2 /	16 his		Name of	Building LAYL	Owner/Operator	(2) ATE DRE	FOUND			
	Type Notification		Street Ad		, , ,		1			=
egencies Nouthed			30 881 70	-	- & C1	FRMD.	VT Dray	7'		
] (P)) 7. 0=		-	Cn. 81214	• Zin Co					7	
2001	Amendment #		Chy, State	8. <i>D</i> p 00	GLERI	MONT.	NJ. 082	-10		_
	Emergency (in justification)	priority	Name of				Telentos Nimb			
D 00H D 00H	Cancellation			5/04			* -			1
							<u>-</u>			$\neg \neg$
			FACILI	TY INFO	HOTANS	7 77.	141			
ame of Facility Where	Abatement is Takin	g Place (3)				Type of Facility	20			
PES	IDENCE					School (K-12) 3 (Other than K-12	ì		
		7 -	*	MCC.		One (Le., p	uvate g commetcia	bulang	3 .	
6899	DUNE]	NIVE				Square Feet	# of Floors	Bldg	Age	
		2000				1000	. 2	4	OT	
1 U	ALON, N	1,5				1000	for if being demoks	ned)		
County (6)	920				ISTATE	Current ose (r.	CONT			
CAPE	MIN		USE ON		711	neni Convador (9				
Name of Marvioring Fin	m Hired by Building	Owner	ASCH NO.		Name of Abater	co Za	C1			
(8)	J/A						,	-		
Street Adoress					769	S. SPRU	CE AVE.			
					5	0 - 4 :				
City State, Zip C∞de					Cry, State, 21	OLD CHA	DE, NJ	2805	٢_	
3.1). 32.6, 22					Telephone No.		LICENSE NO			
Praci Manager lor M	orvioning Firm	. Tele	an anada		856-7	79-047	004	49_		
					Name of OSHA					
Sian Date (10)	Sche	souled Comple	erbu Dare	(11)	TOCK	PKALEN	1 M			
· L/ / 20 /1		1/27/								
Common Status Div	vino Abatement (Che	eck only one)			7 Ln C	SPILUC	モカ しき,			
ED CINEDANIA	aled Dunna Entre P	euco or work	andi							
Abatement Perlorm	ned Outside of Norma	al Facility Hou	ırs		City, State, To	= SLIAD	E, N.J.	0805	52	
Other - Describe:										
Scope of Work (Check	k all mar apply)		-		Full C	ontainment with N	egative Pressure			
300 pc 0		Renova	lion .		□ MU-E	nclosure				
72.0		☑ Demais	on		Nor-8	xempled (') and h	Non-Friable Proced	oure	Dater	
23 \$1 01 23 11							1		20.01	
23 st or 23 II 2160 st or 2260 II		Is Local	ion						100	
23 st or 23 tl		Is Local Norma	by		Description	01	\$4500-000-000-00		10	
2160 st or 2260 II	20.01	Norma Used Soli	by by	As be s	Descriptor los Containing F	(ACM)	Amount			e
2150 st or 2260 II	on of ng Matenal (ACM)	Noma Used Soli Maintena Custoo	hy aly by snœl sial	Asbes (i e	tos Containing I	katerial (ACM) is insulation.	Amount (Specify SF & LF)			e
2160 st or 2260 II	on of by Material (ACM) BATED	Used Soli Maintena Custoo Staff	hy by snoe! stall ?	As De s (i e	ins Containing h	daterial (ACM) is insulation. AT, or	(Specity	Hemovia	Racou	*
Location Aspessos Containing	on of g Material (ACM) BATED Diny	Norma Used Soli Maintena Custoo Staff (12)	hy by shoce/	As Des	tos Containing F unermal system surfacing. V	daterial (ACM) is insulation. AT, or	(Specity			e
Location Aspessos Containin TO BE AS	on of SATED DITY	Used Soli Maintena Custoo Staff	hy by shoce/	As De s (i e	tos Containing I , thermal system surfacing, Vi other rivscella	(Asterial (ACM) is insulation. AT, or neous)	(Specity SF & LF)			e
Location 200 II	on of by Malenal (ACM) BATED Liny	Norma Used Soli Maintena Custoo Staff (12)	by by snoe/ sital ?	As De s	tos Containing F unermal system surfacing. V	(Asterial (ACM) is insulation. AT, or neous)	(Specity			e
Location Aspessos Containin TO BE AS IN Face	on of by Malenal (ACM) BATED Liny	Norma Used Soli Maintena Custoo Staff (12)	hy by shoce/	As be s	tos Containing I , thermal system surfacing, Vi other rivscella	(Asterial (ACM) is insulation. AT, or neous)	(Specity SF & LF)			e
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Location 200 II Aspestos Containin TO BE AS IN Fac (13	on of by Malenal (ACM) BATED Liny	Norma Used Soli Maintena Custoo Staff (12)	by by by sheet slial ?	(i e	tos Containing F. thermal system surfacing. Violen myscella	Asterial (ACM) is insulation. AT, or neous)	(Specify SF & LF)	Removal	Race	e
Aspestos Containon TO BE AS IN Fac (13	on of any Malenal (ACM) BATED CUTY I)	Norma Used Soli Maintena Custoo Staff (12)	by by by sheet state of the shee	(i e	tos Containing I , thermal system surfacing, Vi other rivscella	Asterial (ACM) is insulation. AT, or neous)	(Specify SF & LF)	Removal	Race	e
Aspestos Containon TO BE AS IN Fac (13)	on of one was the control of the con	Norma Used Soli Maintena Custoo Staff (12)	by by by sheet slial ?	(i e	Cubic Yards	Name of R	(Specify SF or LF)	Removal	Race	e
Location Location Aspessos Containin TO BE AS IN Fac (13) S 1 D 1 1	on of log Malenal (ACM) BATED Diry I) W (a) Waste Hauler C O LNC (Noma Used Soli Maintena Cusico Staff (12) Yes No	NOEP Y Hauler D	(i e	tos Containing F. Inermal system surfacing. Vi other inviscedia	Name of R	epistered Landfill	Removal	Race	e
Location Aspessos Containin TO BE AS IN Fac (13) SIDII Name of Registered K C E M (on of by Malenal (ACM) BATED DITY I) Waste Hauler CO [LNC.	Noma Used Soli Maintena Cusico Staff (12) Yes No	NOEP Y Hauler D	(i e	Cubic Yards	Name of R	equisiered Landill	Hemovisi U. S. N.	Race	e
Location Location Location Aspessos Contains TO BE AS IN Fac (13) SIDII Name of Registered K CEM (City State MDPLES	Wasie Hauler	Norma Used Soli Maintena Cusico Staff (12) Yes No	NOEP V Hauter D L 7 9 C	(i e	Cubic Yards of Waste Osposal Dal	Name of R Cry, State Cry, State Cry, State	epistered Landfill	Hemovisi U. S. N.	Rothiu	e
Location Aspessos Containing TO BE AS IN Fac (13) SIDII Name of Registered K C E M (Wasie Hauler	Noma Used Soli Maintena Cusico Staff (12) Yes No	NOEP V Hauter D L 7 9 C	(i e	Cubic Yards of Waste Osposal Dal	Name of R C / N C City, State U 0 0	equisiered Landill	Hemovil U. A. N. E. I.	Rothiu	e

Date of Notification (1)		ng Owner/Operator		Tinc			it	
Agencies Natified Type Notification	Street Address	+TECH	CON LICIAC	IING				_
Agencies Notified Type Notification □ ⊞A □ ☑ Initial		RT. 50		# 51 I				_
DEP Amended	City, State, Zip	Code	#I V. 1					
DOL Amendment # Emergency (including	GREEN	JFIELD,	N.J.	28530				_
Ø DOH justification;	Name of Conta	\sim	4	Telephone Numb	er			
Cancellation	BRUCI		116					-
	FACILITY IN	FORMATION	1 = 1 : 2 : 1:	*				
Name of Facility Where Abatement is Taking Place (3)			Type of Facility					
RESIDENCE Street Address			Subchapter	8 (Other than K-12				
2831.W 5 ±+	AVE.		homes, etc	orivate & commercia .) # of Floors		ings,		
City (5) OFAN CTY			1000		_1	10		_
County (6) COPE MAY	County Code (USE ONLY)	7) (STATE	Current Use (P	nor if being demolis	hed)			
Name of Monitoring Firm Hired by Building Owner	ASCM No.	Name of Abatem	nent Contractor (9					
(8) N/A		KLEN	uco In	C				_
Street Address		Street Address						
		369		UCE AVE				-
City, State, Zip Code		City: State, Zip C	E SHA	T 1/1 = 0	08	¿n'	7.	
Tal	enana Na	Telephone No.	EUHA	License No.	0	112		=
Project Manager for Monitoring Firm Tele	ephone No		9-0472		4			_
Start Date (10) , Scheduled Comple		Name of OSHA		7				
4/20/15 4/27/	15	JOSEPH	Kiemu	1)R			_	
Occupancy Status During Abatement (Check only one)	C 1747-11792	Street Address	. Spruce	= Ave				
Facility Closed/Vacated During Entire Penod of Abate	meni rs	City, State, Zip C		3 1106				-
Abatement Performed Outside of Normal Facility Hou Other - Describe:		 Description of the second of th	SHADE	N.7 08	05	2		_
Scope of Work (Check all that apply)		☐ Full Cor	ntainment with Ne	gative Pressure				
>3 sf or >3 lf Renovati		Mini-End	closure	3				
	n	Gloveba	ag Procedure empted (*) and N	on-Friable Procedur	е			
. Is Location	875 U.I.				A	bater Typ		
Normally Location of Used Solet		Description of			<u> </u>	170		
Ashestos-Containing Material (ACM) Maintenan	ce/ Asbes	tos Containing Mat thermal systems in	erial (ACM)	Amount (Specify	ח		Enc	四
TO BE ABATED Custodia Staff?	(i.e.	surfacing, VAT,	or	SF or LF)	Remova	Repai	aps	Enclosure
(13) (12)		other miscellaned	(SIK		oval	air	Encapsulate	ure
Yes No	N/4			· ·				
SIDING	X	TRAWSIT	E	18000	X			
STRICO								
							_	_
Name of Redistered Waste House	JDEP Waste	Cubic Yards of Waste	Name of Reg	stered Landfill	. A			
Klomeo Inc.	3uler ID No.	_5	C.M	C. M. U.	H			-
City, State		Disposal Date	City, State	n 18 1h	7	-		
MAPLE SHADE N.)		18:0000110	1 0000	DBINE N	1.7			=
MICHAEL KLEANS VICE.	PRESIDENT	Signature	lD/L	4	16	11	8	



Date of Notification (1)				Name of	f Building	Owner/C	perator	(2)							
April 2, 2015			Tom Deeney Check # 1971												
Agencies Notified X EPA	Type Notification				^{ddress} raisbury	Avenu	je		No.			100			
DEP X DOL	Amended Amendment #				ate, Zip Co on Town		IJ 080:	33	No which	h-1				Ser.	
DOH DCA	Emergency (i justification) Cancellation	ncluding			f Contact Deeney	1122			.,,	Tel	ephone Ni	imher			
				FACI	LITY INFO	ORMATI	ON								_
Name of Facility Where Residence	Abatement is Taking	Place (3)						of Facility (4 School (K-1)						
Street Address 509 Graisbury Aver	nue							×	Subchapter Other (i.e. poetc.)	8 (Oth			lding	s, hom	ies,
City (5) Haddon Township								Squa 1,50	ire Feet 10	# 0	f Floors	1.00	Bldg. 35	Age	
County (6) Camden					Code (7) USE ONLY)			ent Use (Prio idence	r if be	ng demolis	shed)			
Name of Monitoring Firm EHS Environmenta	, ,	wner (8)		ASCN	Λ No.				atement Con vironment						
Street Address 411 Southgate Cou	ırt, Suite E							Addre Cutle	ss r Avenue						
City, State, Zip Code Mickleton, NJ 0805	6								ip Code ade, NJ 08	8052					
Project Manager for Mor Jack Carney	nitoring Firm			856-224-0080 85				none N 755-0			License 00842	No.			
Start Date (10) April 13, 2015		Schedule April 15							HA Monitor poratories			7/			
Occupancy Status Durin	g Abatement (Check	Only On	ne)	Stree					ss ·						_
	ated During Entire P			ment 200 Route 130 North											
Other - Describe:		ar r domity	110010						son, NJ 0	3077					
Scope of Work (Check A	II That Apply)	112476274						_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		annesses .	Renova Demolit				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
		le	Locati	ion						1 / 41.	0 11011 1110			temen	it
Location	n of	N	Normal	ly		De	scription	n of	1				_ 7	уре	
Asbestos-Containing	Material (ACM)		d Sole intena			tos Cont	taining N	/ateria		50	mount			ш	I E
TO BE AB In Faci (13)	lity	235-865	todial S (12)		(i.e.		system cing, VA niscellar	T, or			Specify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								a		ate	ıre
Basem	ent	XXX			Pipe	Insula	ation		1	1 LF	Х	-			
Name of Registered Was	ata Marilas			LIDED W	lasta	Loubia									
Freehold Cartage	NJDEP Waste Hauler ID No. 02265 Cubic Yard of Waste														
City, State Freehold, NJ						Disposal Date 4/15/2015									
Completed by Christina Lynch		Title Opera	ations	ions Manager Signature Date 4/2/20							2015				

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

Date of Notification (1)	Name of Building Owne	Operator (2)	os no
416117	marie +	13000 12000	COI NO
Agencies Notified Type Notification	Street Address	My MP.	
☐ EPA ☐ Initial	(568)	s/49/1900	
DEP Amended DOL Amendment #	City, State, Zip Code	SOCIU AIT	0775
Emergency (including	FOTTION	Musculu / 10 3	oloob ··
DOH justification)	Name of Contact Eric Plackis	23 40	7
DCA Cancellation	FACILITY INFORMA	TION	
Name of Facility Where Abatement is Taking Place (3)	PAGILITI INFORMA	Type of Facility (4)	
		School (K-12)	
Street Address		Subchapter 8 (O	
668 ISCAN AVE-		Other (i.e. private etc.)	& commercial buildings, homes,
City (5)			of Floors Bldg. Age
LOCA MONMOUTH		967	1 42
County (6)	County Code (7)	Current Use (Prior if b	eing demolished)
Nonmouth	(STATE USE ONLY)	- Home	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contract	5.700.000
		Brick Industries Inc.	
Street Address		Street Address	
		P.O. Box 915	
City, State, Zip Code		City, State, Zip Code	22
		Brick, New Jersey 0872	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No. 01196
) - 1-1'- D-1- (44)	(732)899-7499	01190
Start Date (10) Scheduled C	Completion Date (11)	Name of OSHA Monitor	
Occupant Status During Abstract (Check Only One)	(0)13	Street Address	
Occupancy Status During Abatement (Check Only One)	340	Street Address	
Facility Closed/Vacated During Entire Period of Abat Abatement Performed Outside of Normal Facility Ho	ement	City, State, Zip Code	
Other – Describe:		only, onlin, ap cont	
Scope of Work (Check All That Apply)			
	ovation	Full Containment w	ith Negative Pressure
	olition	Mini-Enclosure	
		Glovebag Procedur	re and Non-Friable Procedure
101		Z Non Examples ()	Abatement
Nor	nally	Description of	Туре
Ashestos Containing Material (ACM) Used S	olely by Ashestos C	Description of ontaining Material (ACM)	Amount m _
TO BE ABATED Custodia		nal systems insulation,	(Specify Removed Report
In Facility (13)		rfacing, VAT, or er miscellaneous)	Amount (Specify SF or LF) Removal
	lo N/A	*	ate re
100 10	COLI		msf V
	2 21010	X	10001 8
		~	
		3	
Name of Registered Waste Hauler	NJDEP Waste Cu		stered Landfill
Brick Industries Inc.		Naste 6 GROWS	3
	21602		
City, State Brick, New Jersey	Dis	11211	
DICK, INCW JCISCY			
Completed by Title		Signature C	Date

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



& Emergency &

Date of Notification (1)				Name of	f Building (Owner/C	Operator	(2)		-	1/	-				
4/6/15				Robert	t Destefa	anis P	rivate	Home	9							
Agencies Notified EPA	Type Notification			Street A 834 Bo	ddress ouline D	rive				h.	ě	- 1				
DEP	Amended			City, Sta	ite, Zip Co	de					0.00					
X DOL	Amendmen Emergency		- 1	For	ked o	·ver	NIT	· 0	8731							
DOH DCA	justification) Cancellation		1000	Name of Robert	f Contact t				of the second such	Tel	ephone	Numi	oer	1941	lica	
				FACI	LITY INFO	PRMATI	ION								-	
Name of Facility Where Robert Destefanis	Abatement is Takir Private Home	ig Place (3)						Туре	of Facility ((4)					797.25	
Street Address	1 Trvate Florite				· ·				School (K-1 Subchapter		or than I	Z 12\				
834 Bouline Drive								X	Other (i.e. p	private	& comm	ercial	build	lings,	home	es,
City (5) .									etc.) re Feet	1#0	f Floors	_	Тъ	ldg. A	00	
Forked Riv	e. N.T. C	18731						1000)+	1.			3	5+	ige	
County (6) Ocean			(County (STATE L	Code (7) USE ONLY)			Hou	nt Use (Pri se	or if bei	ng demo	olishe	d)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCM	No.	,		of Aba	tement Cor	ntractor	(9)					
Street Address								Addres								
City, State, Zip Code				12 1152-11			City, S	State, Z	ip Code							
Project Manager for Mor	nitorina Firm). 		Telephoi	ne No			t Berli	n NJ 080	91	Licens	- N-				
	intering 1 iiiii							753-9			0072					
Start Date (10) 4/6/15		Scheduled 4/9/15	Com	Completion Date (11) Name Sam				1	HA Monitor	20						
Occupancy Status Durin	g Abatement (Che	k Only One)					Addres	SS	-						
Facility Closed/Vac Abatement Perform	ed Outside of Norr	Period of Ab	atem	nent s City, State, Zip Code												
Other – Describe:						-		W 8								
Scope of Work (Check A	II That Apply)		41-5-													
≥3 sf or ≥3 lf		-	novat						l Containm		Negativ	ve Pre	essur	e		- 3
≥160 sf or ≥260 lf		× De	moliti	on			Mini-Enclosure Glovebag Procedure									
							×		n-Exempte		d Non-F	riable	Pro	cedur	е	
			ocatio											Abate Ty	ment	
Location Asbestos-Containing		Used	rmall Solel		Ashoo	De Con	scription taining N	of	(4014)			+		,,,		П
TO BE AB	ATED `	Main Custo	tenar		(i.e.	thermal	system	s insula	tion,		mount Specify	-	Re	ZJ	Enc	g
In Facil (13)			(12)	tuii:			cing, VA niscellar			SF	or LF)		Remova	Repair	Encapsulate	Enclosure
2. 12.		Yes	No	N/A				,					al	7	late	ıre
exteri	or			Х		win	dow ca	ulk		5	units		x			
							-									
Name of Registered Was	ste Hauler		99762	JDEP Wauler ID		Cubic of Was	Yards ste		Name of		ered Lan	dfill				
United Containers				2459		1			G.R.O.	W.S.						
City, State							sal Date		City, Stat							
Elm NJ	38	1					Morrisville PA 19067									
Completed by Anthony T Perna		Title Presid	ent			S	Signature	/			-	Date				



S CARLO	Carried and	1000	Burger Street	100000000	Charge 1915
166.55	SECTION 1	10000	APPENDING.	Marine A	
18000	25E35		1136	Or	\mathbf{m}
1030	Chicago.	30.85年末	A 2 450 KA		电线性性

		1	NOTIFI (P	CATION	N OF ASB to NJAC	ESTOS	ABATE	MENT)	CP	SE	195	6	\mathbb{V}		R
Date of Notification (1) 4/6/15				Name o Brend	f Building an L Wa	Owner/o	Operator ivate H	(2) lome		3	APR	a 7	n i k		
	Type Notification			Street A	ddress rnrgat B	each [)rive			İ				-	
EPA DEP DOL	Initial Amended		-	City, Sta	ate, Zip Co	ode				F,5E	20,00			<u>i</u>	
	Amendment :		-		own NJ	08758				T-1-		NSING			
Ŭ DOH DCA	justification) Cancellation			Brian	Contact					Tele	phone N	umber			
Name of Facility Where Al	antomont in Takina	Diese /		FACI	LITY INFO	DRMAT	ION								
Brendan L Walsh Pri	vate Home	Place (3)	•			1	Person	Facility (4	5. O					
Street Address 94 Barnrgat Beach D	Prive	•						Sul X Oth	nool (K-12 bchapter & ner (i.e. pr	(Othe	er than K- commer	12) cial buil	dings,	hom	es,
City (5) Waretown NJ 08758								Square I 1000+		# of	Floors		31dg. <i>A</i>	ge	
County (6) Ocean				County (STATE	Code (7) USE ONLY			Current	Use (Prior	r if beir	ng demol	shed)			
Name of Monitoring Firm I N/A	Hired by Building C	wner (8)		ASCN	/I No.	y		of Abaten aco Inc.	nent Cont	ractor	(9)				
Street Address					-		A CONTRACTOR	Address Box 329						-//-	
City, State, Zip Code						4		tate, Zip (Berlin I	Code NJ 0809	91					
Project Manager for Monit	oring Firm		T	85				one No. 753-980			License 00727	No.			
Start Date (10) 4/6/15		Schedule 4/9/15	ed Com	Completion Date (11) Name of OSHA Same					Monitor					-	
Occupancy Status During	Abatement (Check	Only Or	ie)	Street Address											
X Facility Closed/Vacate Abatement Performed Other – Describe:	ed During Entire P d Outside of Norm	eriod of A al Facility	Abatem Hours	ement urs City, State, Zip Code						£			-		
Scope of Work (Check All	That Apply)				5.015-119-119-1		<u> </u>								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		_	tenova emoliti		35		×	Mini-E Glove	ontainmer Inclosure bag Proce	edure				3	
			Locati										Abate		1
Location of Asbestos-Containing Machine Asbestos-Containin	Naterial (ACM)	Use Ma	Normall d Solel intenar odial S (12)	y by nce/	Asbes (i.e.	tos Cont thermal surfa	scription taining M systems cing, VA niscellar	laterial (A s insulatio T, or	CM) n,	(S	nount pecify or LF)	Remova	Repair	e Encapsulate	Enclosure
		Yes	No	N/A				,				/al	5	ilate	ure
exterior hous	e only.			х		Exte	rior Sic	ding		110	00 SF	x			
second floo		х		F	loor tile	9		70	0 SF	x					
N					·	84									
Name of Registered Waste United Containers	Hauler		H	JDEP W auler ID 2459		of Was	Yards ste	1 8	lame of R		ed Landf	ill			
City, State Elm NJ			Disposal Date City, State 4/9/15 Morrisville PA 19067												
Completed by Anthony T Perna	*	dent	Signature 3 Date												

CK 26508

014508	NOTIFICATIO	State of New N OF ASB	v Jersey ESTOS AB	ATEMENT					X-same		
CK 26508	(Pursu	ant to NJAC 8	:60 and 12:12	0)			7 1	A *			
Date of Notification (1) April 6, 2015		Name of Build	ding Owner/Opera DnA D	emolition	/PD	45	,	Y :			
	Notification	Street Addres	s 2156 C	Camplain Road	Di-			1			
[x] DOL Amend	ded Notification dment # gency (including	City, State, Z	ip Code Hillsbo	orough, NJ 0884	4	<u> </u>		*			
[X] DOH justific	cation)	Name of Con	ntact Antonio Dimuz	io	Telephone Number						
	FA	ACILITY INFO	ORMATION								
Name of Facility Where Abatement is Taking I				Type of Facility (4							
Residence					School (k-12) Subchapter 8 (other	r than k-	12)				
Street Address 33 Crescent Road	2 1			[x]	Other (i.e., private homes, etc.)			buildin	gs,		
City	County (6)	County Code (STATE USE		Square feet 2000 sf	# of Floors 2	Bldg. A	Age 80				
Madison	Morris			Resid	r if being demolished) dence						
Name of Monitoring Firm Hired by Building	Owner (8)	ASCM No.	Name of	f Abatement Contrac Guar	ractor (9) uardian Contracting, Inc.						
Guardian Contract Street Address			Street A	ddress	889 Route 9, Unit 61						
1889 Route 9, Uni	it 61		City, St	ate. Zip Code							
City, State, Zip Code Toms River, NJ 0	8755				ns River, New Jersey 08755-1271						
Project Manager for Monitoring Firm	Telephone Num			one Number 49-9932	00624	inioci					
Nicholas Fernicola	732-349-993	pletion Date (11)		of OSHA Monitor							
Scheduled Start Date (10) 4/7/15	4/8/15	piction Date (11)	14.007481576	E.M Address	.S.L. Analytical						
Occupancy Status During Abatement (Check [X] Facility Closed/Vacate	only one) ed During Entire Period of	Abatement	Street 7		6 Stelton Road						
Abatement Performed Other – Describe	Outside of Normal Facilit	ry Hours	City, S	tate, Zip Code Pisc	ataway, New Jerse	y 0885	4				
				1 Full Contains	nent with Negative Press	sure					
Scope of Work (Check all that apply)			[x								
[x] >3 sf or ≥3 lf	[] Re	enovation	[] Glovebag Pro	ocedure	Draadu					
[] ≥160 sf or ≥260 lf	[x] D	emolition	L] Non-Exempte	ed (*) and Non-Friable F						
						Abate	ment	Гуре			
	Is Location		Descrip Asbestos-C		Amount	R E	R E	E N	E N		
Location of	Normally used Solely by		Material		(Specify SF	M	P	C	C		
Asbestos-Containing Material (ACM) TO BE ABATED	Maintenance/Custo	odial	(i.e., therm	al systems	or LF)	0	A I	A P	L		
in facility	Staff		insulation,			V	R	S	S		
(13)	(12)		VAT other misc			A		U	U		
	YES NO	N/A	other mase	J		L		L E	R E		
Basement	X	Duct v	vork		10 sf	X		_	-		
Basement	X	Transi	te over furnac	e	10 sf	X		1	-		
Dasonion								+-	-		
					a wintered I and fill						
Name of Registered Waste Hauler Guardian Contracting, Inc	c. NJDEP Waste 202		Cubic Yards of V	T.R.R	egistered Landfill .F.						
City, State		Disposal Date	City	, State	vania.						
Toms River, New Jersey Completed by (Print or Type)	Title	4/9/15 Tullytown, Piennsylvania, Date 1/6/20				ate /6/2015					
Nicholas Fernicola	Project Manager		YLLCTY	(te		170)13			

NOCK

Feder	al Notification of	Asbestos	Abate	ment (Pursu	ant to	NJAC 8:60-7 and 12:120-	-7)				
Date of Notification	0 1	a1 =	Nam	e of Building	Owner	r/Operator	1.0				
0 4 0	6	1 5	IMAC	Y'S CORPOR	RATE S	SERVICES (FEDERATED))				
Agencies Notified	Type of Notification	n	Stree	et Address							
X USEPA	Initial			ST SEVENT	H STR	REET					
X DEP	Notificatio	0.0									
X DCA/DOL	X Amended			State, Zip Co				+			
X DOH	Cancellati	on	CINC	INNATI, OHI	0 452	202					
			Name	e of Contact			Telephone Numb	er			
		- 1	Lour	DeMauro							
				ILITY INFOR	MATIC	ON .	1 2 1				
Name of Facility Where Ab	atement is Taking	Place	1710	in in the ore		Type of Facility			_		
						() School (K-12)					
MACY'S - LIVINGSTON M	ALL					() Sub-Chapter 8 (Oth	er than K-12)				
Street Address					7	(X) Other (I.e. private &	& Commercial				
SOUTH ORANGE AVE & \	A/ALNUT OTDEET	20				buildings, homes, etc					
City	County		County (Codo	-ISF (of Bldg. 1 MILLION +	# Floor		Age	of Bldg	l.
	County		State us		Curi	rent Use (prior if being dem		3		50+	
LIVINGSTON	MIDDLESS	EX	Jule 40	Comy	Our	rent ose (prior il bellig dell	iolistieu)				
Name of Monitoring Firm F	lired by Building O	wner		ASCM No.	Nam	ne of Abatment Contractor				_	
L2 951 E 101											
Pennoni Associates Inc. Street Address						M CONSULTING CORP.					
Street Address					Stre	et Address					
515 Grove Street Ste 1B					2450	O STANI EV TEDDAGE					
City, State, Zip Code						State, Zip Code					
					lony,	otate, zip oode					
Haddon Heights, NJ 08035					UNIC	ON, NJ 07083				3	
Project Manager for Monito	ring Firm	Te	lephone	No.		phone Number	License Number			377	
TO DE DETERMINED				anticipa y ministrano folimo							
TO BE DETERMINED Scheduled Start Date	Cabadulad	TO BE I	DETER	MINED	_	687-1008	0057	75			
ocheduled Start Date	Scheduled	Completic	on Date		INam	e of OSHA Monitor					
1 13	2015 5	15	2015	5	FMS	SLANALYTICAL					
Month Day	ear Month	Dav	Year		_	et Address					
Occupancy Status During A	batement (Check	Only One)		1						
Facility Closed/Vacat			bateme	ent		WEST 38TH STREET					
 X Abatement Outside N X Describe: 9:00PM T 		urs			City,	State, Zip Code					
Other - Describe:	0 6.30AW				NIEVA	VODE NV 40440					
Other Describe					INEV	/ YORK, NY 10118					
Scope of Work (Checl Only	One)			Abatement I	Method	1					
Demolition	107			X		Containment with Negative	Pressure				
>3sf or >3lf						Enclosure					
≥ 160sf or ≥ 260lf					Glove	ebag Procedure					
Renovation		- Da	1	- N1 II	Non-	Friable Procedure	1.				
ocation of ACM Facility		1000		on Normally	ш	Describtion of	Amount to be	Abate	ement 7	Гуре	
		10	Yes	Custodial Sta		ACM to be Removed	Removed	D	De	F	I=- ·
Brd Floor Sales Floor P	hase 2		100	140	TWA	Spray-on Fireproofing	(Specify SF/LF)	Rem.	Rep.	⊏⊓C.	Encl.
						Pipe insulation	500LF	x	\vdash		
						I PO MODICATOR	3000		-		-
								+		-	+
								+	\vdash		1
								1			1
Name of Registered Waste			NJDEF	Waste ID No	0.	Cubic Yds waste	Name of Registere	d Landfi	ill		-
RI-STATE TRANSFER AS: Dity, State	SOC., INC.		Diame	SW1896		TBD	MINERVA ENTER	PRISES	, INC		
BRONX, NY			Dispos TBD	al Date		City, State of Registered L	andfill				
Completed By (Print or Type	2)		Title			WAYNESBURG, OHIO			Date		
MOTHY RYAN	6)			DAI MANIAO		Thu Lya	1 1		Date		_
IIII IXIAN			GENER	RAL MANAGI	EK	11/11/11/19 P		19	I.	4/6/1	5

Check#2157

							*		
Date of Notification (1)				Name	of Building	Owner/Operator (2	2)	1.0	
04	06 : 15			Daniar	nin Caba	in.			
Agencies Notified	Type Notification			- 0	nin Cohe Address	II .		/	
	☑ Initial								-
▼ DOLWD	Amended		į		crest Av				
☑ DHSS	Amendment #				tate, Zip C			ANDLE	11.
DCA	☐ Emergency (in	cluding			ord, NJ 0		-		
(NJAC 5:23-8)	justification)			Name	of Contac	t		Telephone Nu	ımber
	Cancellation			Benjar	nin Cohe	en			
				FAC	CILITY IN	FORMATION			
Name of Facility Where Al	batement is Takın	g Place	(3)				Type of Facility	(4)	
Private house							School (K-12	2)	
Street Address								8 (Other than K-1	
									nercial buildings.
32 Hillcrest Avenue							homes, etc.	# of Floors	Bidg. Age
City (5)							Square Feet	# OI FIDUIS	blog, Age
Cranford, NJ 07016				1.0					17.7
County (6)				Count	ty Code (7)	(STATE USE ONLY)	Current Use (Pi	rior it being demo	oilsned)
Union									
Name of Monitoring Firm	Hired by Building	Owner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)	
						Gr Tech LLC			
Street Address						Street Address			
						576 Valley Rd #	283		
City, State, Zip Code						City, State, Zip Co			
						Wayne, NJ 0747	70		
Project Manager for Monit	toring Firm		Tele	phone	No.	Telephone No.		License No.	
*			32,030,00	*		973-638-1777	50	01127	
Start Date (10)	TSche	duled C	_ll elamole	tion Da	te (11)	Name of OSHA M	Appitor	01127	
04 / 15 /		04 /				100 00 00000 0000			
				_ ' -		Envirovision Co	onsultants, Inc		
Occupancy Status During						Street Address			
					oribo	20-21 Wagaraw		35 E	
Time of Abatement:						City, State, Zip Co	ode		
		-				Fair Lawn, NJ 0			
Scope of Work (Check all	that apply)						p and decontami		
		⊠ Re	novati	on		Mini-Enc	tainment with Ne closure	gative Pressure	
2 160 sf or >260 lf			molitic			Gloveba	g Procedure		
						☐ Non-Exe	empted (*) and N	on-Friable Proce	dure
		255	Locat						Abatement Type
Location			Norma d Sole			Description of		1	2 2 D D
Asbestos-Containing N TO BE ABA			intena			estos Containing Ma e., thermal systems		Amount (Specify	Enclosure Encapsula Repair Removal
IN Facilit		Cus		Staff?	(1.5	surfacing, VAT		SIF or LF)	psu
(13)			(12)			other miscellane	eous)	,	Enclosure Encapsulate Repair
		Yes	No	N/A					
Basement				X	Pipe ins	ulation		95 LF	
		П	П		- AP - 1110				
		ᆜᆜ	1	12	-				
		In	П						
Name of Registered Was	te Hauler		N.I	DEP Wast	l e Hauler ID No	Cubic Yards of Was	tel Name of Reg	L istered Landfill	
-	nondation and								
Gr Tech LLC				003378	55	TBD	T.R.R.F. Inc		
City, State						Disposal Date	City, State		
Wayne, NJ 07470						TBD	Tullytown, F	PA	
Completed By (Print or Ty	ype) Ti	le				Signature	7 , ,	1.	Date
N.Jevtic	0,	vner				4	I kn isto.	120	04/06/2015
ASB-41	101	TICI				- //e	while over		0.11/00/2015
MAY 11		a Do ne	u use i	his for	n for asbe	stos licensure egemi	oted activities.		

Date of Notification (1)				Name	of Buildin	g Owner/Operator (2)			- In		
4 / 6	/ 15	5		NJ.	TA Contr	act T300.311 /Jo	b #1501-4865	Check #7126		en 2		
Agencies Notified Type No	tification			Street	Address				* #	alī,	: 1	9
				PO	Box 505	0		1 22				
□ DOLWD □ Ame				City, S	State, Zip (Code		2 1	2 .	71	h	
	ndment #					e, NJ 07095		<u>-1</u>	1 - 1	7. C		
	gency (in ication)	ncluain	3		of Contac			Telephone Num	ber			
☐ Cano				Dai	Crum				-			
				FΔ	CILITY IN	FORMATION		*		9-		
Name of Facility Where Abatemen	is Takin	g Place	(3)		0121111	ii Oranizariora	Type of Facility	(4)				
Millions Inc Building		3 - 1	(-)				☐ School (K-12					
Street Address	-						Subchapter 8	Other than K-12	2)			
15 Pulaski Street							MOTHER (I.e., p	rivate and comme	rcial bu	ııldıng	JS,	
City (5)							Square Feet	# of Floors	BI	dg. A	ne .	
Bayonne							oquaio i oot	" 011 10010	0	ug. / (90	
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	 ior if being demoli	shed)			
Hudson				Joour	ity Code (i	MOTHIE GOL CIVETY	Building	or it being derrion.	oncuj			
Name of Monitoring Firm Hired by	Building	Owner	(8)	ASCM	No	Name of Abateme						
USA Environmental	Dunuing	OWINE	(0)	AUUIVI	140.	AbateTech, In						
Street Address						Street Address	10.		_		_	-
344 West State Street						30 Maple Ave	PO Boy 25					
City, State, Zip Code						City, State, Zip Co						
Trenton, NJ 08618						Lumberton, N						
Project Manager for Monitoring Fin			Tol	phone	No		10 00040	License No.				
John Duggan	11		1	9-656 09-656		Telephone No. 609-265-2107		00529				
Start Date (10)	Coho	dulad C			te (11)	Name of OSHA M		00329				
4 / _20_ / _15_			55) /		EMSL Analyt						
Occupancy Status During Abateme	ent (Chec	k only	one)			Street Address						
☐ Facility Closed/Vacated During				ment		200 Route 13	0 North					
☐ Abatement Performed Outside			•			City, State, Zip Co	ode					-
Time of Abatement:AM-	P	M/	PM		AM	Cinnaminson						
Scope of Work (Check all that appl	y)											
M > 2 of or > 2 lf							ainment with Neg	ative Pressure				
≥3 sf or ≥3 lf≥160 sf or >260 lf		☐ RE	novat			☐ Glovebag						
								n-Friable Procedu	re			
		1	Loca				i i		Ab	atem	ent T	уре
Location of			Norma			Description o			R	Z,	Щ	Ш
Asbestos-Containing Material (A	ACIVI)	777777	intena			stos Containing Ma e., thermal systems i		Amount (Specify	Removal	Repair	ıcap	ıclo
IN Facility		Cus	todial (12)	Staff?		surfacing, VAT,	or	SF or LF)	Val		Encapsulate	Enclosure
(13)		Vee	No.	NI/A	1	other miscellane	ous)				ate	
LINE L B III		Yes	-	N/A				00.07	K-3			
Millions Inc. Building					Conder	nsate Tank Insul	ation	32 SF		Ш	Ш	Ш
				П					П	П	П	
		7		+=-	-				-			
Non-Appelate 1987			Щ.		014	O. Li- V	I Name of David			Ш	Ш	
Name of Registered Waste Hauler			1100	IJDEP \ lauler II		Cubic Yards of Waste	Name of Regis		Land	C: 11		
Freehold Cartage				15939		6		Western Berks	Land	1111		
City, State						Disposal Date	City, State					
Freehold, NJ						6/30/15	Birdsboro,	PA				
Completed By (Print or Type)	Title	9				Signature	· A A	Da	ate 1	F		
Gwendolyn Trumbetti	C	perat	ons	Coordi	inator	$(\lambda \Lambda)$	1/0		4/10	111	5	
ASB-41		5/-							10	110		
MAY 11	*	Do not	use th	is form	for asbest	tos licensure exemp	ted activities.					

MAY 11

Date of Notification (1)	6 /	15	_				g Owner/Operator (act T300.311 /Jo		Check #7033		1.5		
Agencies Notified EPA	Type Notifi	cation				t Address	0	3.		7 8 /	Ūž	9	
□ DOLWD	☐ Amende	P.23.				State, Zip (2 5 5 4	14474	i Hi.		
□ DHSS	Amend	Beauti					e, NJ 07095		·	Ė			
DCA (NJAC 5:23-8)	☐ Emerge justifica		iding			e of Contac	10		Telephone Num	her			
(140/40 0.20-0)	☐ Cancell					n Crum			i rolopilollo rtali				
					FA	CILITY IN	FORMATION						
Name of Facility Where A	batement is	Taking P	lace (3)				Type of Facility	(4)				
Toll Plaza- Toll Coll	ection Bu	ilding						School (K-12					
Street Address									Other than K-12		حدثاء اثب		
Intersection of 53 rd	Ave & Ave	enue E						homes, etc.)	rivate and comme	iciai D	ullain	ys,	
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Bayonne								11				•	
County (6)	The file-				Cour	ntv Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demoli	shed)			_
Middlesex							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Toll Plaza		,			
Name of Monitoring Firm	Hired by Bu	ildina Ow	ner (8) [/	ASCM	No.	Name of Abateme	ent Contractor (9)					
USA Environmental			(-,	·		_	AbateTech, I	10.00					
Street Address							Street Address						_
344 West State Stre	ef						30 Maple Ave	PO Box 25					
City, State, Zip Code							City, State, Zip Co						
Trenton, NJ 08618							Lumberton, N						
Project Manager for Moni	torina Firm			Tele	ohone	No	Telephone No.	10 000-10	License No.				
John Duggan	toʻing r mir			11000		-8101	609-265-2107		00529				
Start Date (10)		Schedule	ed Cor				Name of OSHA M		00323				
4 /20 /	15			- 00 mm		15	EMSL Analyti						
Occupancy Status During	Abatement	(Check o	nlv on	e)			Street Address						
☐ Facility Closed/Vacate					nent		200 Route 13	0 North					
☐ Abatement Performed						scribe	City, State, Zip Co						
Time of Abatement: _	AM	PM/_		PM-		AM	Cinnaminson						
Scope of Work (Check all	that apply)							Manager of the American State of the America	2000				
≥3 sf or ≥3 lf			Reno	avati.				ainment with Neg	ative Pressure				
□ ≥160 sf or ≥260 lf			Dem				☐ Mini-Enc	osure g Procedure					
							Non-Exer Non-Exer	mpted (*) and No	n-Friable Procedu	re			
	97.8			ocati						Ab	atem	ent T	уре
Location			No Used	rmal		1	Description o	The property of the control of the c	- 5	R	Z,	Ш	ш
Asbestos-Containing TO BE ABA		M)	Main				stos Containing Ma ., thermal systems i		Amount (Specify	Removal	Repair	nca	nclo
IN Facilit		- (Custo		taff?	(1.6	surfacing, VAT,		SF or LF)	oval	=-	Encapsulate	Enclosure
(13)				(12)		-	other miscellane	ous)				ate	0
Toll Plaza Utility		Y		No	N/A	Window	v Glazing	*	120 LF				
Toll Plaza Utility			7.5	<u>a</u> X	100				100000000000000000000000000000000000000	-			
TOIL Plaza Utility						Windov	V Caulk		65 LF		片		
		L	J L					ir.			Ш	Ш	Ш
] [*					
Name of Registered Wast	e Hauler	9	i iv	200000	DEP \		Cubic Yards of	Name of Regist	tered Landfill				
Freehold Cartage				(0.000)	uler II 15939		Waste 20	Advanced 1	Western Berks	Land	fill		
City, State					.0000		Disposal Date	City, State					
Freehold, NJ							6/30/15	Birdsboro,	PA				
Completed By (Print or Ty	pe)	Title					Signature			ate i	,		
Gwendolyn Trumber		50505555	ratio	ns C	oordi	inator	1/10	118	7	1 1	0/1	5	
ASB-41								00.		, 1	1	_	

ASB-41 MAY 11

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

Date of Notification (1)		15	:		Name of Building Owner/Operator (2) NJTA Contract T300.311 /Job #1501-4865 Check #7128											
	- 2						act 1300.311/30	D#1501-4005	1 1 1							
Agencies Notified EPA	Type Notific	cation				t Address		- 46-75 THE TEXT	- 6H 3:	10						
☑ DOLWD	☐ Amende	ed				Box 505			10							
☐ DHSS	Amenda	nent#	ă Î	_		State, Zip		& TITE 4911								
☐ DCA	☐ Emerger		cludin	g			e, NJ 07095		Tolophone Number							
(NJAC 5:23-8)	justificat	3000000 5 00			100	of Contac	ot .		Telephone Num	ber						
	□ Cancella	111011				n Crum			1							
			-	/=1	FA	CILITY IN	NFORMATION									
Name of Facility When		laking	g Plac	e (3)				Type of Facility	355							
Daibes Gas Stati	on							School (K-12	²⁾ 8 (Other than K-12	')						
Street Address								Other (i.e., p	rivate and comme		S,					
800 Ave E								homes, etc.)								
City (5)								Square Feet	# of Floors	Bldg. Ag	je					
Bayonne							- n									
County (6)					Cou	nty Code (7)(STATE USE ONLY)		ior if being demolis	shed)						
Hudson								Gas Station								
Name of Monitoring Fi		lding (Owner	(8)	ASCM	No.	Name of Abateme	0.3								
USA Environmen	ital							AbateTech, Inc.								
Street Address							Street Address									
344 West State S	treet						30 Maple Ave									
City, State, Zip Code							City, State, Zip Co									
Trenton, NJ 0861							Lumberton, N	ı, NJ 08048								
Project Manager for M	onitoring Firm			***	ephone		Telephone No.		License No.							
John Duggan	609-656-8101 Scheduled Completion Date (11)					609-265-2107		00529								
Start Date (10) 4 / 20					etion Da O /		Name of OSHA Monitor EMSL Analytical									
Occupancy Status Dur							Street Address									
☐ Facility Closed/Vac					ment		200 Route 13	0 North								
						scribe										
							1 1,500 00, 8									
Scope of Work (Check	all that apply)						Cirinaliliison	, NO 00077								
See of the Court o	an triat apply)							ainment with Neg	gative Pressure							
≥3 sf or ≥3 lf ≥3 sf or ≥3 lf																
≥160 sf or ≥260 If	. 8		M D	emolitic	on		. Glovebag	procedure moted (*) and No	n-Friable Procedur	re						
			1	s Loca	tion	Τ,	E TOIL MAG	inploa () and ito	ii i iiubio i ioooddi		nt Tyr					
Location	on of			Norma	lly		Description of	f			- 1					
		Л)	94,245,200				stos Containing Mat	terial (ACM)	Amount	Rem	inc					
			100000000000000000000000000000000000000			(i.e				air	apsi					
	To Be ABATED IN Facility (13) To Be ABATED IN Facility (12) Yes No N/A To Be ABATED IN Facility (12) Yes No N/A To Be ABATED IN Facility (12) Yes No N/A To Be ABATED IN Facility (12) Yes No N/A To Be ABATED IN Facility (12) Yes No N/A To Be ABATED IN Facility (12) Yes No N/A To Be ABATED IN Facility (12) Yes No N/A To Be ABATED IN Facility (12) Yes No N/A To Be ABATED IN Facility (12) Yes No N/A To Be City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code Cinnaminson, NJ 08077 Full Containment with Negative Pressure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Abatement Type Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Specify other miscellaneous) To It Abatement Type Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Specify other miscellaneous)															
	=		Yes	No	N/A						- I					
Daibes Gas Station						Immita	tion Brick Face		150 SF							
Daibes Gas Station						Windov	v Caulk & Glaze		325 LF							
			П	П												
Name of Registered W	aste Hauler				JDEP V		Cubic Yards of	Name of Pegistered Landfill								
Freehold Cartage				114 303	lauler II		Waste	Name of Registered Landfill Advanced Western Berks Landfill								
	ar a				15939	9	20	12/1001/15/12/15/15/15								
City, State							Disposal Date	City, State	DA							
Freehold, NJ							6/30/15	Birdsboro,								
Completed By (Print or		Title					Signature	a 1	Da	te						
Gwendolyn Trum	betti	0	perat	ions (Coord	inator	MA	1/1	L	116/15)					
\SB-41		10.4						F		1 1						
IAY 11		* [Jo not	use th	is form	tor asbest	os licensure éxemp	ted activities.								

State of NJ

B & G proj. #:	2015-62	-		Notif (Pursua	ication of As ant to NJAC	best 8:60	os Abatement -7 and 12:120-7)	Che	eck # 7155							
Date of Notification	(1)	1.1	Name of D	illelia a O	- 10											
10 14 1/10 16		- 11			ner/Operator (2	2)	EB18 1	77-5 AN S								
Agencies Notified	Type Notifica	tion	1.000	Wireles	S			· · · · · · · · · · · · · · ·	8							
☐ EPA		11	Street Addr		22		والمرابعة	in a	10		-	1				
☐ DEP	X Initial			lustrial F	arkway		, i		KUL							
X DOL	Amend		City, State, Livings	Zip Code ton, NJ	07039											
⋉ DOH		11	Name of Co					Telephone Number								
☐ DCA	Cancell	20131			nner & Cook			Telep	none Numbe	r.						
					CILITY INFORM		DN .				;	_				
Name of facility whe	ere abatement i	is taking n	lace (3)	7.000				Tunn of Facili	4.74							
The second second second	no abatomont	o taking p	1800 (3)					Type of Facili	ty (4) 100l (K - 12)							
					20				ochapter 8 (C	ther	than i	K-12)	١			
Street Address				17				C Oth	er (Private/C	omm			,			
19 Lyons Aver	nue							Bldg	gs./Homes, e	tc.						
City (5)		Cou	inty (6)	I co	unty Code (7)	Square Feet	# of Floor	S	B	ildg. /	Age					
				ate use only)	Current Use (Prior if being demolished)											
Newark		0	sex					apartment building								
Name of Monitoring	Firm Hired by	Bldg. Owr	ier (8)		ASCM No.		Name of Abatemen									
n/a 					B & G Restoration, Inc.											
Street Address				Street Address												
04.01.7.0							105 Ryerson			37						
City, State, Zip Code				City, State, Zip Code												
Project Manager for N	Ionitorina Firm		La		E	_	Lincoln Park, NJ 07035									
Project Manager for N	ionitoring Firm		Ph	one Numb	er		Telephone Number License Number (973)696-6869 00378									
Scheduled Start Date	(10)	Sched	d. Completio	on Date (1	1)	-	Name of OSHA Mor	nitor								
03/16/2015			18/2015		1.4		B & G Restoration, Inc.									
Occupancy Status Du	ring Abataman					_	Street Address									
Facility closed/v				ment			105 Ryerson F			W.						
Abatement perfe							City, State, Zip Code									
Describe: Other-Describe:						-	LincolnPark, NJ 07035									
Scope of Work (chec	NG THE RESERVE					-							ali-al			
Demolition		Renovatio	n .				Full Containment/									
>3 sf or >3 If	_	4					Full Containment w/ne Mini-enclosure	gative pressure	Gloveba	-						
	L	160 sf or		and nately		Ц,	wini-enclosure		➤ Non-fria		rocec	dure				
Location of asbestos-contai	ping	by mainte	n normally u enance/cust							e	R	E n	E			
material to be		staff(12)			material (A		sbestos-containing	Amount (Specify	SF or	m o	р	c	n			
abated in facility	(13)	Yes	No	N/A		•		LF)		v	a i	a p	L			
roof				×	roofing ma	teria	1	00 of		e	-	<u> </u>	 			
					Tooming ma	terra		90 sf			뉘	<u> </u>	H			
										爿	井	님	H			
										뉘	H	一	H			
										=	H		H			
Registered Waste Haul B & G Restoration			P Hauler ID 9563)# Cı	ibic Yards of W	aste	Name of Registered					<u> </u>				
City, State	1, 1110.			Disposal Da	Z			Resource & R	ecovery C	ente	er	i.				
Lincoln Park, NJ					7/2015		City, State Tullytown,	PA								

Completed by (Print or Type)
Cordana Luna

Title Secretary/Treasurer

Signature

Gordana Luna

Date

04/06/2015

(K 5007653117

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

RECEIVED

Date of Notification (1) 4/8/15					Name of Building Owner/Operator (2) Dentree Associates										
Agencies Notified Type Notification EPA Initial				Street Address 145 Central Park West											
□ DEP ☒ Amended ☒ DOL Amendment #1					Dentree Associates Street Address 145 Central Park West City, State, Zip Code New York, NY 10025 ADDES 100 ADDES 1										
DOH Emergency (including justification) Cancellation					Name of Contact Telephone Number Operator										1
		FAC	ILITY INFO	RMATIO	N								-		
Name of Facility Where Abatemeter Federal Pacific Electric Co		ciates :	Site)			Type of Facility (4) School (K-12)									
Street Address 207-215 Avenue L								Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Newark, NJ 07105								Square		# of Floors		Bldg.	Age		1
County (6) Essex County					Code (7) USE ONLY)			Current	Use (Prior	if being demoli	shed)				1
Name of Monitoring Firm Hired b Arcadis US	y Building	Owner (8)	ASC	M No.	1	Vame o	of Abater	ment Cont	ractor (9)					-
Street Address 6723 Tow Path Rd Box 66						8	Street A	Address							-
City, State, Zip Code Syracuse, NY 13214							City, Sta	ate, Zip (ate, Zip Code						
Project Manager for Monitoring Firm Richard Price				Telepho	one No. 47-3244	Т	Telephone No. License No.								
Start Date (10) Scheduled Co 3/25/15 5/22/15					Date (11)	1	Name o	e of OSHA Monitor							-
Occupancy Status During Abatement (Check Only One)						S	Street A	t Address							
Facility Closed/Vacated During Entire Period of Abate Abatement Performed Outside of Normal Facility Hou Other – Describe:							City, Sta	State, Zip Code							-
Scope of Work (Check All That A	pply)														-
≥3 sf or ≥3 If							XXXX	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							AMEMIE , 12FO.
Is Loca								11011 2	ZXGIIIptou	IDIC 1 10	Abat	1			
Location of			Normal	ly		Descr	iption o	n of			Type /			/	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)			ed Sole aintena stodial 3 (12)	nce/ Staff?		os Contair	ning Ma stems g, VAT	Material (ACM) s insulation, T, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
045		Yes	No	N/A	0 6		. ,		0.01	2011	\checkmark				
Office		-	Х	-				on walls & Clg		8044 sf	×				
Boiler Room		X		-	Theri	mal Sys			on	750 sf	X				
Roofing and Siding				X		Miscel	laneo	eous 20000 sf x							
Miscellaneous				X							x				
Service Transport Group			Н	JDEP Wauler ID W2117	No.	Cubic Ya of Waste 560		Name of Registered Landfill Minerva Enterprises							
City, State New Castle, DE 19720						Disposal as need									
Completed by Paul Redding		Title Proje	ect Ma	nager		Sign	fature	Tedding Date 3/10/15							

CK 3804

Date of Notification (1)		Name of	Building C	Owner/Ope	erator (2)		3	FI K	eve,			
04/08/2015		VIRTUA-WEST JERSEY HEALTH SYSTEMS, INC.											
Agencies Notified Type Notification		Street Address											
X EPA X Initial		50 LAKE CENTER-401 ROUTE 73 NORTH-STE. 401											
EPA X Initial Amended Amendment #		City, State, Zip Code									. 11	-	
X DOL Amendment #		MAR	LTON, N	NJ 0805	3								
☒ DOH justification) ☒ DCA Cancellation	cluding	Name of Contact Telephone Number											
X DCA Cancellation		TOM PITUCCI											
		FACILITY INFORMATION											
Name of Facility Where Abatement is Taking						Type of Facility	(4)						
FORMER VIRTUA HOSPITAL AT	MEDFOR	D PLAZ	ZA			School (K-							
Street Address						Subchapte Other (i.e.				dinac	homo		
128 ROUTE 70						Other (i.e. etc.)	private	x commen	Jai Duli	uniya,	потпе	25,	
City (5)						Square Feet	# 0	f Floors	E	ldg. A	ge		
MEDFORD TOWNSHIP						23,000	1	1		+/	- 100)	
County (6)			Code (7)			Current Use (Pr	or if bei	ng demolis	shed)				
BURLINGTON		SIAIE	USE ONLY)			VACANT							
Name of Monitoring Firm Hired by Building O	wner (8)	ASCN	ЛNo.	1	Vame (of Abatement Co	ntractor	(9)					
SYNERTECH ENVIRONMENTAL CONSU	LTING			F	PEPPE	ER ENVIRONME	ENTAL	SERVICE	S, INC				
Street Address		,		8	Street	Address							
228 MOORE STREET				2	2251 F	FRALEY STREET							
City, State, Zip Code				(City, S	State, Zip Code							
PHILADELPHIA, PA 19148					PHILA	ADELPHIA, PA 19137							
Project Manager for Monitoring Firm		Telepho	ne No.	1	Telephone No. License No.								
ANDREW MCMAHON		(215) 755		(3	(215) 533-5155 01166								
Start Date (10)	Scheduled Co	mpletion	Date (11)	1	Vame (ne of OSHA Monitor							
	05/08/2015			5	SYNE	NERTECH ENVIRONMENTAL CONSULTING							
Occupancy Status During Abatement (Check	Only One)				Street	et Address							
Facility Closed/Vacated During Entire Pe	eriod of Abate	ment			228 N	MOORE STREET							
	l Facility Hou	rs			City, St	State, Zip Code							
Other - Describe;				- 1	PHIL	ILADELPHIA, PA 19148							
Scope of Work (Check All That Apply)					Owner								
≥3 sf or ≥3 lf	X Renov	ation			Full Containment with Negative Pressure								
× ≥160 sf or ≥260 lf	Demoi				200	Mini-Enclosure Glovebag Procedure							
P	RIOR TO D	EMO			-		ed (*) and Non-Friable Pro				ocedure		
	Is Loca	tion									Abatement		
Location of	Norma			Door	ription	of				Туре			
Asbestos-Containing Material (ACM)	Used Sol		Asbest			aterial (ACM)	م	Amount			m		
TO BE ABATED	Mainten: Custodial		(i.e. thermal system			insulation,	(5	Specify	Re	D	nca	Enc	
In Facility (13)	(12)			surfacir other mis			SI	F or LF)	Remova	Repair	psu	Enclosure	
(13)	V 1	1,,,,	1	Out of the	Journali	0000)			<u>a</u>	F	Encapsulate	ure	
	Yes No	N/A	130 V 30 FL C	OOD THE LIN	IDED O	ARPET ALSO					,,,		
SOUTHWEST REGION		N/A		HER 12 X 12			5400 SF		×				
EXTERIOR FACADE		N/A	WINDOW C	CAULK			75 SF	75 SF					
									_				
		-			1000000				+		-		
18 11 111		11/2-7-	<u> </u>	T =									
Name of Registered Waste Hauler			Vaste No.	Oubic Ya		Name of	Registe	ered Landí	ill				
SERVICE TRANSPORT GROUP			1.196	or music	* ()	MINI	ERVA	LANDF	ILL				
City, State				Disposa	Date								
NEW CASTLE, DE							NESB	URG, OF	-		100		
Completed by	Title	Signature / Date							ite				
DENISE M. NIVEN	TRATIVE ASSISTANT CERCE 111 1/ cres 04/08/1						/2015						