stree | t PO Box 660 | 2672 | 712 | | Щ |
| DEP DOL | Amended Amendment | | | City, | State, Zip | | renceville, N | 11 08648 | | | | |
| ⊠ DOH | Emergency (i justification) | ncludin | g | Nam | e of Contac | | renecyme, r | Telephone Num | her | - Ó: | _ | _ |
| DCA | Cancellation | | | IVAIII | | mes Kesilmar | 1 | rolephony | | | 7 | |
| | | | | FA | CILITY IN | ORMATION | 16. | | (V. 1, A) | | | - |
| Name of Facility Where | | | | | | | Type of Facilit | y (4) | **** | | | |
| | Fath | ers H | all | | | | School (K- | I2) · 8 (Other than K-1 | 2) | | | |
| Street Address | Route 20 | 6 & N | <u> 1ain</u> | St. | 1 | | Other (i.e., homes, etc | private & commerc :.) | ial bu | | | |
| City (5) | Lawr | encev | ville | | | | Square Feet 12,000 SF | # of Floors | _ E | 3ldg [| Age 00 | |
| County (6) | Mercer | | | | inty Code (E ONLY) | 7) (STATE | Current Use (F | rior if being demole | , | | | |
| Name of Monitoring Fir | | Owner | | ASCN | l No. | Name of Abater | nent Contractor (| | | | - | |
| | Environmental | | | . 00 | 0112 | Ster | vens Environ | mental Servic | es, I | nc. | | |
| Street Address | | | | | - | Street Address | 200 | 222 | | | | |
| | 344 W.State S | treet | | | | City Chata Zin (| | Box 322 | | | | |
| City, State, Zip Code | Trenton, NJ 08 | 3618 | | | | City, State, Zip 0 | | n, NJ 08501 | | | | |
| Project Manager for M | 870 | TARREST | 1 | ephone | | Telephone No. | 50.0600 | License No. | 20.40 | 2 | | |
| | Veisgarber Jr. | 1.1.1.6 | | | 6-8101 | | 59-9688 Manitan | | 049 | 3 | | |
| Start Date (10) 2/24/12 | Sche | | 30mpi 4/16/ | | ate (11) | Name of OSHA | | nalytical Inc. | | | | |
| Occupancy Status Dur | ring Abatement (Che | | | 12 | | Street Address | | | | | | |
| ☐ Facility Closed/Vaca | ated During Entire Pe | eriod of | Abate | | | | 1056 St | elton Road | | | | |
| Abatement Perform Other - Describe: | | | ty Hou | ırs | | City, State, Zip C | | ny, NJ 08854 | | | | 0.00 |
| Scope of Work (Check | all that apply) | | | | | | | | W 25 | | | |
| ≥3 sf or ≥3 lf ★ ≥160 sf or ≥260 lf | | | enova emoliti | | | ☐ Mini-En | ag Procedure | gative Pressure on-Friable Procedu | re | | | |
| 2 | · mu | | Locati | | | | | No. | _ | | ment | |
| Location | ı of | | ormall Sole | | | Description of | f | | | Ту | oe r | _ |
| Asbestos-Containing TO BE ABA | | | ntenar ustodi | | | os Containing Mat thermal systems i | | Amount (Specify | 72 | R. | m | m |
| IN Facili | ty | | Staff? | | (1.6., | surfacing, VAT, | or | SF or LF) | Removal | Repair | caps | Enclosure |
| (13) | | | (12) | 1 | - | other miscellaned | ous) | | <u>a</u> | | Encapsulate | лe |
| | | Yes | No | N/A | | | | | | | æ | |
| basem | | | × | | | pipe insulati | | 550 LF | × | | | |
| | 1st floor | | | | | pipe insulat | | 620 LF | × | | | |
| 2nd flo | oor | | × | | | pipe insulat | ion | 30 LF | × | | | |
| Name of Registered Wa | acte Hauler | | LA | JDEP \ | Maste I | Cubic Yards | Name of Regi | stered Landfill | | | | |
| | ale Disposal | | | lauler ID | | of Waste 30 CU | | T.R.R.F., In | ıc. | | | |
| City, State | | 0615 | | 1/2 | | Disposal Date | Gity, State | *************************************** | | | | = |
| | Hamilton, NJ 0 | | | - | | 4/16/12/ | 11 | Tullytown, I | A | | | _ |
| Completed By Mahlon E. St | 10000 | | oiec | t Mar | ager | Signature | | 100000000000000000000000000000000000000 | 3/30 | /12 | | |
| T.IMITOTI IJ. DU | | | -100 | | | | | | | | | _ |

STEVENS ENVIRONMENTAL SERVICES FNC Check # 24684

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

| Date of Notification (1 | 2/15/12 gencies Notified Type Notification | | | Name of E | Building Owner | | or (2) E Lawrencevil | le School | P | пп | n | |
|--|--|----------------|----------------------|----------------------|----------------------|---------------------|---|---|-------------------|---------|-------------|-----------|
| Agencies Notified | | ion | | Street Add | dress | 1110 | Lawrencevii | ic School II. | 12 | # 1 | // | 5 |
| ⊠ EPA | Initial | | | | | 206 | & Main Stree | PO Box 6 | 6067 | **** | | 7/ |
| DEP DEP | Amended Amendmer | | _ | City, State | , Zip Code | Lav | vrenceville, N | 1 (11 API | 7 / | 7 20 |)12 | 11 |
| ⊠ DOH | ☐ Emergency justification | | ng : | Name of C | Contact | Lav | wicheevine, iv | Telephone N | umbor | | | - |
| DCA | Cancellatio | n [′] | (1) | | James Ke | silma | <u>n</u> | relephone in | umber | - | 7.1. | 7 |
| | | | | FACILIT | Y INFORMATI | ON | · | *************************************** | | | -7 | |
| Name of Facility Where | | | | | | | Type of Facility | (4) | 1411-W 1401 | | | |
| 01-11-11 | - Fat | hers F | lall | | | | School (K-1 | 2) | | | | |
| Street Address | Dauta 2 | 06 0-1 | | C4 | | | Other (i.e., r | 8 (Other than k private & comme | (-12) ercial b | uildine | 15 | |
| City (5) | Route 2 | 00 & I | viain | St. | | | homes, etc. |) | | | 200000 | |
| City (5) | Law | rence | rille | | | | Square Feet | # of Floors | | Bldg. | | |
| County (6) | Law | TCIICC | VIIIC | T County Co | ode (7) (STATI | | 12,000 SF | . | بلي | | 100 | |
| | Mercer | | | USE ONL | Y) | - | Current Use (P) | rior if being dem classroor | | 1) | | |
| Name of Monitoring Fin | | g Owner | T | ASCM No. | Name of | f Abater | ment Contractor (9 | | 113 | | _ | _ |
| | Environmenta | | | 00112 | | | vens Environ | | ices | Inc | | |
| Street Address | | | | | Street A | | | HOHITAI DOIY | 1003, | inc. | | |
| | 344 W.State | Street | | 24 - 51 | | | PO E | 322 Sox 322 | | | | |
| City, State, Zip Code | | | | | City, Sta | te, Zip (| | | | | - | |
| | Trenton, NJ (|)8618 | ٠ | | | | Allentown | n, NJ 08501 | | | | |
| Project Manager for Mo | A Company of the Comp | | 133 | ephone No. | Telephor | | | License No. | | | | |
| | eisgarber Jr. | | 100000 | 9) 656-81 | | | 59-9688 | | 0049 | 93 | | |
| Start Date (10) 2/24/12 | Sch | | 30mple 4/1/1 | tion Date (11 |) Namé of | OSHA I | | alytical Inc. | | S | | |
| Occupancy Status Duri | ng Abatement (Ch | | | | Street Ac | ddress | ENISE III | ary tical life. | | | _ | _ |
| ☐ Facility Closed/Vaca | | | | | | | 1056 Ste | lton Road | | | | |
| Abatement Performe | | | y Hour | rs | City, State | e, Zip C | ode | | | | | _ |
| Other - Describe: | | ly | | | | | Piscataway | , NJ 08854 | | | | |
| Scope of Work (Check a | all that apply) | | | | | - " 0 | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | novation molition | | | Mini-Enc Gloveba | ntainment with Neg closure ag Procedure empted (*) and Non | | ure | | | |
| | | | ocatio | | | | | | | Abate | ment | |
| Location | of | | omally Solely | | Descrir | ption of | | | | . Typ | e | - 2 |
| Asbestos-Containing M | | Main | tenand | ce/ Asi | oestos Containi | ing Mate | erial (ACM) | Amount | | 71 | m | m |
| TO BE ABAT | ED | | stodial taff? | (1 | .e., thermal sys | tems in | nsulation, | (Specify SF or LF) | dem | Repair | inca | inclo |
| (13) | | | (12) | | other misc | ellaneo | us) | or or Lr) | Removal | = | Encapsulate | Enclosure |
| * | | Yes | No | N/A | | | | | | | late | æ |
| baseme | nt | | × | | pipe ins | sulatio | on | 550 LF | × | | | |
| lst floo | <u>r </u> | | X | | pipe in | sulation | on | 620 LF | × | . 1 | | |
| 2nd floo | or | | × | | pipe ins | sulatio | on _ | 30 LF | × | | | |
| ame of Registered Was | te Hauler | | T NJ | DEP Waste | Cubic Yard | le | Name of Registe | ared Landfill | | | | |
| □ □ | e Disposal | | 0.0000 | uler ID No. 17297 | of Waste | | Traine of Registe | | | | | |
| ity, State | | | | 1/27/ | 30 CT Disposal Da | | City, State | T.R.R.F., I | ic. | _ | - | = |
| Ha | | | 4/1/12 | 11 | / \ / | Tullytown, | PA | | | | | |
| ompleted By | Title | | | | Signatu | 11-11 | | Date | IA | | - | = |
| Mahlon E. Stev | zene | Pro | iect l | Manager | 1 | 111 | | | 2/15 | /12 | | |

ASB-41 MAR 00

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

Check 1443

Print

| Date of Notification (1) 3/14/2012 | | XX | | | Building Ox Property | | ator (2) | | 1778 | Tin) | T- | |
|---------------------------------------|---|-----------------|---------------|------------------------|-------------------------|------------|------------------------|---|-----------------------|----------------|----------------|---------|
| Agencies Notified | Type Notification | | - 11 - 2 | Street Add 298 Ter | dress rminal Av | ve | | | | | | |
| DEP X DOL | Initial Amended Amendment | | | City, State Clark N | e, Zip Godi J | e | | APR | 4 2012 | | 1 | |
| DOH DCA | Emergency justification) Cancellation | | 81 2 | Name of 0 Danny I | Contact Matares | e / | İ | 42023 102 0 | Telephone N | lumber | - | |
| | | | | FACIL | ITY INFO | RMATION | | | | | | |
| Name of Facility Where | Abatement is Takın | g Place (3) | | | | | Tyr | oe of Facility (4 |) | | | |
| Private Property | | | | | | 4 | — □ | School (K-12 | () 3 (Other than K | 12) | | |
| Street Address | | | | | | | × | Other (i.e. pr | ivate & comme | rdal bui | idings. | hames. |
| 285 Terminal Ave | | | | | | | | etc.) | | | | |
| City (5) | | | | | | | | uare Feet | # of Floors | | Bidg. A +50 | ge |
| Clark NJ | | | | | | | | | | | . 00 | |
| County (6) | | | | County C | ade (7) SE ONLY) | | Co | rrent Use (Prio | r it being demo | (ISNEO) | | |
| Union | | w | Ľ | | | | * | | | Prince No. 100 | | |
| Name of Monitoring Fire | n Hired by Building | Owner (8) | | ASCM N/A | No | | | batement Contact Group I | | | | |
| N/A | | | | INA | | | | | | | | |
| Street Address N/A | | | | | | 5 | | d st Suite # | 16 | | | |
| City: State Zip Code N/A | | | | [4] | | | | , Zip Code ew York, NJ | 07093 | | | |
| Project Manager for Mo N/A | | | | | | 100 | elephone 201-758 | | License 00114 | | | |
| Start Date (10) 3/26/2012 | Start Date (10) Schedul | | | | | | | SHA Monitor vironmental | Corp | | | . 7 |
| Occupancy Status Duni | ng Abatement (Che | ck Only One) | | | | | treet Ado | | | | 6 | |
| ☐ Facility Closed/Va | cated During Entire | Period of Ab | atem | ent | | 1 " | | oute 22 Wes | t | | 0 | |
| | med Outside of Non | | | | | | | , Zip Code NJ 07083 | | | | |
| Scope of Work (Check | All That Apply) | | | | | | | | | | | |
| 23 sf pr 23 # 2160 sf pr 2260 # | | | nova nolit | | | | | Full Containme Mini-Enclosure Glovebag Prod Non-Exempted | redure | | | e |
| | *************************************** | 1 | | | | | | | | | Abate | ement |
| | | | ocati rmai | SEEDER | | D | | | | | Ty | /pe |
| Location Asbestos-Containin | | Used | Sole | ly by | Asbest | | iption of ting Mate | rial (ACM) | Amount | | | n |
| TO BE A | BATED | Maint Custos | | | (i.e. t | thermal sy | | | (Specify | - R | , <u>m</u> | Enca |
| In Fac (13 | | | (12) | | | other mis | g, VAT, ≀ cellaneo | | SF or LF) | gnoval | Repair | psulate |
| 1,, | · è | bour | | X128 | | | | 7. | 4 | 2 | | ate |
| main floo | - 00° | Yes | No | N/A X | | 12 x12 | floor ti | la l | 2680 SF | × | - | |
| THAP IND | × 283 | | | 1 | * | 14 A 14 | 11001 11 | 123 | 2000 31 | | | |
| 4 | | | | | | ***** | A | | | | | |
| | | | | - | | | | | | | | - |
| Name of Registered Wi | acte Harrier | 1 | T N | JDEP W | etes | Cubic Ya | ards | Name of | Registered Lan | afill | | 1 1 |
| 124 | Freehold Cartage Inc | | | | | of Waste | | - | W.s. North L | | | |
| City, State Freehold, NJ | | 1. | | 126164 | Disposal | Date | City, State Morrisv | e ille, PA | | | | |
| | | Title | | | | Sin | nature | | | Date | | |
| Edwin Precilia | ompleted by Title | | | | | | de | . /1 | 6. | 3/14/ | 2012 | |

CK D23097

State of New Jersey

| NOTIFICATION OF | ASSESTOS | ABATEMENT |
|-----------------|----------|-----------|

| Date of Notification (1) | / 1 2 | (Purs | Na | NJAC 8: 60 and 12: 120-) ne of Building Owner/Opera t Authority of NY & NJ | itor (2) | E.C.E. | 15 | | | | | | | | |
|--|------------------------------|--|-----------------------|---|---|--|----------------------------|--------------------------------------|--------------------------------------|-----|--|--|--|--|--|
| Agencies Notified Type of No | | Street Address 241 Erie Street APR 4 2012 | | | | | | | | | | | | | |
| 200000000000000000000000000000000000000 | | | City, State, Zip Code | | | | | | | | | | | | |
| [] DEP [X] Initia | | | V. CI. NICOTAL | | | | | | | | | | | | |
| [X] DOL [] Amer Amer | ided idment# | | Jer | | | | | | | | | | | | |
| | gency (including ication) | | Na | ne of Contact | Spen was to | Telephone Numl | oer | | | | | | | | |
| [] DCA [] Canc | ellation | | Ra | ph Capione | | I | | | | | | | | | |
| Name of Facility Where Abatement is Taking Pl | ace (3) | | FACIL | ITY INFORMATION | Type of Facili | • | | | | | | | | | |
| Newark Liberty Internatial Airport | | | | | 1 !! | School (K-12) Subchapter 8 (Other tha | n K-12 | í | | | | | | | |
| Street Address | | | | | | Other (i.e., private & con | | | | | | | | | |
| 1 Brewster Road, Building 42 | | | | | | buildings, homes, etc.) | 1 8 | | | | | | | | |
| City (5) | ty (6) | | 1449975 | nty Code (7) ATE USE ONLY) | Square Feet | # of Floors Prior if being demolished) | Bldg. Age | | | | | | | | |
| Newark Essex | | | | | | | | | | | | | | | |
| Name of Monitoring Firm Hired by Building Ov | vner (8) | ASC | M | Name of Abatem | ent Contractor (9 | | | | | | | | | | |
| N/A | | | | J.R. Contracting | & Environmental | Consulting, Inc. | | | | | | | | | |
| Street Address | The second second | - | | Street Address | | | | | | | | | | | |
| | | | | 1141 Route 23 | | | | | | | | | | | |
| | | | | City, State, Zip C | ode | | | | | | | | | | |
| | | | | Wayne NJ 07470 | | I icansa No | | | - | | | | | | |
| Project Manager for Monitoring Firm | 1 ele | phone | Numbe | Telephone Numb | License No. 00408 | | | | | | | | | | |
| Scheduled State Date (10) Scheduled Completion Date (| | | | Name of OSHA N | | - | _ | | | | | | | | |
| 0 4 1 1 3 / 1 2 Month / Day / Year | 0 5 1 | | | 2 Enviro Vision Co | nsultants, Inc. | - | | 77. | | | | | | | |
| Occupancy Status During Abatement (Check on [X] Facility Closed/Vacated Duri of Abatement [] Abatement Performed Outsic [] Other - Describe: Scope of Work (Check all that apply) | ng Entire Period | Reno | evation olition | Street Address 20-21 Wagaraw I City, State, Zip C Fairlawn NJ 074 | ode 10 Full Contains Mini-Enclosu Glovebag Pro | cedure | | | | | | | | | |
| $[X] \ge 160 \text{ sf or } \ge 260 \text{ lf}$ | | | - | [X | Non-Exemted | (*) and Non-Friable Proced | | batem | ent T | vpe | | | | | |
| Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13) | No So Mai Cu | Is ocation ormally Used olely by ntenan- ustodial aff (12 | ce / | Description of Asbestos-Containi Material (ACM (i.e., thermal syste insulation, surfacin or other miscella | 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 N C L O S U R | | | | | | |
| Roof | - | | x | Roofing | | 6,000 SF | x | e i | | | | | | | |
| 033340 | | - | - | , , | | | + | \vdash | \dashv | | | | | | |
| | | - | | | | | + | - | \dashv | _ | | | | | |
| | | - | | | | | +- | \vdash | \dashv | | | | | | |
| | | | | | | | | | _ | | | | | | |
| | | | | T ₄ y | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | I N.II | DEP W | aste | Cubic Yards of Waste | Name | of Registered Landfill | | | | | | | | | |
| J.R. Contracting & Environmental Consulting, | | G.R.O.W.S | | | | | | | | | | | | | |
| City, State | Disposal Date | City, State | | | | | | | | | | | | | |
| Wayne NJ 07470 | | 7 | | | Morri | sville PA | | | | | | | | | |
| Completed by (Print or Type) | Title | Section. | | Signature (/ | | Date | | | | | | | | | |
| Jerry Bijelonic | Project Manager | | | 2 | | | 3/30 | 0/2012 G4667 | | | | | | | |

JK 9862

| Date of Notification (1) | 12 | T | Name | of Building | Owner/Operator (| | | 11 | 7 | | Palvan | | |
|---|---------------------------|---|----------|--|-----------------------------|--------------------|---|--------|----------|-------|-----------|--|--|
| 2 100 101 Geonard + Carolyn larating | | | | | | | | | | | 111 | | |
| Agencies Notified Type Notifi ☐ EPA ☐ Initial ☐ Amend | ed | | 15 | Address tate, Zip C | ackerm. | on Or | il. APR | 4 2 | 012 | | IJ | | |
| DHSS Amend | | | | 1/1 | .1 | 05 | 07423. | | | | | | |
| DCA Emerge justifica | ency (including ation) | ŀ | | of Contact | | , Tr. 1111 | Telenhone Numb | er | - 0 | | | | |
| Cancellation Leunard Taratino | | | | | | | | | | | | | |
| | | | | | FORMATION | 17177 | | | | | | | |
| Name of Facility Where Abatement is | Taking Place (| (3) | | | 1, 1 | Type of Facility | (4) | | | 7 | 1 | | |
| Street Address Single Fi | amily 1 | hitchen | | 2) 8 (Other than K-12) private and commerc | | ulding | 10 | | | | | | |
| 153 Octor mi | in 170 | He | | | • | homes, etc. | | nui Di | manni | ,,, | | | |
| City (5) | - Kus. | | | | 423 | Square Feet | # of Floors | | dg. A | ge | | | |
| County (6) | ** | | Coun | ty Code (7 |)(STATE USE ONLY) | Current Use (Pr | rior if being demolish | ned) | | | | | |
| Name of Monitoring Firm Hired by Bu | ilding Owner (8 |) / | ASCM I | No. | Name of Abateme | ent Contractor (9) |) | - | | | | | |
| Street Address | 1581V.E4 | 05 | | -1)) | DG19 Street Address | 515V. | 175 Inc | | | | | | |
| 301 F. War | ! 57 | | | | 860 | F. FI | 70214 | | 191 | "E | | | |
| City, State, Zip Code | . 1. | | | | City, State, Zip Co | ode | | | 1 | _ | SS 111 35 | | |
| Hight Stewn. | 175035 | | | | | 427 | 12) 1/1 | 3 | 6 | | | | |
| Project Manager for Monitoring Firm | 9 | 1 elep | ohone r | 129 | Telephone No. License No. | | | | | | | | |
| Start Date (10) | Scheduled Co | molet | ion Dat | e (11) | Name of OSHA Monitor | | | | | | | | |
| / / | / | mpier | _ / _ | | | MICOLLY | 5 I.x. | | | | | | |
| Occupancy Status During Abatement | (Check only or | ne) | | | Street Address | 7.0.0 | , , , | | 1 | | | | |
| K Facility Closed/Vacated During En | tire Period of A | baten | nent | | 200. | F. FI | 1706120 | ١. | 190 | 1 | | | |
| Abatement Performed Outside of Time of Abatement:AM | Normal Facility PM/ | Hours _PM | s - Desc | cribe AM | City, State, Zip Co | ode | 15 070 | | h | | | | |
| Scope of Work (Check all that apply) | | | | | 55.00 | / | | | <u> </u> | | | | |
| ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf | ☐ Ren | | | | ☐ Mini-Enc ☐ Glovebag | g Procedure | gative Pressure on-Friable Procedure | 9 | | | | | |
| | ls l | ocati | on | | | | | 1 | atem | ent T | vpe | | |
| Location of Asbestos-Containing Material (AC <u>TO BE ABATED</u> IN Facility (13) | (M) Used Mair Custo | Description of estos Containing Material (ACM) e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) | | | | | | | | | | | |
| | Yes | No | N/A | | | , | | | | O | | | |
| hitchen | | 図 | | VB | 77 | | 312 3% | À | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | - П | П | П | | | | | П | П | П | П | | |
| Name of Registered Waste Hauler | | | JDEP V | Vaste | Cubic Yards of | Name of Regis | Lstered Landfill | | | | | | |
| Global Wiste To | Justrie | | auler ID | No. | Waste UA | MINER | Vir Toter | 01 | 15 | € 5 | | | |
| City, State HM / 4/4/2001 | 25 | | / | | Disposal Date | City, State | burhh | / | H | • | | | |
| Completed By (Print or Type) | Title | - | *** | | Signature | | Dat | е | 7. | | | | |
| | | | | | 1// | 1 | | 7 7 | 1. | 17 | _ | | |



| Date of Notification (1) 4/2/12 | | Name of Building Owner/Operator (2) Nick Garafolo / Residence | | | | | | | | | | | | | | | | |
|--|--------------------------------|---|---|---|--------------------------|---|---|--|--|---------------------------------|----------|--------|---------|-----------|---------------|-----------|--|--|
| Agencies Notified | 1 | Street Ac 13516 | ldress Beach A | Ave | | | AP | R | 4 201 | 2 | 1 | 7 | | | | | | |
| EPA DEP DOL | Initial Amended Amendment | | City, State, Zip Code Beach Haven NJ 08008 | | | | | A ANTIS TO LEGIS | | | | | | | | | | |
| DOH DCA | instification) Cancellation | *L-1000-1000-10 | 1 | Name of Nick | Contact | | | - Alexandria | Telephone Number | | | | | | | | | |
| | | | | FACILITY INFORMATION | | | | | | | | | | | | | | |
| Name of Facility Where A Nick Garafolo / Res | | g Place (3) | | | | | | Type of Facility (4) School (K-12) | | | | | | | | | | |
| Street Address 13516 Beach Ave | | | | | | Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | | s, | | | | |
| City (5) Beach Haven NJ 08 | 3008 | | | | | | i. | | e Feet | # of 2 | Floors | | BI 35 | dg. A | ge | | | |
| County (6) ocean | | | | County C | ode (7) ISE ONLY) | | | Curren | nt Use (Prio Se | r if bei | ng demol | lished |) | | | | | |
| Name of Monitoring Firm | Hired by Building | Owner (8) | | ASCM | No. | | Name | of Abat | ement Conf | tractor | (9) | | | | | | | |
| N/A | | | | | | | Pern | aco In | ic. | | | | | | 200 July 1000 | | | |
| Street Address | | | | | | | | Addres 30x 32 | | | | | | | | | | |
| City, State, Zip Code | | - | | | \$ | | | y, State, Zip Code est Berlin NJ 08091 | | | | | | | | | | |
| Project Manager for Monitoring Firm | | | | - 1 To 1 to 1 to 1 to 1 to 1 to 1 to 1 to | | | | Telephone No. License No. 856-753-9800 00727 | | | | | | | | | | |
| Start Date (10) 4/12/12 | | Schedule 4/18/12 | | | | | | | ne of OSHA Monitor rnaco Inc. | | | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | | | Street Address | | | | | | | | | | | | | |
| Facility Closed/Vac Abatement Perform | ated During Entire | Period of A | batem | ement | | | | PO Box 329 City, State, Zip Code | | | | | | | | | | |
| Other – Describe: | led Outside of Norr | nai Facility | nours | | | | | | st Berlin NJ 08091 | | | | | | | | | |
| Scope of Work (Check A | II That Apply) | | | | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | - | | ovation olition | | | | | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| | | Τ. | | | | | | | Non-Exempled () and Non-1 | | | | | Abatement | | | | |
| Location | n of | . N | Locati Iormal | y ∙ | | De | escription of | | | | | | Туре | | | | | |
| Asbestos-Containing TO BE AB In Faci (13) | Material (ACM) ATED lity | Mai | d Sole ntenar odial S (12) | nce/ | | tos Con therma surfa | taining N I system Icing, VA miscellar | Material s insula NT, or | | Amount (Specify SF or LF) | | | Removal | Repair | Encapsulate | Enclosure | | |
| Exterior S | Siding | | | х | | Exte | erior Si | ding | 3400 SF | | 00 SF | × | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | - | | | | | | |
| Name of Registered Wa | İN | NJDEP Waste Cubic | | | ubic Yards Name | | Name of F | ne of Registered Landfill | | | | | | | | | | |
| United Containers | | | | Hauler ID No. of Waste 22459 | | | | | | | | | | | | | | |
| City, State Elm NJ | | | | | Disposal Date 4/18/12 | | | | City, State Morrisvi | | 19067 | 7 | | | | | | |
| Completed by Title Anthony T Perna President | | | | | 1 | Signature | e | | Date 4/2/12 | | | | | , | | | | |