Print Form

CK#2727

| Agencies Notified Type Notification Street Address 102 Jackson Drive 102 Jackson 102 | Date of Notification (1) | | | 1000 | | Building C | | perator | (2) | 21 | 115 / 1 | 10 | | | | |
|---|---|---------------------|-------------|--------|------------|------------|----------|--------------|----------|---------------|----------|--------------|---------|--------|--------|-------|
| EPA | 8/10/15 | | | | | | lih | | | | ru ni | # 13_, | 114 6 | (| , | |
| Name of Facility Where Abstement is Taking Place (3) | | | | | | | rive | | | -0.1 | | | | | | |
| Name of Facility Where Abstement is Taking Place (3) | EPA DEP | | | (| City, Stat | e, Zip Coo | de | | | | 7. 1 | list and | 11 , | W | | |
| Name of Facility Where Abstement is Taking Place (3) | × DOL | Amendment | | _ , | Jacson | NJ 085 | 27 | | | | | | | 200 | | |
| DOLG | | | including | 1 | Vame of | Contact | | | | | Tak | anhone Nu | mber | | | |
| Name of Facility Where Abstement is Taking Placs (3) School (K-12) School (K-12) Subchapler 8 (Other (ha. private & commercial buildings, homes, subchapler 8) Subchapler 9 (Other (ha. private & commercial buildings, homes, subchapler 9) Subchapler 9 (Other (ha. private & commercial buildings, homes, subchapler 9) Subchapler 9 (Other (ha. private & commercial buildings, homes, subchapler 9) Subchapler 9 (Other (ha. private & commercial buildings, homes, subchapler 9) Subchapler 9 (Other (ha. private & commercial buildings, homes, subchapler 9) Subchapler 9 (Other (ha. private & commercial buildings, homes, subchapler 9) Subchapler 9 (Other (ha. private & commercial buildings, homes, subchapler 9) Subchapler 9 (Other (ha. private & commercial buildings, homes, subchapler 9) Subchapler 9 (Other (ha. private & commercial buildings, homes, subchapler 9) Subchapler 9 (Other (ha. private & commercial buildings, homes, subchapler 9) Subchapler 9 (Other (ha. private & commercial buildings, homes, subchapler 9) Subchapler 9 (Other (ha. private & commercial buildings, homes, subchapler 9) Subchapler 9 (Other (ha. private & commercial buildings, homes, subchapler 9) Street Address Stre | | | | | Doug | | | | | | 1 | | | | | |
| Variable | | | | | FACIL | ITY INFO | RMATIC | ON | | | | | | | | |
| Subchapter 8 (Other fine. Private & commercial buildings, homes, etc.) Supplies Su | | Abatement is Takin | g Place (3) | | | | | | Type | of Facility (| 4) | | | | | |
| Square Feet \$ of Floors \$ of Square Feet \$ of Squar | | | | | | | | | | | | arthon V 1 | 2) | | | |
| Square Feet \$ of Floors \$ Store \$ Square Feet \$ of Floors \$ Square Feet \$ Square | | | | | | | | | | | | | | lings, | home | es, |
| Sackson 2000 2 55+ | 19 Vermont Ave | | | | | | | | E 6 | etc.) | | | | 255555 | | |
| County (6) Cocan County (7) County (7) Current Use (Prior if being demolished) | | | | | | | | | | | 1000000 | Floors | 1 1999 | | ge | |
| Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Ace Insulation Co., Inc. | | | | 1 | Caumbi C | 'ada (7) | | | | | | na domolie | | J . | | |
| Street Address City, State, Zip Code Colts Neck, N.J. 07722 Telephone No. Telephone No. Telephone No. Total Colts Neck, N.J. 07722 Telephone No. Total Colts Neck, N.J. 07722 Start Date (10) Street Address Street Address Street Address Street Address City, State, Zip Code City, State, Zip Code Colts Neck, N.J. 07722 Start Date (10) Street Address Street Address Street Address City, State, Zip Code City, State, | | | | | | | | | | | | ig demons | rieu) | | | |
| Street Address Street Address 95 Montrose Road City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code Cotts Neck, N.J. 07722 Freelphone No. 732-294-1757 Start Date (10) 8/20/15 Scheduled Completion Date (11) 8/20/15 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Scope of Work (Check All That Apply) Street Address Street Address Street Address City, State, Zip Code City, State, Zip Cod | Name of Monitoring Firm | n Hired by Building | Owner (8) | | ASCM | No. | | | | | | (9) | | | | |
| City, State, Zip Code City, State, Zip Code City, State, Zip Code Colts Neck, N.J. 07722 Project Manager for Monitoring Firm Telephone No. Telephone | | | | | | | | | | Inc. | | | | | | |
| City, State, Zip Code Colts Neck, N.J. 07722 Project Manager for Monitoring Firm Telephone No. Tolephone Mo. Telephone No. Telephone No. Tolephone Mo. Telephone No. Tolephone Mo. Telephone No. Tolephone Mo. Telephone No. Tolephone Mo. Tol | Street Address | | | | | | | | | | 1 | | | | | |
| Project Manager for Monitoring Firm | City State 7in Code | | | | | | | ASSESS TO SE | | | | | | | | |
| Telephone No. Telephone No | City, State, Zip Code | | | | | | | 1000 | | | 7722 | | | | | |
| Start Date (10) 8/20/15 Scheduled Completion Date (11) 8/24/15 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: 7am-7pm Scope of Work (Check All That Apply) ≥ 23 sf or ≥3 lf ≥ 160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Outside In Facility (13) Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Normally Service Address City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) The Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount Type Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount Type Abatement Type Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount Type Abatement Type Abatement Type Abatement Type Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount Type Abatement Type Aba | Project Manager for Mor | nitorina Firm | | - 1- | Telephor | ne No. | | | | | | License N | lo. | | | |
| 8/20/15 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: 7am-7pm City, State, Zip Code City, | , | | | | ** | | | 335 | | | | 00029 | | | | |
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| Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Ci | | - Abstancet (Cha | L. Staff L. | | | | | Stroot | Addros | 20 | | | | | | |
| Abatement Performed Outside of Normal Facility Hours Other — Describe: 7am-7pm Scope of Work (Check All That Apply) Sope of Work (Check All That Apply) | | | | | × , | | | Sueer | Addres | 55 | | | | | | |
| Scope of Work (Check All That Apply) Scope of Work (| | | | | | | | City S | tate 7 | in Code | | | | - | - | |
| Secretary Secr | | | | louis | | | | Oity, C | ,w.c., 2 | p oodc | | | | | | |
| Normally Description of Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A N/A N/A N/A Siding 1800sf X N/A N/ | Scope of Work (Check A | All That Apply) | | - | | | | | | | | | | | | |
| Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted | × ≥3 sf or ≥3 lf | | □ R€ | novat | ion | | | | Ful | l Containm | ent with | Negative | Pressu | re | | |
| Location of Asbestos-Containing Material (ACM) Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A N/A Siding 1800sf X Name of Registered Waste Hauler NAME of Waste Hauler NAME of Waste Hauler Name of Registered Landfill Name of Registered Name of Registered Landfill Name of Registered Landfill Name of Registered Name of Regi | | | X De | moliti | on | | | F | | | | | | | | |
| Location of Normally Used Solely by Maintenance/ Custodial Staff? (12) Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Normally Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Normally Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Normally Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF) No N/A Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF) Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF) Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF) Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF) Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF) Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF) Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF) Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF) Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF) Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF) Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF) Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF) Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF) Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF) Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF) Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF) Norma | | | | | | | | × | | | | d Non-Frial | ble Pro | cedur | e | |
| Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A | | | ls I | ocatio | on. | | | | | | | | | | | t |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Ves No N/A Outside X Siding Name of Registered Waste Hauler NJDEP Waste Hauler ID No of Waste Hauler ID No of Waste Hauler ID No of Waste Value Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Repair Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (Specify SF or LF) Repair R | Location | n of | N | ormall | у | | Des | scription | of | | | | | Т | pe | 1 |
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| Ves No N/A outside X siding 1800sf X kitchen X linoleum 120sf X Name of Registered Waste Hauler NJDEP Waste Hauler ID No. of Waste Name of Registered Landfill | | | | dial S | 17.77 | (i.e. | | | | ation, | | | Rem | Rep | cap | nclo |
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| kitchen x linoleum 120sf x Name of Registered Waste Hauler NJDEP Waste Hauler ID No. of Waste Name of Registered Landfill | | | Yes | No | N/A | | | | | | | | - | } | ite | 0 |
| Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste | outsid | de | | | х | | | siding | | | 1 | 800sf | x | | | |
| Hauler ID No. of Waste | kitche | en | | | x | | lir | noleun | n | | 1 | 20sf | x | | | |
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| Hauler ID No. of Waste | 1 | | + + | | | | | | | | | | 1 | | | |
| Hauler ID No. of Waste | Name of Pagistared Ma | ste Hauler | | N | IDED W | faste | Cubic | Yards | | Name of | Renista | ered Landfi | 1 | | | |
| Ace Insulation Co., Inc. 12086 4 GROWS | Ace Insulation Co., | | | Н | auler ID | | of Wa | | | GROW | | orea Larion | | | | |
| City, State Disposal Date City, State | City, State | | | 112 | | | | sal Date | | City, Sta | te | | | | | |
| Colts Neck, New Jersey 8/24/15 Tullytown, PA | | rsey | | | | | | | | 1 | | Ą | | | | |
| Completed by Title Signature Date | | | Title | | | | S | Signature | e , | 1 | | D | ate | | | |
| Bree McGuire Secretary Treasurer /3.4/1 8/10/15 | Bree McGuire | | Secre | tary | Treasu | ırer | | 13 | 1 | 1 | | 8 | /10/1 | 5 | | |
| ASB-41 (R-06-08) * Do not use this form for asbestos licensure exempted activities. | ASB-41 (R-06-08) | | | | | | | * Do no | ot use t | his form for | r asbes | tos licensur | те ехеп | pted | activi | ties. |

(KH2727)

| Date of Notification (1) | | | | | Building C | Owner/C | perator | (2) | | | HIE A | Hin. | 10 | 4.7 | | |
|--|--|----------------------|------------|--------------------|---------------------|---------|---------------------|----------|---------------------------------|----------|-------------------|-----------|--------|--------|-------------|-----------|
| 8/10/15 | | | | Tins B | геа | | | | | | 2615 A | - | Ų. | | 8: | 28 |
| Agencies Notified | Type Notification | | 1 7 | Street Ad | ddress entral Av | re | | | | | | | | | | |
| X EPA | × Initial | | | | te, Zip Coo | | | | | | | | - | | | |
| × EPA × DEP × DOL | Amended Amendment | # | 10.00 | | asant Nu | | | | | | | | | | | |
| A CONTRACTOR OF THE CONTRACTOR | Emergency | | - | Name of | Contact | | | | | Tel | ephone N | Numb | er | | | - |
| DOH DCA | justification) Cancellation | | | Mike | | | | | | | | | | | | |
| | | | | FACII | LITY INFO | RMATI | ON | | | 1 | | | _ | | | |
| Name of Facility Where | Abatement is Takir | ng Place (3) | | | | | | Туре | of Facility (4) |) | | | | | | |
| Brea Residence | | | | | | | | | School (K-12 |) | | | | | | |
| Street Address | | | | | | | | | Subchapter 8 Other (i.e. pri | | | | huild | inac | home | 20 |
| 330 Richmont Ave | | | | | | | | 1 | etc.) | vale | & Comme | i Ciai | Dunc | miya, | 110/1116 | |
| City (5) | | | | | | | | | re Feet | 10000000 | f Floors | | 1000 | dg. A | ge | |
| Pt Pleasant | | | | | Code (7) | | | 240 | | 2 | | | | 5+ | | |
| County (6) | County (6) Ocean Name of Monitoring Firm Hired by Building Owner (8) | | | | | | | | ent Use (Prior dnece | if bei | ng demo | lished | i) | | | |
| | n Hired by Building | Owner (8) | | ASCN | 1 No | - | Name | | atement Cont | ractor | (9) | | | | | |
| , rame or mornioning i in | mod by banding | Simo: (6) | | 1.00 | | | 1 | | ation Co., I | | (-) | | | | | |
| Street Address | | | | | | | | Addre | | | | | | | | |
| | | | | | | | | | ose Road | | | | | | | |
| City, State, Zip Code | | | | | | | | | Cip Code k, N.J. 077 | 722 | | | | | | |
| Project Manager for Mor | nitoring Firm | | 17 | Telephor | ne No. | | | none N | | | License | e No. | | | | |
| | | | | | | | | 294-1 | 10.77 | | 00029 | 9 | | | | |
| Start Date (10) 8/21/15 | | Scheduled 8/24/15 | Com | pletion (| Date (11) | | Name | of OSI | HA Monitor | | | | | | | |
| Occupancy Status Durin | on Abatement (Che | | 1 | | | | Street | Addre | ee | | | | - | | | - |
| | | | | | | | Olicei | Addie | 33 | | | | | | | |
| Facility Closed/Vac Abatement Perform | | | | | | | City, S | State, Z | ip Code | | | - | _ | | | |
| X Other – Describe: | 7am-7pm | | _ | | | _ | | | | | | | | | | |
| Scope of Work (Check A | All That Apply) | | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf | | | novat | 56551011 | | | F | | II Containmer | nt with | n Negativ | re Pre | ssur | e | | |
| × ≥160 sf or ≥260 lf | | × De | moliti | on | | | | | ni-Enclosure ovebag Proce | dure | | | | | | |
| | | | | | | | Þ | | n-Exempted | | d Non-Fr | iable | Ргос | cedun | е | |
| | | ls L | .ocatic | on | | | | | 1 | | | | | | ement | |
| Location | n of | No Used | rmall | | 0000000 | De | scription | n of | | | | H | | 1 9 | ре | 1 |
| Asbestos-Containing TO BE AB | | | tenan | | | | taining N system | | I (ACM) | | Amount Specify | | TI | | 四 | т |
| In Faci | | Custo | | taff? | (1.6. | | cing, VA | | ation, | | F or LF) | | Remova | Repair | cap | nclo |
| (13) | | | (12) | | | other r | niscella | neous) | | | | | oval | air | Encapsulate | Enclosure |
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| outsid | de | | | х | | | siding | | | 2 | 000sf |) | (| | | |
| garag | je | | | Х | | | siding | | | 4 | 100sf | > | | | | |
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| Name of Delivery | ete Herde | | 1 | IDES ! | | | Verd- | | N 55 | | | 1611 | | | | |
| Name of Registered Wa | | | - M. 7/192 | JDEP W auler ID | | of Wa | Yards ste | | Name of R | | ered Land | ווודם | | | | |
| Ace insulation Co., | Ace Insulation Co., Inc. | | | | | | | | GROWS | > | | | | | | |
| City, State | | | | | | | sal Date | | City, State | | | | | | | |
| Colts Neck, New Je | rsey | 1 ==== | | | | 8/24/ | 37/07/10 | | Tullytow | n, P | Α , | | | | | |
| Completed by Bree McGuire | | Title Secret | an/ | Francii | rer | 5 | Signature |) . | 1 | | | Date 8/10 | | | | |
| Dice McGuile | | Secret | aiy | iicasu | H CI | | 1 | Mu | 4 | | | 0/10 | J/ 10 | , | | |

chesh 5744

| | | | Name of | Balland , | Owner/Operator (| 57.5%. | RR15 61 | | | | - 1 |
|---|--|--------------------------|--|------------------------|---|--|---|-------------------------------|---------|----------------|--------------|
| ate of Notification (1) | | | 3.0 | KUNS | ₉ ,0 | | 2815 /1 | 10-13 | -11 | 8: | 7 |
| 8-10-15 | Type Notification | | Street A | ddress | | | | | | 0 - | 5 |
| gency Notified | Type Nomination | | 132 | CAL | FORWIA A | YUENUE | | 1. | i | - 17 | - 6 |
| EPA | Initial | | A3. 04 | no Tin Co | nde . | | * | 1 1 1 1 | 1111 | 111 | - |
| DEP | Amended Amendment# | | 43:00 | , Mil | FORD N | I 0764 | Telephone Num | | 1151 | | |
| DOL | ☐ Emergency (including | g | Name o | of Contact | | | | per | ŧ. | | |
| DOH | iustification) | | 2 M | UN50 | 2) | | 25 | | | | - |
| DCA | ☐ Cancellation | | 1 | | RMATION | | | | | | |
| 0.50 | | | FACI | DITIMPO | T. S. | Type of Facility | 4) | | | | |
| lame of Facility Where | Abatement is Taking Place | ⇒ (3) | | 3.0 | | 200 | | | | | |
| B. MUNSON | | | _ | | | School (K-12) | (Other than 6-14 | 2) | | | |
| Street Address | | | | | : | Other (Le. pri | vate & commercia | al building | 5, | | |
| Street Authors | 0 A . J = 41631 | = | | 1.4 | 4.9 | homes etc.) | | Bldg. A | | | |
| 132 CALIFO | RNIA AUENU | | | ٨. | 4.7 | Square Feet | I same | | | | |
| City (5) | | | | | 30.00 AV | .1370 | 2 | 120 | YRS | | _ |
| NEW MILFOR | 20 | | Count | v Code (7 | (STATE USE | Current Use (Pr | for if being demo | lished) | | | |
| County (6) | | | ONLY | | , (| RESIDE | SUCE | | | | _ |
| BERGEN | | - 1.0 | 21111 | | Name of Abate | ment Contractor (S | 9) | | - | | |
| Name of Monitoring F | irm Hired by Building Own | er AS | SCM No. | | | moval In | | | | | |
| (8) | | | | | Street Address | | | | | * | |
| Street Address | | | 1.0 | | | | S+ | | | | |
| | | 771474241000 | | | City, State, Zip | th River | J L | | | | |
| City, State, Zip Code | | | | | City, State, Zip | ack, N.J | 07601 | | | | |
| | | | | 472 | Hackens | ack, M.O | License No. | | | | |
| Project Manager for I | Aonitoring Firm | Tele | phone No | | Telephone No. | -7444 - | | | | | |
| 1 10,000 | T | | | | | | 00300 | | | _ | |
| Start Date (10) | Scheduled C | Completion | n Date (11 |) | Name of OSHA | Monapr | an+a1 | | | | |
| 2-19-201 | 5 8-20 | - 200 | 5 | | | Environm | entar | | | | |
| Occurrency Status Da | ing Abatement (Check or | nly one) | | | Street Address | | | | | | |
| | | | | | 200 T | St | | | | | - |
| | | of Aboto | mont | | | <u>Iuyler St</u> | | | | | |
| Abatement Perform | cated During Entire Period ned Outside of Normal Fa | of Abates citity Hour | ment rs | | City State Zio | | | 7606 | | | |
| ☐ Abatement Perform Other - Describe: | gari 5PM | of Abates | ment rs | | City, State, Zip S. Ha | Code ickensack | ,N.J. 0 | | | | |
| Abatement Performed Other - Describe: Scope of Work (Check | gari 5PM | of Abates | | enovation | City, State, Zip S. Ha | Code ckensack i Containment with | , N.J. 0 | | | 54 | |
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| Abatement Perform Other - Describe: Scope of Work (Check ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 li | ned Outside of Normal Par 8 A M 5 PM ck all that apply) | Is I | Recution ormally | emolition | City, State, Zip S. Ha | Code a ckensack ii Containment with iii-Enclosure ovebag Procedure n-Exempted (*) au n of | , N.J. 0 h Negative Press | ocedure | | уре | T |
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| Date of Notification (1) | | | | Building C ain Lake | | | | ation 26 | 15 AL | 16 13 j | 700 | , e | | |
| Agencies Notified Type Notification EPA Initial | | 1 8 | Street Ad 400 Bo | idress Julevard | | | | A. | | · · · · · | 17 8: | 22 | | |
| DEP Amended Amendment # | | | | te, Zip Coo ain Lake | | 07046 | ò | | ∉ [. | icin's | Hir i fi | 131 | | |
| Emergency (ir justification) □ DCA □ Cancellation | icluding | | Name of Mark P | Contact rusina | | | | | Tole | onbr | 3r .∪∪ | | | |
| | | | FACIL | ITY INFO | RMATIC | N | | | | | | | | |
| Name of Facility Where Abatement is Taking Wildwood School Street Address | Place (3 |) | | | 3 hi 9a - | | Гур | School (K-1 Subchapter | 2) | arthan K.1 | 21 | | | |
| 51 Glen Road | | | | | | | × | Other (i.e. p | | | cial build | 377.11.57 | | es, |
| City (5) Mountain Lakes | | | | | | | Squ | uare Feet | # of | Floors | В | ldg. A | ge | |
| County (6) Morris | | | County C | Code (7) ISE ONLY) | | _ | Cur | rent Use (Pri | or if bei | ng demolis | hed) | | | |
| Name of Monitoring Firm Hired by Building O Detail Associates | wner (8) | | ASCM 00012 | | | | | oatement Cor vironmenta | | The second second | | | | |
| Street Address 300 Grand Avenue | | | 1 | | | Street PO E | | ress 483, 4 E G | ate Di | rive | | | | |
| City, State, Zip Code Englewood, NJ 07631 | | | | | | | | Zip Code od, NJ 074 | 18 | | | | | |
| Project Manager for Monitoring Firm Stephen Jaraczewski | | - 1 | Telephor 201-56 | ne No. 19-6708 | | Telepi 973- | | No. -2276 | | License 1 | Vo. | | | |
| Start Date (10) 8°-14'-15 | Schedule | 9 -7 | pletion [| Date (11) | | Name | of O | SHA Monitor | | | | | | |
| Occupancy Status During Abatement (Check | - | | | | | Street | Addı | ress | | | | | | |
| Facility Closed/Vacated During Entire Postatement Performed Outside of Normal Other – Describe: | | | | | _ | City, S | State, | Zip Code | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | - | 200 | | | | | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | | Renovat Demoliti | | | | > | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Full Containme Mini-Enclosure Blovebag Prod Non-Exempted | e cedure | | | 72 | e | |
| | Is | Location | on | | | | | | | | | | ement | t |
| Location of | | vormall d Solel | | | | cription | | | 702 | 00.0 × 00 | | 1 9 | ре | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Ma | intenan todial S (12) | ice/ | | thermal | system sing, VA | s ins AT, or | | (8 | mount Specify F or LF) | Removal | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | | | | | rD | |
| basement - Room 26 | | | X | | | insula | | | | 10 LF | X | | | |
| boy's bathroom | | | X | | - 3 3 | insula | | | | 0 LF | Х | | | |
| girl's bathroom | | | Х | | pipe | insula | tion | | 4 | 0 LF | x | | | |
| Name of Registered Waste Hauler | | . N | JDEP W | aste / | Cubic ' | Yards | | Name of | Registe | ered Landfi | ill | | | |
| Freehold Cartage | | Н | auler ID 5939 | | of Was | | | W-04/200 - 120 | | ks Landf | | | | |
| City, State Freehold, NJ | | | | | Dispos TBD | al Date | | City, Stat Birdsbo | | 4 19508 | | | | |
| Completed by A. Scott Higgins | Title Pres | dent | | | S | ignatur | e // | 1 | | | ate 87 | 0- | 15 | er |

| | NO | | ATION | OF ASBE o NJAC 8 | STOS | ABATE | | ENT | Clor | V | 14 | lloc |) . · | | |
|---|-----------------|---------------------------|---------------------|-----------------------|------------------|---|-------|-------------------|---|---------|----------------------------|----------------|-----------------|-------------|-----------|
| Date of Notification (1) 8/10/15 | | | | Building C | | | (2 |) | | 2615 | AUG 13 | 3 | | | |
| Agencies Notified Type Notification EPA Initial | | | Street Ad 5 Cold | ldress Hill Roa | d | | | | عُدِ | υů, | V1:11 | 1.17 | ∂: _, | £2 | |
| □ DEP □ Amended □ DOL _ Amendment #_ | | | | e, Zip Cod am, NJ | | 5 | | | | * | LICEA | FINE | Νě | 1 | |
| □ Emergency (inc justification) □ DCA □ Cancellation | luding | | | Contact ackland | | | | | | 000 | | ber | | | |
| | | | FACIL | ITY INFO | RMATI | ON | | | | | | | | | |
| Name of Facility Where Abatement is Taking P | lace (3) | | | | | | | - | of Facility (4) School (K-12 | | | | | | |
| Street Address 639 South Street | | | | | | | | × C | Subchapter 8 Other (i.e. pri etc.) | | | | lings, | home | es, |
| City (5) Plainfield | | | | | | | 10.35 | | e Feet | # of | Floors | B 6 | ldg. A | ge | |
| County (6) Union | 0 | | County C | Code (7) ISE ONLY) | | _ | C | Curre | nt Use (Prior | if beir | ng demolis | shed) | | | |
| Name of Monitoring Firm Hired by Building Ow | ner (8) | | ASCM | No. | | | | | tement Contr onmental | | | | | | |
| Street Address | | | | | | Street PO E | | | ss 33, 4 E Ga | te Dr | ive | | | | |
| City, State, Zip Code | | | | | | 0.0000000000000000000000000000000000000 | | | p Code , NJ 0741 | 8 | | | | | |
| Project Manager for Monitoring Firm | | | Геlephor | ne No. | 1 | Teleph 973- | | | | | License 703 | No. | | | |
| | cheduled | | pletion [| Date (11) | | Name | e of | f OSF | A Monitor | | | | | 2.4 | |
| Occupancy Status During Abatement (Check C | only One |) | | | | Street | t A | ddres | ss | | | | | | |
| Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: | | | | | | City, S | Sta | ite, Zi | p Code | | | | | | |
| Scope of Work (Check All That Apply) | | | - | | | IΣ | 7 | 1. 317 | ep & Cut | - F(1)2 | er lago | A Ti an | 7.00 | 291 | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | enovat emoliti | | | | | × | Ful Mir Glo | I Containment ni-Enclosure ovebag Procen-Exempted | nt with | Negative | Pressu | re | | |
| | ls l | Locati | on | | | | | | | | | | | emen | t |
| Location of | | ormall I Solel | | | | scription | | | | | | - | () | pe | |
| Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Mair | ntenar odial S (12) | ice/ | | thermal surfa | taining N I system cing, VA niscella | ns i | insula , or | | (5 | mount Specify or LF) | Removal | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | | | | | | е | |
| First Floor | | | X | | | insula | | | | | 50 LF | x | | | |
| Second Floor | | | X | | Pipe | insula | ati | on | | 50 | 00 LF | х | | | |
| Boiler Room | | | X | | Pipe | insula | ati | on | | 10 | 00 LF | x | | | |
| Boiler Room | | | Х | | Boile | r insul | lat | ion | | | 00 SF | x | | | |
| Name of Registered Waste Hauler | | 2,0 | JDEP W auler ID | | Cubic of Wa | Yards | | | Name of F | 10000 | | | | | |
| Freehold Cartage | | 1.05 | 5939 | 2000 delita (6) | TBD | cu izate - - | | | Western | | ks Landi | 1111 | | | |
| City, State Freehold, NJ | | | | | TBD | sal Date | | | City, State Birdsbor | | | | | | |
| Completed by A. Scott Higgins | Title Presid | dent | | | 5 | Signatur | re | / | an | _ | 11 35 | Date 3/10/1 | 5 | | |

| Date of Notification (1) 8-10-15 | | | | | Building (loute 22 | - 10 | | | Ź | 115 / | Us . | o | | | | |
|--|---|--|-------------------------|---------------------|------------------------|----------------------|--------------------------------|--------------------------------|---|-----------|---------------------------------------|---------------|---------|--------|-------------|-----------|
| Agencies Notified | Type Notification | | 1000 | Street Ac 25A Ha | Idress anover F | Road St | uite 35 | 50 | 1 | | UG IS |) <u>F</u> 1. | Ć | : [| 9 | |
| EPA DEP DOL | Initial Amended Amendment | | | | ie, Zip Coo m Park, | | 32 | | | 11 | . 7. | | 7 | - 1 | | |
| ĭ DOH | Emergency justification) | | | | Contact | | | | | 1 | phone i | | | | | |
| ☐ DCA | Cancellation | | | Voah | | | | | | 5.0 | | ,,,, | | | | |
| Name of Facility Where | Abatement is Takir | g Place (3) | | FACIL | LITY INFO | ORMATIC | ON | Туре | of Facility (4) |) | | | | | | |
| Street Address | | | | | | | | | School (K-12 Subchapter 8 | | r than K | (-12) | | | | |
| 2345 Center Island | l | | | | | | | | Other (i.e. pri | ivate & | comme | rcial bu | ildi | ings, | home | s, |
| City (5) | | -37-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2- | | | | | | Squar | e Feet | | Floors | | | dg. A | ge | |
| Union | | | | | | | | 16,00 | | 2 | | link ad | 45 | | | |
| County (6) Union | | | | | Code (7) ISE ONLY) | ¥ <u>/</u> | _ | Curre | nt Use (Prior | r it beir | ng aemo | iisnea) | | | | |
| Name of Monitoring Firm | n Hired by Building | Owner (8) | | ASCM | No. | | | | tement Cont | | | | | | | |
| Street Address | | | | | | | | Addres | | ., ., ., | | | | - | | |
| | | | | | | | 86 C | hristo | pher Stree | et | | | | | | |
| City, State, Zip Code | | | El El | | | | | | p Code NJ 07042 | | | | | | | |
| Project Manager for Mo | nitoring Firm | | 1 | Γelephor | ne No. | | State of the same | none No 744-8 | | | License 00371 | | | | | |
| Start Date (10) 8-19-15 | | Scheduled 9-2-15 | Com | pletion (| Date (11) | | Name N/A | of OSF | A Monitor | | | | | 150 | | |
| Occupancy Status Durir | ng Abatement (Che | ck Only One |) | | | | Street | Addres | SS | | | | | | | |
| | cated During Entire ned Outside of Non | | | | | _ | City, S | State, Zi | p Code | | | | | | | |
| Scope of Work (Check | All That Apply) | <u> </u> | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | | - | novat moliti | | | | 2 | Mir | l Containme ni-Enclosure ovebag Proce n-Exempted | edure | · · · · · · · · · · · · · · · · · · · | | | | 9 | |
| | | 1-1 | | 2-2 | | | | 1 140 | II-LXempled | () and | INOTH | lable | | | ment | |
| Locatio | n of | No | ocation mall | y | | Des | cription | n of | | | | | _ | Ту | ре | |
| Asbestos-Containin <u>TO BE AB</u> In Fac (13) | g Material (ACM) BATED ility | Custo | tenar dial S (12) | ice/ staff? | Asbes (i.e. | tos Conta thermal | aining N system sing, VA | Material s insula AT, or | (ACM) ation, | (8 | mount Specify or LF) | Nellioyal | Domovol | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | | = | _ | _ | | | |
| Roo | | | | X | | | ashin | g | | - | 71 LF | X | - | | | |
| 1st FI | | | | X | | | VAT | | | | 00 SF | X | | | | |
| 2nd F | | | X | | | VAT | | | 50 | 00 SF | X | | | | | |
| Name of Registered Wa | aste Hauler | | N | JDEP W | /aste | Cubic ' | Yards | | Name of F | Registe | red Lan | dfill | | | | |
| Aztech Managemer | | Н | auler ID | | of Was | | | Minerva | Ente | | | | | | | |
| City, State 86 Christopher Stre | et Montclair, N | J 07042 | | | | Dispos | 3 - | 5 | City, State Waynes | | OH 44 | 4688 | | | | |
| Completed by Constantine Vivian | | Title Presid | ent | | | S | ignatur | e V i | 40~ | | | Date 8-10- | -15 | 5 | | |

NO CK

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

RECHIN

| Date of Notification (1) | | | N | ame of | Building O | wner/C | perator (2) | | | | | | | |
|--|--|-------------|------------------|---------|-----------------------|---------------|------------------------------------|-----------------------------------|-----------|---------------------|-----------|--------|-------------|-----------|
| 8-10-15 | | | | Hami | lton T | owns | ship Board | d of Ed | udat | Sibhr | 13 6 | 10 | | |
| Agencies Notified | Type Notification | | | | | | | | | | io h | 7 0 | 18 | |
| DX EPA | ☐ Initial | | | | ark Av | | 2 | | h s | 6.17 | | | | |
| DEP DOL | Amended Amendment #_ | | 11 1935 | | e, Zip Cod lton,] | | 08690 | | | Ēij(| ENT | 46 | ₹ÆL. | |
| DOH DOCA - | ☐ Emergency (inc justification) ☐ Cancellation | cluding | 500 | | Contact Miran | da | | | Tele | ephone N | lumber | | | |
| IX DOA - | L Cancellation | | | | ITY INFO | | ON | | | | | | | - |
| Name of Facility Where | Abatement is Taking F | Place (3) | | 1 AOIL | | WAT. | | of Facility (4 | 1) | | | | | |
| Nottingham Hi | gh School - N | lorth | | | | | ⊠ 8 | School (K-1) | 2)- | | | | | |
| Street Address 1055 Klockner | Road | | | | | | | Subchapter Other (i.e. poetc.) | | | | dings | home | s, |
| City (5) Hamilton | | | | | | | | e Feet | # 0 | f Floors | E | ldg A | Age | |
| County (6) Mercer | | | | | Code (7) ISE ONLY) | _ | Curre scho | nt Use (Pric | or if bei | ng demoi | ished) | | | |
| Name of Monitoring Firm | vner (8) | | ASCM | No. | | Name of Aba | tement Con | tractor | (9) | | | | | |
| Pennoni Assoc | iates, Inc. | | | 001 | 02 | | Plymout | h Envi | ronm | ental | Co., | Inc | | |
| Street Address | | 7-35 | | | | Street Addres | NT: | | | | | | | |
| 515 Grove Str | eet | | | | | | 923 Haw | | ue | | | | | |
| City, State, Zip Code | | | | | | | City, State, Z | | n 10 | 401 | | | | |
| Haddon Height | | | | | | | Norrist | | A 19 | | | | | |
| Project Manager for Mor | nitoring Firm | | 200 | elephor | ne No. 547–050 |)5 | Telephone No. | | | License | 398 | | | |
| Tom Adams Start Date (10) | 1.5 | Scheduled | 7-2-1 | | |),, | Name of OSH | | | | | | | - |
| 6-22-15 | | 8-31- | 15 | | V | | Plymout | | ronm | ental | Co., | Inc | • | |
| Occupancy Status Durin | ig Abatement (Check | Only One |) | | | | Street Addres | | | | | | | |
| ☐ Facility Closed/Vac ■ Abatement Perform | ated During Entire Pe | | | ent | | | 923 Haw | | ie | | | | | |
| Other – Describe: | | i raciity r | 10015 | | | | City, State, Z Norrist | | 10 | 101 | | | | |
| Scope of Work (Check A | All That Apply) | | | | | | MOLLISC | OWII, PE | A 19 | 401 | | - | | - |
| □ ≥3 sf or ≥3 lf | | ⊊ Re | novat | 0.0 | | | ⊠ Fu | II Containme | ent wit | h Negativ | a Drace | ira | | |
| ≥160 sf or ≥260 lf | | | molitic | | | | □ Mi | ni-Enclosure | 3 | | C 1 1033 | 110 | | |
| | | | | | | | | ovebag Prod n-Exempted | | | riable Pr | ncedi | re | |
| | | le l | nantia | | | | | | 2 () 2. | | | | temen | |
| Locatio | n of | 5955 | ocation or mally | | | D | escription of | | | | | _ 1 | уре | |
| Asbestos-Containing | | | Solel | | | os Cor | ntaining Materia | | | Amount | | | Ш | _ |
| TO BE AS | | Custo | dial S | | (i,e, | | al systems insul acing, VAT, or | ation, | | Specify F or LF) | Rem | Repair | псар | indo |
| (13) | | | (12) | | | | miscellaneous) | | | | Remova | pair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | | | | ē | Ф |
| boiler room | | x | | | inter | ior | boiler in | ns. | 912 | SF | X | | | |
| boiler room | 4 | х | | | boile | r br | eeching i | ns. | 160 | SF | X | | | |
| boiler room | | x | | | | | eech ins. | | | LF | x | | | |
| 1st floor 1st floor | X | | pipe | ingu | ings lation | | | LF LF | X | | | | | |
| Name of Registered Wa | N | JDEP V | Vaste | Cubi | c Yards | Name of | | tered Lar | | | | | | |
| Robinson Waste | | 7304 | | of W | | | | ndfil | 1 | | | | | |
| City, State Voorhees, NJ | | | | | | osal Date | City, Sta | | lle, | PA | | | | |
| Completed by | 08043 | Title | | | | | Signeture/ | | | | Date | | | |
| James M. Kelly | 7 | Vice | -Pr | esid | ent | | AllUK | | | #I | 8-10 | -15 | | |

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

| Date of Notification | 1 (1) | | Name of Bui | | | | (2) | 15.5 | | | |
|--|---------------------------------|-------------------|---------------------|---|------------------------------------|------------------|--|---|---------|---------|---|
| 8-6-15 | | | Tina V | incer | nti | | | | | 77.3 | |
| Agencies Notified | Type Notifica | ation | Street Addr | ess | | | | Office and | | | |
| []EPA | [X] Initial | | 199 No | rth N | Mountai | ln A | ve. | 9816 AUG | 13 3 | i for i | F. |
| []DEP | Notific | ation | City, State | | | 576.5 | | | | | |
| [X]DOL | []Amended Notific | ation | Montcla | air,1 | NJ,0704 | 12 | | 4 | | 173 | 1 |
| [X]DOH | | | Name of Con | tact | | | Telephon | e Number | | | - |
| []DCA | []EMERGENC | | Tina V | ince | nti | | | | 573 | | |
| | []Cancella | CIOI | FACI | LITY I | NFORMATIO | N | | | | | |
| Name of Facility Whe | ere Abatement | is Takin | | eg cameroune oc | | 1000 | Type of Facil: | ity (4) | | | |
| Same as above | | | | | | | []School | | | T 10\ | |
| Street Addres | | | | | | | [X]Other (: | ter 8 (Othe: i.e., priva: uildings, h | te & co | mmer- | |
| Y | | | | | | | Square Feet | # of Floo | rs Bl | dg. Age | 9 |
| City (5 | | County (| 6) Essex | 100000000000000000000000000000000000000 | nty Code ATE USE O | (0.0)(0.0) | Current Use () | Prior if be | ing dem | olishe | d) |
| | | | | | | | | | - | | 34 |
| Name of Monitoring Nowner (8) | Firm hired by | Building | ASCM No. | | A last reconstruction and a second | | ent Contractor | | | | |
| Street Address | | | | | Street Ac | idress | | | | | ======================================= |
| | | | | | 86 Ch | ris | topher St | | | | |
| City, State, Zip Coo | de | | | | City, Sta | | r, NJ 070 | 42 | | | |
| Project Manager for | Monitoring Fi | irm Tel | ephone Numb | per | Telephone | | er -8800 | L | icense | | |
| | | 1 | | | | | | n = 1 | 0037 | | |
| Scheduled Start Date 8-21-15 | e (10) Sche | ed. Compl 8-24 | etion Date | (11) | Name of C | OSHA M | Monitor | | | | |
| | ear Mo | | ay Year | 2 | N/A | 72 | | | | | |
| Occupancy Status Dur [X]Facility Clo of Abatemen | sed/Vacated D | | | | Street Ad | idress | | | | | |
| []Abatement Pe | rformed Outsi ribe: «OffHour | s Descri | <u>pt»</u> | ty | City, Sta | ate, Z | ip Code | | | | |
| Scope of Work (Check | | | Descripe. | | | | | | | | |
| [X]>3 sf or []>160 sf | ≥3 lf | [2 | []Renovation | | [X] | Mini-E Glovet | Containment wi Enclosure Dag Procedure Tiable Procedu | -50 | Pressu | ire | |
| | | Т. | Is. | T | | | | | Aba | tement | Type |
| Location | | | ocation ormally | | | iption | | Amount | R | n N | |
| Asbestos-Com Material | | | Used Solely | | Asbestos Mater | ial (| | (Specify | E | R C | |
| TO BE AB | | | y Main- enance/ | | (i.e., th | | | SF or | 0 | AP | 0 |
| In Facil | | Cu | stodial aff (12) | | sulation, or other m | | laneous) | LF) | A | D U | U |
| | ` | Yes | No N/A | | | | | | L | K L | R |
| Basement | | | X | Pip | e Insu | lat: | ion | 80 lf | X | | |
| | | _ | | | | | | | | | +- |
| Name of Registered N | Waste Haules | h.r r | DEP Waste | Cryl | bic Yards | | Name of Regi | stored Tand | fill | | |
| AZTECH MANAG | | IC Ha | uler ID No. | 10880 | Waste 1. | .5 | G.R.O.W. | | | | |
| City, State | | | | Dis | sposal Dat | e | City, State | | | | |
| Montclair, NJ | 07042 | | | 8 | 3-25-15 | j | Morrisvi | lle, PA | 1906 | 7 | |
| Completed By (Print | or Type) Ti | tle | | | Sign | ature | , | | Date | | |
| Constantine V | ivian Pr | reside | nt | | | W | ilica- | | 8-6 | -15 | |

CK 3802

| | TTSSOOR | Date of Notalization | 0/53 | (Purseant | to NJAC 8:60 and 1 | 2:120) | | |
|--|--|---|--|--|--|---|--|---------------|
| _ | STEWNS AND AND ADDRESS OF THE PERSON AND ADD | Date of Notice in | 3-5-15 | | of වන්නේ DemenQps | (3) | | |
| | resent | Manage Notified | Type Noticeton | | | JACKO | on Boardet | 2011 |
| | remotes | | | Street | Acidress | | The survey or | Educata |
| - | Campa Sa | 10 50L | | Charles | | 101 Don | Comor Bli | d |
| | OTTER | Thou | Mandonati | City, St | eta, Zip Coda | THE RESERVE TO SHARE THE PARTY OF THE PARTY | Contract of the Contract of th | |
| | Name of the last | | | | Contact | JACKSOS | - 115 of | 523 |
| - | The State of | | Januari Lon | | MIK- | e B | reispiona Number | - CD |
| | literation | Name of Farmage | | 5600 | | | _/ | 53 |
| | Transport of the last of the l | THE GITT COME STATE | ne Absiament is Taking | Petre (3) | WORLD SHIP THE | | 1 | |
| - 1 | | Street Address | | CARI U | 160etz Sch | Type of Feeling (4 |) | - |
| | | | | | terson Rd | Spiral (F-12) | None and the second | |
| | | Gity (5) | | The state of the s | | One fie prin | ට්බිස් ඕසා K-12) බ්∋ & යොහසාවන් bi∂ේ | ings, co |
| | | County (6) | | JACKSON | NJ 08527 | Summe Food | | - 1 |
| e-karata | | | | County C | 4- 6- | 30000 | 7 | 3. Age No |
| STREET, SE | Man Per | Name of Manipulae Fac | a Head by Building Own | | n to town | Curent Use (Prior I | being demolshed) | - T |
| THE STATE OF | Variety | - 7100 | & ENVINO ZI | ASDM No. | Name of Aharan | ent Control of | - no - 1 | 2 |
| PATES . | THE PERSON | Street Address | 3 | | - I -MNI JOE | 100 | | 37 |
| THEFT | No. | City, State, Zip Code, / | 11 Stokes | Ref | Street Address | 1 / / | | (1) |
| Month | AUG TEL | | 10 1 11 | | 1 1212 61 | reluction of | re - | 豆 |
| THE PERSON NAMED IN | The state of | roject Manager for Moni | dond N) | osocs | Cay, State, Zo Con | | PSON E | |
| STANCE. | - 8 | - MH21C | ROBNITZ_ | Telephone No. | Telephane No. | | | |
| Photos Comments | 5 | rem Uele From | | 958 715 221 completion Date (11) | | +111 | @1076 F | |
| | 10 | 8-8-15 | 18-9- | -/S | Name of OSHA Mor | | | |
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| Tale to the total | | Abetarent Performed O | Caing while Period of A Missis of Names Room, | | | | | - |
| A COLUMN TO A COLU | 41 | | | rates | City, State, Zip Code | | | |
| SECTION . | 30 | ope of Work (Check all th | at बग्रामे) | | | | | |
| Western | | 28 afor≥3 6 2160 afor≥260 6 | ERano | | ☐ Full Continue | المال الم | | _ |
| Mariana | | eren at at Sean E. | | | | | Serie | Ī |
| Parenta Parenta | | | SLoc | esma I | ☐ Glaceberg Pro F Non-Bresigns | | Sman & | 1 |
| STATEGE . | 6-6 | Location of | ∦ N ews | rafar € | | | Abalemer | \rightarrow |
| TO WASHINGTON TO THE STATE OF T | 123 | restos-Contection Meteric TO SE ARAYED | | | Description of | g III | Type | - |
| Tables. | | 5V Facility (13) | Ceta | 5 1 1 | s Containing Malaisi (A Termal systems insulate | Amou Ta, (Speci | | Target I |
| ij | | (10) | <u> </u> | ž – # | surfacing, VAT, or that misce areas) | SFOL | Picapaula Piapalr Piamoval | Engl |
| | - | Marc Da | Ye No | | | 2 | Encapsulata Repalr Repalr Removal | OANGOLDUS |
| = | H | /11/ | SO3 wareful | NUACM) | CONTENTOPS | | 18 | 9 |
| = | | CIMSS RTU | 502 | ACIU | 100 | 700 | 211 | |
| - | - | | - Charles | Division of the last of the la | Contel log | 900 | 2411 | 7 |
| Ne | mec | i Registered Waste Hauf | - Table | SAITH SAITH | The second secon | | Triting p. | |
| | | ANI SUE CL | er N | DE Weste Cu | ibic Yards Name | of Registered Lennis | MICTOR | |
| CS. | , Se | 5 0 | | 35635 | Waste 4 | WM of | // | |
| | | 1/e/Assice | ONT | Dis | Para Pre Cay. S | 63 | PA | _ |
| Co | ninger | ed By | TE .// | STATE OF THE STATE | 1801) | Tollytan | IN PA | |
| 3-3 | _ | J HII | VP | of any party of the party of th | Signatura 11 | Delta | 7.15 | |
| 3 | | | ° Co | | 1 | 13 | 1/5 | - |
| | | | as not use this f | orm for esbesios lice | ensura exempled activi | Tipe | | |

[°] Do not use this form for esbestos licensure exempted extivities.

Check#2263

State of New Jersey

| OTIFICATION OF | ASBESTOS ABATEMEN | T | |
|----------------|---------------------|-----|--|
| (Pursuant to | NJAC 8:60 and 5:16) | 100 | |

| Date of Notification (1) | | | | Name | of Buildin | g Owner/(| Operator (| 2) | | | | | |
|--|------------------------------|----------|-------------------|---|---------------|----------------|--------------|---|------------------------|------------------|--------|-------------|-----------|
| | 10 /15 | | | | Valla | | | | UG 13 AN C | | | | |
| The state of the s | Type Notification | | | Stree | t Address | | | - 14 | 100 13 111 5 | 33 | | | |
| | Initial | | | 29 Sc | hoeler Dr | ive | | | | | | | |
| ☑ DOLWD [| Amended | | | | State, Zip (| | | | LICTATING | redev | | | |
| | Amendment # | | | B857 85 | n Beach, 1 | | • 0 | G. | LICIA WAS | 100 | | | |
| (NJAC 5:23-8) | Emergency (ir justification) | ncluding | | | e of Contac | |) | | | | | - | |
| | Cancellation | | | 100000000000000000000000000000000000000 | | | | | Telephone Nun | nber | | | |
| | | | | - | ent Hackm | | | | | | | | |
| None of Facility 140 | | | | FA | CILITY IN | IFORMA | TION | | | | | | |
| Name of Facility Where Abo | atement is Takin | g Place | (3) | | | | | Type of Facility | (4) | | | | |
| Private house | | | | | | | | School (K-1 | 2) | | | | |
| Street Address | | 52.747 | | | | | | Subchapter | 8 (Other than K-1 | 2) | | | |
| 29 Schoeler Drive | | | | | | | | homes, etc. | private and comme | rcial bi | ılldin | gs, | |
| City (5) | | | | | | | | Square Feet | # of Floors | В | ldg. A | ge | |
| Union Beach, NJ 07735 | | | | | | | | | | | | 2478 | |
| County (6) | | | | Cour | nty Code (7) | (STATE U | SE ONLY) | Current Use (P | rior if being demol | ished) | | | |
| Monmouth | | | | 1 | | | | | | 5000C-1-920-1-00 | | | |
| Name of Monitoring Firm H | ired by Building | Owner (| 8) | ASCM | No. | Name o | f Abateme | ent Contractor (9 | 9) | | _ | | |
| <u> </u> | | | | | | Gr Tecl | n LLC | | | | | | |
| Street Address | | | | Street A | Address | | | | | | _ | | |
| 0:- 0: 7: 0 :- | | | | | | | lley Rd# | | | | | | |
| City, State, Zip Code | | | | | | City, Sta | ate, Zip Co | ode | | | | | |
| Desired M. C. M. III | | | | | | Wayne, | NJ 0747 | 70 | | | | | |
| Project Manager for Monito | ring Firm | | Tele | phone | No. | Telepho | ne No. | 100000000000000000000000000000000000000 | License No. | | | | |
| | | | | | | 973-638 | 3-1777 | | 01127 | | | | |
| Start Date (10) | | | | | ite (11) | Name o | f OSHA M | lonitor | | | | 1000 | _ |
| 08 /19 / | 15 | 08/ | _20 | / | 15 | Environ | rision Co | nsultants,Inc | | | | | |
| Occupancy Status During A | batement (Chec | k only o | ne) | | | Street A | | nourtaints, me | | | | | |
| Facility Closed/Vacated | During Entire Pe | riod of | Abate | ment | | 20-21 V | Janarass | Road, Bldg .# | 25 D | | | | |
| Abatement Performed O | utside of Norma | Facility | Hour | s - Des | scribe | City, Sta | ite, Zip Co | ide | 33 E | | | | |
| Time of Abatement: | | M/ | PIM_ | | _AM | and the second | vn, NJ 07 | | | | | | |
| Scope of Work (Check all th | at apply) | | | | | T an Da | | | nation with negativ | e press | SUITE | | |
| ▼ >3 sf or >3 If | | | | | | | Full Cont | ainment with Ne | gative Pressure | o prose | Juic | | |
| ≥ 3 sf or >3 If≥ 160 sf or >260 If | | ⊠ Re | novati molitic | on | | Н | Mini-Encl | osure | Tent with Negative | | 0000 | | - 1 |
| | | | noncie | 10 | | | Non-Exer | mpted (*) and No | on-Friable Procedu | e Press | ure | | |
| | | | Locat | | | | | | | | atem | ont T | VD0 |
| Location of Asbestos-Containing Ma | | | lorma d Sole | | | Des | scription of | f | | | _ | | 1 |
| TO BE ABATE | | | ntena | | | | | erial (ACM) | Amount | ₹er | Rep | E | Enc |
| IN Facility | | Cust | odial | Staff? | (I.e | | systems in | | (Specify SIF or LF) | Removal | Repair | aps | Enclosure |
| (13) | | | (12) | | | | niscellaneo | | SIF OI LF) | a | | Encapsulate | Гe |
| | | Yes | No | N/A | | | | | | | | e | |
| Garage-inside | | | | \boxtimes | Transite | siding | 23 | | 200 SF | | | П | |
| | | П | П | П | | | | | 200 81 | | | | |
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| | - | | | | | | | | | | | | |
| News of D | | | Ц | Ш | | | | | | $-\Box$ | | | |
| Name of Registered Waste | Hauler | | NJD | EP Waste | Hauler ID No. | Cubic Yar | ds of Waste | Name of Regis | stered Landfill | | | _ | |
| Gr Tech LLC | | | 0 | 03378 | 5 | TBD |) | T.R.R.F. Inc | | | | | |
| City, State | | | | | 11.47.44 | Disposal | | City, State | | | | | |
| Wayne, NJ 07470 | | | | | | TBD |) | Tullytown, P. | Δ | | | | |
| Completed By (Print or Type | r) Title | | | - 22 | | | nature / | ranytown, F. | Total Transfer | ate | - | | |
| N.Jevtic | Owi | 1er | | | | - 3 | // | Ic Wena | 1 | | | | |
| ASB-41 | OWI | 101 | | | | | // 60 | wenaa | y 08 | /10/20 | 15 | | |



(1X 1505

| Date of Notification (1) 08/07/2015 | | 11.000 | | Building C range B | | perator | (2) | 281 | 5 /111 | 313 / | | | | |
|---|------------------------|-----------------|--------------------|-----------------------|------------------------------|---|-------------------------------|-----------------------------|-------------|---|---------------------------------------|-------------|-------------|-----------|
| Agencies Notified Type Notification | | 1.00 | treet Ad 715 Pa | | | | | | | - 1.5 | i G: | 7 | | |
| EPA X Initial Amended Amendment # | | | | e, Zip Coo range N | | | | | à L | ulk. | · · · · · · · · · · · · · · · · · · · | ĬĹ, | | |
| X | ncluding | 2000 | lame of Dario L | Contact ambklin | | | | | Tell 7c | ep' 3 200 311 | U | | | |
| A Dort | | | FACII | ITY INFO | RMATI | ON | | | | | | | | |
| Name of Facility Where Abatement is Taking Gordon Parks Academy | Place (3) | | TAGIL | .11 INI O | NINA III | | _ | of Facility (| | *************************************** | | 101 | | |
| Street Address 125 Glenwood Ave | | | | | | | | Subchapter Other (i.e. p | 8 (Oth | er than K-12 & commercia | | ings, | nome | es, |
| City (5) East Orange | | | | | | | | etc.) e Feet | # 0 | f Floors | BI | dg. A | ge | |
| County (6) Essex | | | County C | ode (7) SE ONLY) | - | | Curre | nt Use (Pri | or if bei | ing demolish | ed) | | | |
| Name of Monitoring Firm Hired by Building C | wner (8) | | ASCM | No. | | | | ement Cor | | | | | | |
| Street Address 1253 N, Church St | | | | | | Street | Addres | | | | | | | ŕ |
| City, State, Zip Code Moorestown NJ 08057 | | | | | | City, S | tate, Zi | p Code I 07512 | | | | | | |
| Project Manager for Monitoring Firm John Smoyer | | | elephor | e No. 2 1833 | | | none No | | | License N 01155 | 0. | | | |
| | Scheduled 08/17/15 | Com | | | | 100000000000000000000000000000000000000 | of OSF | A Monitor | | | | | | |
| Occupancy Status During Abatement (Check | esentitive village 10% | | | | | Street | Addres | SS | | | | | | |
| Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: | | | ent | | | City, S | tate, Zi | p Code | | | | | | |
| _ | | | | | | | | | | | 700 | | | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | novat moliti | | | | | Mir Glo | ni-Enclosure vebag Pro | e cedure | h Negative F | | | è | |
| 2 | 100000 | ocatio | 0.00 | | | | | | - () | | | Abate Ty | ment | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Used Main Custo | tenan | y by ice/ | | tos Cont thermal surfa | scription taining M system cing, VA miscellar | Material s insula T, or | | (| Amount Specify F or LF) | Removal | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | St. 2000 | | | | | | | | TO. | .2002 |
| See Attached Sheet | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | T N | JDEP W | aste | Cubic | Yards | | Name of | Regist | ered Landfil | | | | |
| Academy Construction Inc | | Н | auler ID 34422 | No. | of Wa | ste | | GROW | /S Lar | | | | | |
| City, State Totowa NJ | | | | Dispo TBD | sal Date | | City, Sta Tullyto | | Ą | | | | | |
| Completed by Zlate Geleski | Title VP | | | | | Signatur | 11/1 | - Jul | 200 | | ate 8/07/ | 15 | | |
| ASB-41 (R-06-08) | | | | | d | Don | ot use | this form fo | r asbes | stos licensur | e exer | npted | activi | ities. |

CK 3774

SIBLE OF MEW JETSBY HOTTPCATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:1211)

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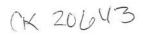
| Date of Notification (1) 8/10/2015 Check #2779 | | | | Building (| | | (2) | 15 | | E. | 1 | | | | |
|--|----------------------------------|--------|--------------------|------------------------|--------|--|----------------------|---------------------------------|----------|-------------|----------|------------------|--------------|-----------|--|
| Agencies Notified Type Notification | | | Street A | 102-0-0-0 | New | ark | | 9915 | 1116 | | 11 14 | | | | |
| | | 1 | | ifton Ave | enue | | | / Ela / | NUG 1 | 3 AM | 8: 5 | 7 | | | |
| EPA Initial Amended Amendment # | | 1 82 | | te, Zip Co k, NJ 07 | | | | 11.1.2 | /1 | | : R3 | | | | |
| Emergency (in | | | | Contact | 104 | | | :12 | | ephone Nu | · · · | | | | |
| DOH justification) Cancellation | | 11 | | Vallicier | go | | | | . 100 | Spriorie Mu | mber | | | | |
| | | | FACI | LITY INFO | RMAT | ION | | | | | _ | , | | | |
| Name of Facility Where Abatement is Taking Missionaries of Charity | Place (3) | | | | | | Тур | e of Facility (4 | -) | | | | | | |
| Street Address | - | | | | | | Н | School (K-12 Subchapter | | er than K-1 | 2) | | | | |
| 168 Sussex Avenue | | | | | | | × | Other (i.e. pr | | | | ouildings, homes | | | |
| City (5) | | - | | 10:2://: | | | Squ | etc.) are Feet | # of | Floors | TE | Bldg. Age | | | |
| Newark, NJ | | | | | | | 6,0 | | 3 | | 5 | | | | |
| County (6) ESSEX | | | | Code (7) JSE ONLY) | | | 237.7355 | rent Use (Prio nvent | r if bei | ng demolis | hed) | ed) | | | |
| Name of Monitoring Firm Hired by Building O | wner (8) | | ASCN | No. | | Name of Abatement Contractor (9) | | | | | | | | | |
| Omega Environmental Services Street Address | | | | | | EA Services Corporation | | | | | | | | | |
| 280 Hyuler Street | | | | | | Street Address 426 69th Street | | | | | | | | | |
| City, State, Zip Code Hackensack, NJ 07606 | | | | | | City, State, Zip Code Guttenberg, NJ 7093 | | | | | | | | | |
| Project Manager for Monitoring Firm | | | Telephoi 201-48 | ne No. 39-8700 | | Telephone No. License No. 201-295-1700 01074 | | | | | | | | | |
| | Scheduled 8/20/201 | | pletion I | Date (11) | | 1 25 | | SHA Monitor above | | | | | | | |
| Occupancy Status During Abatement (Check | Only One) | | | | | Street | Addr | ess | | | | | | | |
| Facility Closed/Vacated During Entire Pour Abatement Performed Outside of Normal | eriod of Aba | atem | ent | | | 55500005550 | | above | | | | | | | |
| Abatement Performed Outside of Norma Other – Describe: Start 7 AM | al Facility H | ours | | | | A STATE OF STATE OF | | Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | Sall | ie as | above | | | | | | | |
| ≥3 sf or ≥3 lf | | novat | | | | 2 | F | ull Containme | nt with | Negative | Pressu | ire | | | |
| ≥160 sf or ≥260 lf | Der | noliti | on | | | E | | lini-Enclosure Slovebag Proc | | | | | | | |
| | 1 | | | | | | | lon-Exempted | | d Non-Fria | ble Pro | - 1000 NO | | | |
| | 2.70000 | catio | | | | | | | | | | | ement /pe | t | |
| Location of Asbestos-Containing Material (ACM) | Used : | Solel | y by | Asbes | | escription | | ial (ACM) | А | mount | | Τ | _ | | |
| TO BE ABATED In Facility | Maint Custoo | | | | therma | al system | s insu | ulation, | (5 | Specify | Rer | R | Encapsulate | Enc | |
| (13) | (| 12) | | | | acing, VA miscella | | | SF | or LF) | Remova | Repair | psul | Enclosure | |
| 3 | Yes | No | N/A | | | | | | | | <u>m</u> | | ate | e . | |
| First and Second Floor | | x | | ACM c | eiling | above | hun | g ceiling | 1,5 | 68 SF | x | | | | |
| | | | | | | - | | | | | | | | | |
| Name of Registered Waste Hauler | | N. | JDEP W | /aste | Cubi | c Yards | | Name of F | Registe | ered Landfi | 1 | | | | |
| Freehold Carting Inc | | | | | | aste | GROWS North Landfill | | | | | | | | |
| City, State Freehold, NJ | | | | | Dispo | osal Date | 9 | City, State Morrisvi | | A | | | | | |
| Completed by Gina Salvador | ce Manager Signature Blue 8/10/2 | | | | | | | te 10/2015 | | | | | | | |

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

CK#1426
APPROVED

| Date of Nottification (1) | | Name o | of Building O | wner/Operator (| 2) | er line | Carlo Carlo Al Carlo | | 7 | | | | | |
|---|---------------------------------|------------------------|--|----------------------------------|---|-----------|-----------------------|------------|--------------|----------|-------|--|--|--|
| 8/10/2015 | | Rafe | ek Ali | | | | PROVED | | | | | | | |
| Agencies Nothled Type N | otification | Street / | Address | | Medeba | pi Hea | tth & Senior | Servic | 08 | | | | | |
| LI EPA EI In | ital | 481 (| Central Ave | ⊋. | Jan | | Innature) | Dea. | | | | | | |
| DEP A | mended | | ate, Zip Code | | . 0- | B B | - December 2 | 10.00 | na | | | | | |
| DOL A | mendment# memency (Including | _ East | Orange, N | J | Date: | LIOLI | 5_TIMB: | 12 | THIL | 1 | | | | |
| DOH LU | stification) | Name o | of Contact | | | T | Telephone N | lumber | | | | | | |
| DCA C | ancellation | Rafe | ek Alli | | | - | | 100 0 | | ات | | | | |
| | | · FAC | ILITY INFOR | | | | | | | = | - | | | |
| Name of Facility Where Abateme | | | | | Type of Facil | lity (4) | | | | (D) | 4.1 | | | |
| Residential Building (uno | cupied under ren | ovation) | | | School | | | | | <u>~</u> | | | | |
| Street Address | | 9. | | | | pter a (| Other than K | -12) | | | | | | |
| 483-485 Central Ave | | | | 1 | Other (i | .e. priva | to & comma | ונים ומומי | ıdıngs | nome | es, | | | |
| City (5) | | | | 1 | Square Feet | T | # of Floors | 51 | Bldg. A | Age . | - 1 | | | |
| East Orange, NJ | | | | | 5000 | | 3 | | 50+ | | 3., | | | |
| County (6) | | County | Code (7) | | Current Use (Prior if being demolished) . ப | | | | | | | | | |
| Essex · | | STATE | USE ONLY) | | Residential Building | | | | | | | | | |
| Name of Monitoring Firm Hirad b | y Building Owner (8) | ASC | M No. | Name o | Name of Abatement Contractor (9) | | | | | | | | | |
| n/a | | n/a | | Lozni | Loznica Management Corp | | | | | | | | | |
| Street Address | | - | | Street A | ddress | | | | • | | | | | |
| n/a | | | | 22 Tr | oy Lane | | | | | | | | | |
| City, State, Zip Code | | | | Oity, Sta | ate, Zip Code | 3 | | | | | | | | |
| n/a | | | | Linco | in Park NJ | 0703 | 5 | 107 | | | | | | |
| Project Manager for Monitoring F | irm | Telepho | one No. | Telepho | ne No. | | License | | ************ | | | | | |
| n/a. ·· | | n/a | | 97370 | 067950 | | 01193 | 3 | | | | | | |
| Start Date (10) | | i Completion | Date (11) | | f OSHA Mon | 2000000 | 1 | | | | | | | |
| 8/11/2015 | 8/13/20 | 2000 | 20 | Lozni | ca Manag | ement | Corp | | | | | | | |
| Occupancy Status During Abater | nent (Check Only One | :) | | Stroot A | | | | | | | | | | |
| Fadlity Closed/Vacated Dur | ing Entire Period of At | patement | | | by Lane | | | | | | | | | |
| Fadility Closed/Vacated Dur Abatement Performed Outsi Other – Describe: | de of Normal Pacility i | Hours | | | ate, Zip Cade | | | | | | | | | |
| | | | | - Linco | In Park N. | 0703 | 5 | | | | | | | |
| Scope of Work (Check All That A | pb)A) | | | - | | | | | | | | | | |
| ≥3 sf or ≥3 if | | enovation | ,, | H | | | with Negative | Press | TUB | | | | | |
| ≥160-sf or ≥260 If | | melläon | - | | Mini-Endo Giovabag | | uro | | | | | | | |
| | | | | | | | and Non-Fri | able Pr | ocedu | . B | | | | |
| | 'ts I | opation | | | | | | | | ement | | | | |
| Location of | . No | ormally | | Description of | nf. | | | | T | /þe | | | | |
| Asbestos-Containing Material | | Solely by ntenance/ | | s Containing Ma | aterial (ACM) | | Amount | | | m | _ | | | |
| TO BE ABATED In Facility | Custo | odial Staff? | (i.e. th | nermal systems surfacing, VAT | insulation, | | (Specify SF or LF) | Ran | 조 | Елкар | End | | | |
| (13) | | (12) | | other miscellane | 20US) | | u, u. u. / | noval | pair | sulate | osura | | | |
| 40 | Yes | No N/A | 7 | | | | | <u>s</u> , | 1 | ate | 6 | | | |
| A. J J. A. J. E. | | 1000000 | 1 | | | | ### ~ # | - | + | - | | | | |
| 2nd and 3rd Floor | 5 | X | / | Asbestos Piz | ster | 1 | 650 SF | . × | | | | | | |
| | | | from | Partion Wall | S ONLY | | | | 1 | | | | | |
| | | | in | various loca | tions · | 11 | | | | | | | | |
| | | | " | | - | - | | _ | + | | | | | |
| Name of Registered Marks Liver | | NUDEP | Masta | Cubic Yards | No | of Bot | nickared ! non | 1 | _ | | | | | |
| Name of Registered Waste Haul | | Hamar II | | nF1Wasta | | | | | | | | | | |
| Loznica Management Con | 3 | 003313 | A CONTRACTOR OF THE PROPERTY O | TBD GROWS Landfill | | | | | | | | | | |
| City, State | | | | Disposal Date City, State | | | | | | | | | | |
| Lincoln Park, NJ 07035 | | | | TBD Morrisville PA 19067 | | | | | | | | | | |
| Completed by | Title | | | Signature | 0 | ~ | | Date | | | | | | |
| E. Cirovia | Secre | itary | | C. (| WW | MITT | _ | 8/10/ | 2015 | | | | | |
| | | | | | | - | | | | _ | _ | | | |

| Date of Notification (1) | | | N | ame of | Building C | wner/0 | perator | (2) | c | | | | | | |
|---|--|----------------------------|---------------|-------------|----------------------------------|---|--|-------------------------------|--|---------------------------|----------------------------|--------|---------------------|-------------|-----------|
| August 10, 2015 | | | J | ohn R | ichter | | | it. | 5 400 1 | Che | ck # 2292 | | | | |
| Agencies Notified EPA | Type Notification | | 1 7 | | dress Quarry | | | | | | - 41 | | | | |
| EPA DEP DOL | X Initial Amended Amendment | # | | | e, Zip Coo ridge, C | | 25 | | 6 14 | | -14 | | | | |
| | Emergency (| including | _ | lame of | . 192 18 | | | | | Tale | abara Minn | har | | | |
| DOH DCA | Cancellation | | J | lohn R | ichter | | | | | | | | | | |
| | | | | FACIL | ITY INFO | RMATI | ON | | | | | | | | |
| Name of Facility Where Residence | Abatement is Taking | g Place (3) | | | | | | | of Facility (4 School (K-1 | | | | | | |
| Street Address 132 Merion Avenue | 9 | | | | | | | × | Subchapter Other (i.e. p etc.) | 8 (Oth | | | lings, | home | s, |
| City (5) Haddonfield | | | - | | | | | | re Feet | # of | Floors | 7: | ldg. A | ge | |
| County (6) Camden | | | | County C | ode (7) SE ONLY) | · | | | ent Use (Prio | or if bei | ng demolish | ed) | | | |
| Name of Monitoring Firm | n Hired by Building | Owner (8) | _ | ASCM | No. | | Name | of Aba | itement Con | tractor | (9) | | | | |
| Management & En | | | | | | | Shade Environmental, LLC | | | | | | | | |
| Street Address PO Box 341 | | | | | | | Street Address 623 Cutler Avenue | | | | | | | | |
| City, State, Zip Code Chesterfield, NJ 08 | 3515 | | | | | | City, State, Zip Code Maple Shade, NJ 08052 | | | | | | | | |
| Project Manager for Mor Bill Weisgarber | nitoring Firm | | 0.00 | elephon | e No. 8-4070 | | Telephone No. License No. 856-755-0099 00842 | | | | | | | | |
| Start Date (10) August 19, 2015 | | Scheduled (| | | Date (11) | | 11, 30, 31, 31, 32 | | HA Monitor alytical, In | nc. | | | | | |
| Occupancy Status Durin | ng Abatement (Chec | | ., | | | | | Addre | • | A.T. (1) | | | | | |
| | cated During Entire | | tom | ont | | | | | e 130 Nor | th | | | | | |
| Facility Closed/Vac Abatement Perform Other – Describe: | ned Outside of Norn | nal Facility Ho | ours | 5110 | | | 1,000,000,000 | | ip Code son, NJ 0 | 8077 | | | | | |
| Scope of Work (Check / | All That Apply) | | | | | | _ | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Supplement . | ovat | | | | | Mi Gl | III Containme ni-Enclosure ovebag Prod | e cedure | | | essure Procedure | | |
| | | | | | | 124700 | | INC | on-Exemple | d (*) an | d Non-Friad | T | | ement | |
| | | ls Lo | catio mall | | | 17 <u>22</u> 1-17 | | | | | | | | ре | |
| Asbestos-Containing TO BE AE In Fac | g Material (ACM) B <u>ATED</u> ility | Used S Mainte Custod | Solel | y by ce/ | | tos Con thermal surfa | scription taining I system cing, VA miscella | Materia is insul AT, or | | (5 | mount Specify or LF) | Remova | Repair | Encapsulate | Enclosure |
| (13) |). | Yes 1 | No | N/A | | outeri | modena | neous | | | | /al | = | late | ıre |
| Crawls | pace | | | XXX | | Duct | t Insula | ation | | 2 | 25 SF | Х | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Wa | aste Hauler | | 357750 | JDEP W | | 100000000000000000000000000000000000000 | Yards | | Name of | ne of Registered Landfill | | | | | |
| Freehold Cartage | (-0.00) | auler ID 265 | NO. | of Wa | Vaste Cumberland County Landfill | | | l | | | | | | | |
| City, State Freehold, NJ | | | | | Dis 8/2 | | | 9 | City, Stat Newbu | | A | | | | |
| Completed by Christina Lynch | ons | Mana | ger | | Signatur | 1822 N | ولاه | | Da 8/ | te 10/20 | 015 | | | | |



| (K 200 | NO | | CATION | te of New OF ASBE O NJAC 8 | STOS A | BATE | | | | 7.7.3 | | | | | |
|--|--|---|----------------------|----------------------------------|----------------------------|--|---|---|----------------------|---------------------------|----------|---------|-------------|-----------|--|
| Date of Notification (1) 8/7/2015 | | | | Building C | | perator | (2) | | 2815 | AUG 13 |). · | | | | |
| Agencies Notified Type Notification | | 1 1 | Street Ad | dress SUNNYS | SIDE | DRIVE | | | A (| | | - | 13 | | |
| EPA Initial DEP Amended DOL Amendment; | | 910 0 | | e, Zip Coo AWN, N | | 10 | | - | é | 1.16.7 | | 13 13 | 1 | | |
| X Emergency (i X DOH justification) DCA Cancellation | ncluding | - 1 3 | Name of O | Contact MELNII | KOV | | | | 011 | 171-210 | per 7 | | | | |
| | | | FACIL | ITY INFO | RMATI | ON | | | | | | | | | |
| Name of Facility Where Abatement is Taking RESIDENCE | Place (3) | 07 | | | | | Туре | of Facility (4 School (K-12 | !) | | V. | | | | |
| Street Address 13-17 SUNNYSIDE DRIVE | | | | | | | × | Subchapter 8 Other (i.e. pr etc.) | | | al build | - R 8 | | s, | |
| City (5) FAIR LAWN | | | | | | | Squ | are Feet | # of | Floors | В | dg. A | ge | | |
| County (6) BERGEN | | | County C (STATE U | ode (7) SE ONLY) | 8 | | Curr | rent Use (Prio | r if beir | g demolish | ed) | | | | |
| Name of Monitoring Firm Hired by Building ON/A | Owner (8) | | ASCM | No. | | | ame of Abatement Contractor (9) WO BROTHERS CONTRACTING, INC. | | | | | | | | |
| Street Address | | | | | | 1007/37/2015/3 | treet Address 1 VREELAND AVENUE | | | | | | | | |
| City, State, Zip Code | 1000000 | | | | | | | Zip Code A, NJ 0751: | 12 | | | | | | |
| Project Manager for Monitoring Firm | | | Telephon | ie No. | | Teleph 973- | | No. -8700 | License No. 00494 | | | | | | |
| Start Date (10) 8/15/2015 | | cheduled Completion Date (11) | | | | | | SHA Monitor S (9) ABO | /E | | i di | | | | |
| Occupancy Status During Abatement (Chec | k Only On | e) | | | | Street | | | - | | 173.65 | | | | |
| Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: EXTERIOR | | | | | City, S | State, | Zip Code | | | | | | | | |
| Scope of Work (Check All That Apply) | VIII - 1 | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf | | enova emolit | | | | | N G | ull Containme Iini-Enclosure Bovebag Proc Ion-Exempted | edure | | | | | | |
| | Is | Locati | ion | | | | | | A | | | Abate | ement pe | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Use Mai | lormal d Sole intena odial s (12) | ely by nce/ | | tos Con therma surfa | scription taining f I system cing, VA miscella | Materi ns insu AT, or | | (S | mount pecify or LF) | Removal | Repair | Encapsulate | Enclosure | |
| | Yes | No | N/A | | | | | | | | | | e | | |
| EXTERIOR | EXTERIOR | | | | | | | | 10 | 00 SF | X | | | | |
| | | | | | | | | | | | + | | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | 1000 | JDEP W Hauler ID | | Cubic of Wa | Yards iste | | 0.0000000000000000000000000000000000000 | | red Landfill | | | 2 10/ | 9 | |
| TWO BROTHERS CONTRACTING City, State | | 1 | 8743 | | | sal Date | e | City, State | Э | NAGEME | 14-I-C | A-1-1-6 | , v.V. | J. | |
| TOTOWA, NJ | | | | 1 | 2015 | | MORR | ISVIL | | ate. | | | | | |
| Completed by VIVECA RAMOS | Title PROJECT COORDINATOR Signature PROJECT COORDINATOR Signature 8/7/20 | | | | | | :015 | | | | | | | | |

MO#22742789848

State of New Jersey NOTIFICA

| FICATION OF ASBESTOS ABATEMENT | | |
|----------------------------------|-----|--|
| (Pursuant to NJAC 8:60 and 5:16) | 2.1 | |

| Date of Notification (1) | | | Name | of Building | Owner/Opera | ator (2 |) | | | | | | | |
|--|---|------------------|-------------------|-------------------------|-----------------------------------|------------------|--|-------------------------|-------------|--------|-------------|-----------|--|--|
| | | | John (| D'Shea | | | | 2015 / 1/10 1 | 0 | | | | | |
| Agencies Notified Type Notific | ation | | Street | Address | | | | | U . | 1: 2 | 7 | | | |
| ☐ EPA ☑ Initial | | | 142 Pa | ark Aveni | ie . | | | 3 3 . | | 4 | الله دن | | | |
| X DOLWD ☐ Amende | | 1 | City, S | State, Zip C | Code | | | 1 1 | | | | | | |
| ∑ DHSS Amendr | | | | 50000000 | | | | 4 6 6 6 | | 946 | | | | |
| DCA Emerger (NJAC 5:23-8) Ustificat | ncy (including | 3 | | c, NJ 070 of Contact | | | | Telephone N | lumber | | | | | |
| Cancella | 100000000000000000000000000000000000000 | | | D'Shea | , | | | releptione to | valilibe! | | | | | |
| | | | FΔ | CHITYIN | FORMATIO | N | | L | | | | | | |
| Name of Facility Where Abatement is | Taking Place | (3) | · r | OILII I III | II ORBIATIO | 14 | Type of Facility | /// | | | | _ | | |
| | raking riace | (5) | | | | | A state of the second s | | | | | | | |
| Private house | | | | | | | School (K-12 Subchapter | | -1 2) | 2) | | | | |
| Street Address | | | | | | | Other (i.e., p | rivate and com | | | | | | |
| 142 Park Avenue | | | | | | | homes, etc.) | 93 | | | | | | |
| City (5) | | | | | | | Square Feet | t # of Floors Bidg. Age | | | | | | |
| Passaic, NJ 07055 | | | | | | | | | | | | | | |
| County (6) | | | Count | ty Code (7) | (STATE USE OF | NLY) | Current Use (Pr | ior if being der | nolished) | | | | | |
| Passaic | | | | | | | | | | | | | | |
| Name of Monitoring Firm Hired by Bui | Iding Owner | (8) | ASCM | No. | Name of Aba | ateme | nt Contractor (9) | | | | | | | |
| | | | | | Gr Tech LL | C | | | | | | | | |
| Street Address | | | | | Street Addre | ess | | | | | | | | |
| | | | | | 576 Valley | | | | | | | | | |
| City, State, Zip Code | | | | | City, State, 2 | | | | | | | | | |
| | | | | | Wayne, NJ | | | | | | | | | |
| Project Manager for Monitoring Firm | | Tele | phone | No. | Telephone N | | 0 | License No |) | | | | | |
| 1 | | | | | 973-638-17 | | | 01127 | | | | | | |
| Start Date (10) | Scheduled (| Comple | tion Da | te /11\ | Name of OS | | anitar | 01127 | | | | | | |
| 08/20/15 | 08 | | | | | | | | | | | | | |
| | | | _ ′ - | | Envirovisio | | | | | | | | | |
| Occupancy Status During Abatement | 10. | 500 | | | Street Addre | | | | | | | | | |
| □ Facility Closed/Vacated During En □ Abatement Performed Outside of N | tire Period of | Abate | ment | auth a | | | Road, Bldg .# | 35 E | | | | | | |
| Time of Abatement:AM | PM/ | y Hour | s - Des | AM | City, State, 2 | | | | | | | | | |
| | | | | 2 1141 | Fair Lawn, | | | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | and decontamin | | | sure | | | | |
| | ⊠ R | enovati | on | | | i Cont | ainment with Ne osure | gative Pressure | е | | | | | |
| ☐ ≥ 160 sf or ≥260 lf | | emolitic | | | ⊠ Glo | vebag | Procedure _ | Tent with Neg | ative Pres | sure | | | | |
| | | | | , | Nor | n-Exer | mpted (*) and No | on-Friable Proc | edure | I.S | | | | |
| 10.2222 | | s Locat Norma | | | 822 | | | | At | atem | ent T | уре | | |
| Location of Asbestos-Containing Material (AC | | Norma ed Sole | | A = b = | Descrip | | | Δ | D | Z | ш | Ш | | |
| TO BE ABATED | Ma | aintena | nce/ | ASDE (i e | stos Containir ., thermal syst | ig Mat tems i | eriai (ACM) nsulation | Amount (Specify | - | Repair | Encapsulate | Enclosure | | |
| IN Facility | Cus | todial (12) | Staff? | , | surfacing, | VAT, | or | SIF or LF | ova | = | usc | Sun | | |
| (13) | | (12) | T | + | other misce | ellaneo | ous) | | - | | ate | n l | | |
| | Yes | No | N/A | | | | | | | | | | | |
| Basement | | Ш | X | Pipe inst | ulation | | | 125 LF | \boxtimes | | | | | |
| | | | | | | | | | | П | П | | | |
| | | | $\overline{\Box}$ | | | | | | | 1 | 7 | 믬 | | |
| | | | | | | | | | | Ш | Ш | Ш | | |
| | $-+\Box$ | 10- | 10 | | | | | | | | | | | |
| Name of Registered Waste Hauler | | NJI | DEP Waste | e Hauier ID No. | Cubic Yards o | f Waste | Name of Regi | stered Landfill | | | | | | |
| Gr Tech LLC | | (| 003378 | 35 | TBD | | T.R.R.F. Inc | | | | | | | |
| City, State | | | | - | Disposal Da | te | City, State | | | | | | | |
| Wayne, NJ 07470 | | | | | | 2016 | 200 | Α. | | | | | | |
| Completed By (Print or Type) | Title | | | | TBD | | Tullytown, P | A | Tp.: | | | | | |
| | | | | | Signatu | // | 1 . | 0 | Date | | | | | |
| N.Jevtic ASB-41 | Owner | | | | | Te | which were | d | 08/10/2 | 015 | | | | |
| A00-41 | | | | | | 1/ | ted activities. | | | | | | | |

NO CK

| | | 11 / | 0 11 4" | 0 0 | 21 | | | | | | | | |
|---|---------------------------|-------------|--------------|--|----------------------------------|----------------------|-------------|----------------------------|--|--|--|--|--|
| Date of Notification (1) | | Name of 6 | 1 sn | Owner/Operator (| DENELODE | ER 5 2875 111 | n in | | | | | | |
| Agencies Notified Type Notifi | | Street Ad | dress | | ueo Rass | | | 7 01 2 9 | | | | | |
| The Strict of t | | City State | Zip Co | de . | | | Total Line | | | | | | |
| KI DOL Amend | ment # ency (including | le | 1000 | Buny 1 | EIGHTS, A | U, J1080 | 97 | WE T | | | | | |
| DOH justific | auon) | Name of (| | | | elephone Humi | per | | | | | | |
| □ Cancel | lation | | .20 | ME | | | | | | | | | |
| | | FACILIT | TY INFO | RHATIO'N | | | | | | | | | |
| Name of Facility Where Abatement is | s Yaking Place (3) | i. | | | Type of Facility (4 |) | | | | | | | |
| P.ESIDENCE | E 11 1 | | | | School (K-12) Subchapter 8 | Other than K-1 | 2) | į | | | | | |
| Curat Address | | | | | Other (i.e., pny | ste ę œwwetc | naj pulanos | | | | | | |
| 725 864 | .31 | | | | Source Feet # of Floors Bidg Ace | | | | | | | | |
| City (5) STOLL T | ARBOR | | | | 1000 | - 2 | - 40 | | | | | | |
| 0,010 0 | ANDOR | I County (| Code (7 | ISTATE | Current Use (Prio | | isned) | | | | | | |
| COUNTY (6) | | USE ON | ILY) | _ | | DNT | | | | | | | |
| Name of Maritoning Firm Hired by Bi | uilding Owner | ASCM No. | | Name of Abatem | co LN | 5.7 | | | | | | | |
| (8) | | | | | - | | | | | | | | |
| Street Address | | | | Sveel Address | S. SPRUC | E AVE. | | | | | | | |
| | | | | City, State, Zip C | | | | | | | | | |
| City, State. Zip Code | | _ | | MAP | LO SHAD | E, NJ | 0805 | | | | | | |
| 500.0 · 0.000.0 · 0.000.0 | T Ye | lephone No | = | Telephone No. | | License No | | | | | | | |
| Project Manager for Monitoring Firm | ` | 10p 2.10 | | | 79-0472 | 004 | 97_ | | | | | | |
| | Scheduled Comp | letion Date | (11) | Name of OSHA | | | | | | | | | |
| Stan Date (10) | 9/6/ | 15 | | | PKALEM | | -7: | | | | | | |
| Occupanty Status During Abateme | ni (Check only one |) . | | Sueel Address | , Spruce | = 1 U.E. | | | | | | | |
| Transport Closed Wasaled During B | nore Penoo of Alla | IGIIGII | | 3695 | | | | | | | | | |
| Abatement Performed Quiside o | I Nomal Facility Ho | טערג | | City, State, Ap (| LE SHADE | = N.J | ,0805 | 2 _! | | | | | |
| Other - Describe: | | | | | | | | | | | | | |
| Scope of Work (Check all that appl | Y) | | | Full Co | ontainment with Ne | gative Pressure | | 3 | | | | | |
| 23 \$1 or 23 II | Renov | ation | | The state of the s | nclosure pag Procedure | 5 11 Drace | -0:46 | | | | | | |
| 2160 sl or 2260 II | Ø Dewa | 1000 | | E HON- E | xembred (.) sud No | on-Frable Prod | ~ | a.emer | | | | | |
| | Is Loc | | | | | | | in. | | | | | |
| ĺ. | Norm Used Sc | olely by | 82 2500 | Description stos Containing M | of | Amount | | | | | | | |
| Location of Aspessos-Containing Material (A | CM) Mainter | nance/ | Asbe (i.e | inamal system | 3 Insubitor. | (Specify SF & LF) | Removal | Enghaman Fappar | | | | | |
| TO BE ABATED IN FOOLITY | Sta | H? | 10.00 | surlating, VA | 1,01 neous) | | le vo | Em apsolute Em apsolute | | | | | |
| (13) | (1) | 2) | | 0 0 1.0. | | | | 3 | | | | | |
| | Yes | AIH OH | | | | 7500 5 | S- X | | | | | | |
| 0.001/ | | Y. | | TRANSI | It | (,,000 | 25 / | <u> </u> | | | | | |
| SIDING | | 1/0 | | • | | | | | | | | | |
| | | | | | | <u> </u> | = + + | | | | | | |
| | | - | | | | 1 | | | | | | | |
| | , | NOEP | Mssze . | Cubic Yards | Name of Re | oistered Landi | .U. A. | | | | | | |
| Name of Registered Waste Haule | () | Hauter D | 0 No. | 01 Waste | - | 1,0,,, | | | | | | | |
| ~ | | | | Disposal Dal | e Ciry. State | DA ME | J.J | , | | | | | |
| CIT STORE SHADE | N,J,08 | 052 | | | | DBINE |)ale | | | | | | |
| | Tine | 3.5-3.200 | | Signalur | "oseph I Se | | 8-6 |) -17 | | | | | |
| Compeleo By KEMM | o w | NER | | | <u> </u> | | | | | | | | |
| 10,017 | | | | |) | | | | | | | | |

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

| Date of Notification | n (1) | (Purst | OF STREET | ne of Build | | | | | 2) | 1. 1 | | | | | | |
|--|------------------|-----------|-------------|----------------|--------|----------------------|------------------|------------------------|--|-------------------------|--------|-------|--------|--------|-----|--|
| 8-6-15 | | | | Jarren S | | | ; | | | | | | | | | |
| Agencies Notified | Type Notific | cation | Str | reet Addres | ss | | | | 6410 | 7.17 | | | | | | |
| []EPA | [X]Initial | | 1 | 11 Mou | ntai | in Av | e. | | CE 15 | AUS 13 . | i id | | | | | |
| []DEP | | cation | Cit | ty, State, | Zip (| Code | | - | | | *1 1 | . * . | 6 | - | | |
| | []Amended | ı | | Summit,1 | | | | | | | | | | | | |
| [X]DOL | Notifi | cation | | | | | | | mal anhana | 27 | | | | | | |
| [X] DOH | []EMERGEN | ICY | 1 | me of Conta | | | | | 1 | | 7 | | | | | |
| []DCA | []Cancell | | 1 | Tarren | SLOI | rey | | | , | • | / | | | | | |
| | [] ourious | | | FACIL | ITY I | NFORMAT | ION | | | | | | | | | |
| Name of Facility Who | ere Abatement | t is Tak: | ing | Place (3) | 100000 | | | Ty | pe of Facili | ty (4) | | | | | | |
| Same as above | i i | | | | | | | 1 | []School (| K-12) | | | | | | |
| Observation and discount of the control of the cont | | | | | | | | - | []Subchapt | | | | | | | |
| Street Addres | | | | | | | | | [X]Other (i | e., priva ildings, h | | | | - | | |
| | | | | | | | | Sc | mare Feet | # of Floo | | | | Age | | |
| City (5 | | County | (6) | Essex | Cour | nty Code | e (7) | - 1 | 1500 | 2 | | - | 5 | , | | |
| | | | | | (ST | ATE USE | ONLY) | Cu | rrent Use (P | rior if be | ing | dem | olis | hed) | | |
| | | | | | | | | | | | | | | | | |
| Name of Monitoring | Firm hired by | y Buildi | ng | ASCM No. | | | | atement Contractor (9) | | | | | | | | |
| Owner (8) N/A | | | | | | AZT | ECH M | IAN | NAGEMENT, | Inc. | | | | | | |
| Street Address | | | | | | | Addres | | | | | | | | | |
| | | | | | | 86 (| Chris | sto | opher St. | | | | | | | |
| City, State, Zip Co | de | | | | | 555 | State, | | | | | | | | | |
| | | | | | | Montclair, NJ 07042 | | | | | | | | | | |
| Project Manager for | Monitoring 1 | Firm Te | elep | hone Numbe | r | Telepho | one Num | ber | ., | Ī | icer | nse | Numb | er | | |
| | | N | /A | | | (97 | 3)744 | 1-8 | 3800 | | 00 | 37 | 1 | | | |
| Scheduled Start Dat | e (10) Sch | ned. Com | plet | ion Date (| 11) | Name o | f OSHA | Mor | nitor | | | | | | | |
| 8-20-15 | | 8-2 | 1-: | 15 | | N/A | | | | | | | | | | |
| Month Day Y Occupancy Status Du | | Month | Day | | | Ctmoot | Addres | | | | | | | | | |
| [X] Facility Clo | | | | | | Street | Addres | 55 | | | | | | | | |
| of Abatemer []Abatement Pe | | ide of N | Jorma | al Facilit | ur. | Ci too | State | Tir | Codo | | | | | | | |
| 17 (CE) | cribe: «OffHou | | | 177 | ¥ | City, | State, | 215 | code | | | | | | | |
| []other - Desc | cribe: «Other | Occupano | y De | escript» | | | | | | | | | | | | |
| Scope of Work (Chec | k all that a | pply) | | | | г | ווייםו | Cor | ntainment wit | h Negative | Pre | 28811 | re | | | |
| [X]>3 sf or | >3 lf | | [X]F | Renovation | | 1/3 | | | closure | ur negacive | | -000 | | | | |
| [] <u>></u> 160 sf | or ≥260 lf | | [][| Demolition | | | | | g Procedure able Procedur | | | | | | | |
| | | | | Is | | | JAOH | | abie riocedus | | | Aba | teme | nt I | ype | |
| Locatio | | 1 | | ation mally | | | cription | | 100 Page 100 | | | R | | E N | E | |
| Asbestos-Co Material | 73 | | | sed lely | | | tos-Con erial | | 000 | Amount (Specify | , | E | RE | CA | C | |
| TO BE A | | | By 1 | Main- ance/ | | (i.e., | therma | l s | ystems | SF or | | 0 | PA | P | 0 | |
| In Faci | | | Cust | odial | | sulation or other | | | ing, VAT, | LF) | | A | I R | S | S | |
| (13) | f (12) No N/A | (0) | or oure | I MISCE | 5110 | nieous/ | | | L | | L | R | | | | |
| Basement | | | | X | Pip | e In | sulat | tic | on | 90 lf | | X | | | | |
| | | | | | | | | | | | | | | | | |
| Y | | | | | | | | | | | | | | | | |
| Name of Registered | Waste Hauler | | | P Waste | 10000 | bic Yard | | þ | Name of Regis | stered Land | lfil: | L | | | | |
| AZTECH MANAG | EMENT, I | | Haul 170 | er ID No. | of | Waste | 1.5 | - | G.R.O.W. | S | | - | | | | |
| City, State | | | | | Dis | sposal I | Date | 0 | City, State | | | | | 1000 | | |
| Montclair, NJ | 07042 | | | | 8 | 3-24- | 15 | þ | Morrisvi: | lle, PA | 19 | 06 | 7 | | | |
| | | | | | | 100 | | | | | | | | | | |
| Completed By (Print or Type) Title Constantine Vivian President | | | | | | | gnature | | _ | | 100.00 | te | 4 - | | | |
| constantine V | | CV | 1 | via- | | 8 | -6 | -15 |) | | | | | | | |

CK42727

| Date of Notification (1) | | | | uilding Ou | | | 2) | 2 | A15 / | 110 10 | | | | | | | |
|---|--|------------------------|-----------|------------------------|------------------------------|-----------|---|---|------------|---------------------------------|-----------------|--------|-------------|-----------|--|--|--|
| 8/10/15 Agencies Notified Type Notification | | St | reet Add | | | | | ., | | 110 13 | 1.12 | 8: ; | 8 | | | | |
| X EPA X Initial Amended Amendment #_ | | Ci | ty, State | , Zip Code n, NJ 08 | е | *** | | | ě. | 11-4-6 | 18/18 | 11.7 | | | | | |
| □ Emergency (incl □ DOH justification) □ DCA □ Cancellation | uding | 3 33 | ame of C | Contact | | | | | Tolo | nhana Niir | mher 4. | | | | | | |
| | | | FACILI | TY INFO | RMATIC | N | _ | - ··· (1) | v (4) | | | | | | | | |
| Name of Facility Where Abatement is Taking P Vacated property Street Address | | | | | | | Sc St | Facility (4) chool (K-12) ubchapter 8 ther (i.e. pri |) (Othe | r than K-1 | 2) ial build | inas. | home | s. | | | |
| 4130 Crosswicks Hamilton Square Ro | d | | | | | | Square | c.) | # of | Floors | В | dg. A | | | | | |
| Hamilton | | | | | | | 2000 | | 2 | | | 5+ | | | | | |
| County (6) Mercer | | | ounty Co | ode (7) SE ONLY) | | _ \ | | t Use (Prior house an | | | hed) | | | | | | |
| Name of Monitoring Firm Hired by Building Ow | ner (8) | | ASCM | No. | | | lame of Abatement Contractor (9) Ace Insulation Co., Inc. | | | | | | | | | | |
| Street Address | | | | | | | reet Address 5 Montrose Road | | | | | | | | | | |
| City, State, Zip Code | | | 1-7, 1 | | | | tate, Zip | Code , N.J. 077 | 22 | | | | | | | | |
| Project Manager for Monitoring Firm | | T | elephon | e No. | | Teleph | ephone No. License No. 2-294-1757 00029 | | | | | | | | | | |
| Start Date (10) S | cheduled | Comp | oletion D | ate (11) | | | | A Monitor | | | | | | | | | |
| | /24/15 | | | | | | | | | | S: | | | | | | |
| Occupancy Status During Abatement (Check C | Only One) | | | | | Street | Address | 5 | | | | | | | | | |
| Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: 7am-7pm | riod of Aba Facility H | ateme ours | ent | | | City, S | state, Zip | Code | | | | | 22 828- | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf | | novati nolitic | (T. (1)) | | | E | Mini | Containme -Enclosure /ebag Proce -Exempted | edure | | | | ure | | | | |
| | | | T | | | | 1 NOI | -Exempled | () air | u IVOII-I IIA | Die i io | | emen | t | | | |
| Location of | | catio rmally | 200 | | De | scription | n of | 1 | | | | Т | уре | _ | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | | enan lial SI 12) | ce/ | | tos Cont thermal surfa | taining N | Material s insula AT, or | | (| Amount (Specify SF or LF) | | Repair | Encapsulate | Enclosure | | | |
| | Yes | No | | | | siding | | | 1 | 600sf | x | - | - | | | | |
| farm house | - | | X | _ | | siding | | | | 00 sf | X | | | | | | |
| garage | | | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | IN | JDEP W | aste | Cubic | Yards | | Name of F | Regist | ered Landf | FIL | \ | } | | | | |
| Ace Insulation Co., Inc. | | Ha | auler ID | | of Wa | | | GROWS | | | | | | | | | |
| City, State Colts Neck, New Jersey | | | | | sal Date 15 | 9 | City, State Tullytov | | A | | | | | | | | |
| Completed by Bree McGuire | Title Signature Date Secretary Treasurer (2) 1 8/10/15 | | | | | 5 | | | | | | | | | | | |