CK# 2417

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

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ate of Notification (1)		140		Ric	h B	255		2116				_
encies Notified Type Notification		Sti	reet Addr		200	Ave	201	4 AUG 27	Fil	16.2	1.8	
EPA Initial		Ci	ty, State,	Zip Code		1 - 1	10030	1/		2 11	<u>ا</u> ا	
DOL Amendment #_	cludina	- \	ame of C	alle	He r	Jew	Tel	ephone Nomb	er - ·	·		-
DOH justification)		l N	ame or C	DCV	e		'			2 `		
I DOA			FACILI	TY INFOR	RNATION	Type of Fa	nolity (A)					_
ame of Facility Where Abatement is Taking	Place (3)					America	o! (K-12)					
Buss Residence						Culto	hanter & (Oth	er than K-12) & commercial	bulldir	ns. h	omes	0
G Tienton A	r					etc.)	- 15 - 15 - 15 - 15 - 15 - 15 - 15 - 15					_
Great Address Greater A						Square Fe		of Floors	1010	g. Agg)	
Cavalle + te			County Co			Current U	se (Prior if be	ing demolishe				
()(000			9255	SE ONLY)			S den					
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	NO.			n Co., Inc.	. (-)				
Street Address						Address	0					
						fiontrose State, Zip C						
City, State, Zip Code							N.J. 07722					
Project Manager for Monitoring Firm			Telephon	e No.		hone No. -294-175	7	License No	٠,			
	Schedule	d Opn	n!etion D	ate (11)		of OSHA		10000				
Start Pate (10) - 9/3 14			. 0		4						-	
Occupancy Status During Abatement (Chec			65	8 *	Stree	t Address		ž.				
Facility Closed/Vacated During Entire F Abatement Performed Cutside of Norm Other - Describe:	eriod of P	Hours	nent S		City,	State, Zip C	Code					50000
	4500										****	-
Scope of Work (Check All That Apply)	П	enova	tion			Full C	ontainment w	ith Negative P	ressur	e		
≥3 sf or ≥3 if ≥160 sf or ≥260 if		emoli			-	Mini-E	nclosure	e				
						Non-E	xempted (*)	and Non-Friab		edure Abate		
		Locat			Description	on of				Ty		-
Location of Asbestos-Containing Material (ACM)	Use	d Sole	ely by		stos Containing	Material (A		Amount	R	_	Enc	
TO BE ABATED In Facility			Staff?	(1.0	thermal system surfacing, V other miscella	AT, or	,	(Specify SF or LF)	Romoval	Repair	Encapsulate	-
(13)	Yes	No	NIA		omer miscen	aneousj	de la constante de la constant		9		late	
	Yes	190	X	7:	dia.			TOOPS	X			1
いたりつい	+		10	1	S. Y							
	+					-						L
								Internal Lander	1	1	<u></u>	1
Name of Registered Waste Hauter			NJDEP V Hauler ID		Ouble Yards of Waste		G.R.O.W.	istered Landfil	T.			
		-	12086		100		City, State	J.				-
Ace Insulation Co., Inc.							2 411 W C31 24 1 107					
Ace Insulation Co., Inc.					Disposal Da		Tullytown,	PA				
Ace Insulation Co., Inc.	Title		y Treas	uro.	Signatu Pay	14		10	ate	1.,		

CK# 2417

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

(4)					perator (2	,							
of Notification (1)		Name	OT BUILDI	ng Owner/O	0	200		Reside for all	110.07	é 14			-
notes Notified Type Notification			Address	Tront	<i>3</i>	Ave			AUG 27	ru, 1 le	(!	Jan
Initial		City	State, Zi	p Code		10.)	1802	>e/	,		int		1
DEP Amended Amendment #_ DOL Emergency (inc.)	ludina	1	e of Cor	116 ++0	2 1	reco	- T	Teleph	ione Nambe	p %- + 5 a	i		7
DOH justification)				DUNC									_
DCA Lead		F	ACILITY	INFORMAT	ION	Type of F	acility (4)						-
me of Facility Where Abatement is Taking F						Scho	oo! (K-12)	(Other	than K-12) commercial t	ullding	s, hoi	nes,	
g Trenton Ar G Trenton Ar Lavallette	Ne.					etc.) Square F	eet	# of F	icors 2	Blog.	Age 3		
(avallette		Cou	unty Cod	ie (7)		Current	Jse (Prigr	if being	demolished				
ounty (b)		(ST	ATE USE	ONLY)	Nante	of Abater	253d						
ame of Monitoring Firm Hired by Building O	wner (8)		45CIVI IV	··	Ace	Insulation							
treet Address					95	t Address Viontrose							_
ity, State, Zip Code					City,	State, Zip ts Neck,	Code N.J. 077	722					
Project Manager for Monitoring Firm		Te	lephone	No.	Tele	phone No. 2-294-17			License No 00029				
	Scheduled	Comp	etion Da	ite (1,1)	5 KM (2) (2) (2) (3)	e of OSHA							-
Start pate (VIII)			. 9	19/14	Stre	et Address	,					-	-
Occupancy Status During Abatement (Chec	a Only One	i) nateme	nt										
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	al Facility	Hours			City	, State, Zip	Coue						_
Z Cure						[]	Ozatalowa	a.a4*#					
Scope of Work (Check All That Apply)	<u> </u>					havet FUII	Containin	GIM CAIN	I Megative P	ressure	9		
>3 of or ≥3 lf	R	enovatio emolitio	on on			Mini	-Enclosure	e codure	n Negative P				
	R	enovati emolitio	on on			Mini	-Enclosure	e codure		le Proc	edure Abate	ment	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	la Di	Locatio	on		Descrip	Mini Glov Non	-Enclosure rebag Pro -Exempte	e cedure d (*) an	nd Non-Friab	le Proc	edure	ment pe	
23 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Material (ACM) TO BE ABATED	ls N	Locatio lormalind d Solel intenan	on on y y by	(i.e. the	Containir rmal syst surfacing.	Mini Glov Non tion of ag Material ems insula VAT, or	-Enclosure vebag Pro- -Exempte (ACM)	e cedure d (*) an		le Proc	edure Abate Ty	ment pe m	Ī
≥3 sf or ≥3 if ≥160 sf or ≥250 if Location of Ashestos-Containing Material (ACM)	ls Number of Cust	Locatio tormaily d Solely intenant codial S (12)	on on y y by	(i.e. the	Containir rmal syst surfacing.	Mini Glov Non tion of ag Material ems insula	-Enclosure vebag Pro- -Exempte (ACM)	e cedure d (*) an	nd Non-Friab Amount (Specify	le Proc	edure Abate	ment pe	
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	ls Number of Cust	Locatio Locatio Cormalis d Soleli intenan codial S (12)	on y y by col taff?	(i.e. the	Containir rmal syst surfacing, her misce	Mini Glov Non tion of ng Material ems insula VAT, or ellaneous)	-Enclosure vebag ProExempte (ACM) tion,	cedure d (*) an	Amount (Specify SF or LF)	Removal X	edure Abate Ty	ment pe m	Ī
≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	ls Number of Cust	Locatio Locatio Cormain d Solely intenan codial S (12)	on y y y by loce/ taff?	Vaste	Containir rmal syst surfacing, her misce Cubic Yar of Waste	Mini Glov Non tion of rig Material ems insular VAT, or ellaneous)	(ACM) tion, Name of G.R.C	ocedure d (*) and	Amount (Specify SF or LF)	Removal X	edure Abate Ty	ment pe m	Ī
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Name of Registered Waste Hauter Ace Insulation Co., Inc.	ls Number of Cust	Locatio Locatio Cormain d Solely intenan codial S (12)	on y y by col taff?	Vaste	Containir rmal syst surfacing, her misce Cubic Yea of Waste Disposal	Mini Glov Non tion of ng Material ems insula VAT, or ellaneous)	-Enclosure vebag ProExempte (ACM) tion,	ocedure d (*) and selection of Registro D.W.S	Amount (Specify SF or LF)	Removal X	edure Abate Ty	ment pe m	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Name of Registered Waste Hauter Ace Insulation Co., Inc.	Use Ma Cust	Location Location of Solelin International S (12) No	on y y by col taff?	Veste No.	Containir rmal syst surfacing, her misce Cubic Yea of Waste Disposal	Mini Glov Non tion of rig Material ems insular VAT, or ellaneous)	(ACM) tion, Name of G.R.C	ocedure d (*) and selection of Registro D.W.S	Amount (Specify SF or LF)	Removal X	Abate Ty	ment pe m	

CK 10760

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

Date of Notification (1) 8/25/14	Name of Building Owner/Operator (2) Mary West Street Address												
Agencies Notified Type Notification		1 75	treet Add 41 Lake	ress e Avenu	ie	T	2014 1400	4!					
EPA Initial Amended Amendment #_				, Zip Code uan, NJ			ا ان		š				
Emergency (inc justification) DCA Emergency (inc justification) Cancellation	luding	7 6 8 9	ame of C Cevin St				9	Telen	hopo Nii	mhar 			
	(0)		FACILI	TY INFOR	RMATION	Tyr	e of Facility (4)						
Name of Facility Where Abatement is Taking F Residential House	lace (3)						School (K-12) Subchapter 8		than K-1	2)			
Street Address same as above		Other (i.e. private & commercial buildings, hon etc.)											٤,
City (5)			2,500 1							Bldg. Age 60			
County (6) Monmouth			County Co STATE US		-	11,000,000	rrent Use (Prior Icant	if being	g demolis	shed)			
Name of Monitoring Firm Hired by Building Ow Omega	rner (8)		ASCM I	No.	1000000	ne of A	batement Contrave	actor (9)				
Street Address						et Add	ress Street			ē,			
City, State, Zip Code						City, State, Zip Code Bloomfield, NJ 07003							
South Hackensack, NJ 07606 Project Manager for Monitoring Firm		Telephone No. Telep					License 357						
Geiser Fajardo							SHA Monitor					-	
9/10/14	Start Date (10) Scheduled 9/10/14 9/12/14					me							_
Occupancy Status During Abatement (Check	Only One)			Stre	et Ado	iress						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	riod of Ab I Facility F	atem Hours	ent		City	, State	e, Zip Code						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit		\$		H	Full Containme Mini-Enclosure Glovebag Proce Non-Exempted	edure				e	
		_					NOI-Exempled	() dire	211011111		Abat	ement	
	10 0.703	_ocati ormal			Descript	Тур						ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used	Sole otena	ly by nce/	Asbest (i.e.	tos Containin thermal syste surfacing, other misce	g Mate ems in VAT,	sulation, or	(S	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								_	u u	
Den		X			ceili				25sf	X			-
Windows		X			caulk and	glaz	ing		180lf	X	-		
	-	-	-										
Name of Registered Waste Hauler		NJDEP W		Cubic Yard	ds	Name of I	Registe	ered Land	dfill	1	1		
Atlas		Hauler ID 8262	No.	of Waste		04 04							
City, State Dover, NJ				Disposal D	-7	City, State			D. /				
Completed by Kevin Stack	Title VP	l.				ture	4			Date 8/25/1	4		

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

Date of Notification (1)		7					Owner/Operator (2	.)	, 4.25 90 92 1						
8 / 2	25 /	14	_0		Midn	nall Reso	ources Limited F	Partnership	/ Job # 1408-1			3688	3		
Agencies Notified T	ype Notific	ation		-	Street A	Address		261	4 AUG 27 1	12	- 1				
	Initial						ville Road, Suite	202							
17-17-17-17-17-17-17-17-17-17-17-17-17-1	Amende	d		+		ate, Zip Co		214		i 3	U:		_		
☑ DHSS	Amendm	ent#_				hase, NY		a Livinani							
□ DCA □] Emerger		luding				10377		Telephone Num	her			_		
(NJAC 5:23-8)	justificati					of Contact			relephone Num	ibei					
	Cancella	ition			Mr. 1	om Marc	ciniec/Jose Nav	aroo			3.5.				
					FAC	ILITY INF	FORMATION								
Name of Facility Where Aba	atement is	Taking	Place	(3)				Type of Facility (4)						
Liberty Square Cente	r						9	School (K-12)							
Street Address							,	☐ Subchapter 8 ☐ Other (i.e., pr	(Other than K-12	2) arcial bui	ldinas				
200 Mount Holly Roa	d							homes, etc.)	ivate and comme	noidi bai	.u.i.g	1			
City (5)		-	-					Square Feet	# of Floors	Bld	g. Ag	е			
Burlington								5706	1	2	1				
					Count	v Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demol	ished)					
County (6)					Count	y code (1)	OTATE OOL ONET	Vacant	o 20g 20						
Burlington			,	0)	400141	la l	Name of Abateme								
Name of Monitoring Firm H	0.000 10700	laing O	wner (8)	ASCM N	NO.			o Corn						
Horizon Environmen	tal							d Mold Service	s, corp.			_	-		
Street Address							Street Address								
PO BOx 336							3859 Sylon B				255.55				
City, State, Zip Code							City, State, Zip Co	ode							
Thorofare, NJ 08086							Hainesport, I								
Project Manager for Monito	ring Firm			Tele	phone N	No.	Telephone No.	License No.							
Dave/Steve Flanigan				85	6-848	-0800	609-702-0400)	00862						
Start Date (10)		Sched	uled C	omple	tion Dat	e (11)	Name of OSHA N	Monitor							
9 / 8 /					_ / _		EMSL Analyt	ical, Inc.							
							Street Address	- 10 10 10 10 10 10 10 10 10 10 10 10 10							
Occupancy Status During					mant		200 U.S. Rou	te 130 North							
Abatement Performed (cribe									
Time of Abatement:							City, State, Zip C								
							Cinnaminsor	1, NJ 00077				110000			
Scope of Work (Check all t	hat apply)						□ Eull Con	tainment with Neo	native Pressure						
☐ >3 sf or >3 lf			⊠ Re	novati	ion		☐ Mini-End		gative i ressure						
≥ 160 sf or ≥ 260 lf				molitic				g Procedure							
	-						⊠ Non-Exe	empted (*) and No	n-Friable Proced						
			1 120	Loca				38		Ab	atem	ent T	ype		
Location of				Norma			Description	E. (1)	Amount	R	Re	E	En		
Asbestos-Containing M TO BE ABAT		M)	\$20000E	intena			stos Containing Ma ., thermal systems		(Specify	Removal	Repair	cap	clos		
IN Facility			Cus		Staff?	(surfacing, VAT	, or	SF or LF)	a	1000	Encapsulate	Enclosure		
(13)				(12)	1	-	other miscellane	eous)				ate	,-		
			Yes	No	N/A						-	77.2-22	_		
Exterior					\boxtimes	Roofing	3		1200 SF	\boxtimes					
			П							П	П	П			
			_							 	-		t		
							W				Ш	Ш			
Name of Registered Waste	e Hauler			N	NJDEP V		Cubic Yards of	Name of Regis	stered Landfill	just to the	-	_	-		
Freehold Cartage, In				1117	Hauler II	O No.	Waste	GROWS L							
2001					02265	5	5 Dispersi Data					_			
City, State							Disposal Date	City, State	DA 40007						
Freehold, NJ							9/11/14	Morrisville	e, PA 19067				3000		
Completed By (Print or Ty	pe)	Title	Э		1.00		Signature of			Date		,			
Kimberly A. Trumbe	tti	C	ffice	Coor	dinato	r	Tax 1			8-21	-10	1			
ASB-41				10				\				-			
MAY 11		*	Do no	t use t	his form	for asbes	tos licensure exem	pted activities.							

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

Date of Notification (1)				Name of	f Building	Owner/Operator (2		e had not be been				1			
8/25/	14			Mr. Andrew Palmer / Job # 1408-1910 Chk. #3687											
Agencies Notified Type Notific	cation			Street A	ddress	ZUTA AUG 21 KA ZE GI									
☐ EPA ☐ Initial				25 EI	mwood	Road South	7.7								
□ DOLWD □ Amende □				City, Sta	ate, Zip Co	ode	*		1116	3					
□ DHSS Amendm		S		Marit	ton, NJ 0	8053		LIULING	ì						
DCA Emerge justification		luaing	-	Name o	f Contact			Telephone Numb							
Cancella				Andr	ew										
				FAC	II ITY INF	ORMATION									
Name of Facility Where Abatement is	Taking	Place	(3)	1 70		Orthus trioit	Type of Facility (4	1)							
Residential Property	ranng		(-)				☐ School (K-12)								
Street Address							☐ Subchapter 8 ☐ Other (i.e., pri	(Other than K-12))	dinas					
946 Pleasure Avenue							homes, etc.)	vale and comme	Ciai Duli	uniga	,				
City (5)				-			Square Feet	# of Floors	Bld	g. Ag	е				
Ocean City							3200	1		950s					
County (6)		3 (4.55)		Count	v Code (7)	(STATE USE ONLY)	Current Use (Price	or if being demolis	shed)		-				
CONTRACTOR OF TAXABLE				Journe	y Code (i)	(01/112 002 0112.)	Residential	3	arveneau.						
Cape May Name of Monitoring Firm Hired by Bu	ildina O	wner /	8) T	ASCM N	Jo I	Name of Abateme									
NA NA	nuing O	WILE! (3)	AOOM N			d Mold Services	s. Corp.							
						Street Address	a word oct vice.	э, согр.	1977		-				
Street Address						3859 Sylon E	Roulovard								
City, State, Zip Code						City, State, Zip C									
						Hainesport,	License No.								
Project Manager for Monitoring Firm			I ele	phone N	NO.	Telephone No. 609-702-0400	V1527								
			<u></u>					00002							
Start Date (10)	1		355	tion Dat		Name of OSHA									
9 / 4 / 14		9/	_ 5	_ / _	14	EMSL Analyt	icai, inc.								
Occupancy Status During Abatement						Street Address	700 NESSE PERONUN								
☐ Facility Closed/Vacated During Er							ite 130 North								
Abatement Performed Outside of Time of Abatement:AM						City, State, Zip C									
Time of AbatementAivi		VI/			- NAI	Cinnaminso	n, NJ 08077								
Scope of Work (Check all that apply)	/						tainment with Neg	rotivo Prossure							
☐ >3 sf or >3 lf		□Re	enovat	ion		☐ Mini-En		alive Flessule							
⊠ ≥160 sf or ≥260 lf			emoliti			Gloveba	g Procedure	E: 1/ B 1	262.20						
and the affective medical several and a seve						⊠ Non-Exe	empted (*) and No	n-Friable Procedu							
		2.0	s Loca Norma						Aba		ent Ty				
Location of Asbestos-Containing Material (A0	-M)			ely by	Ashe	Description stos Containing M		Amount	Rer	Repair	Enc	Enclosure			
TO BE ABATED	J141)	6433333	aintena		(i.e	, thermal systems	insulation,	(Specify	Removal	a.	aps	losu			
IN Facility		Cus	(12)	Staff?		surfacing, VAT other miscelland		SF or LF)	<u>n</u>		Encapsulate	ē			
(13)		Yes	No			Other Imsecuati	55005)				Ф				
- 1		_	П	\boxtimes	Transit	e Siding		1,000 SF	\boxtimes						
Exterior		Ш	1		Hallsit	e Siding		1,000 0.			=	-			
										Ш	Ш				
		П													
										П	П				
			14.	Inco.	Mosts	Cubic Yards of	Name of Regis	stered Landfill		1					
Name of Registered Waste Hauler			1.00	NJDEP \ Hauler II		Waste	GROWS L								
Freehold Cartage, Inc.				02265		5		anum							
City, State						Disposal Date	City, State	54 (555							
Freehold, NJ						9/5/14	Morrisville	e, PA 19067							
Completed By (Print or Type)	Title	е			3.377	Signature		E	Date	8	, i				
Kimberly A. Trumbetti	0	Office	Coor	dinato	r	YX			8.3:	5-1	4				
ASB-41						1 ()	X				-	- K. III.			
MAY 11	*	Do no	t use	this form	for asbes	tos licensure exer	fipted activities.								

(K 24415

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) CHECK #24415

CAPITAL HEALTH SYSTEMS	Date of Notification (1)			Name of Building Owner/Operator (2)												
Agencias Notified □ EPA □ Initial □ DEP □ Amended Amendment # □ DOL □ DOL □ Concellation □ DOL □ DOL □ Concellation □ DOL □ DOL □ DOL □ Concellation □ DOL																
EPA		Type Notifica	tion			Street Addres	SS		¥ A sec		1.1	il.				
DEP		-				750 BRUNS	WICK A	VENUE	us Life.		ù					
DOL		0 2/2/2/2000 COM	d Amer	dment	#											
DOH		1 —						8								
DCA		1		idding						Telen	hone	Numb	er			
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ASB-41		ANDREA PRESIDENT						no J	100000							

* Do not use this form for asbestos licensure exempted activities

CK P24621

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

Agencies Notified PA	Date of Notification (1) 8/	25/14	2	Name of Building Owner/Operator (2) Zane/Lozuke - AUG 27 - 13 5.1											
City, State, Zip Code	Agencies Notified	Type Notification	9	Stree	et Address	13	31 Delaware,	Street		1 , ,					
Name of Facility Where Abatement is Taking Place (3) Commerical / Office	□ DEP	Amended Amendment #	udina	City,	State, Zip (oodbury, NJ	08096		Ġ					
Name of Facility Where Abatement is Taking Place (3) Commercical / Office School (K-12)		justification)	dung	Nam		et .			ber	30	7				
Street Address 131 Delaware Street				FA	CILITY INF	ORMATION		1-7				_			
Street Address Street Stochapter 8 (Other files, private & commercial buildings, homes, etc.) Square Feet # of Floors Bidg, Age 70+/-	Name of Facility Where			ice											
County (6)	Street Address	131 Delaw	are Str	eet	/		Other (i.e., p	orivate & commerc		dings					
County (6) Cloucester	City (5)						Square Feet	# of Floors	В	52.500	.23				
Name of Monitoring Firm Hired by Building Owner (8) MECS Street Address PO Box 341 City, State, Zip Code Crosswicks, NJ 08515 Project Manager for Monitoring Firm Lou Laureti (609) 298-4070 Steret Address City, State, Zip Code Allentown, NJ 08501 Telephone No. (609) 259-9688 City, State, Zip Code Allentown, NJ 08501 Telephone No. (609) 259-9688 City, State, Zip Code Allentown, NJ 08501 Telephone No. (609) 259-9688 Cocupancy Status During Abatement (Check only one) Start Cute (10) 9/5/14 Scheduled Completion Date (11) 9/5/14 MECS Street Address PO Box 341 Telephone No. (609) 259-9688 Cocupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Crosswicks, NJ 08515 Scope of Work (Check all that apply) Staff Countainment with Negative Pressure City, State, Zip Code Crosswicks, NJ 08515 Full Containment with Negative Pressure City, State, Zip Code Crosswicks, NJ 08515 Full Containment with Negative Pressure City Codebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Custodial Staff? (12) Yes No N/A Basement/Crawlspace X Thermal Pipe Insulation And Amount City, thermal systems insulation, Specify Significant Active States Street Address City, State, Zip Code Crosswicks, NJ 08515 Crosswicks, NJ 08515 Full Containment with Negative Pressure City Codebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatem			11 γ, 1ν,	Cou		7) (STATE		-	shed)	70					
Street Address PO Box 341 City, State, Zip Code Crosswicks, NJ 08515 Project Manager for Monitoring Firm Lou Laureti Start Cute (12) 9/5/14 Cocupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Cother - Describe: Scope of Work (Check all that apply) Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Basement/Crawlspace X Thermal Pipe Insulation Name of Registered Waste Hauler Name of Registered Landfill Name of Registered Landfill Allentown, NJ 08501 Telephone No. (609) 298-4070 (609) 259-9688 Locatson NO. (609) 259-9688 Locatson NO. Street Address PO Box 341 City, State, Zip Code Crosswicks, NJ 08515 Crosswicks, NJ 08515 Street Address PO Box 341 City, State, Zip Code Crosswicks, NJ 08515 City, State, Zip Code Crosswicks, NJ 08515 Street Address PO Box 341 City, State, Zip Code Crosswicks, NJ 08515 Crosswicks, NJ 08515 Street Address PO Box 341 City, State, Zip Code Crosswicks, NJ 08515 Crosswicks, NJ 08515 Street Address PO Box 341 City, State, Zip Code Crosswicks, NJ 08515 City, State, Zip Code City State, Zip Code Crosswicks, NJ 08515 City, State, Zip Code City State,	Name of Monitoring Firm	Hired by Building Ov	vner	ASCM	1 No.				oo I.			=-			
PO Box 341 PO Box 322		MECS		_			vens Environ	memai Servic	es, 11	IC.		=			
Crosswicks, NJ 08515	Street Address	PO Box 341				Otreet Address	PO I	30x 322							
Project Manager for Monitoring Firm Lou Laureti Telephone No. (609) 298-4070 (609) 259-9688 00493		eccarioks NLOS	2515			City, State, Zip C		n NI 08501							
Lou Laureti Go9) 298-4070 Go9) 259-9688 O0493				lenhone											
9/5/14 9/15/14 MECS Occupancy Status During Abatement (Check only one)		VEN.					59-9688		0049	3					
Occupancy Status During Abatement (Check only one) Street Address	Start Date (13)	Schedu	led Comp	letion D	ate (11)	Name of OSHA									
IX Facility Closed/Vacated During Entire Period of Abatement Dehatement Performed Outside of Normal Facility Hours PO Box 341 □ Abatement Performed Outside of Normal Facility Hours City, State, Zip Code □ Other - Describe: Crosswicks, NJ 08515 Scope of Work (Check all that apply) Pfull Containment with Negative Pressure Mini-Enclosure Glovebag Procedure ■ 23 sf or ≥3 lf Mini-Enclosure Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Procedure Asbestos-Containing Material (ACM) Non-Exempted (*) and Non-Friable Procedure Asbestos-Containing Material (ACM) Amount Custodial Staff? (12) IN Facility (13) Yes Yes No No NI/A Thermal Pipe Insulation Staff (Specify SF or LF) other miscellaneous) Abatement Type Abatement Type Thermal Pipe Insulation Thermal Pipe Insulation Staff (Specify SF or LF) other miscellaneous Nome of Registered Waste Hauler Name of Registered Waste Hauler Name of Registered Waste Hauler Name of Waste Name of Registered Landfill Hauler ID No. Name of Waste Thermal Pipe Insulation Name of Registered Landfill Hauler ID No. Name of Waste Name of Registered Landfill Hauler ID No. Name of Waste							M	IECS							
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Same of Registered Waste Hauler Non-Fried Same of Registered Landfill	Scope of Work (Check a	all that apply)													
Normally Used Solely by Asbestos Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No N/A Basement/Crawlspace X Thermal Pipe Insulation 210 lf X Normally Used Solely by Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF Type Reg	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	0				Mini-En	closure ag Procedure	F20 1094 2475	ıre						
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No N/A Basement/Crawlspace X Thermal Pipe Insulation Thermal Pipe Insulation Name of Registered Waste Hauler NJDEP Waste Hauler ID No. of Waste Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Applied Thermal Pipe Insulation Amount (Specify SF or LF) Thermal Pipe Insulation And Thermal Pipe Insulation Thermal Pipe Insulation And Thermal Pipe Insulation And Thermal Pipe Insulation			Norma	illy					1						
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Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste			Yes No	N/A							Œ.				
Hauler ID No. of Waste	Basement/Cra	awlspace	×		Th	ermal Pipe In	sulation	210 lf	×						
Hauler ID No. of Waste				-	-				+		-				
Hauler ID No. of Waste					-				-						
Ctavana Environmental Industrial Value III Val	Name of Registered Wa	ste Hauler					Name of Regi	stered Landfill							
		nvironmental		18	292	2 CU		T.R.R.F., I:	nc.						
City, State Disposal Date City, State Allentown, NJ 9/15/14, / Tullytown, PA	City, State	Allentown, N				(S)	City, State	Tullytown.	PA						
Completed By Title Signature Date Mahlon E. Stevens Project Manager 8/25/14		Title		ct Ma	nager	111	7/			5/14					

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

CK 00633D

D&S Proj. #: 2014-346

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

Date of Notification (1)		of Building O	wner	/Operator (2)			201	AUG 2	1 1-1	4	93			
0 8 / 2 2 / 1 4	I JULI	nda griwert												
Agencies Notified Type Not EPA Initial	Street	Address					* -				۱U.	•		
DEP Amende		grant avenu	_					LIO						
Amendme	nt #: City, \$	State, Zip Cod	le											
DOL ☐ Emerge		tley, nj 0710	09											
DOH (includi		of Contact	Ni.				Tele	phone Nu	mber					
DCA Cancel	- 11	inda griwert												
		F	ACIL	ITY INFORMA	NOITA					-				
Name of facility where abatem	ent is taking place (3)					Type of Fa	cility (4) School (K	- 12)					
jolinda griwert				ж.			=	Subchapter		tha	n K-	(2)		
Street Address							N C	ther (Priva	ate/Comm			/		
Street Address						1	B	ldgs./Hom	es, etc.	_		- ^-		
295 grant avenue					Square Feet # of Floors Bldg. Age									
City (5)	County (3)				County Code (7) (State use only) Current Use (Prior if being demolished)								
mutlav	ESSEX	-			Siale	use only)	Current U	se (Prior ii	being de	1110	13116	4)		
nutley Name of Monitoring Firm Hire			ASCM No.	111	Name of Abatement Contractor (9)									
, , , , , , , , , , , , , , , , , , , ,	, , ,	5		D & S RESTORATION, INC.										
Street Address					= t	Street Address							-	
						20 California A	ve.							
City, State, Zip Code						ity, State, Zip Code								
						Paterson, NJ 0	7503							
Project Manager for Monitoring	Firm	Phone N	umbe	er		elephone Number		Lic	ense Nur 0116		r			
						973-345-8020 Name of OSHA Mor			0110	7				
Start Date (10)	Sched. Co	ompletion Date	e (11)		D & S Restorat								
09/02/14	09/26/14	1				Street Address	ion, me.							
Occupancy Status During Aba						20 California A	venue							
Facility closed/vacated of	luring entire period of	of abatement.				City, State, Zip Code							-	
Abatement performed or	utside of normal faci	lity hours-												
Other-Describe: NORM	IAL HOURS				=	Paterson, NJ 0	7503							
Scope of Work (check all that							Full Contains		gative pre	SŞL	re			
\boxtimes >3 sf or >3 lf	Renovation						Mini-enclosu							
≥160 sf or ≥260 lf	☐ Demolition					P	Glovebag pr Non-Exemp		Non-friat	ole i	oroce	edure	1	
Location of		ormally used s	solely						R e		R	E	E	
asbestos-containing	by maintenal staff(12)	nce/custodial		Descripti	on of as	bestos-containing	E12573	ount	l m		e p	n	n	
material (acm) to be abated in facility (13)				material	(ACM)		(Sp LF)	ecify SF o	0 0	1	a	а	C	
abated in facility (10)	Yes	No N	/A						е		r	р		
BASEMENT		X		PIPE INSU	JLATI	NC	1101f		<u> </u>	-			10	
BASEMENT		X		BARE HE	ATINO	F PIPES	20 L F	T		1	Ш	ᆜ	빝	
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Registered Waste Hauler D & S RESTORATION,		Hauler ID#		ubic Yards of yd	Waste	Name of Registere TULLYTOWN	a Landtill	CE RECO	OVERY					
City, State	13300	Dispo		The state of the s		City, State	,						-	
PATERSON, NJ 07503		- 52	03/1			TULLYTOWN	N, PA							
Completed by (Print or Type) Title Signature BOGDAN JOLDZIC PRESIDENT									Date					
BOGDAN JOLDZIC					08/22/14									
ASB-41	* Do not use the	nis form for as	best	os licensure ex	xempted	d activities.								