Date of Notification (1)			T	Nam	e of Bui	ding Ow	ner/Operator (2)	n		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	10000	' ^		1
	19 / _	14			20		rd of Education	-		4	3/2	A	2	3
	Type Notifica	ation			et Addre		race			ζ,	60	- 4	10	
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N DOLLIE	Mender Amendm	ent # <u>1-4/4/</u> 1	4	City	herry h	III NJ	08034				1/8	54	7	~
☑ DHSS	☐ Emerger	cy (including			ne of Co				T	elephone Number			1	
☑ DCA (NJAC 5:23-8)	justificati	on)		100000000000000000000000000000000000000	om Ca			40					-	
	☐ Cancella	tion		250		_	ORMATION							
		51	(2)		ACILII	1 1141 4			acility (4)					
Name of Facility Where A	batement is	Taking Place	3 (3)					☐ School		Other than K-12)				
Cherry Hill East Hig	h School							Other	r (i.e., priv	ate and commerci	al building	js,		
Street Address								home	es, etc.)		Bldg. A			1
1750 Kresson Rd								Square	Feet	# of Floors	Diag. 7	.50		
City (5)										'theirs demolish	ed)			1
Cherry Hill				10	County C	ode (7)(STATE USE ONLY)			r if being demolish	.00)			1
County (6)					200			Scho						1
Burlington	- Uired by P	ilding Owne	r (8)	AS	CM No.		Name of Abatem	ent Contr	actor (9)	INC				
Name of Monitoring Firm	n Hired by Bi	unding Office	,	(0003		BRISTOL EN	IVIRONI	VIENTAL	, 1140.				
TTI Environmenta	, inc.						Street Address							
Street Address	. 04					- 1	1123 BEAVE		EI					
1253 North Churc	n St						City, State, Zip C	Code						
City, State, Zip Code	0057						BRISTOL, P	A 19007		License No.				
Moorestown, NJ (obuoi	1	7	elepi	none No		Telephone No.			00509				
Project Manager for Mo	miloning i iiii	1			-840-8		215-788-604		05-12-12-12-12-12-12-12-12-12-12-12-12-12-	00000				
Jim Guilardi		Schedule	d Con	npleti	on Date	(11)	Name of OSHA	Monitor	INTENTA	I INC.				
Start Date (10) 4 / 11	/ 14	4	1_	18	_	14_	BRISTOL E		GIAICIA I V	L, III .				
Occupancy Status Du	- Abatome						Street Address							
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C Abatament Perform	ned Outside	Of Notifial i				ribe	City, State, Zip	Code	7					
				-	AM		BRISTOL,							
Time of Abatement 411/14 ONLY Scope of Work (Chec	A 1- /// -	1 201	111					ontainme	nt with Ne	egative Pressure				
	K all that upp	57	Ren	ovati	on		☐ Mini-	Enclosure	- 4					
≥3 sf or ≥3 lf ≥3 sf or ≥3 lf			Den	nolitic	n		☐ Glove	ebag Proc	edure { (*) and N	on-Friable Proced	iure			_
⊠ ≥160 sf or ≥260 lf				1000000				<u> </u>			Aba	teme	nt Typ	
			ls N	Locat	illy		Description	on of		Amount	Re	Repair	E	Elicioadic
Loca	tion of	(A CAA)	Use	d Sol	ely by	Ast	estes Containing	Material	(ACM)	(Specify	Removal	pair	Encapsulate	0
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IN F	acility	1	Cusi	(12)			other miscel	llaneous)					ro .	L
	13)		Yes	No	N/A			- Jelion		300 SF				
Boiler Room			\boxtimes				r Breeching In			20 LF	Ø			[
			\boxtimes			Pipe	Fitting Insulat	ion				П	П	1
Boiler Room					10							1		ti
				분		+		N=:						$T_{\mathbf{I}}$
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Name of Registered SERVICE TRA	Waste Hau	ROUP, IN	ن. 		2000		I IISDOSAL DA							
SERVICE TRA	Waste Hau	ROUP, IN	ة. 		2030		Disposal Da		WAYNE	SBURG, OH 44	4688			
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SERVICE TRA	, DE 19720	Tit				1	Signat	ure	WAYNE 8 cafe			4/1	,4	

ASB 41 B 5 1 4 0 0 8

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

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Date of Notification (1)				- 1	Char	I IIII D.				-		
	19 /	14	_		Cheri	у пш в	oard of Education	on	16	200	7	
Agencies Notified	Type Notific	cation	excusers an	S	treet A	ddress		53: 11	,	48	10 M	6.
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☑ DOLWD 9/80	☐ Amende	ed			City, Sta	te, Zip Co	ode			6	12.	G-
DHSS9263	Amenda	_			7.00		J 08034			41	4	
☑ DCA 4203	☐ Emerge		uding	-		Contact			Telephone Numb	per 🛱		-
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	☐ Cancella	ation				Carter	TODAL TION					
		Tables	Diago /	21	FACI	LITY IN	ORMATION	Type of Facility (4	4)			-
Name of Facility Where A			Place (٥)				School (K-12)				
Cherry Hill East Hig	jh School							Subchapter 8	(Other than K-12))		
Street Address								Other (i.e., pri	vate and commer	rcial build	dings,	
1750 Kresson Rd								homes, etc.)				
City (5)			1/2		200			Square Feet	# of Floors	Bldg	g. Age	
Cherry Hill					20							
County (6)					Count	Code (7)	(STATE USE ONLY)	Current Use (Price	or if being demolis	shed)		
						, , ,	,	School				
Burlington Name of Monitoring Firm	Hisad by Dr	ilding O	wner (8) A	SCM N	lo.	Name of Abateme	ent Contractor (9)				-
TTI Environmental,		inding O	wile! (C	" ^	0003			VIRONMENTAL	., INC.			
	IIIC.						Street Address		<u></u>			
Street Address	C4						1123 BEAVE	R STREET	9.5			
1253 North Church	St .						City, State, Zip C					
City, State, Zip Code	0057						BRISTOL, PA					
Moorestown, NJ 08				Tolon	hone N	lo.	Telephone No.		License No.			
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No wear

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

Date of Notification (1)	19 /	14					owner/Operator (2		10 60	00)		
Agencies Notified EPA	Type Notific	ation			V250 (DA10)	Address	Terrace	- ₹ ₹	ST AM	(D: \$ >			
☑ DOLWD			IAI4		City, St	ate, Zip C	ode		WOR	· · · · · · · · · · · · · · · · · · ·			
☑ DHSS ☑ DCA	☐ Emerger	A CONTRACTOR OF THE CONTRACTOR		2	Che	rry Hill, I	NJ 08034		· Q	1			
(NJAC 5:23-8)	justificat	ion)	ding			of Contact			Telephone Nu	mher .			
	☐ Cancella	ation			Tom	Carter					_		
					FAC	ILITY IN	FORMATION						
Name of Facility Where		Taking P	Place ((3)				Type of Facility					
Paine Elementary	School			usace a			-	School (K-12	2) 8 (Other than K-1	12)			
Street Address								Other (i.e., p	rivate and comm		lding	S,	
4001 Church Rd								homes, etc.)	# of Floors	DIA	lg. Ag		
City (5)								Square Feet	# 01 F1001S	Biu	y. Ay	je	
Cherry Hill					C	h. Cada /7	VOTATE LICE ONLY	Current Hee /Pr	ior if being demo	liched\		110 100	
County (6)					Coun	ty Code (/)(STATE USE ONLY)	School	ior ii beilig demo	nisiteu)			
Burlington	15 11 B	1.1.	- 10	, I	A COM		Name of Abotom		·			_	
Name of Monitoring Fin	anne il transcensor in Marin - contro	ilding Ow	mer (8	3)	ASCMI		Name of Abateme	VIRONMENTA					
TTI Environmenta	I, Inc.				0003			VIRUNINENTA	L, ING.		-		_
Street Address	L 04						Street Address 1123 BEAVE	D STREET					
1253 North Churc	n St											_	
City, State, Zip Code							City, State, Zip C BRISTOL, PA						
Moorestown, NJ 0				T-1-		No.	Telephone No.	19007	License No.		X 10 - 10		
Project Manager for Mo	nitoring Firm			ATTACHET	phone I 56-840		215-788-6040	,	00509				
Jim Guilardi		Cahadul	lad Ca			amine veve	Name of OSHA N		00303				*
Start Date (10)4 /11	/ _14_	Schedul 4						VIRONMENTA	L, INC.				
Occupancy Status Duri	ng Abatement	(Check o	only o	ne)			Street Address			1.89			
☑ Facility Closed/Vaca							1123 BEAVE	R STREET					
☐ Abatement Performe	ed Outside of	Normal F	acility	Hour	s - Des	cribe	City, State, Zip C	ode					
Time of Abatement:	7:00AM-3:30	M - 34	- PN	/	AM		BRISTOL, PA	19007					
Scope of Work (Check	all that apply)	11 01	.,,,								S.Commercia		
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City, State							Disposal Date	City, State					
NEW CASTLE, DE	19720							WAYNES	BURG, OH 440	588			
Completed By (Print or	Type)	Title		• (35-15)			Signature	la di		Date /	1)	4	
Drian Coofire		I Fe	timat	tor			./74	1 1.		71 T	11	50	

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

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City,	State, Zip	Code				6	20	در	
Ch	erry Hill,	NJ 08034					9		
Name	e of Contac	d		Telephone I	Number		-		
То	m Carter	,	* /						
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Jon Gilbert				150000			Nam	ne of O	SHA Monit	or	eteration I	nc.			
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STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7

		(FUKSUAN							_3	- J. S.	
Date of Notification (1)			Name of E	Building Ov	wner / Oper	rator (2) S CORPOR	ATION	dis	=		
_03 / _31 / _14		= *	Street Ad		OLUTICAL	J JOIN-ON	THOIN	Cit	7	1 4	-
A	tification		1 HEALTH					000	70	1	3
Agencies Notified Type of No	Initial			e, Zip Code				100			£ 3.
	Amended	_		NOVER, NJ				50	0		5_
	Amended Amendment #	1	Name of 0		0,000		Telephor	ne Numb	er _	9	ED
	Emergency w/		KEN PIRC			1		-	~ 3	35	1.51
	Cancellation	justinoution								<u>6</u> _	0
		FA	ACILITY IN	FORMATIC	ON		(tg.	6	, 17	e	
							*	ч	7	~c	
Name of Facility Where Abatem	ent is Taking P	lace (3)		Type of F	acility (4)				-		
NOVARTIS	×0.00 ×0.00										
of terms persons and terms		-			School (K	25.5					
Street Address						er 8 (Other					
1 HEALTH PLAZA				✓		., private &	cmmercia	ai			
						mes, etc.)		Duildia	~ A ~ ~		
City (5) County (6)		County Code ((7)	Square Fe		# Of Floors		Buildin	g Age N/A		
EAST HANOVER MORRIS					VA	being dem		+	1307		
						being dem	olisileuj	1			
		(6)	TACCIA NO	EXTERIO		Contractor	(0)				
Name of Monitoring Firm Hired	by Ridg. Owne	r (8)	ASCINI NO	Name of A	Huatement	Contractor	(3)				
HILLMAN ENVIRONMENTAL				I VI Demo	lition Servic	es Inc					
Otro- t Addr				Street Ad							
Street Address				Sueer Ad	u1033						
1600 ROUTE 22 EAST				32 William	ns Parkway						
City, State, Zip Code					e, Zip Code						
UNION, NJ 07083		Telephone Nu	mber	1011, 014	o, <u>L.</u> p oou.						
Project Mngr. For Monitoring Fi MIKE NEHLSEN	irin	908-688-7800	IIIIDEI	East Hand	over, NJ 079	936					
Sheduled Start Date (10)	Sched. Compl		(1)		e Number		License	Number			
04 / 14 / 14	04 /	18	14	1,0,0,0,							
	~ /			973-8	84-8682			(00860		
Occupancy Status During Abat	ement (Check (Only 1)	A STATE OF THE STA	Name of	OSHA Mon	itor					
Facility Closed/Vaca	ted During Enti	re Period of		LVI Demo	lition Service	ces Inc.	10 1000				
Abatement		- 1		Street Ad	ldress						
☐ Abatement Performe	d Outside of N	ormal Facility									
Hours - Describe:					ns Parkway						
☑ Other - Describe:	7:00am-3:30pm	1			e, Zip Code						
				East Hand	over, NJ 07	936					
Scope of Work (Check All That	Apply)										
- NASS-2 - NASS - SA CARROLL - SA	11					ish blamative	Droceur	_			
☐ Demolition	✓	Renovation	님			ith Negative	Pressur	e			
				Mini - En	Procedur	0					
≥160 sf or ≥260 lf		*		Non-Eye	mnted (*) a	e nd Non-Fria	ble Proc	edure	100		
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Langtion of	Is		Descrip	tion of		T	Abatem	ent Type			
Location of Asbestos Containing	Location	Δ		Containing	į		R	T	ĮΕ	E	
Material (ACM)	Normally		Material			Amount	E	R	N	N	
TO BE ABATED	Used	l a		al systems		(Specify	M	E	С	C	
in Facility	Solely			rfacing, VA	λT,	SF or LF)	0	P	A	L	
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	Custodial						L	R .	U	Ü	
	Staff (12)								L	R	
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EXTERIOR B-407		PIPE & FITTIN	NG			10 LF	V	1 4			-
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Name of Registered Waste Hau	ıler	NJDEP Waste			Registered	Landfill					
NEWARK CARTING		Hauler ID No.		IESI							
		4509	of Waste	_			_				
City, State			Disposa			A.	1	*			
NEWARK, NJ		21	Date	BETHLA	ILIVI, FA	A	1				
Completed by (Dalet or Town)		Title			Signatur		47		Date	1100	
Completed by (Print or Type)		PROJECT MA	NAGER		(7	X	1		1		
STEVEN STILES		I KOSECTIVIA	" " TOLI		1		/		1	0	1/00/1

ASB-41

Check# 10847

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-14					10 Idia - 0	- 201 to to to to			1 7 TE	-	
Date of Notification (1)	4.4				Name of Building Owner/O RUTGERS, THE STA	ATE UNIV	ERSIT	Y OF N	IJ	, , ,	
Agencies Notified ☐ EPA ☐ DCA ☑ DOL ☑ DEP- No Longer REQUIRED ☑ DOH	otification Initial N Amende Emerge justification	Notificat d Notificat ency (in ation)	cation	Street Address ENVIRONMENTAL H 27 ROAD 1, BLDG 4 City, State, Zip Code PISCATAWAY, NJ 0 Name of Contact MICHAEL SMITH, ER	IEALTH 8 086, LIVIN 8854	SAFE	TY DE	PT.		. 1	
			7		HEALTH & SAFETY						-
		- (6)		FACILITY INFO	Type of Facility (4)						\neg
Name of Facility Where Abatement BUSCH ENGINEERING,	BLDG#	3558			☐ School (K-12)						
Ctt Address					Subchapter 8 (other that						
Street Address BUSCH CAMPUS					Other (i.e. private & con Sq. Feet: N/A # 6	nmercial build of Floors: 2	lings, hom Bldg. A	nes, etc.) <u>Age:</u> 6)+ yea	rs	
	unty (6) MIDDLE	SEX		Code (7) Jse Only)	Current Use (prior if being	demolished)	: ACAE	DEMIC			
Name of Monitoring Firm Hired by	Bldg. Own	ner (8)	ASCM	No.	Name of Contractor (9)						
ATC ASSOCIATES			0098		GREENWOOD ABAT	EMENT C	ONSUL	TANTS	, INC.		
Street Address					Street Address						
3 TERRI LANE					268 MAIN STREET						
City, State, Zip Code	c				City State, ZipCode BUTLER, NJ 07405						
BURLINGTON, NJ 0801 Project Manager for Monitoring Fire		elephone N	Number		Telephone Number		License	Number			
BRIAN KEARNY		609-386			973-492-0477		00840)			
Scheduled Start Date (10) 04/11/14		cheduled (n Date (11)	Name of OSHA Monitor						
State Device Abote	===t (Ch	ook only o	no)		ENVIROVISION, INC Street Address	•					
Occupancy Status During Abate Facility Closed/Vacated Durin Abatement Performed Outsid	g Entire F	Period of A	batemen	t	20-21 WARGARAW I	ROAD			32115-25-		
Describe					City, State, Zip Code						
⊠Other – Describe: Shift Ho	urs: 5:0	JUPIVI -	5:UUAIV		FAIRLAWN, NJ						
Scope of Work (Check all that app ≥ 3 sf or ≥ 3 lf × ≥ 160 sf or ≥ 2				☑Renovation ☐ Demolition		Full Contain Mini-Enclo Glovebag Non-Exempt	sure Procedu ed (*) an	re d Non-F	riable P	rocedu	re
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Loca Solely I Staff? (YES	tion Norma by Maint./C (12) NO	illy Used sustodial NA	Description of Ask (ACM) (i.e. therm VAT, or other mis	pestos Containing Material lal systems insulation, surfaci cell.)	ng, (Spec or LF)	ify SF	Abatem Remove			Enclose
D142 & D143	TES	X		VAT		200	SF	X			
						_			-		
Name of Reg. Waste Hauler See Hauler Below #1 & 2	r ID#	Cubic Yards of Waste:	10 CY	Name G.R.C	of Regist	ered La North	ndfill Landfi	ill			
See Hauler Below #1 & 2 See Below Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 12561 Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 NJ DEP # 22612						Disposal D 04/14/14		1 F 1	City, Stat 00 New 2d. Morr 9067 15-736-	Ford N isville,	
Completed by (Print or Type) RAYMOND C. PEDALINO SENIOR PROJECT MANAGER				Signature Raymand C. Pa	dalino	Date A	April 2,	2014			

US. HAIL

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

	/s	PUISUAINE CO TOST.		<u></u>		11
Date of Notification (1)	1111 ·	Name of Butin	ong Owner/Operator	LLCAPR	1 0 2014	
07/	NOTICE SON	Street Address	s 0 -/	T C+		. 1
Milesely Memor		28		101.	- 20	
DEP DATE	ended	City, State, Z	arny.	VJ. 07	032	
DADOL DE	nendment # nergency (Including	Name of Con		DAR -		•
in J	mication) nostation	HR LU	15 6HS1	ARCI		
			HFORMATION .	Type of Facility (4)	•	
Name of Facility Where Abatem	ent is Taking Place (3	3) ·	20 13	CI School (K-12)	K-121	
				Other (Le. private 8	commercial building	s,
Street Address	CY AVE	<u> </u>		/ homes est.)	Clare Bidg.	Age
- (F)	' ~	•		15,000	3 8	0
KEARN LEARN	1. N.O.	· County Cod	e (7) (STATE USE	Current Use (Prior if I	being demolerant	
County (5)		ONLY		ment Contractor (9)	SIDEN1	-
Name of Mordoring Firm Hared	by Building Owner	ASCM No.	NOVA	TECH INL		
(B) .			Street Address	24 014	•	
Street Address	÷	74	City, Sinte, Zip	Code	110 05	3857
City, State, Zip Code			010	LOINGE	10	
	Fin-	Telephone No.	Telephone No	38×7500	00806	2
Project Manager for Monitoring		2-to (95)	Name of OSH	A Recording		
Start Date (10)	Scheduled Com	12 14	NOUA	IECH IN		
Occupancy Status During Alice			Street Addres	30x 814	• • • • • • • • • • • • • • • • • • • •	
			City, State, Zi	is Code	80 Civ	857
C. W. W. C.	ade of Normal Family	7 Hous	CID I	1210		
Ci Other - Describe: Scope of Work (Check all the		/	'DN	ud Containment with Ne Eni-Enclosure	5	
M>34m23F	•	O Demos	Em DN	Hovebeg Procedure Ion-Exampled (*) and N	on-Frieble Procedure	Abatement
02160 stor 2260 f	· · ·	is Location		-	(L)	Type
		Normally .	Descript Asbestus Containin	- All-denium (PS-491)	Amount	2 2 3 3
Location of Ashestos Containing M.	narial (ACM)	Used Solely by Maintenance/	m Manager St 401/901	ENTRED TO THE PERSON OF THE PE	(Specify SF or LF)	capsulate capsulate Repair
ASHUSOS COME ABAT IN Facility		Custodial Staff?	(Le., manta sym- surfacing.		-	3 8 0
(13)		(12)	~ .		1501	H-K-
		Yes No NEA	PIPETR	SULATION	<u> </u>	/1111
BASEMENT		$-++\wedge$		·		
	+					
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Name of Registered Waste	Hautes	I me plan	Wests		.W.S.	70.
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The Charles	CM 3	08857		Harrist	- De	410014
(010 - 13610)	E MO	30007	Signature	habit -	1: 1	40214
Completed by AME	ion. In	ESINEW\ t use this form for ast	entre lipersure exer	mpted activities.	-	j /
LOANIOS MILE	* Do not	f ase this town in asi		. \		

Check 8893

Date of Notification (1)	4-7-1	4	N	ame of E	Building Owner/Ope	erator (2)	ا مد' ط	-200		two terms		10	
Agencies Notified	Type Notification	1	S	treet Add	dress	Asbu	inter	AVEN	Do 2	014	v 2.		H
□ EPA	Initial		_									* *	\vdash
□ DEP	☐ Amended		0	ity, State	e, Zip Code	tional	0.0	V A	17	0	20	(-:	2
DOL	Amendment #		-			HUMAI	rak	Tolorta			ب	6	
★ DOH	justification)		N	ame of 0	uth WF	Jida L	0	1					
□ DCA	☐ Cancellation						d(
	t to the Taking	Dloor (2)	-	FACIL	ITY INFORMATIO		f Facility (4)					\neg
Name of Facility Where A	~		11.										
Dingle.	family) we	llin	5			chool (K-12	!) 3 (Other than	K-12)			100	
Street Address	Asbu	n.	Aυ	ع		XC 0		ivate & com		buildi	ngs, h	omes	5, 🕴
City (5)	_	,			08063	Square	Feet	# of Floor	S	Blo	ig. Ag	e √ / ~	
	onal Pai	RK,		County C		Curren	t Use (Prio	r if being der	nolishe	d)			
County (6)	cester				SE ONLY	-							
Name of Monitoring Firm		wner (8)		ASCM	No.	Name of Abate		THE PROPERTY OF THE PARTY OF TH	امما		9	7.	
Street Address	rhale	3163			MA	Street Address	•	hno	1091	ES	6	500	6
Ro. E	30x 33	37				P.O. 1	Box	337					
City, State, Zip Code		N.T	- (280	533	City State, Zi	Equ		I	08	35	3	3
Project Manager for Mos		110	1	elephor		Telephone No	-17	Lice	nse No	. 9	0	L	_
Steve S	chen Ked	}	6	909		609 758		5 1	OC	(ا	H	1	
Start Date (10)	7-14	Schedule		pletion [Name of OSH		molog	ìas	T.	_	1975100	
Occupancy Status During						Street Addres	s	-	در		-	-	
						P.O.	BOX	337					
Facility Closed/Vaca	ated During Entire P	enod of A al Facility	Hours	ent		City, State, Zi	p Code		A TRIBAN	1.Ve-1.500	100		
☐ Other – Describe:	ed Outside of North	ui i doine,		••			SYPT	ALT	- 0	195	53	3	
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□ ≥160 sf or ≥260 lf		п п	emonu	Oli		☐ Glo	vebag Proc	ædure		_			
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TO BE AB	ATED		odial S			systems insula ing, VAT, or	tuori,	SF or L		em	Repair	cap	Ciclo
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				JDEP V	Vaste Cubic	Varde	Name of	Registered I	andfill	<u> </u>			
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EPC Tec	thoologie	<u> </u>			00	o↓ o↓	City, Stat	e Man	2gen	nen	ا	E	M
City, State		NJ				sal Date 18-14		<u>isville</u>		A			
New E	O 1	Title				Signature	CI		Da	te	7-	14	
Steve Sche	in Kee	PRE	sid	ent		Sleep	DOG	oh		7	1	17	

		N	ATTENDED		OF ASB to NJAC				7	2+	123	23	4	g r	7
Date of Notification (1)				Name of	Building	Owner/C)oerator	(2)		1+	SU	\sim		1	- 1
LI 1 10	M		- 1	3	11 7	2,10	<u> </u>								
Agencies Notified	Type Notification		1	Street A	ddress	190					APR 1 7-23	0 -20)14	-	
DA EPA	Initial			45	5 La	900	~ D	15:00	E	as.	+				-
DEP	Amended	- 51 - 51		City, Sta	ite, Zip Co	ode	`			5-	3 2 2			3.4	-
⊠ DOL	Amendment #		— <u>L</u>	130	·CK,	Ne	w))erse	40) &	+93		3	-:	46
DOH DOH	justification)	roicein ig		Name of	f Contact				0	T					
DCA	Cancellation			7	100 q										_
Name of Facility Where	Ahatement is Taking	Place (3)	·	FACI	LITY INF	ORMATI	ION	Type of	Facility (4)					
	side le	1 1400 (0)	,					Personal Control							
Street Address						- 11100		Su Su	nool (K-1 bchapter	8 (Oth	er than K-1	2)			
45 /990	on Drive	Ec	+2					Ott etc		rivate 8	& commerc	ial build	dings,	home	es,
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County (6)		_			Code (7)	л					ng demolis	hed)			
0000					USE ONLY				Side						
Name of Monitoring Firm	n Hired by Building C	wner (8)		ASCN	A No.			of Abater			(9)				
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				* · · ·		-		s Neck,	IN.J. U/	122					
Project Manager for Mor	nitoring Hirm			Telepho	ne No.			none No. 294-175	57		License N 00029	10.			
Start Date (10)	T				Date (11)		Name	of OSHA	Monitor						
4-16-14		4-	20	1-14	~~				0.0000000000000000000000000000000000000						
Occupancy Status Durin	ig Abatement (Check	Only On	e)				Street	Address	W						
Facility Closed/Vac	ated During Entire P ned Outside of Norma	eriod of A	baten	nent			C'+. C	N-4- 7:- 1	0-4-						
Other - Describe:				, 			City, S	State, Zip	Joae						
Scope of Work (Check A	VII That Apply)		1	•											
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≥160 sf or ≥260 lf			emolit					Mini-E	Enclosure)	i ivegative i	10550			
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Asbestos-Containing	Material (ACM)		d Sole ntena			tos Con	taining N	Aaterial (A			mount			Ē	_
TO BE AB In Faci			odial S		(i.e.		system: cing, VA	s insulatio	n,		or LF)	Rem	Repair	псар	nclc
(13)			(12)				niscellar		1		-	Remova	bair	Encapsulate	Enclosure
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Ace Insulation Co.,			1	2086					G.R.O.						
City, State Colts Neck, New Je	reav	+		33-			sal Date	0 0	City, State			W.		istoritico) Idi	
Completed by	зеу	Title				1	12/1C		Tullytov	VII, PA		-t-			
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Ch 4021

Date of Notification (1) 4/7/14			Building O						1 +	:		F			
Agencies Notified	Type Notification		1	reet Add						75	∆PR	1 ^	nns	,	
EPA DEP DOL	Initial Amended Amendment				e, Zip Cod awkin No		50			1	, e.r. B	1 1/2-	Z(1)	¥	-
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				FACIL	ITY INFO	RMATI									
Name of Facility Where Richerd Weiss Pri		g Place (3)					1.	-	of Facility (4) School (K-12)						
Street Address 53 Rona				Ø.	,			×	Subchapter 8 Other (i.e. privetc.)	(Othe	r than K- commer	12) rcial buil	dings	, home	es,
City (5) Manahawkin NJ 0	8050								re Feet	# of 1	Floors	1000	ldg. 5+	Age	
County (6) Camden				ounty C	ode (7) SE ONLY)			Curre	ent Use (Prior	if beir	g demol	ished)	SC\$6418		
Name of Monitoring Fir	m Hired by Building	Owner (8)	1	ASCM	No.		10.5527		tement Contr	actor	(9)				
N/A Street Address					•		Perna Street A		11.51						
Street Address							PO B								
City, State, Zip Code									ip Code in NJ 0809	1					
Project Manager for M	roject Manager for Monitoring Firm						Telephi 856-7				License 00727				
Start Date (10) 4/8/14		Scheduled 4/11/14	Comp	letion D	Date (11)		Name o		HA Monitor						
Occupancy Status Dur	ing Abatement (Che	k Only One)					Street /	Addre	SS			302		្	
Facility Closed/Va Abatement Perfor Other – Describe	acated During Entire rmed Outside of Norr	Period of Aba nal Facility H	ateme lours	nt	The state of the s	_	City, St	tate, Z	Zip Code					21	
Scope of Work (Check	: All That Apply)		T												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ı.	The same of the sa	novatio molitio				×	Mi Gi	III Containmer ni-Enclosure ovebag Proce	edure				IFO.	
		Τ						1 190	on-Exempted	() air	1 NOTI-LI	IADIC FI		atemer	ıt
Locat	ion of	No	ocation rmally			De	escription	of				_	_	Гуре	
Asbestos-Containi TO BE A In Fa	ng Material (ACM)	Custoo	tenand	ce/		tos Cor therma surfa	ntaining M al systems acing, VA miscellar	lateria s insu T, or	lation,	(5	mount Specify or LF)	Removal	Kepair	Encapsulate	Enclosure
		Yes	No	N/A									_	ē	
base	ment			Х		F	loor Til	е	-	4	50 SF	х	-	-	
													-		
Name of Registered V	Name of Registered Waste Hauler				/aste	Cubi	c Yards		Name of F	Registe	ered Lan	dfill			
United Containers				uler ID 459	No.	of W	aste		G.R.O.V	V.S.					
City, State Elm NJ				ů.		Disp. 4/11	osal Date /14		City, State Morrisvi		A 1906	7			
Completed by Title Anthony T Perna President							Signature					Date 4/7/14	ı		