CK5840

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

Date of Notification (1)		Name of Building Owner/Operator (2)											
Agencia National		P.S.I	75 A ( 1 ( 1	- 22									
Agenciés Notified Type Notificati	on		Address HADLEY RO	14.5									
EPA Initial Amended	ı		State, Zip Code										
× DOL Amendm			TH PLAINFIE	ELD NJ	07080								
	cy (including		of Contact			Tele	ephone Nu	ımher	- 2				
DCA Cancellat		C	HRIS	Dec	NA	1	priorie ivo	-					
Name of Facility Where Abatement is Ta	king Dings (0)	FAC	CILITY INFORM						_		-		
PSE+ G	King Place (3)				Type of Facility	(4)							
Street Address	1 ***		(8.4 8-4		School (K=			2)		• • •			
333 LAKES City (5) ORANGE	NE.	AVE	<u>.</u> 		Other (i.e.	private 8	rate & commercial buildings, h				nes,		
City (5)			0		Square Feet	# of	Floors	Bldg. Age					
OKANGE					9210		2	- 1		2000	uPc		
County (6)		County	Code (7)		Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Buildir	os Oumas (0)			SUB	STATION								
ENVIRONMENTAL TACTICS	ig Owner (8)	ASC 00	M No. 45		e of Abatement Co QUE SYSTEM								
Street Address					t Address	3 01 7	AWEKIC,	Α					
64 BROAD-STREET				100000000000000000000000000000000000000	WHITEHEAD-	AVE			7.5				
City, State, Zip Code MATAWAN, NJ 07747					State, Zip Code								
				SOL	JTH RIVER, N.	J 08882	2						
Project Manager for Monitoring Firm TOM GEIGER		732-2	one No. 192-2217	100000000	hone No. -432-8350		License N	lo.					
Start Date (10)	Scheduled C			Name	of OSHA Monitor								
Occupancy Status During Abatement (Ch	12/	191	14		QUE SYSTEM	S OF A	MERICA	4					
Facility Closed/Vacated During Entir	TO DESCRIPTION OF THE PARTY OF				t Address WHITEHEAD								
Abatement Performed Outside of No	rmal Facility Hou	ire	A 1		State, Zip Code			-					
Other - Describe: Aleccada	GRABITA	ما م	rly!	1.0	JTH RIVER, N.	08882	2						
Scope of Work (Check All That Apply)	<u> </u>		× 6										
≥3 sf or ≥3 If ≥160 sf or ≥260 If	Reno	vation		-	Full Containme		Negative F	ressu	re				
_	L Deinig	maon		Ė	Mini-Enclosure Glovebag Proc								
	T			مار	Non-Exempted	i (*) and	Non-Friab	le Pro					
Location of	Is Loca Norm		_					Abateme Type			t		
Asbestos-Containing Material (ACM)	Used So Mainten		Asbestos Co	escription Intaining N	Material (ACM)	Am	nount			m			
TO BE ABATED In Facility	Custodia	I Staff?		al system facing, VA	s insulation,		ecify or LF)	Ren	Re	Encapsulate	Enclosure		
(13)	(12	-)		miscella	TOTAL CONTRACTOR	0, ,	o. L. )	Remova	Repair	sule	osur		
	Yes No	N/A						-		ite	0		
CONTROL ROOM	×		TRANS	:7F	PANSI	6	SF	X					
1927													
			*										
								-					
Name of Registered Waste Hauler	1.0	NJDEP W		c Yards	Name of F	Registere	ed Landfill						
VEOLIA	1.0	Hauler ID 28063		aste	FO.			/ A	# 1 X	<b>E</b> !!!	,		
City, State		0063		osal Date	City, State		194	LA	الايم	LILI	1		
FLANDERS, NJ		TBD BELLEVILLE						<b>_</b>	MA				
Completed by CAROL RAIMO	1400		Signature	1		Dat	e,	1. 1	•	-			
J. W.OE I VAINIO	OFFICE I	WGK.		_	and Ka	Love	20 10	2/4	//	4			

### State of New Jersey

			1	NOTI				BESTOS ABAT C 8:60 and 5:16			EG			$\mathbb{V}$	
Date of No	otification (1)	2	/14				of Building	Owner/Operator (2		# 1412-194	о сык∈∉	<del>,</del> 38	<b>44</b> 5	201	4
Agencies  EPA  DOLW  DHSS		☐ Initia☐ Ame				<b>900</b> City, S	tate, Zip C		nit 1502		ASBEST L		CO NSI		OL 8
DCA (NJAC	5:23-8)		rgency (indication) cellation	cluding		Name	negat, No of Contact ie Blewet			Telephone	Number				
						FAC	CILITY IN	FORMATION							
Reside Street Add	Facility Where A ential Propert dress urel Blvd.		t is Taking	Place	(3)				Type of Facility (  School (K-12)  Subchapter 8  Other (i.e., pr	) (Other than		bui	lding:	s,	8
City (5)	a Harbor								Square Feet 1150	# of Floors	s		g. Ag <b>5</b>	je	
County (6 Ocean								)(STATE USE ONLY)	Current Use (Pri Residential	or if being de	emolished	1)			
NA	Monitoring Firm	Hired by	Building C	wner (	8)	ASCM	No.	Name of Abatement Contractor (9)  Asbestos and Mold Services, Corp.							
Street Add				5_ 11				Street Address 3859 Sylon B		-					
2000	e, Zip Code				1			City, State, Zip Co							
	anager for Mon	itoring Fir			10000000	phone I		Telephone No. 609-702-0400		License N 00862					
Start Date	(10) _ / <u>11</u> /	14				etion Dat 2/	33 333	Name of OSHA M EMSL Analyt							
□ Facility	cy Status During  Closed/Vacate  nent Performed	ed During	Entire Per	iod of	Abate		cribe	Street Address 200 U.S. Rou City, State, Zip Co							
Time o	of Abatement: _	AM	PN					Cinnaminson		1.					
☐ >3 sf o	Work (Check al or ≥3 If of or ≥260 If	I that app	ly)	⊠ Re □ De	novat molitic			☐ Mini-End	tainment with Neg losure g Procedure mpted (*) and No						
Asbesi	Location tos-Containing TO BE ABA IN Facili (13)	Material ( TED	ACM)	Use Ma Cust	intena todial (12)	ally ely by ance/ Staff?		Description of stos Containing Ma , thermal systems surfacing, VAT other miscellane	Amoun (Specif SF or Li	nt fy	Aba Removal	Repair	Encapsulate	e Enclosure	
Exterior				Yes	No	N/A	Transite	e Shingles		900 S	F [	X			
								<del>-</del>			]	5			
											]				
											. [				
	Registered Was old Cartage, I				1000	JDEP V lauler ID	No.	Cubic Yards of Waste 5	Name of Regis		II .				
City, State							68	Disposal Date 12/12/14	City, State Morrisville	, PA 19067					

ASB-41 **MAY 11** 

Completed By (Print or Type)

Kimberly A. Trumbetti

Title

Office Coordinator

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

Signáture

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

IV				NOT				BESTOS ABAT AC 8:60 and 5:1		DEG		$\mathbb{V}$		- [F	
Date of No	otification (1)					Name	of Buildin	g Owner/Operator (	(2)		200			111	
_	11 /	25 /	14			PSI	E&G Del	ivery, Projects &	Construction	/ Job #1409-	4812 5C	hệcl	#68	314	
Agencies I  EPA  DOLWI  DHSS		100 miles 100 miles 100 miles	ded dment #_	-		80 I	Address Park Pla: State, Zip ( wark, NJ	Code	ASBESTOS CONTROL & LICENSING						
□ DCA (NJAC	5:23-8)	☐ Emergi justific	cation)	cluding	3	Name	of Contact t Dandu	at	2 0 2	Telephone Nu	mber				
				TUTE:		FAC	CILITY IN	NFORMATION							
Name of F	acility Where	Abatement	is Taking	Place	(3)				Type of Facility	(4)					
	Control Ho	use			NE 80	7.	<b>.</b>		School (K-12	2) 8 (Other than K-	12)				
Street Add									Other (i.e., p	rivate and comm		ilding	s,		
	emus Lane								homes, etc.) Square Feet	# of Floors					
City (5)									Ble	dg. A	ge				
Bridge						11						281	277	-200	
County (6)						Cour	ity Code (	7)(STATE USE ONLY)	Current Use (Pr		olished)				
Somers	7,77		4						Control Hou						
	Monitoring Firm		Building (	Owner	(8)	ASCM	No.	Name of Abatem	, 765.						
	& Safety Se	rvices						AbateTech, I							
Street Add	iress h Street							Street Address	DO D 05						
				_				30 Maple Ave							
	, Zip Code	007						City, State, Zip C							
	onton, NJ 08				1= .			Lumberton, I	NJ 08048						
Project Manager for Monitoring Firm  Jim Proctor						ephone 09-704		Telephone No. 609-265-2107	,	License No. 00529					
Start Date	(10)		Sched	luled C		etion Da		Name of OSHA N	Monitor						
	1 2 1	14				2_/_	37	ÉMSL Analyt							
	y Status Durin	1				-		Street Address							
	Closed/Vacate		STATE OF THE PERSON NAMED IN					200 Route 13	0 North						
	nent Performed							City, State, Zip C	ode	FI					
Time o	f Abatement: _	AIVI	P1	VI/	_PIVI		AIVI	Cinnaminsor	n, NJ 08077						
Scope of V	Vork (Check a	Il that apply	)					☐ Full Con	tainment with Neg	native Pressure				i i	
≥3 sf or     ≥160 sf	r ≥3 lf f or ≥260 lf			⊠ Re	novat moliti			☐ Mini-End ☐ Gloveba			dure				
					Loca							atem	ent T	уре	
Asbest	Location os-Containing TO BE ABA IN Facil (13)	Material (A ATED	СМ)	Use Ma	intena	ely by ance/ Staff?		Description of estos Containing Ma e., thermal systems surfacing, VAT other miscellane	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
				Yes	No	N/A	13								
Exterior	Exterior [						Windo	w Caulk		88 LF					
								200 C - 100 C							
	egistered Was ES Technica		ns, L.L.	c.		NJDEP N Hauler II 41285	O No.	Cubic Yards of Waste 10	Name of Regis						
City, State Flander								Disposal Date 12/12/14	City, State Belleville,	MI					
	•	vpe)	Title	)	1199			Signature	1.		Date ,			- 250	
Completed By (Print or Type) Title  Gwendolyn Trumbetti Operations					ions	Coord	inator		nut	1.4 C	11/2	5	14		

ASB-41 MAY 11

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

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

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				IN	- 4 D - 11-11-	- O	2)	131	-			-
Date of Notification (1)		14				g Owner/Operator ( Johnson / J	<sup>∠)</sup> ob #1409-4823	Check #6766	5	20	14	
11 /	/	14	-			Johnson 75	OD # 1405-4025	ENECK HOPOS			-	1-
Agencies Notified  ⊠ EPA	Type Notifica  ☐ Initial	ition		11/2009/01/02/02/02	Address Johnso	n & Johnson Pla	aza	ASBEST	OS CO	ONTE	ROL	٦
☑ DOLWD		9.			tate, Zip C				CENS			_
☑ DHSS	Amendme	ent # <u>2</u>		100000000000000000000000000000000000000	STATE OF THE PARTY OF	vick, NJ 08933						
☐ DCA	☐ Emergend		g		of Contac			Telephone Numb	ner .			
(NJAC 5:23-8)	justification				named H			, ,	,01			
				FAC	CILITY IN	IFORMATION		1				
Name of Facility When	e Abatement is T	aking Place	e (3)	200.00			Type of Facility	(4)				27.0
Mercer County A		30	98 BE				☐ School (K-12					
Street Address							Subchapter 8	(Other than K-12)	) cial hu	ildina	S	
1100 Terminal Ci	rcle Drive							vate and commercial buildings,				
City (5)							Square Feet	# of Floors	Blo	dg. A	ge	
West Trenton							O.					
County (6)	1			Cour	ty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Mercer							Airport					
Name of Monitoring Fi	rm Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Environmental C	onnection					AbateTech, I	nc.					
Street Address						Street Address	1 1					
120 North Warrer	n Street					30 Maple Ave	e. PO Box 25					
City, State, Zip Code						City, State, Zip C	ode	***				
Trenton, NJ 0860	8					Lumberton, I	NJ 08048					
Project Manager for M	onitoring Firm		Те	lephone	No.	Telephone No.		License No.				
Rick Beach			(	609-392	-4200	609-265-2107	7	00529				
Start Date (10)		Scheduled (	Compl	letion Da	te (11)	Name of OSHA N	Monitor					
12 /1	/ _14_	12	/ _1	2 / .	14	EMSL Analyt	tical					
Occupancy Status Dur	ring Abatement (	Check only	one)		/	Street Address						
□ Facility Closed/Vac						200 Route 13	0 North					
Abatement Perform					cribe	City, State, Zip C	ode				39	
Time of Abatement	AIVI	PIVI/4PI	/I- <u>12:</u> ,	3UAIVI		Cinnaminsor	n, NJ 08077					
Scope of Work (Check	all that apply)					П = 110	, ,					
□ >3 sf or >3 lf		N R	enova	ation		☐ Full Con	tainment with Neg closure	gative Pressure				
≥160 sf or ≥260 lf			emolit				g Procedure					
						☐ Non-Exe	empted (*) and No	n-Friable Procedu				
		1	s Loca Norm	5005045-5000	2	Description			-	_	ent T	1
Locati Asbestos-Containii			ed So	lely by	Asbe	Description of estos Containing Ma		Amount	Rer	Repair	Enc	Enc
TO BE A	BATED	M		ance/		e., thermal systems	insulation,	(Specify	Remova	air	aps	Enclosure
IN Fa (1)		Cu	(12			<ul> <li>surfacing, VAT other miscellane</li> </ul>		SF or LF)	<u> </u>		Encapsulate	<u>-</u>
(1,	3)	Yes	No	N/A		outer moodiane	,500)				Ф	- 05
Mezzanine/Hangar	/Storage Area				Pipe Fi	ttings		150 each				
J	3-1		33250							П	П	П
										+	1	1
											Ш	Ш
							N 20000					
Name of Registered W	laste Hauler			NJDEP		Cubic Yards of	Name of Regis	stered Landfill			All Control	
AbateTech, Inc.				Hauler II		Waste 10	G.R.O.W.S	. Landfill				
City, State				1875	,	Disposal Date	City, State					
Lumberton, NJ						12/12/14	Tullytown	PA				
Completed By (Print o	r Type)	Title				Signature	1		ate 1		,	
Gwendolyn Trum		1.0000000	tions	Coord	inator		DANK		111	n (	11	4
Chondonyn ridin		- pora				/	1000		"	2	11	$\perp$

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

Date of Notification	(1) / 25	,	14		84				er/Operator (2 Projects &	2) Construction	/ Job #1411	-4845	GI	ok.	676		
Agencies Notified  ⊠ EPA	Type Not		ion				Address Park Plaza	a		1 12	ASPEST	09.00	71.17	ROI	2		
☑ DOLWD	⊠ Amen		n+ #11			City, S	tate, Zip Co	ode			1.000	CENS					
☑ DHSS ☐ DCA	Amen			udina		New	ark, NJ 0	710	1								
(NJAC 5:23-8)	justifi			uumg		Name	of Contact				Telephone N	umber					
	☐ Cance	ellatio	on			Larr	y Edding	er							4500		
						FAC	ILITY IN	FOR	MATION		_						
Name of Facility Wh	nere Abatement	is Ta	aking F	Place	(3)	PATATA		i i i i i i i i i i i i i i i i i i i		Type of Facility	(4)				- 5		
PSE&G Plainfie							2)	harthan K 12)									
Street Address							33332	3 (Other than K	an K-12) commercial buildings,								
241 W. 2 <sup>nd</sup> Stre	et					homes, etc.)								3-97			
City (5)						-		Square Feet # of Floors Bldg. Age						е			
Plainfield										222						v	
County (6)				7	18/9/3	Coun	ty Code (7)	Code (7)(STATE USE ONLY)   Current Use (Prior if being demo					1)				
Union										Utility							
Name of Monitoring	Firm Hired by I	Buildi	ina Ov	vner (8	3)	ASCM	No.	Nan	ne of Abateme	ent Contractor (9)							
Health & Safety					'			AbateTech, Inc.									
Street Address		-	-	Street Address													
318 12 <sup>th</sup> Street			1	30 Maple Ave. PO Box 25													
City, State, Zip Code							City, State, Zip Code										
Hammonton, N						1000000	umberton, i										
	-	7-7-1	Tele	phone l	No		phone No.		License No	).							
. reject manager to memory							8850	UT AND THE	09-265-2107	•	00529						
Start Date (10)		10	chedu	ISO Co		tion Da			ne of OSHA N			- 707					
12 / 1	/ 14				500	) /		2002000	MSL Analyt								
		1/0					_		et Address				9.00			-	
Occupancy Status I						mont			00 Route 13	0 North							
☐ Facility Closed/\ ☐ Abatement Perfo							cribe							-	0.00		
Time of Abatem									, State, Zip C	n, NJ 08077							
								C	Innaminsoi	1, 143 00077						-	
Scope of Work (Che	eck all that appl	y)							☐ Full Con	tainment with Ne	gative Pressure	е					
≥3 sf or ≥3 lf				Re					☐ Mini-End	closure							
⊠ ≥160 sf or ≥260	lf		ા	⊠ De	moliti	on			☐ Gloveba	g Procedure empted (*) and N	on-Friable Proc	edure					
				le	Loca	tion						T	Aba	ateme	ent T	ype	
Loc	cation of			١	lorma	ally			Description of	of		t		_			
Asbestos-Conta	ining Material (	ACM)				ely by ance/			Containing Ma		Amount		Removal	Repair	Encapsulate	Enclosure	
	E ABATED Facility					Staff?	(i.e		rmal systems urfacing, VAT		(Specify SF or LF)		oval	٦	nsq	Sur	
IIN	(13)				(12)				ner miscellane				e 50		late	Ф	
				Yes	No	N/A											
Control House					$\boxtimes$		Transite	e flo	or panels		60 SF	.	$\boxtimes$				
Office & Bathroo	om Areas				$\boxtimes$		Floor ti	les			200 SF		$\boxtimes$				
Throughout	$\boxtimes$		Windov	v cai	ulk		100 SF		$\boxtimes$								
Exterior							Roofing	g Ma	terials		1,500 SI	F	$\boxtimes$				
Name of Registered Waste Hauler N						NJDEP		-	oic Yards of	Name of Reg	istered Landfill						
Veolia ES Technical Solutions 1 I C							D No.	Wa		Wayne Di	sposal Inc.						
City, State							52		0 posal Date	City, State		-22-31					
Flanders, NJ									2/19/14	Belleville	МІ						
							Signature				Date (					-	
00						O Ignitian o						11 25 14					
Gwendolyn Trumbetti Operations Coord										UYVVVI			1		1		

ASB-41 MAY 11

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

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

11   25   14   PSE&G Delivery, Projects & Construction   1	D-1(N-05-0(4)					Mana	of Duilding	Ourner/Operator /	2) 1	3				$\mathbb{H}$
DIADIAN	Date of Notification (1)  11 /	25 / _	14							Job #1414 48	41 5	20 IZ	#870	
DIADY DHSS Annenderment ±1 Emergency (including lustification)   Cancellation	Agencies Notified  ⊠ FPA	The state of the s	ation					a	the state and					
Description   Amendment #f   Description	13 TO 10		i		-				<u> </u>	ASBESTO	<del>3 001</del>	TRO	)L &	
DCA   Cancelation   Cancelation   Name of Contact   Larry Eddinger   FACILITY INFORMATION	☐ DHSS	Amendm	ent # <u>1</u>						L	LIC	ENSIN	IG		
Cancellation   Larry Eddinger				ing	ł		more in the second			Telephone Num	ber		C 1-16	
Name of Facility Where Abatement is Taking Place (3)  PSE&G Plainfield Substation  Street Address 241 W, 2nd Street  City (5)  Plainfield  County (6)  Union  Name of Monitoring Firm Hired by Building Owner (6)  Health & Safety Services  Street Address 318 12 <sup>th</sup> Street  City, Site, Zip Code  Hammonton, NJ 08037  Project Manager for Monitoring Firm  Site Date (10)  12	(143/10/3.23-0)													550.3
School (K-12)   School (K-12)   Street Address   Street						FAC	ILITY IN	FORMATION			-			
Street Address 241 W. 2 <sup>nd</sup> Street (County Code (7)(STATE USE OMLY) (Counted Use of Plainfield (County (6) Union Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services  Street Address 318 12 <sup>nd</sup> Street (City, State, Zip Code Hammonton, NJ 08037  Project Manager for Monitoring Firm Street Address 318 12 <sup>nd</sup> Street (City, State, Zip Code Hammonton, NJ 08037  Project Manager for Monitoring Firm Street Address (City, State, Zip Code Hammonton, NJ 08037  Project Manager for Monitoring Firm Street Address (City, State, Zip Code Hammonton, NJ 08048  Project Manager for Monitoring Firm Start Date (10) 12 / 1 / 14 / 12 / 19 / 14  Scheduled Completion Date (11) Pacifity Closed/Acasted Diving Abstream (Check only only PML—AMM Cocupancy Status During Abstream (Check only only PML—AMM Scope of Work (Check all that apply)    3 stor 23 lf	Name of Facility Where	Abatement is 7	Taking Pl	ace (3	)	-2/2/1999			Type of Facility (	4)				
Street Address   Street Address   Street Address   Street Address   Street Address   State Date (10)   State (1	PSE&G Plainfield	Substation						-						
241 W. 2" Street	Street Address				00-13				Subchapter 8	Other than K-12	) rcial bu	ilding	s,	
Plainfield County (6) Union Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services Sizered Address 318 12 <sup>th</sup> Street City, State, Zip Code Hammonton, NJ 08037 Project Manager for Monitoring Firm Jim Proctor Start Date (10) 12 / 1 / 14	241 W. 2 <sup>nd</sup> Street						0				10 10 10		26-5	
County (6) Union Union Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services Street Address 30 Maple Ave. PO Box 25 City, State, Zip Code Hammonton, NJ 08037 Project Manager for Monitoring Firm Jim Protor Start Date (10) 12 / 1 / 14 / 12 / 19 / 14 Coupany Status During Abatement (Check only one) □ Facility Closed/Vacated Duking Entire Period of Abatement □ Abatement Performed Outside of Monitoring Firm PM PM AM  Scope of Work (Check all that apply) □ ≥ 3 sf or ≥ 3 if □ ≥ 160 sf or ≥260 if □ Renovation □ NF Scality □ NF Scality □ (13) □ NF Scality □ (13) □ Fire Doors □ Seath Tope □ Seat	City (5)					20			Square Feet	# of Floors	Blo	lg. Ag	je	
Union  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Registered Waste Hauler  Veolia ES Technical Solutions, NJ  Name of Registered Waste Hauler  Veolia ES Technical Solutions, NJ  Name of Registered Waste Hauler  Veolia ES Technical Solutions, NJ  Completed By (Print or Type)  Telephone N9:  Abatement Contractor (9)  Abatement Solution Normally  Lumberton, NJ 08048  Telephone N9:  609-704-8850  609-265-2107  00529  Street Address  200 Route 130 North  Clay, State, Zip Code  Clinnaminson, NJ 08077  Street Address  200 Route 130 North  Clay, State, Zip Code  Clinnaminson, NJ 08077    Facility Closed/Vecated Diving Entire Period of Abatement    Mini-Enclosure   Mini-Enclo	Plainfield				-57120									
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Health & Safety Services    AbateTech, Inc.	County (6)					Coun	ty Code (7	)(STATE USE ONLY)		or if being demolis	shed)			
AbateTech, Inc.									12					
Street Address 318 12th Street 30 Maple Ave. PO Box 25  City, State, Zip Code Hammonton, NJ 08037  Project Manager for Monitoring Firm Jim Proctor Start Date (10) 12 / 1 / 14			ding Owr	er (8)		ASCM I	No.	AND CONTRACTOR OF THE PROPERTY						
318 12 <sup>th</sup> Street		ervices							nc.		- 3			
City, State, Zip Code Hammonton, NJ 08037  Project Manager for Monitoring Firm Jim Proctor S09-704-8850 Start Date (10) 12 / 1 / 14 Coccupancy Status During Abgetment (Check only one)   Facility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside-Normality Closed (1) Demolition   Abatement Performed Outside-Normality Solely by 100 Demolition   Asbestos-Containing Material (ACM) IN Facility (13)   Name of Registered Waste Hauler   Normality (13)   Name of Registered Waste Hauler   Normality (13)   Name of Registered Waste Hauler   Normality (12)   Name of Registered Waste Hauler   Normality (13)   Name of Registered Waste Hauler   Normality (12)   Name of Normality (13)   Street Address   200 Route 130 North   City, State, Zip Code   Cinnaminson, NJ 08077   Street Address   200 Route 130 North   City, State, Zip Code   Cinnaminson, NJ 08077   Pull Containment with Negative Pressure   In Price Price of Normality (13)   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Normality (13)   Non-Exempted (*) and Non-Friable Procedure   Normality (13)   Non-Exempted (*) and Non-Friable Procedure   Normality (13)   Non-Exempted (*) and Non-Friable Procedure   Normality (14)   Non-Exempted (*) and Non-Friable Procedure   Normality (14)   Abatement Type   Non-Exempted (*) and Non-Friable Procedure   Normality (14)   Non-Exempted (*) and Non-Friable Procedure   Normality (14)   Non-Exempted (*) and Non-Friable Procedure   Normality (14)   Non-Exempted (*) and Non-Friable Procedure   Normality (15)   Non-Exempted (*) and Non-Friable Procedure   Normality (15)   Non-Exempted (*) and Non-Friable Procedure   Normality (15)   Non-Exempted (*) and									DO D 05					
Hammonton, NJ 08037  Project Manager for Monitoring Firm  Jim Proctor  609-704-8850  609-704-8850  609-704-8850  12 / 1 / 14   12 / 19 / 14   14   14   14   14   14   14   15   14   14											114.00			_
Project Manager for Monitoring Firm														
Start Date (10)		TATE OF THE PARTY			Fala		12		NJ 06046	License No			-	-
Start Date (10)    12		nitoring Firm							,	Company Control Control				
Table   19   14   12   19   14   14   12   19   14   14   15   19   19   15   15   14   15			Schodule	d Con	0.55					00020				
□ Facility Closed/Vacated Dixing Entire Period of Abatement □ Abatement Performed Outside of Normal Facility Hours Describe Time of Abatement:AMPMPMAM	20.35	1/			-									
□ Facility Closed/Vacated Dixing Entire Period of Abatement □ Abatement Performed Outside of Normal Facility Hours Describe Time of Abatement:AMPMPMAM	Occupancy Status Durir	ng Abatement (	Check or	nly one	∋)			Street Address						
Time of Abatement:AMPM/AM	☐ Facility Closed/Vaca	ted During Enti	ire Period	of Ab	ate			200 Route 13	0 North					
Scope of Work (Check all that apply)  □ ≥3 sf or ≥3 lf □ Renovation □ Mini-Enclosure □ Mini-Enclosure □ Mon-Exempted (*) and Non-Friable Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Non-Ex								City, State, Zip C	ode					
Sal for ≥3 If	I ime of Abatement:	AM	PM/_		PIVI-		AIVI	Cinnaminsor	n, NJ 08077		0000			
Sale for ≥3 if   Renovation	Scope of Work (Check a	all that apply)	3000	n	100			Π F # 0 · ·	t - i N	etive Dragouro				
Location of Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Control House  Control House    No   No   No	☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf							☐ Mini-End ☐ Gloveba	closure g Procedure		ıre			
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Yes No N/A  Control House  Con				Charles Committee	2000						Ab	atem	ent T	ype
Yes No N/A   Control House □ □ Fire Doors 6 each □ □   □ □ □ □ □ □   Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 412852 Cubic Yards of Waste Hauler Wayne Disposal Inc. Wayne Disposal Inc.   City, State Flanders, NJ Disposal Date 12/19/14 City, State Belleville, MI    Completed By (Print or Type)  Title  Signature  Date Date 11/16/14  Total Print of Type)  Date Date 11/16/14  Date Date 11/16/14  Total Print or Type)  Date Date 11/16/14  Date Dat	Asbestos-Containing <u>TO BE AB</u> IN Fac	g Material (ACN <u>ATED</u> ility	vi)	Used Maint Custoo	Sole ena dial	ely by nce/		stos Containing Ma ., thermal systems surfacing, VAT	aterial (ACM) insulation, , or	(Specify	Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler Veolia ES Technical Solutions, L.L.C.  City, State Flanders, NJ  NJDEP Waste Hauler ID No. 412852  Disposal Date 12/19/14  Signature  Cubic Yards of Waste Wayne Disposal Inc.  City, State Belleville, MI  Date	(10)		Y	es	No	N/A							(p	
Name of Registered Waste Hauler Veolia ES Technical Solutions, L.L.C.  City, State Flanders, NJ  Completed By (Print or Type)  Name of Registered Landfill Waste Hauler ID No. 412852  Disposal Date 12/19/14  Signature  Cubic Yards of Waste Wayne Disposal Inc.  City, State Belleville, MI	Control House			] [	X		Fire Do	ors		6 each				
Name of Registered Waste Hauler Veolia ES Technical Solutions, L.L.C.  City, State Flanders, NJ  Completed By (Print or Type)  NJDEP Waste Hauler ID No. 412852  Disposal Date 12/19/14  Signature  Cubic Yards of Waste of Wayne Disposal Inc.  City, State Belleville, MI  Date				] [										- 🗆
Name of Registered Waste Hauler Veolia ES Technical Solutions, L.L.C.  City, State Flanders, NJ  Completed By (Print or Type)  Name of Registered Landfill Waste Hauler ID No. 412852  Disposal Date 12/19/14  Signature  Cubic Yards of Waste Wayne Disposal Inc.  City, State Belleville, MI			T	7 [	7	П					. 🗆			
Name of Registered Waste Hauler  Veolia ES Technical Solutions, L.L.C.  City, State Flanders, NJ  Completed By (Print or Type)  NJDEP Waste Hauler ID No. 412852  Cubic Yards of Wayne of Registered Landfill Waste 10  Disposal Date 12/19/14  Signature  Date  Date		10.00		-							1	П	П	
Veolia ES Technical Solutions, L.L.C.  Hauler ID No. 412852  City, State Flanders, NJ  Completed By (Print or Type)  Hauler ID No. 412852  Disposal Date 12/19/14  Signature  Wayne Disposal Inc.  City, State Belleville, MI	Nome of Designation 114	ata Haules		_   L			Masta	Cubic Varde of	Name of Regis	tered I andfill			Ш	1
City, State Flanders, NJ  Completed By (Print or Type)  Title    A12852   10			110											
Flanders, NJ  Completed By (Print or Type)  Title  Date  Date		ai Jointions	, L.L.O.			41285	52							Tend
Completed By (Print or Type)  Title  Signature								- Martin - British or the Oster-Control	A CONTRACTOR OF THE PROPERTY OF THE PARTY OF	MI				
Completed by (Finite of Type)			T						Delieville,		ate	-		
							inator	Signature (	ant			25	11	1

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<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

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

ZNIM DEC -5	PM 9: 8	ولا ا	(140	isuant t	DINUMO	6:00 and 12, 120	"						
Date of Notification (1)	14			Name of Building Owner/Operator (2)  Carl Ning									
AST 11/28/	14	-						5 <del>55.7</del>			1117	=	
Agencies Notified	Type Notificat	ion			t Address 10th Av			& LICEN	SIL	Q.	i ki L		
DEP	Amended			1	state, Zip	ALALAN STREET		E TO L L				=	
⊠ por	Amendmer Emergency		0			hts, NJ 080s5	1/122 Constitute of the Constitute of the Consti						
DOH DCA	justificato  Cancellatio	n)	Ą	Nam Carl 1	e of Con Ning	tact	w *	Telephon	Car .		1		
						FORMATION					15		
Name of Facility Where Residence	Abatement is Ta	king Place	e (3)	- 12			Type of Facilit	F 3 . 7			C C C C C C C C C C C C C C C C C C C	$\neg$	
Street Address								r 8 (Other than K-1)					
327 10th Ave.							homes, etc			- 1			
City (s)							Square Feet	# of Floors		dg.	Age		
Haddon Heights, N.	08085					273275	2000	2	-	yrs	1	_	
County (5) Camden				USE	punty Code(7) (STATE   Current Use (Prior if being demoli SE ONLY)   Residence								
Name of Monitoring Firm	n Hired by Buildi	ng Öwner		ASCM	No.	Name of Abatement Contractor (9) AEi2, LLC							
(8)			_			Street Address			_	_	_	=	
Street Address						300 S. Lenola	Road				4		
City, State, Zip Code						City, State, Zi	A		_	Transfer of		-	
Oky, Otato, Zip oddo					2 1	Maple Shade,							
Project Manager for I	Monitoring Firm	1	Te	lephone	No.	Telephone No. 609-481-212	22	License No. 00689		10			
Start Date (10)	T Sc	hedulad C	omp	letion Da	ife (11)	Name of OSHA				-		-	
12/10/14	1 122	/13/14	<sub>F</sub>		,	AEi2, LLC	231,000,000		ناحد			_	
Occupancy Status Duri						Street Address	1				9		
Facility Closed/Vace						300 Lenola I						_	
Abatement Performe Other - Describe:	d Outside of Nor	mal Facili	ty Ho	urs		City, State, Zip C Maple Shade	c, NJ 08052						
Scope of Work (Check	all that apply)					Full Co	ntainment with	Negative Pressure					
П. э. « э. <u>к</u>		V ₽	anova	afion		Mini-Er	nclosure						
≥3 sf or ≥3 lf ≥180 sf or ≥260 lf			enova emolit	ion			ag Procedure	N Eriabla Dracad	hura				
		l le	Loca	tion	r	L Non-E	xempted (") and	Non-Friable Proced	_	Abate	ment	-	
		N	orma	lly		020 7/02011000	_			Ту			
Location Asbestos-Containing I	of Material (ACM)			ely by ance/	Asbes	Description of tos Containing Ma		Amount	R		B	E n o	
TO BE ABA	TED		ustoo Staff		(i,e	thermal systems surfacing, VAT	insulation,	(Specify SF or LF)	0 11	R	0	1 1 1	
IN Fecilli (13)	Ŋ		(12)			other miscellane		Si di Li )	0	P A	P		
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V 75	M. Uauler		1	NJDEP	Manta	Cubic Yards	Name of Re	gistered Landfill					
Name of Registered We	aste mautet			Hauler II	D No.	of Waste	TBD	g.c.torou morram					
AEi2, LLC City, State			_	21376		Disposal Date	City, State				_	_	
Maple Shade, NJ						TBD /	TBD						
Completed By Title						Signatule/	1	Date				_	
Wm, Minnick Program Mgr.						11/19	mmi	11/28/	14				
					Commission	7		·		21/10/27	7.77		

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