Check # 1581

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Date of Notification (1) 02/13/2015					Building ( SE OF			(2)		2011	- <del></del>	£.k	u.	es.	
Agencies Notified	Type Notification		1 %	Street Ad	dress	STREE	ΞΤ			156			1		
DEP X DOL	Initial Amended Amendment			City, Stat	e, Zip Co EN NJ (	de				1	4. 16-		7 ~	1	
X DOH DCA	Emergency (injustification) Cancellation	ncluding		Name of MICHA	Contact EL SIM	IPSON				Tele	ephone Nun	nber		si	
	L <del></del>			FACIL	ITY INFO	DRMATI	ON			+					-
Name of Facility Where COMMERCIAL BU				N OF	ARC SC	CHOOL	_	Fermon	of Facility (4 School (K-12						
Street Address 1400 COLLINGS A	VE.							×	Subchapter 8 Other (i.e. pr etc.)				dings,	home	es,
City (5) CAMDEN									e Feet	# of 3	Floors	9	ldg. A	ge	
County (6) CAMDEN				County C STATE U	ode (7) SE ONLY	)			nt Use (Prior ANT BUIL			ed)			
Name of Monitoring Firm		Owner (8)		ASCM	No.				tement Cont			RVI	CES	INC.	
Street Address 1000 MAPLEWOO	D DR.							Addres	is IS RUN						
City, State, Zip Code MAPLE SHADE N	J 08052					- (1			p Code HILL NJ (	08062	2				
Project Manager for Mod CHRIS MACRI				Telephor	ne No. 5-9300			none No 304-4			License N 01145	0.			
Start Date (10) 02/16/2015		Schedule	d Com		99-28-9-2		Name EMS		A Monitor						
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(13)	)	Yes	(12) No	N/A		other r	niscella	neous)				oval	air	sulate	sure
LOWER FLOC	DR- OFFICE			Х		NF1-F	LOOF	RTILE		30	00 SF	X			
MIDDLE FLOC	R- CLOSET			X		NF1-F	LOOF	RTILE		6	0 SF	X			
UPPER FLOOR-	- BATHROOM			Х		NF1-F	LOOF	RTILE		15	50 SF	X			
Name of Registered War ASSURED ENVIRO		RVICES	Н	JDEP W auler ID 034895	No.	of Wa	Yards ste		200000000000000000000000000000000000000		ered Landfill ANDFILL				
City, State MULLICA HILL, NJ							sal Date 9/2015		City, State		RG, OH				
Completed by RON SWANSON		Title GM				15	Signatur	e M	00 t	Va		te 2/13/	2015		
ASB-41 (R-06-08)						. [	Do n	ot use	this form for	asbes	tos licensur	e exe	npted	activ	ities.

FEB-09-2015 14:09 From: SKY CONTRACTING LLC 19739285042 To:16096330664

Page: 2/4

Print Form

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Date of Notification (1) ** 02/09/2015	Antonio Santa		- 4	Name of	Building	Owner/C	pereter	(2)					7	$\dashv$	-
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				Sarah	LITY INF	CHMATA	6N				-				
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Neel Address 506 Prospect Street									School (K-1 Subchapter Other (i.e. p	8 (Othe	if then H	(-12)	a.d	<u>x</u> 2	
ity (5) Maplewood							_	Squ	etc.)	# of	Floors	I GIMI DI	Bidg,		
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V/A	r ii/oo by Eqlip	ing Owner (a)		ASCN	1 No.		Sky	Conf	ratement Con tracting, LL	tractor C	(9)				
	- 1						Street 1385		ess lay Road,	Suite i	<		14		0
ity. State, Zip Code				*			City, B	tete,	Zip Cade New Jersey					<u></u>	_
roject Manager for Monk	олла Еігт	-	T	Telephor	ne Na.		Teleph	ione (		, 0, 4,	License 00874			-	*) 
tan Date (10) 2/10/2015		Scheduk 02/14/2	od Cor	mpletion i	Date (11)		Name	of Q5	HA Monitor tracting, LL		00074		_		
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Facility Closed/Vacasi Abatement Performe Other - Describe:	Titleide of h	ire Period of I	baten Haum	hent B			-		ley Road,	Sulte F	<				
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Asbestes-Centaining ! TO BE ABA	Asbestos-Centaining Material (ACM) TO RE ABATED In Facility  Line Above Containing Material (ACM)  Line Above Containing Material (ACM)  Line Above Containing Material (ACM)				Asber (i.e	tos Cont thérmsi surfat	eyslem ung, VA	Asteri Sinsu T. or	1	(8	neunt peçliy or LF)	Politiga		Encapsutate	Chicagona
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Kitchen & Dinir			×			Pla	ster W	/all		22	5 SF	>;	1	-	
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CH#1519

### State of New Jersey NOTIFICATION ASBESTOS ABATEMENT

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

2/14/2015	Aud		g Owner/Operator Itual Housing	\_/	BIG ANDE	4			
Agencies Notified   Type Notification		Address oad C, S	uite 1		MI CONTRO		×50 ×50 ×1		
DEP Amended Amendment #	200	State, Zip ( ubon, NJ							
□ Emergency (including justification) □ DCA □ Cancellation		e of Contargrove	tact		Telephone Numb	ег			
			ORMATION		1		_		
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility School (K-1	(2)				
Street Address 17 Lark Lane					8 (Other than K-12 private 8 commercia		dings,		
City (s) Audubon				Square Feet 1000 SF	# of Floors	1	dg. /	Age	
County (6) Camden		nty Code( ONLY)	7) (STATE	Current Use (F Residence	Prior if being demolis	hed)			
Name of Monitoring Firm Hired by Building Owner (8)	ASCM	No.	Name of Abater AEi2, LLC	ment Contractor (	9)				
Street Address			Street Address						
City, State, Zip Code			City, State, Zi Maple Shade,	p Code					
Project Manager for Monitoring Firm Tel	ephone	No.	Telephone No. 609-481-212		License No. 00689				
Start Date (10) Scheduled Comple	etion Da	te (11)	Name of OSHA						
2/22/15 3/1/15			AEi2, LLC						
Occupancy Status During Abatement (Check only one)  Facility Closed/Vacated During Entire Period of Abatement			Street Address 300 Lenola	Road					
Abatement Performed Outside of Normal Facility Hou Other - Describe:	ırs		City, State, Zip C Maple Shade	Code e, NJ 08052					
Scope of Work (Check all that apply)    Scope of Work (Check all that apply)	tion on		Mini-Er Gloveb	nclosure pag Procedure	Negative Pressure Non-Friable Procedu	ге			
ls Locat Normal	115.77		11011 10	A STIPLE OF THE STATE OF THE ST			Abate Tyj	ment oe	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Location of Used Sole Maintena Custodi Staff? (12)	ly by nce <i>l</i> al		Description of tos Containing Ma , thermal systems surfacing, VAT other miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	R e m o v a	Repair	E n c a p s u l	Enclosur
Yes No	N/A	Tonaid			450 sf	1		t t	e
Exterior	-	Transit Floor T			560 sf	X	-	-	
Interior	+	F1001 1	iie		300 Si	A	-		
	-					-	-		
Name of Registered Waste Hauler	NJDEP 1	Vaste	Cubic Yards	Name of Reg	gistered Landfill		1		
AEi2, LLC	Hauler II 21376	O No.	of Waste 2	TBD					
City, State Maple Shade, NJ			TBD / /	City, State 7 TBD	1				
Completed By Title	1722-1		Signature	Umi	Date 2/14/15	9			

Name of Building Owner/Operator (2) Date of Notification (1) Jack Van Doren 2/13/15 Agencies Notified Type Notification Street Address US Highway 22 EPA Initial City, State, Zip Code DEP Amended Whitehouse, NJ 08888 × DOL Amendment #\_ Emergency (including Name of Contact Telephone Number X DOH justification) Jack Van Doren DCA Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) house School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 130 Annadale High Bridge Road etc.) Square Feet City (5) # of Floors Bldg. Age 60 Annadale 2500 2 County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) County (6) Hunterdon Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. ABS Environmental Services, LLC Street Address Street Address PO Box 483, 4 E Gate Drive City, State, Zip Code City, State, Zip Code Glenwood, NJ 07418 Telephone No License No. Project Manager for Monitoring Firm Telephone No. 973-764-2276 703 Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) 2/23/15 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Demolition Mini-Enclosure ≥160 sf or ≥260 If × Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Туре Normaliv Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)Yes N/A No 60 LF basement X pipe insulation Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler of Waste Hauler ID No. TBD Freehold Cartage TBD 15939 Disposal Date City, State City, State TBD Freehold, NJ Completed by Signature Date 2/13/15 President A. Scott Higgins

Check#2115		, Co	OH			N OF AS nt to NJA				Mary Services			- 6	
Date of Notification (1)						e of Buildin			21	1 (2.6)	F 1 55		22	
02/		15				al Bhatt	9 0 11 11 011	operator (	2	Telephone Num				
Agencies Notified	Type Notific	cation				et Address				- 45 19 A	( 4):	, ,		
□ EPA					44 Ga	arson Ave	nue		4 3	Barrery,	7431	1		
☑ DOLWD ☑ DHSS	Amende	ed nent #			City,	State, Zip	Code			61 74 6 3	V700	7,		
□ DCA	Emerge				Rarita	an, NJ 08	869				111	71.		
(NJAC 5:23-8)	justificat		2011:9			e of Contac				Telephone Num	ber			
	Cancella Cancella	ation			Dhav	al Bhatt								
					FA	CILITY II	NFORMA	NOITA						
Name of Facility Where	Abatement is	Taking F	lace	(3)	13				Type of Facility	(4)				
Private house									School (K-1					
Street Address							_		Subchapter	8 (Other than K-1 2 private and comme	) roial by	ildin		
44 Garson Avenue									homes, etc.	) )	CIAI DU	maing	JS.	
City (5)									Square Feet	# of Floors	BI	dg. A	ge	
Raritan, NJ 08869														
County (6)					Cour	nty Code (7)	(STATE L	ISE ONLY)	Current Use (Pr	for if being demolis	shed)			
Somerset														
Name of Monitoring Firm	n Hired by Bui	ilding Ow	ner (	(8)	ASCM	No.	Name	of Abateme	ent Contractor (9	)				
							Gr Tec	h LLC						
Street Address							Street	Address		-				
0: 0: 1								alley Rd#						
City, State, Zip Code								tate, Zip C						
Decinat Manager for Man				1-				, NJ 0747	70					
Project Manager for Mor	nitoring Firm			Tele	ephone	No.	Teleph	one No.		License No.				
Stort Data (10)		0-1-1-1	- 1.0					8-1777		01127				
Start Date (10) 02 / 23 /		Schedul					Name	of OSHA N	lonitor					
		02			+ /			The second secon	nsultants,Inc					
Occupancy Status Durin							Street /	Address			7080 H			
☐ Facility Closed/Vacat     ☐ Abatement Performed	ea During Em d Outside of N	tire Perio	a offi	Abate	ment	a a riba			Road, Bldg .#	35 E				
Time of Abatement:	AM-	PM/	acinty	PM_	. De	AM	And the Control	tate, Zip Co						
Scope of Work (Check al	II that apply)						Fair La	wn, NJ 0					- Darwin	
	ii tilat apply)						Н		and decontaming tainment with New	nation with negative	e press	ure		
>3 sf or >3 lf > 160 sf or >260 lf		≥		novat				Mini-Enc	losure					
		<u> </u>	] De	moliti	on		×	Gloveba	g Procedure moted (*) and No	Tent with Negative on-Friable Procedu	Press	ure		
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Location				Vorma			De	scription o	of			_		
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Name of Registered Was	ste Hauler			NJ	DEP Wast	te Hauler ID No	Cubic Ya	ards of Wast	Name of Regis	stered Landfill				
Gr Tech LLC				(	00337	85	TB:		T.R.R.F. Inc					
City, State							Disposa	al Date	City, State					
Wayne, NJ 07470					50000-14		TB	D	Tullytown, P.	A				
Completed By (Print or T	ype)	Title					Si	gnature /	^		ite			
N.Jevtic		Owne	r					4	It wer	100	/13/20	15		
ASB-41					201 1 104			1/4	ora- over		20100			

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

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#### MO#22302805511

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Date of Notification (1)		E.			Name o	of Building	Owner/Operator (2	900-					
02 / 14		15	-	7	Wei Li	n			PER 19 EM	in i			
Agencies Notified Type	Notificat	tion	•			Address		6		100	•		
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	mended					tate, Zip C		- 3		IMM			
23 51.00	mendme		- dina	15	Short F	Hills, NJ (	7078		- 5 162				
	mergenc Istificatio		Junig		VA	of Contact			Telephone Num	ber .			
1.0 m	ancellati	on		,	Wei Li	in			1				
					FAC	ILITY IN	FORMATION			Standard Control	20000		
Name of Facility Where Abatem	nent is T	aking P	lace	(3)				Type of Facility	(4)		V/10/11		
Private house								School (K-12					
Street Address	-								3 (Other than K-1 2 rivate and comme		dinas		
25 Mt. Ararat Road								homes, etc.)		iciai buli	umga	,	
City (5)						Y_		Square Feet	# of Floors	Bid	g. Ag	е	
Short Hills, NJ 07078								198					
County (6)					Count	y Code (7) (	STATE USE ONLY)	Current Use (Pr	ior if being demoli	shed)			
Essex													
Name of Monitoring Firm Hired	by Build	ding Ow	mer (8	8) [,	ASCM	No.	Name of Abateme	ent Contractor (9					
							Gr Tech LLC						
Street Address			- XX XX - IX				Street Address						
							576 Valley Rd #	<sup>‡</sup> 283					
City. State, Zip Code					12		City, State, Zip C						
							Wayne, NJ 0747	70					
Project Manager for Monitoring	Firm			Tele	phone	No.	Telephone No.		License No.				
							973-638-1777		01127				
Start Date (10)	5	Schedu	led Co	omple	tion Da	te (11)	Name of OSHA N	Monitor				-0.57/2	
02 / 24 / 15		_02	/	_ 25	_ /	15	Envirovision Co	onsultants.Inc					
Occupancy Status During Abat	ement (0	Check	only o	ne)			Street Address	,		. N=		11.07.5	
□ Facility Closed/Vacated Duracted Dura	ring Entir	re Perio	od of .	Abate	ment		20-21 Wagaraw	Road, Bldg .#	35 E				
Abatement Performed Outs	ide of No	ormal F	acility	Hour	s - Des	cribe	City, State, Zip C						
Time of Abatement:	VIAI-	PM/		- PIVI		AM	Fair Lawn, NJ 0	7410					
Scope of Work (Check all that	apply)						Clean u	p and decontami	nation with negativ	e press	ure		
✓ >3 sf or >3 lf		5	V Pa	novati	on		Mini-Eng	itainment with Ne					
				molitic			Gloveba	g Procedure	Tent with Negativ	e Press	ure		
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				Locat Norma						Aba		ent T	-
Location of Asbestos-Containing Mater	ial (ACN	1)		d Sole		Ashe	Description stos Containing Ma		Amount	Re	Repair	Enc	Enclosure
TO BE ABATED				intena			e., thermal systems	insulation,	(Specify	Remova	pai	aps	los
IN Facility (13)			Cus	(12)	Staff?		surfacing, VAT other miscelland		SIF or LF)	val		Encapsulate	Tre
(13)		T	Yes	No	N/A		Other Inisoenan	eous)				e	
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Basement						Pipe ins							
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	10												
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Name of Registered Waste Ha	auler			N.	DEP Wast	e Hauler ID No	Cubic Yards of Was	ste Name of Reg	istered Landfill			-	_
Gr Tech LLC					00337	25	TBD	TDDEI					
City, State					1 6600	03	Disposal Date	T.R.R.F. In	<u> </u>				-
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Wayne, NJ 07470 Completed By (Print or Type)		l Title					TBD Signature /	Tullytown, l		Date		e en m	
							Signature y	11 .	1		11.5		
N.Jevtic ASB-41		Own	er				The Me	the New	lao 0	2/14/20	115		
MAY 11		13	Do no	use.	this for	m for asbe	stos licensure exem	pted activities.					

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

Date of Notification	on (1)		1		100 mm	wner/Operator	(2)	77.5	- / .	124			
2-13-15				Carolyn	Bea	uchamp			Ť.,	3	70	٠,٠	27
Agencies Notified	Type Notif:	ication	St	reet Addres	ss			2012 000					8
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[ ]DEP	Notif	ication	Ci	ty, State,	Zip C	ode		1000		Pit	7 45	11	À
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	[ ]EMERGE	ENCY	1	Carolyn		uchamp	liere's and			100	í †	-	.ii
[ ]DCA	[ ]Cancel	lation		34202311		. a Ozracij					94		
				FACIL	ITY IN	FORMATION					-		
Name of Facility Wh	here Abatemen	nt is Tak	ing	Place (3)			Type of Facil	ity (4)	7-12-7-25				
Same as above	е						[ ]School	(K-12)					
Street Addres								ter 8 (Othe i.e., priva					
Street naures						:		uildings, h					
							Square Feet	# of Floo	rs	Bld	g. 2	Age	
City (5	**************************************	County	(6)	Essex		ty Code (7)	1450	2		7	0		
					(STA	TE USE ONLY)	Current Use (	Prior if be	ing d	lemo	olis	hed)	)
											7-1100		
Name of Monitoring Owner (8)	Firm hired l	by Buildi	ing	ASCM No.			ment Contracto						
N/A						AZTECH M	IANAGEMENT	, Inc.					
Street Address				3		Street Addres							
						86 Chris	stopher St	•					
City, State, Zip Co	ode					City, State,	70.75						
						Montclai	r, NJ 070	42					
Project Manager for	2-22-15				r	Telephone Num		I	icens			er	
		1	A\r			(973) 744	1-8800		003	371	L		
	te (10) S	ched. Cor	mplet	tion Date (	St 53	Name of OSHA	Monitor						
2-22-15		2-2	24-	15		N/A							
		Month	Day	and the same of th		Street Addres	e		- 112				_
[X]Facility Cl	Losed/Vacated					Street Addres	5						
of Abateme []Abatement F		side of	Norm	al Facilit		City State	7in Codo						
장 집 : 남아들이 많이 말았다.	scribe: «OffHo				1	City, State,	Zip Code						
[ ]other - Des	scribe: «Other	Occupan	cy D	escript»									
Scope of Work (Che	ck all that	apply)				וויישו	Containment wi	th Negative	Dros	2611	<b>r</b> 0		
[X]>3 sf o	or >3 lf		[X]	Renovation			-Enclosure	ar negacive		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
[ ] <u>≥</u> 160 sf	or ≥260 lf		[ ]	Demolition		150 350 300 300 300	ebag Procedure Friable Procedu	20					
				Is		[ ]NOII-E	TIADIE FIOCEGO	10	A	bat	eme	nt 1	Type
Locati				mally		Description		7		R	_	E	E
Asbestos-C Material				sed		Asbestos-Con Material		Amount (Specify		E	R E	CA	C
TO BE A			By	Main- ance/		(i.e., thermal	98. [4. 1] <del>[4. 1</del> . 1] 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SF or		0	PA	PS	OS
In Fac.	100 m in 100		Cus	todial f (12)		sulation, surf or other misce		LF)		A	I	U	U
(12	,	Ye	-	No N/A	- ·					L		L	R E
Basement				X	Pip	e Insulat	ion	75 LF	X				
51				až.			(8)						
Name of Registered	. Waste Haule	r	1000000	EP Waste		ic Yards	Name of Regi		fill				
AZTECH MANA	GEMENT,	INC.		ler ID No.	of	Waste 1.5	G.R.O.W.	S.					
City, State			-		Dis	posal Date	City, State			-			
Montclair, N	J 07042				2	-25-15	Morrisvi	lle, PA	190	06	7		
74		L				[a:							
Constanting		Title	- A	+		Signature	2		Dat		2 -	_	
Constantine	vivian	Presid	1eIl	C		161.	( A Com		2-	-⊥.	3-1	.5	



Date of Notification (1) 2/13/15						Building O Atlantic		perator	(2)				79.4 E.	*		
Agencies Notified	Type No	otification		5	Street Ad			lovard		~=au	上級	19 44/	0: 7!			
EPA DEP	An	tial nended			City, State	e, Zip Cod	e			* 356 &	With the	AVEW)	Un.	<i>3</i>		
DOL	× En	nendment # nergency (ir			Atlantic Name of	City NJ Contact	0840	1			- 14	phone Num	her			
DOH DCA		stification) incellation		1.5	Louis A	nderson					1					
Name of Facility Where	Abatemer	nt is Taking	Place (3)	)	FACIL	ITY INFO	RMATIO	ON	Туре с	of Facility (4	)		00112-222			
unsafe Structure		2.7	33.5			c				chool (K-12		14.400	\$00			
Street Address 1308 Adriatic Aven	ue								× C	ubchapter ( other (i.e. pr tc.)				ings,	home	s,
City (5) Atlantic City NJ 08-	401							et.	Square 1000	e Feet	# of 2	Floors		dg. A	ge	
County (6) Atlantic					County C (STATE U	ode (7) SE ONLY)				nt Use (Prio Home	r if bei	ng demolish	ed)			
Name of Monitoring Firm	n Hired by	y Building O	wner (8)		ASCM	No.			of Abat naco In	ement Con	tractor	(9)				
Street Address									Addres						1)	
City, State, Zip Code							==		State, Zij it Berlir	p Code n NJ 080	91					
Project Manager for Mo	nitoring F	irm		T	Telephor	ne No.			hone No			License N 00727	0.			
Start Date (10) 2/17/15			Schedule 2/27/15		npletion [	Date (11)		Name		IA Monitor						
Occupancy Status Duris	ng Abaten							Stree	Addres	S						
Facility Closed/Val Abatement Perform Other – Describe:	ned Outsi	ing Entire P	eriod of A al Facility	Abatem Hours	nent s		_	City,	State, Zi	p Code			****			
Scope of Work (Check	All That A	pply)							(1)	of Do	210					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf				Renova Demolit					Mir Glo	T VEI I Containment i-Enclosure ivebag Production n-Exempted	e cedure				0	
2.5			Is	Locat	ion				INOI	II-Exemple	ı ( ) aii	u Non-Fria	T	Abate	ement	
Location			1	Normal ed Sole	lly			scriptio		(4.00.5)			-	T y	pe	
Asbestos-Containin TO BE Al In Fac (13	BATED	I (ACM)	Ma Cus	intena todial: (12)	nce/ Staff?	(i.e.	therma surfa other	l systen acing, V miscella	ineous)		(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Ro	o f		Yes	No	N/A	Ne		Idt Ro	MQ		8	00 SF	x			
no	OI		-	8	X			iai ric				00 01	1			
			+		-		2011-1000	W	n 337				+			
			+		1											
Name of Registered W Earth Tech	aste Haul	er		H	NJDEP W Hauler ID 6429		of Wa			Name of ACUA	Regist	ered Landfi	II.			
City, State Greenfield NJ				'	,		1100000000	osal Dat	e	City, Stat		Rd E.H.	Г.			
Completed by Anthony T Perna	4		Title Pres	ident	=			Signatu	re	7	Anno Alberto		ate /13/1	5		



CK 4659

Date of Notification (1)			T	Name o	f Building	Owner/	Operator	(2)	OI V	40	) 7	,2'	17			
2/13/14				Boro (	Of Ship	Botton	1	25	BFEB	9 4	¥ 約:	2.69				
Agencies Notified	Type Notification		- 1	Street A	ddress Blvd					-	TE INC	10				
EPA DEP	Initial Amended				ate, Zip Co			A	Mr 371		1170	131.				
DOL	Amendment				Bottom N		80		& LIG	ENT	NG	40° E.				
DOH	Emergency justification)	(including	1		f Contact					Tele	phone	Numb	er			
DCA	Cancellation			Frank								E				
Name of Facility Where	Abatement is Takin	g Place (3)		FACI	LITY INF	ORMAT	ION	Type	of Facility (4	1)		35704-70				
Ship Bottom DPW	yard							1	School (K-12	3533 2000						
Street Address									Subchapter	8 (Othe	r than	K-12)			200	
1621 LB Blvd									Other (i.e. pretc.)	rivate &	comm	ercial	build	dings,	home	es,
City (5) Ship Bottom NJ 08	008							Squar 1000	re Feet	0.000	Floors		11	idg. A	ge	
County (6)		(		County (	Code (7)				nt Use (Prio	1	a dom	oiiobo		5+		
Ocean		, a		STATE	USE ONLY	)		stora		ii ii beii	ig dem	onsne	۵)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	No.				tement Con	tractor (	(9)	-	_		-	
N/A Street Address			-					aco Ir						.*	8	
Sileet Address							100000000000000000000000000000000000000	Addres  Box 32								
City, State, Zip Code								101 Texts 2011	ip Code							
									n NJ 0800	80						
Project Manager for Mor	nitoring Firm			Telepho	ne No.			none No			Licens					
Start Date (10)		Schodulos	1 Com	plotion	Data (dd)			753-9			0072	7				
2/27/15	2	Scheduled 3/6/15	Con	pietion	Date (11)	70	Sam		IA Monitor						- 6	
Occupancy Status Durin	g Abatement (Chec	k Only One	)				Street	Addres	SS		-					
Facility Closed/Vac	ated During Entire I	Period of Ab	atem	ent												
Abatement Perform Other – Describe:	ned Outside of Norm	nal Facility H	Hours				City, S	state, Zi	p Code							
Scope of Work (Check A	II That Apply)						<u></u>									
≥3 sf or ≥3 lf	, ,	□ Re	novat	ion			Г	7 5	I Containme	nt with	Nogoti					
≥160 sf or ≥260 lf		-	moliti					Min	i-Enclosure		Negati	verie	ssui	е		
							×	Glo	vebag Procented	edure (*) and	Non-F	riable	Prod	cedur	е	
			ocatio											Abate	ment	
Location Asbestos-Containing		Used	Sole!		Ashaa		scription					-		1 9	pe	Г
TO BE AB	ATED	Main Custo	tenan	Garage II		tos Con thermal	system	s insula			nount pecify		Re	70	Enc	四
In Faci (13)			(12)	turi.	(38)	surfa other r	cing, VA niscellar	T, or neous)		SF	or LF)		Remova	Repair	Encapsulate	Enclosure
27. 87		Yes	No	N/A									/al	Ξ'	ilate	ure
Buildin	g 3			х		Boo	f Shing	rles		12	0 SF	-	2	-		
Buildin		+		X			rior Sid					_	-			
	5 .	+++		^		LXIG	1101 010	unig		120	00 SF	- 2	2			
		+					+									
Name of Registered Was	ste Hauler		N	JDEP W	laste	Cubic	Yards		Name of F	ogist-	od!	Aeii				
R&B Debries LLC			Ha	auler ID		of Wa			Name of R G.R.O.V		eo Lan	utili				
City, State			29	439		10										
Hainesport NJ						2/6/1:	sal Date 5		City, State Morrisvil		1906	7				
Completed by		Title					Signature	1				Date				
Anthony T Perna		Presid	ent			1	1					2/13	/15			

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

Date of Notification (1) February 12, 201	5	Name of Building (		ator (2) ole Construction	7	/ 5	70	7	
Agencies Notified Type of Notificate [X] EPA [] Initial	ion Notification	Street Address			15 FEB 19. 1	W 10			
[x] DOL Amen	ded Notification dment # gency (including	City, State, Zip Coo		Creek, NJ 08092	& LICEN-	MT.	ROL:		
I X I DON	cation) llation	Name of Contact Joyce		To	elephone Number				
	FA	CILITY INFORM	IATION						
Name of Facility Where Abatement is Taking Residence	Place (3)			Type of Facility (4)	School (k-12)		L 10)	9	
Street Address 1088 Mill Creek R	oad	ē		[x]	Subchapter 8 (oth Other (i.e., private homes, etc.)			al build	ings,
City	County (6)	County Code (7) (STATE USE ONL	Y)	Square feet 1000 sf	# of Floors	Bldg.		0	
Beach Haven West	Ocean			Current Use (Prior if Residen					
Name of Monitoring Firm Hired by Building C	Owner (8)	ASCM No.	Name of	Abatement Contractor (	(9) in Contracting,	Inc.			
Street Address			Street Ad	ldress	oute 9, Unit 61				
City, State, Zip Code			City, Stat	te, Zip Code	iver, New Jerse	N 087	55.1	271	
Project Manager for Monitoring Firm	Telephone Numbe	г	Telephon	e Number	License No.	_	33-1.	2/1	
Scheduled Start Date (10) 2/13/15	Scheduled Comple 2/17/15	etion Date (11)	-	OSHA Monitor	L. Analytical				
	only one) During Entire Period of Ab Dutside of Normal Facility F		Street Ac	1056 St te, Zip Code	elton Road	y 088:	54		
Scope of Work (Check all that apply)			[ ]	Full Containment	with Negative Pres		8 8		
$\begin{bmatrix} & & >3 \text{ sf or } \ge 3 \text{ lf} \\ & & & \ge 160 \text{ sf or } \ge 260 \text{ lf} \end{bmatrix}$	5 5 7	vation olition	[ ] [x]	Mini-Enclosure Glovebag Procedu Non-Exempted (*	re ) and Non-Friable F	rocedu	re		
						Abate	ement	Туре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used olely by Maintenance/Custodia Staff (12) YES NO N/A	As I (i.e ins	Description  Description  Description  Description  Material (A  L, thermal  Fullation, su  VAT, of  Thermiscell  VAT, of  Thermiscell	ntaining ACM) systems rfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior house	X	Asbestos sidi	ng		750 sf	Х			
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haul 20223	3	ards of Was	T.R.R.F.	red Landfill				
City, State Toms River, New Jersey		oosal Date 8/15	City, St Tullyt	ate own, Pennsylvania	!				
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	chol	1-1		Date 2/12			

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

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) February 12, 201	5	Name of Building		tor (2)	er and the last	<u> </u>	50	a.	3
Agencies Notified	on Notification ded Notification	Street Address  City, State, Zip Co	128 Bar	Tett Avenue	19. AM 10:	16	) .l	/ (	
[X] Emerg	dment #			reek, NJ 08092 L	GERTING"	UL.			
[ X ] DOH Justine	cation) Ilation	Name of Contact Joyce		Tel	eph				
-	FA	CILITY INFORM	MATION						
Name of Facility Where Abatement is Taking Residence					School (k-12)	7. F.			
Street Address 36 Clarence Drive				[x]	Subchapter 8 (oth Other (i.e., privat homes, etc.)			al build	ings,
City	County (6)	County Code (7) (STATE USE ONL	.Y)	Square feet 1200 sf	# of Floors	Bldg	. Age	0	
Beach Haven West	Ocean			Current Use (Prior if b					
Name of Monitoring Firm Hired by Building C	Owner (8)	ASCM No.	Name of A	Abatement Contractor (9		Inc			
Street Address			Street Add	iress	ute 9, Unit 61				
City, State, Zip Code			City, State	, Zip Code	ver, New Jerse	ev 087	755-17	71	
Project Manager for Monitoring Firm	Telephone Number	er	Telephone	Number	License N 00624	_	33-12	2/1	
Scheduled Start Date (10) 2/13/15	Scheduled Compl	etion Date (11)	-	OSHA Monitor	. Analytical				
Occupancy Status During Abatement (Check of X ] Facility Closed/Vacated	only one) During Entire Period of A		Street Add	iress	lton Road				
Abatement Performed C	Outside of Normal Facility	Hours	City, State	e, Zip Code Piscataw	ay, New Jerse	y 088	54		
Scope of Work (Check all that apply)			[]	Full Containment w Mini-Enclosure	vith Negative Pres	sure			
>3 sf or ≥3 lf	[ ] Reno	ovation		Glovebag Procedure	е				
[ x ] ≥160 sf or ≥260 lf	[x] Dem	olition	[x]	Non-Exempted (*)	and Non-Friable I	Procedu	re		
						Abate	ement '	Гуре	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodi Staff (12)	al (i.e	Description sbestos-Cont Material (A) e., thermal s sulation, sur VAT, or her miscella	taining CM) ystems facing,	Amount (Specify SF or LF)	R E M O V	R E P A I R	E N C A P S U L	E N C L O S U R
T 1	YES NO N/A				1050 sf	L		Е	Е
Exterior house	X	Asbestos sidi	ng .		1030 81	^			
		D 10							
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hau 20223		ards of Waste	Name of Registere T.R.R.F.	ed Landfill				
City, State Toms River, New Jersey		posal Date 18/15	City, Sta Tultyto	te wp, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	hol	4.1	4	Date 2/12			2
	*Do not use this fo	orm for asbestos lice	ensure exem	pted activities.		1			

(K 3520

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

7. 7.	7.1 1.			-
11.	Day.			
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				1	(Pursuar	at to Num	C 8:60 ar	nd 12:12	20)	1 8000		F# 19 - 1	in wit	3		
Oste of Notification (1 02/12/15 CK# 35	520 \$	200			Nama Starli	of Building Sch	ng Owner	Operato riot	or (2)	-		DOL -				_
Agencies Notified	Type	Notification Initial			501 8		Varwick	Road		1	1		J, ()	1.1/4	<u>Y</u> _	_
EPA DEP OOL	انسا	Amended Amendmen Emergency			Some	tate, Zip erdale,	New Jai	rsey Q8	8083			101	7	1		_
DDH DCA		justification) Cancellation		¥	Batty	of Contai Giamb	rone			LIA	1 NA 9	epine del	District Services		+	_
Name of Facility When Sterling High Sch	e Abatan	ent is Takir	कि क्रांत्र	(3)	PAC	SILITY	FORMAT	TON	Тур	e of Facility (	4)			791	1/1	
Street Address 501 South Warwin	-					-				School (K-1 Subchapter	8 /Oth	er than K-	12)		40 to to	
city (5) Somerdale, New .	Jersey	08083								Other (i.e. p etc.) ere Feet		Figors		Bldg.	18	ne
County(6) Camden					County	Code (7)	) ~		60,0	ent Use (Pric	2 or If beli	na demoli	1	60 ÷	THE CHAPTER	_
Name of Monitoring Flu Environmental De	m Alreal	oy Building (	Owner (8	)		M No.	.,,	Name	DIAD	n School					A Const	_
Street Address 5434 King Avenue	_							Street	Addre	poration					A SEC. SE	
Dity, State, Zip Code Pennsauken, New								Cliy, S	tete, Z	ide Avenu					1	_
rojectiManager for Mo				$\neg$	Talapho	ne No.		Wood	dieno	Park, Ne	w Jeri	License			-	
tert Date (10) 02/14/15			Schadu	ed Co		16-9510 Date (11		973-2	225-8	400 HA Monitor		01104	IVD.	3,	7	1000
Occupancy Status Duri	ng Abate	ment (Check	02/15/ Only O	15 na)				J&S Street	Envir	onmentel	Labs	lnc.,				
Facility ClosedVar Abatement Perform Other - Describe:	TING LILIE	ing Entire P ide of Norm	eriod of	Abater Hour	nent s		-	2333	Rou	te 22 Wes	t			100		~
cape of Work (Check )		pply)						Union	n , Ne	ew Jersey	0708	3				
2180 st or 2280 k	-	,		Renova Remotil				JXI I	Fut Mir Gio	I Containmenti-Enclosure  Vebag Proce  -Exempted	dura				9	
Location Asbastos-Containing	n of		1	Locati Vormai d Sole	ly		Des	oription -	ol.		( ) ero	renortial	DIE Pro	Abat		ı
TO BE AB	ATED	(ACM)	Ma	Intenar rodial s (12)	ncer	Aebas (i.e.	top Conta , therma! s	ilning Mi systems ing, VAT	aterial Insula	(ACM)	(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	
Room	100		Yes	No	NIA								至	nd.	diane.	
, ,	+00			×			Ins	ulation	١.		8	SF	X			
+													-	-		-
me of Registered Was ch Corporation	ite Haule			H	JDEP Wa auler ID N 1724		Cubic Y of Wasie			Name of Re						-
y, State XXX Park, Nev	v Jersey	07424	1		I M T		Disposa 02/16/1		-	City State			10			
mplated by mo Glavatovic			Title Vice F	Presid	lent			nature	7	Morrisville	e, Per	Da	fo			_
= 4-40									0	SU		1 02	/12/1			_

Do not use this form for asbestos licensure exempted activities.

Date of Notification (1) 2/16/15						g Owner/ Kathrin								-
Agencies Notified	Type Notification	)			Address	raulili	ie omiti		摄行法	15 6	M (I)	: []	)	
▼ EPA	× Initial				Ocean A	Ave								
X DEP	Amended				tate, Zip (					50			-	
	Amendmen Emergency					vew Jer	rsey		901					
DOH DCA	justification Cancellatio	)		Mike	of Contac	it .			Tele	phone No	ımber			
- Inches - I	1-				ILITY IN	FORMAT	TON			-			93	-
Name of Facility Where Smith Residence(H	Abatement is Takin	ng Place (	(3)					Type of Facility	(4)					
Street Address	louse, Collage	, and G	arage	3)				School (K-	12)					
620 Ocean Ave								Subchapte Other (i.e.	private &	commerc	(2) cial bu	ildings	s, hon	nes,
City (5)			-					etc.) Square Feet	# of !	Floors		Bidg.	Δαο	
Sea Bright								2200	1	10015		60+	nyc	
County (6) Monmouth					Code (7)	Ŋ	-	Current Use (Pri	ior if bein	g demolis	hed)			
Name of Monitoring Firm	Hired by Building	Owner (8	1		M No.		Mama	Residence of Abatement Co	atroptes (	0)				
	,		<i>t</i> .	7.00				Insulation Co.		9)				
Street Address					17		Street	Address	5(6)					
City, State, Zip Code	-						1	ontrose Road	d 	10000				
Oity, Otate, Zip Code								tate, Zip Code Neck, N.J. 07	7722					
Project Manager for Mon	itoring Firm			Telepho	ne No.		1	ane No.		License N	ło		-	
								294-1757	10.0	00029				
Start Date (10) 2/25/15		Schedul 3/3/15		mpletion	Date (11)	)	Name o	of OSHA Monitor	1					
Occupancy Status During	Abatement (Chec						Street	Address						
Facility Closed/Vaca Abatement Performe Other – Describe: 7	ed Outside of Norn	Period of a	Abater y Hour	ment s			City, St	ate, Zip Code	Slut					
Scope of Work (Check Al	That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		and the same of th	Renova Demoli				X	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure				e	
			Locat									Abate	emen	t
Location Asbestos-Containing TO BE ABA In Facilit (13)	Material (ACM)	Use Ma	Norma ed Sole intena todial ( (12)	ely by nce/		stos Cont . thermal surfac		aterial (ACM) insulation, , or	(Sp	ount ecify r LF)	Remova	Repair	e Encapsulate	Enclosure
		Yes	No	N/A							-		te	6
outdoor house, o	ottage and			Х		5	siding		19	00	x			
garage	9													
Name of Registered Wast			14 228	JDEP W lauler ID	3000	Cubic of Was		Name of F	Registere	d Landfill				
Ace Insulation Co., In	ic.		4	2086	. 10.	3	ne.	Chrins						
City, State Colts Neck, New Jers	sey					Dispos 3/3/15	al Date	City, State Easton,					7	
Completed by		Title				Si	gnature	1	1//	Dat	e 1			
Bree McGuire		Secre	etary	Treasu	rer		15	W.		C	1/	61	15	-
ASB-41 (R-06-08)						8	* Do not	use this form for	asbestos	licensure	exem	pted a	activiti	ies.



Date of Notification (1) 02/17/15			Name of Building Owner/Operator (2) PENINA BERKOWITZ														
Agencies Notified	Type Notification		- 1	Street Ad 624 ST	dress IRLING	AVEN	NUE		ž <sub>3</sub>								
DEP  X DOL	Initial Amended Amendment	<b>#</b>			te, Zip Coo VOOD, I		701				×						
DOH DCA	Emergency (injustification) Cancellation	ncluding		Name of	Contact				);	Teleph	hone I	Numb	er				
			-1-	FACIL	ITY INFO	RMATI	ON				69			WE STAN			
Name of Facility Where	Abatement is Taking	Place (3)						Тур	e of Facility (4	1)			7.5				
	and the second second								School (K-12								
Street Address 624 STIRLING AVE	ENUE							X	Subchapter 8 Other (i.e. pr etc.)				build	ings,	home	s,	
City (5) LAKEWOOD, NJ							1.3	Squ 160	are Feet	# of FI	loors		BI	dg. A	ge		
County (6)			Т	County C	Code (7)	Current Use (Prior if being demolis						olishe	d)			_	
OCEAN COUNTY					ISE ONLY)	<u> </u>	100		)ME								
Name of Monitoring Firm	n Hired by Building (	Owner (8)		ASCM	ASCM No. Name of Abatement Contractor (9)  AAA LEAD PROFESSIONAL												
Street Address								eet Address WHITE DOVE COURT									
City, State, Zip Code							100000000000000000000000000000000000000		Zip Code	3701							
Project Manager for Mor	nitoring Firm			Telephor	ne No.		Telepho 732-6			11.16	icens	e No.					
Start Date (10) 02/27/15		Scheduled 03/01/15		npletion [	Date (11)				SHA Monitor	SSION	ALS						
Occupancy Status Durin	a Abatement (Chec						Street A						-				
	ated During Entire F								DOVE CC	URT							
	ned Outside of Norm																
Scope of Work (Check A	All That Apply)									- 1 - 1							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		1000000	nova				×	N G	full Containme Mini-Enclosure Blovebag Proc Mon-Exempted	edure					a		
								1 (	VOIT-EXEMPLE	( ) and i	4011-1	Habit			ement		
		ls Lo	ocati rmal			De	escription	of	1						ре		
Locatio Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) BATED ility		ena dial 3 (12)	nce/ Staff?		tos Con therma surfa		ater insu T, or		(Spe	ount eaify or LF)		Removal	Repair	Encapsulate	Enclosure	
EXTER	NOR	Yes	No	N/A			SIDING			1500	0 SF		X		750		
LATEN	IIOIX						OIDIIVO	2000			0 01		**				
			71														
					(7)	2.	ii .										
Name of Registered Wa	ste Hauler		512	JDEP W		Cubic of Wa	Yards	1	Name of F	Registere	ed Lan	ndfill					
NEWARK CARTING	3	F 50	1935	Hauler ID 4509	INU.	10 Y	ARDS	il-	IESI								
City, State NEWARK, NJ						03/01	osal Date 1/15		City, State BETHLE		PA			33			
Completed by JOSEPH PERLSTE						Date 02/17/15											

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	13-19			Iding Owner/Operato	CONTRIAC	TING TING	5			
Agencies Notified	Type Notificatio	n	Street Addre		X .	ALL MIRO				
	☐ Initial☐ Amended☐		City, State, Z			130 75 117 2				=
₹ DOL	Amendment Emergency		25	ENFIELD,	N.J.	08230				
<b>⊠</b> рон	justification		Name of Cor			Telephone Numb	er		201	
□ DCA	☐ Cancellation		BRU	CE BREUR	116-					
			FACILITY	INFORMATION		<u> </u>				
Name of Facility Where	Abatement is Taki	ng Place (3)	<del></del>		Type of Facilit	y (4)				
Res	SIDENCE				School (K-					
Street Address	3 ASBUR	LY ALE				r 8 (Other than K-12 private & commercia : )		dings	r.	
City (5)	7 1 7 66215	-			Square Feet	# of Floors	В	idg. A	ge	
OCHAW	City				1000		1-	40	, +	_
County (6)				e (7) (STATE	. 4	rior if being demolis	hed)			
CAPE	MAY		USE ONLY)		VAC					
Name of Monitoring Firm	Hired by Building	Owner	ASCM No.	1.7	ment Contractor (	9)				
(8) N./	7				MCO JN	· C .				_
Street Address				Street Address	C S .					
				369	S. Spr	UCE AVE	_			_
City, State, Zip Code				City, State, Zip (		7 1/2 =01	0	80	52	ġ.
	7. pm.	I Tale	phono No	Telephone No.	License No.	0	00	1 0		
Project Manager for Mon	itoring Firm	1 616	phone No.	856-77	9-0472	200	-1			_
Start Date (10)		duled Comple		Name of OSHA		4				
3-20-15		3-9-1	7 .	J 6SÉPH	KLEMM	1 JR				
Occupancy Status During			ment	Street Address	. SPRUCE	E AVE	156			
Abatement Performed				City, State, Zip C						
Other - Describe:				MAPLE	SHADE	N.7 08	05	2	11	
Scope of Work (Check al	I that apply)			7-10						
>3 sf or >3 lf		Renovati	20	☐ Full Col	ntainment with Ne closure	egative Pressure				
≥160 sf or ≥260 lf		Demolition		Gloveb	ag Procedure	F				
				Non-Ex	empted (*) and N	on-Friable Procedur	1	bate	ment	
*		Is Locatio Normally			79			Typ		
Location o		Used Soleh		Description o		Amount			0000	
Asbestos-Containing M TO BE ABAT		Maintenano Custodia		estos Containing Ma e., thermal systems i		(Specify	R	T)	nca	Enc
IN Facility	-6	Staff?		surfacing, VAT		SF or LF)	Remova	Repair	apsı	Enclosure
(13)		(12)		other miscellane	ous)		val	=	Encapsulate	ure
		Yes No	N/A							
SIDING			X	TRAWSIT	<u>E</u>	Z500 SF	X			
								-		
										-
Name of Registered Wast	e Hauler		IDEP Waste Juler ID No,	Cubic Yards of Waste	Name of Reg	istered Landfill				
KLOMED	INC.		7904	5	C.M	C.M.U.	A			
City, State		1 7	Disposal Date	City, State	0 (G :	7	_			
	AL	1.5		1.	- MOON	DBINE N	1.7			=
Completed By	Title		2	Signature	9.001		13.	-15	_	
MICHAELK	Lenn _	JICE. +	RESIDEN	1 July	47/4					

Date of Notification (1)		ing Owner/Operator	-1							
2-13-15	LART.	+TECH	CONTRACTING							
Agencies Notified Type Notification	Street Address		の場合を行う	C. WIROL						
☐ ₱A ☐ Initial ☐ Amended	155	RT. 50	4 1	3.50	-	-	_	=		
DOL Amendment #	City, State, Zip		NT	08230						
Emergency (including		MFIELD,	10.7.	Telenhone Numb	er.			_		
DOH justification) Cancellation	Name of Conta	$\sim$	iic	1				1		
	BRUC		116	⊥		-		_		
	FACILITY IN	IFORMATION	T I Facility							
Name of Facility Where Abatement is Taking Place (3)			Type of Facility							
RESIDENCE			School (K-1	<ul><li>2)</li><li>8 (Other than K-12)</li></ul>	)					
Street Address			Other (i.e., p	orivate & commercia		lings,				
110 4. 21.			homes, etc Square Feet	# of Floors	T BIO	dg. A	oe .	-		
City (5) OCEAN CITY		4	1000	7.	27,000,000	10	200			
	County Code	(7) (STATE		rior if being demolish		10		_		
County (6) CAPE MAY	USE ONLY)		VACI							
Name of Monitoring Firm Hired by Building Owner	ASCM No.	Name of Abaten	nent Contractor (9							
(8) Name of Monitoring Firm Aired by Building Owner	. 10011110.	11	uco In	**						
Street Address		Street Address	MCD SIG					_		
Street Address		369	S. SPR	UCE AVE						
City, State, Zip Code		City, State, Zip C					00000012			
ory, state, ap owe		MAPI	E SHA	DE N.J	08	10	55	_		
Project Manager for Monitoring Firm Te	lephone No.	Telephone No.		License No.	14					
,		856-77	9-0472	00440	-1			_		
Start Date (10) Scheduled Comp	etion Date (11)	Name of OSHA		-						
2-23-15 3-13	-15	J6SEPH	KLEMW	1 JR				_		
Occupancy Status During Abatement (Check only one)		Street Address			9.					
Facility Closed/Vacated During Entire Period of Abat		369 5	. SPRUCE	E AVE				_		
Abatement Performed Outside of Normal Facility Ho	urs	City, State, Zip C	_		_					
Other - Describe:		MAPLE	THADE	N.) 08	05	2	_	_		
Scope of Work (Check all that apply)		□ E. II Co.	ntainment with Ne	antive Pressure						
The state of the s	tion	Mini-En		gauve riessure						
		Gloveba	ag Procedure	Fish December						
<u> </u>		□ Non-Ex	empted (*) and N	on-Friable Procedure		bater	nent			
ls Locat Normal					_ ^	Typ				
Location of Used Sole	ly by	Description of								
Asbestos-Containing Material (ACM)  Maintena Custod	nce/ Asbes	stos Containing Ma , thermal systems i	tenal (ACM)	Amount (Specify	R	-	Enc	En		
TO BE ABATED IN Facility Staff?		surfacing, VAT	, or	SF or LF)	Remova	Repair	aps	Enclosure		
(13)		other miscellane	ous)		val	#	Encapsulate	ure		
Y≅ No	NIA						ш			
5 . 10	X	TRAWSIT	ř	3500 SF	X					
SIDING		I RAM JII	6	030031.	/-					
					-		-			
							-			
	UDEP Waste	Cubic Yards	Name of Reg	stered Landfill						
Kiemeo Inc.	17904	of Waste	C.M	C.M.U.	A			_		
City, State	1 1 - 1 -	Disposal Date	City, State	19 6722	7	-				
MAPLE SHADE N.J			_ WOON	OBINE , A	1. )	_	_	_		
Completed By Title	0	Signature	0 001	Date	12	_	5			
MICHAEL KLEASEN VICE.	PRESIDENT	Mue	XI) Ju		را					



ASB-41

#### State of New Jersey NOTIFICATION ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 2/11/2015 Chris Morgan Agencies Notified Type Notification Street Address 402 N. Essex Ave EPA DEP | Initial Amended City, State, Zip Code X DOL Amendment # Margate, NJ Emergency (including X DOF DOH justification) Name of Contact Telephone Number Cancellation Chris Morgan FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Residential Subchapter 8 (Other than K-12) Street Address Other (i.e., private 8 commercial buildings, 402 N. Essex Ave homes, etc. Square Feet City (s) # of Floors Bldg. Age 1200 SF 30yrs Margate County Code(7) (STATE USE ONLY) Current Use (Prior if being demolished) County (6) Residence Atlantic Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. AEi2, LLC Street Address Street Address 300 S. Lenola Road City, State, Zip Code City, State, Zip Code Maple Shade, NJ 08052 Project Manager for Monitoring Firm Telephone No. License No. Telephone No. 00689 609-481-2122 Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) 2/28/15 AEi2, LLC 2/21/15 Occupancy Status During Abatement (Check only one) Street Address ▼ Facility Closed/Vacated During Entire Period of Abatement 300 Lenola Road Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Maple Shade, NJ 08052 Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Normally Type Location of Asbestos-Containing Material (ACM) Used Solely by Description of Amount Maintenance/ Asbestos Containing Material (ACM) TO BE ABATED Custodial (i.e., thermal systems insulation, (Specify e m IN Facility Staff? surfacing, VAT, or SF or LF) P 0 other miscellaneous) (12)(13)a 1 1 N/A No Yes 1600 sf Exterior Transite X Name of Registered Landfill Cubic Yards Name of Registered Waste Hauler NJDEP Waste of Waste Hauler ID No. AEi2, LLC TBD 21376 City, State Disposal Date City, State TBD Maple Shade, NJ TBD Date Completed By Title Signature nuc 2/11/15 Wm. Minnick Program Mgr.

Date of Notification (1) February 12, 2015		Name of Building Owner/Operator (2)  Rowan University  Check # 1855										ī.		
Agencies Notified Type Notification			Street A		Jily		C		~ ~	4				=
EPA Initial			201 M	ullica Hi		1		e	W.C	Eq. (	8.24			
DEP Amended Amendment				ite, Zip Co ooro, NJ		3		ê	* mit	9-		1.121	ì	
Emergency (i justification)  DCA  Cancellation	ncluding			f Contact t Yufer					Tele	phone N	umber			
			FACI	LITY INFO	DRMATI	ON								
Name of Facility Where Abatement is Taking	Place (3	3)					Туре	of Facility (	4)					
Rowan University Bole Hall Street Address								School (K-1						
Whitney Avenue								Subchapter Other (i.e. p				dings	, hom	es,
City (5)		-						etc.) e Feet	# of	Floors		Bldg. /	۸۵٥	
Glassboro							20,00		2	110015		100	-vge	
County (6) Gloucester				Code (7) USE ONLY)			Curre	nt Use (Pri	or if bein	ng demoli	shed)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCN	No.				ement Cor						
TTI Environmental, Inc.								/ironmen	tal, LL	C				
Street Address 1253 N. Church Street							Addres Cutler	s Avenue						
City, State, Zip Code Moorestown, NJ 08057							tate, Zip Code e Shade, NJ 08052							
Project Manager for Monitoring Firm Jim Guilardi			Telephor	ne No. 10-8800		Teleph	one No	).		License 00842	No.			
	Schedul			Date (11)			289 103	IA Monitor		00042				
	March		015			EMS	L Ana	lytical, In	iC.					
Occupancy Status During Abatement (Check							Addres	s 130 Nor	th					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma								p Code	LI I			-		- 8
Other - Describe: Work to be performed				uilding	<u> </u>			on, NJ 0	8077					
Scope of Work (Check All That Apply)							_							
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	The state of the s	Renova Demoliti				Full Containment with Negative Pressure Mini-Enclosure								
2100 31 01 2200 11		) CITIOIL	,				Glo	vebag Prod	edure					
						×	Non-Exempted (*) and Non-Friable Procedu							
Landing	15/5	Locati Vormall	500										уре	t.
Location of Asbestos-Containing Material (ACM)	Use	ed Solel	y by		os Cont		aterial		An	nount			П	
TO BE ABATED In Facility		todial S		(i.e.	thermal surfac	systems cing, VA		tion,		pecify or LF)	Remova	Re	ncap	Encl
(13)		(12)				niscellan				0, 2, )	lova	Repair	Encapsulate	Enclosure
	Yes	No	N/A		20								te	(b)
1st Floor Bathroom Pipe Chase		XXX			Insulat			Cut)		0 LF	X			
Throughout Exterior/Interior			XXX		Windo					00 LF	Х			
Throughout Exterior/Interior		-	XXX		Windo	ow Gla	zing		43 W	indows	X			
Name of Registered Waste Hauler	I N	JDEP W	aste	Cubic '	Yards		Name of I	Register	ed Landf	ill				
Freehold Cartage	H	auler ID	A CONTRACTOR OF THE PARTY OF TH	of Was			Westerr				Lan	dfill		
City, State Freehold, NJ					Dispos 3/27/2	al Date 2015		City, State Birdsbo		o. PA				
Completed by Title				Signature Date 2/12/20					2015					



Date of Notification (1) 2/0/15	INIan	an of Duildin	- 0	(O====t== (O)			A SE OF				
Date of Notification (1) 2/9/15  Type Notification		Name of Building Owner / Operator (2) Bergenline 3100 LLC									
Agencies Notified EPA Emergency	Street St	eet Address 5 32 <sup>nd</sup> Stree	et		2	1 10	\$ -413				
DEP X Initial Notifica X DOL Amended No		, State & Zip									
X DOH Cancellation		ne of Contac					Telephon	e Number			
DCA		phen Wolf					1				
	F	ACILITY I	NFORM	ATION							
Name of Facility Where Abatement is Ta	king Place (3)	- 0:	Typ	e of Facility (4)							
Vacant Bui				School (K-12)							
Street Address				Subchapter 8							
415 32 <sup>nd</sup> S	treet		-	Other (i.e., pri							
City (5) County	(6) Count	y Code (7)	Squ	Square Feet # of Floors Bldg. Age 2 7							
Union City Union		y Code (1)	Cur	rent Use (Prior				70			
Smon Sity Sinor			Bar	alika na sasaran merenan nga manan sa	ii being den	ionariou)					
Name of Monitoring Firm Hired by Buildi Environmental Tactics, Inc	ng Owner (8)	ASCM N		ne of Abateme							
Street Address				et Address	001 1100	.o,					
64 Broad Street				Schoolhous							
City, State & Zip Code	5			, State & Zip C		24					
Matawan, NJ 07747 Project Manager for Monitoring Firm	Telenho	ne Number		nroe Townsl phone Numbe			Number				
Tom Geiger	732-290			-605-9062	1	Licerise	0071	4			
Scheduled Start Date (10) Schedu 2/19/15	led Completion [		11 6 61 63 66 70 6	ne of OSHA Me bal Abateme		s. LLC					
Occupancy Status During Abatement (C  X Facility Closed/Vacated During B	heck only one)	h - f f	Stre	et Address							
X Facility Closed/Vacated During E Abatement Performed Outside o			-	State & Zin C							
Describe: Area Isolated Du Other - Describe:			0.000	City, State & Zip Code Monroe Township, NJ 08831							
Scope of Work (Check all that apply)											
	enovation			Full Co	ntainment w	ith Negative	Pressure				
Large Project				Mini-Er	closure						
X Quantity is ≥ 3 SF or ≥ 3 LF ACI					ag Procedur	е					
Quantity is ≥ 160 SF or ≥ 260 LF Location of		otion			Repair	A	Λ h = 4 = 1				
Asbestos-Containing	ls Loc Normali	CV (CV)(C) (CV)		escription of stos-Containin	a	Amount (Specify		ment Type /: Removal,			
Material (ACM)	Solel	y by	M	aterial (ACM)	S	quare Feet		ncapsulation			
TO BE ABATED	Mainten			thermal systen		or	or Er	nclosure)			
in Facility (13)	Custodia (1)			on, surfacing, \ er miscellaneo		near Feet)					
Attic, pipe chase	N/	A		TSI Pipe		60 LF	R	epair			
None of Bosistand W. J. H.	N. Inches		1D. //	Io v: :::	, ,	- 75		1511			
Name of Registered Waste Hauler Freehold Carting	NIDER /	Vaste Haule 18693	rID#	Cu. Yds. of W	TI	ame of Reg	istered Lan	afill			
City, State				Disposal Date		ty, State	Do.				
Trenton, NJ Completed By (Print or Type)	itle		2/24/15 Tullytown, Pa					Date			
[18] TO STATE OF THE STATE OF T	res.							2/9/15			

Date of Notification (1)				61	CD. Hallan	0 10		(0)						
2/13/2015				Name of Building Owner/Operator (2) Kings Highway Investing ,LLC										
Agencies Notified	Type Notification			Street A	ddress lountair	n Ave			1 3L 10 10		170 - 5	44,1		
EPA DEP DOL	Initial Amended Amendment	#			ate, Zip C	ode lew Jers	sev		57		9 1 14 1			
□ DOH	Emergency (	including			f Contact				Te	elephone N	umber			
DCA DCA	Cancellation			Billy	130						81			
Name of English Manage	Ababanasia Talia	- 01 //	2)	FAC	ILITY INF	ORMATIO	ON							
Name of Facility Where Jade LLC property			3)					Type of Facil	UE033 - 50					
Street Address	(20.90.1.100.01.							Subcha		her than K-	12)			
246 Main Street								X Other (i		& commer		ldings	, hom	nes,
City (5)								etc.) Square Feet	# (	of Floors	11	3ldg. /	Age	
Hackettstown			400000000000000000000000000000000000000					10000	2		1	60÷	1079	
County (6) Waren					Code (7) USE ONLY	n		Current Use warehous		eing demolis	shed)			
Name of Monitoring Fire	m Hired by Building (	Owner (8)	)	ASCI	√ No.			of Abatement Insulation C		ır (9)				
Street Address					3-11-2-3		Street	Address					-	
City, State, Zip Code			-					Iontrose Ro tate, Zip Code						
								Neck, N.J.						
Project Manager for Mo	nitoring Firm		T	Telepho	ne No.			one No.		License	No.			
							732-	294-1757		00029				
Start Date (10) 2/23/2014		3/25/2		npletion	Date (11)		Name	of OSHA Moni	tor	1)				
Occupancy Status Durin	ng Abatement (Check	Only Or	ne)				Street	Address						
Facility Closed/Vac	cated During Entire P ned Outside of Norm	eriod of A	Abaten	nent			-							
X Other – Describe:	7am-7pm	ai Facility	Hours			_	City, S	tate, Zip Code						
Scope of Work (Check /	All That Apply)	40.00									-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demolit					Full Contai Mini-Enclos Glovebag F	sure	h Negative	Pressu	ire		
		T -					×	Non-Exem	oted (*) ar	nd Non-Fria	ble Pro	cedur	e	
Locatio		1	Locati Vormal	ly		Des	cription	of					pe /pe	t
Asbestos-Containing TO BE AB			d Sole intena			stos Conta	aining M	laterial (ACM) insulation,		Amount	_		回	m
in Faci	lity	Cust	odial 9 (12)	Staff?	(1.6.	surfaci	ing, VA	T, or	1	Specify F or LF)	Remova	Repair	Icap	inclo
(13)		Yes	No	N/A	2	other m	iscellan	eous)			oval	air	Encapsulate	Enclosure
outdoo	ors	100		X	supe	ervise lo	ading	of roofing	1	0000	x			$\vdash$
•					mate	rial into	lined	dumpsters			1			
						and cle	ean up	site	1					
											1			
Name of Registered War	ste Hauler	-	0.8 9500	JDEP W		Cubic Y		Name	of Registe	ered Landfil	1			
Newark Carting			A 200	auler ID 4509	No.	of Wast	te	Chrir	18	85				
City, State Newark, New Jerse	(15 mm Sm 5a) a					Disposa 3/25/1		City, S	tate on,, PA					
Completed by		Title					mature	1		Da	ate			
Bree McGuire		Secre	etary	Treasu	rer		10	//		0	2/13	15		
ASB-41 (R-06-08)							Do not	use this form	for asbest	tos licensur	e exem	pted	activit	ies.

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	-			Name of B	Quilding C	humar/Ona	rator (2)	<u> 15</u>						
February 13, 20			Name of B	ounding C		Getzin	2	60	22	7				
[ ] DEP [ ] Ame	al Notific	otification		Street Add City, State	6		incoln Avenue	AN A	9°C	Į,	0			
[X] DOH [] Eme	rgency (	including				Highla	and Park, NJ 0890	04 / 20	1000	2				
I DCA	fication) cellation			Name of C	Contact Paula (	Getzin		Telephone Number						
			FAC	CILITY IN	FORM	ATION								
Name of Facility Where Abatement is Taking Residence	g Place (	3)			i.		Type of Facility (4)	School (k-12)						
Street Address 423 Lincoln Aver	nue				14		[x ]	Subchapter 8 (other than k-12)  Other (i.e., private & commercial buildings, homes, etc.)						
City	Coun	ty (6)		County Cod (STATE US		<i>(</i> )	Square feet 1800 sf	# of Floors	Bldg	g. Age	0.5			
Highland Park	Mid	dlesex		(01111111111111111111111111111111111111	JE 011E 1	. )	Current Use (Prior	if being demolished)	)		35			
Name of Monitoring Firm Hired by Building				ASCM No.		Name of	Reside	r (9)	1000					
Guardian Contract Street Address		ic.				Street Ad		ian Contracting,	Inc.					
1889 Rte. 9, Unit	61							Route 9, Unit 61						
City, State, Zip Code Toms River, NJ 0	8755					City, Sta	te, Zip Code	River, New Jers	ex. 08	755 1	271			
Project Manager for Monitoring Firm	0755	Telephone					ne Number	License N		133-1	2/1			
Nicholas Fernicola Scheduled Start Date (10)		732-349		ion Date (11)			9-9932	00624						
3/5/15		3/6/1		ion Date (11)		Name of	OSHA Monitor E.M.S	.L. Analytical						
Occupancy Status During Abatement (Check			2 020 0	v.		Street Ac	ldress							
Facility Closed/Vacate Abatement Performed								Stelton Road		1,1				
Other – Describe		0111011111111				City, Sta	te, Zip Code Piscata	away, New Jerse	y 088	54				
Scope of Work (Check all that apply)						[ ]		t with Negative Pres	sure					
>3 sf or ≥3 lf		[x]	Renova	ation		[ x ]	Mini-Enclosure Glovebag Proces	lue.						
$\begin{bmatrix} X \end{bmatrix}$ $\geq 160 \text{ sf or } \geq 260 \text{ lf}$		[ ]	Demol			[ ]	1	*) and Non-Friable l	Procedi	ire				
	T			1							<u></u>			
		Is Location	en		Т	Descriptio	en of			ement	T .	Т		
Location of		Normally u	sed		Asb	estos-Cor	ntaining	Amount	R E	R	E	E N		
Asbestos-Containing Material (ACM)  TO BE ABATED	Mair	Solely by ntenance/Co				laterial (A , thermal		(Specify SF	M	P	С	C		
in facility	Iviaii	Staff	ustoutat			lation, su		or LF)	0	A	A P	L		
(13)		(12)				VAT, c	or		V	R	S	S		
	YES	NO	N/A		othe	er miscella	aneous)		A		U	U R		
2	120		TN/A						L		Е	Е		
Basement	_	X		Asbesto	s pipe	insulatio	n	190 lf	X			-		
		-	-	-							33			
	-	-	-	-				-						
Name of Registered Waste Hauler		NJDEP Was	te Hauler	ID No. 1	Tuhio Ve-	ds of Wast	Nama of Dasi-	arad I and fill						
Guardian Contracting, Inc.			0223		3/9/15	us or wast	T.R.R.F.	ered Landilli						
City, State Toms River, New Jersey			100	sal Date	11	City, Sta	ate							
Completed by (Print or Type)	Title		3	Signature		Iullyte	pwil, Pennsylvani	а	Date					
Nicholas Fernicola	0.0000000000000000000000000000000000000	ect Manag	er		1:0	1, 1.	+. 1			3/201:	5			

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

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

February 13 2015												
[ X ] EPA [ ] Initial Notification   P O Box 206	Name of Building Owner/Operator (2)  K & K Building & Remodeling											
City, State, Zip Code   Country (6)   Coan												
Street Address   County (6)   County (700 sf												
Type of Facility (4)   Residence   Street Address   Subchapter 8 (other than k-12)   Subchapter 9 (other than k-12)   Subchapter 8												
Type of Facility (4)   Residence   Street Address   Subchapter 8 (other than k-12)   Subchapter 9 (other than k-12)   Subchapter 8												
City Toms River Ocean  County (6) County Code (7) (STATE USE ONLY) Toms River Ocean  County (6) County Code (7) (STATE USE ONLY) Toms River Ocean  Name of Monitoring Firm Hired by Building Owner (8) N/A  Street Address  City, State, Zip Code  Project Manager for Monitoring Firm Telephone Number Project Manager for Monitoring Firm Telephone Number City, State (10) 2/16/15  Scheduled Start Date (10) 2/16/15  Cocupancy Status During Abatement (Check only one)  [x] Pacility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other (i.e., private & commercial build homes, etc.)  Square feet # of Floors # of Ost Current Use (Prior if being demolished) Residence  Name of Abatement Contractor (9) Guardian Contracting, Inc.  Street Address  1889 Route 9, Unit 61  City, State, Zip Code  Toms River, New Jersey 08755-1271  Telephone Number 732-349-9932 00624  Name of OSHA Monitor E.M.S.L. Analytical  Street Address  1056 Stelton Road  City, State, Zip Code  Piscataway, New Jersey 08854  Scope of Work (Check all that apply)  [] Full Containment with Negative Pressure [] Mini-Enclosure												
County (6) County Code (7) (STATE USE ONLY)  Toms River  Ocean  County Code (7) (STATE USE ONLY)  Name of Monitoring Firm Hired by Building Owner (8) N/A  Street Address  Street Address  City, State, Zip Code  Project Manager for Monitoring Firm  Telephone Number	dings,											
Toms River  Ocean  Name of Monitoring Firm Hired by Building Owner (8) N/A  Street Address  Street Address  City, State, Zip Code  Project Manager for Monitoring Firm  Telephone Number  Teleph												
Name of Monitoring Firm Hired by Building Owner (8) N/A  Street Address  City, State, Zip Code  City, State, Zip Code  Project Manager for Monitoring Firm  Telephone Number  732-349-9932  Scheduled Start Date (10)  2/16/15  Occupancy Status During Abatement (Check only one)  [x] Facility Closed/Vacated During Entire Period of Abatement  [] Abatement Performed Outside of Normal Facility Hours  [] Other – Describe  Street Address  City, State, Zip Code  Piscataway, New Jersey 08854  Scope of Work (Check all that apply)  [] Full Containment with Negative Pressure  [] Mini-Enclosure												
Street Address  City, State, Zip Code  City, State, Zip Code  Project Manager for Monitoring Firm  Telephone Number  Toms River, New Jersey 08755-1271  Telephone Number  732-349-9932  O0624  Name of OSHA Monitor  E.M.S.L. Analytical  Street Address  [ X ] Facility Closed/Vacated During Entire Period of Abatement  [ ] Abatement Performed Outside of Normal Facility Hours  [ ] Other – Describe  Title Priod of Abatement  City, State, Zip Code  Piscataway, New Jersey 08854  Scope of Work (Check all that apply)  [ ] Full Containment with Negative Pressure  [ ] Mini-Enclosure												
City, State, Zip Code  Toms River, New Jersey 08755-1271  Project Manager for Monitoring Firm  Telephone Number Telephone Number Telephone Number Telephone Number Toms River, New Jersey 08755-1271  Telephone Number Toms River, New Jersey 0824  Name of OSHA Monitor E.M.S.L. Analytical  Street Address Toms River, New Jersey 0824  Name of OSHA Monitor E.M.S.L. Analytical  City, State, Zip Code  Piscataway, New Jersey 08854  Scope of Work (Check all that apply)  Full Containment with Negative Pressure Mini-Enclosure												
Project Manager for Monitoring Firm  Telephone Number  Toms River, New Jersey 08755-1271  Telephone Number  732-349-9932  O0624  Name of OSHA Monitor  E.M.S.L. Analytical  Occupancy Status During Abatement (Check only one)  [X] Facility Closed/Vacated During Entire Period of Abatement  [] Abatement Performed Outside of Normal Facility Hours  [] Other – Describe  City, State, Zip Code  Piscataway, New Jersey 08854  Scope of Work (Check all that apply)  [] Full Containment with Negative Pressure  [] Mini-Enclosure												
Scheduled Start Date (10) 2/16/15  Occupancy Status During Abatement (Check only one)  [X] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other – Describe  Scope of Work (Check all that apply)  Scheduled Completion Date (11) 2/17/15  Name of OSHA Monitor  E.M.S.L. Analytical  Street Address  City, State, Zip Code  Piscataway, New Jersey 08854  [] Full Containment with Negative Pressure [] Mini-Enclosure												
Scheduled Start Date (10)  2/16/15  Occupancy Status During Abatement (Check only one)  [ X ] Facility Closed/Vacated During Entire Period of Abatement  [ ] Abatement Performed Outside of Normal Facility Hours  [ ] Other – Describe  Street Address  City, State, Zip Code  Piscataway, New Jersey 08854  Scope of Work (Check all that apply)  [ ] Full Containment with Negative Pressure  [ ] Mini-Enclosure												
Occupancy Status During Abatement (Check only one)  [ x ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe    City, State, Zip Code												
Scope of Work (Check all that apply)  [ ] Full Containment with Negative Pressure [ ] Mini-Enclosure												
[ ] Mini-Enclosure												
$\begin{bmatrix} X \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ lf}$ $\begin{bmatrix} X \end{bmatrix}$ Demolition $\begin{bmatrix} X \end{bmatrix}$ Non-Exempted (*) and Non-Friable Procedure	1											
Is Location Description of Abatement Type												
Location of Normally used Ashestos-Containing Amount R R E	Е											
Asbestos-Containing Material (ACM)  Solely by  Material (ACM)  Solely by  Material (ACM)	N C											
TO BE ABATED   Maintenance/Custodial   (i.e., thermal systems   or LF)   M   A   A	L											
in facility Staff insulation, surfacing, O I P (13) (12) VAT, or V R S	O S											
other miscellaneous)  A U	U											
YES NO N/A	R											
Exterior house X Asbestos siding 400 sf X	E											
	$\Box$											
Name of Registered Waste Hauler Guardian Contracting, Inc.  NJDEP Waste Hauler ID No. Cubic Yards of Waste Cubic Yards of Waste T.R.R.F.												
City, State  Toms River, New Jersey  Disposal Date  City, State  Tullytown, Pennsylvania												
Completed by (Print or Type) Nicholas Fernicola Project Manager  Title Project Manager  Date 2/13/15												
*Do not use this form for asbestos licensure exempted activities.												

Date of Notification (1) 02/18/2015			Name of Building Owner/Operator (2) Margaret Rowe												
Agencies Notified	Type Notification			Street A		-				N	14	.) ;	7		
T EPA	Initial			709 S	unset Dr	101/200	E.		<i>I</i> .		14	. Vn	1		
DEP X DOL	Amended Amendment	#			ate, Zip Co rdale, N.		83				- 144		i.		
× DOH	Emergency (	including	-	Name o	f Contact			-		Telep	ohone Nun	nber			
☐ DCA	Cancellation				Roman					1					1
Name of Facility Where	Abstament is Takin	Dlace (2)		FAC	ILITY INFO	DRMAT	ION	Tur	e of Facility (	41					_
Home Residence	Abatement is Taking	g Flace (3)						П	School (K-1	50 econo					
Street Address 709 Sunset Drive								×	Subchapter Other (i.e. p	8 (Other			lings,	home	es,
City (5) Somerdale			-		100000000000000000000000000000000000000		-	Squ 120	etc.) Jare Feet	# of F	Floors	100000	ldg. A 5+	ge	
County (6)			1	County	Code (7)						a demolish		J 1		
Camden				(STATE	USE ONLY)	_	-	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm TTI Environmental,		Owner (8)		ASCI 3	M No.			e of Abatement Contractor (9) services, LLC.							
Street Address 1253 North Church	Street						100000000000000000000000000000000000000	et Address 7 W.Lincoln Highway Suite 500							
City, State, Zip Code Moorestown, NJ. 08	3057						2 .	,	Zip Code a. 19341						
Project Manager for Mor			111 5	Telepho	ne No. 40-8800		Teleph	none		1.3	License No. 01161				
Start Date (10) 2/20/2015		Scheduled 2/23/201	Com					of O	SHA Monitor						
Occupancy Status Durin	Occupancy Status During Abatement (Check Only One						Street	Addı	ress					-	
Facility Closed/Vac	ated During Entire F	Period of Ab	atem	nent					te 130 Nor	th					
Abatement Perform  Other – Describe:	ned Outside of Norm VAcant Home (fire d	al Facility H amage)	lours		T. T.				Zip Code nson, NJ. (	08077					
Scope of Work (Check A	All That Apply)			-											
≥3 sf or ≥3 lf  × ≥160 sf or ≥260 lf		Resources.	nova molit					N	full Containme Mini-Enclosure Blovebag Prod	e cedure	150				
		1		WOODING				7 1	Non-Exempted	d (*) and	Non-Friab	e Pro	cedur Abate		t
Location	n of	1 235	ocati rmal			De	escription	n of					Ту		T
Asbestos-Containing TO BE AB In Faci (13)	n Material (ACM) <u>ATED</u> lity	Used Maint Custoo	tenar	nce/		tos Con therma surfa		Mater s insi AT, or	-	(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
15		Yes	No	N/A								-		ite	(D)
Downstairs Fa	mily Room			X	AC	M Flo	or Tile	& M	lastic	300	) SF	Х			
Name of Registered Wa	ste Hauler		N	JDEP V	Vaste	Cubic	Yards		Name of	Register	ed Landfill	1			
ecoservices, LLC.				auler ID ve-13-	No. 012785	of Wa	aste		Grows	(a WM	Landfill)		Day on		
City, State Exton, Pa.						2 87	sal Date		City, Stat Morrisv				2		
Completed by Title Tom Joiner Project M							Signature (m)	A COL	-		Da	1	lac	15	_
ASB-41 (R-06-08)							* Do	ol us	e this form for	asbesto	s licensure	exem	pted	activi	ties.