ASB-41

State of NJ Notification of Asbestos Abatement

BOGDAN JOLDZIC	PRESIDEN		r ashesto	os licensure ex	empte	d activities.			12/30	/14					
PATERSON, NJ 07503 Completed by (Print or Type)	Title		01/26/1:			TULLYTOW	VN,	PA	Date						
Registered Waste Hauler D & S RESTORATION, INC. City, State	13506			ubic Yards of V 0 YDS ate	rvdSIE	Name of Registe TULLYTOW City, State		RESOURCE RE	COVER	Υ			-		
Positotorad Weste Hauler				ubio Vordo of \	Macto	IName of Desista	rod I	andfill							
							Same of the			H	금	H			
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BASEMENT		X		PASTER C	EILI	NG		876 SQ FT							
material (acm) to be abated in facility (13)	Yes Yes	No	N/A	material (ACM)			(Specify S LF)	F or	o v e	a i r	a p	C L		
Location of asbestos-containing	Is location no by maintena staff(12)				on of a	sbestos-containing		Amount	500	R e m	R e p	E n	E		
	Demolition							Non-Exempted (*)		friable	proce	edure			
	Renovation					l.		dini-enclosure	ogalive	۵,000					
Scope of Work (check all that apply)					<u>-</u> П	1 att. 15011, 113		ull Containment w	/negative	press	ure				
Facility closed/vacated during e Abatement performed outside of Describe: Other-Describe: NORMAL HO	of normal faci				_	City, State, Zip Co		103							
Occupancy Status During Abatement	t (Check only	one)				20 California	Ave	enue							
01/21/15	01/31/13	5				D & S Restor	ratio	n, Inc.					-		
Start Date (10)	Sched. Co	ompletion	Date (11)	-	Name of OSHA N									
Project Manager for Monitoring Firm		Phon	e Numbe	er		Telephone Number 973-345-80	ər		License 0	Numb 1169	er				
City, State, Zip Code						Paterson, NJ		03							
City Ctata Tie Cada						20 California City, State, Zip Co	ACCRECATE VALUE OF THE	2.		the same			MARKET S.		
Street Address		WINDS			=	Street Address									
Name of Monitoring Firm Hired by B	nag. Owner (8)		ASUNI NO.		D & S RESTO									
MAPLEWOOD Name of Monitoring Firm Hired by B	ESSEX			ASCM No.		Name of Abateme	ent C	Contractor (9)							
	County	(5)				te use only)		Current Use (Pri	or if bein	g dem	olishe	d)			
11 BURNETT TERRACE City (5)	County ((6)			Com	nty Code (7)	-	Square Feet	# of Floor	S	Blo	ig. Ag	e		
								Bldgs./H	Homes, e	c.					
MAPLEWOOD, NJ 07040 Street Address							-		pter 8 (O Private/Co			12)			
Name of facility where abatement is	taking place	(3)						Type of Facility (4	(K - 12)						
			FACIL	LITY INFORMA	ATION			Time of Facility //	1)						
DCA Cancellation	<u>M</u>	IAPLEW													
justification)		e of Contac						Telephone	Number						
DOL Emergency (including	Name and Address of the Parket	APLEW	THE RESERVE OF THE PERSON NAMED IN	IJ 07040			elluks	Talcaba	Nimbe						
Amendment #:		State, Zip													
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Agencies Notified Type Notification		ARK GO						I L	Sicil		WL.	<u> </u>	1		
Date of Notification (1)				r/Operator (2)				1	The state of the s		V	-	1		
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D&S Proj. #: 2015-07						Abatement and 12:120)			a E	1 /					
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CK 005773

State of NJ

D&S Proj. #	÷: 2015-05				ation of Asb ant to NJAC			DE	C F		W		M	
Date of Notification	(1)	Na	ame of Buil	ding Owne	r/Operator (2)				11711	JAN	Ę	2015		17)
0 1 1/10 2			TULIAN S	TEARN	S									
Agencies Notified	Type Notificati		reet Addres						I AS	BESTOS	1	THE	11 2	
-	Initial Amended		869 Ridge	ewood Ro	ad					LICE	NSIN	G		
DEP	Amendment #:		ty, State, Z											
☑ DOL	Emergency		MILLBU	RN, NJ	07041									
DOH	(including justification)	Na	me of Con	tact					Telephone	Number				
☐ DCA	Cancellation		JULIAN	STEARN	IS									
				FACII	LITY INFORM	ATION	I							
Name of facility wh	ere abatement is	s taking pla	ce (3)					T	ype of Facility (4	(K - 12)				
JULIAN STEAL	RNS								=	pter 8 (O	ther th	an K-	12)	
Street Address										Private/Co Homes, e		rcial		
869 Ridgewood	l Road							_ -		of Floor		Blo	lg. Aç	je
City (5)		Coun	ty (6)				inty Code (7) ite use only)] -	Current Use (Pr	ior if being	a dem		d)	
MILLBURN		esse	X						odiront oco (r r		9		27	
Name of Monitoring	g Firm Hired by B	Bldg. Owne	r (8)		ASCM No.		Name of Abatem	ent Cor	ntractor (9)					
							D & S REST Street Address	ORAT	ION, INC.					
Street Address	eet Address										Sect 60.1			
							20 Californi	ATTROUBLE OF THE					50246900	nec-annou-seed
City, State, Zip Code							City, State, Zip C							
5	M. W. J. Files		Los	one Numb		-	Paterson, N. Telephone Numb		3	License	Numb	er	-	
Project Manager for	ivionitoring Firm		Ph	one Numb	er		973-345-80				1169			
Start Date (10)		Sched	. Completio	n Date (11)	-	Name of OSHA		100					
		01/20	/1 E				D & S Resto	oration.	Inc.		_		_	
01/15/15 Occupancy Status I	Ouring Abatemer	01/30				-	20 California	Aven	110					
	d/vacated during			ment.			City, State, Zip C		de			-	-	
Abatement pe	erformed outside	of normal f	acility hour	S-										
Other-Descrit	oe: NORMAL H	IOURS				_	Paterson, N	J 0750	3					
Scope of Work (ch	eck all that apply	y)						Ful	Containment w	/negative	press	ure		
\boxtimes >3 sf or >3 lf	\boxtimes	Renovatio	n						ni-enclosure ovebag procedur	·0				
≥160 sf or ≥2	60 If	Demolition	1						n-Exempted (*)		friable	proc	edure	ı,
Location of			normally i		1						R	Re	E	E
asbestos-cor		staff(12)	enance/cust	todiai			asbestos-containir	ng	Amount (Specify S	F or	m	р	C	n
material (acm abated in fac		Yes	No	T N/A	material	(ACM)			LF)		O V	a	a	C
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BASEMENT			LX_		PIPE INSU	ION		100 L FT			片	片	卄	
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Registered Waste H	lauler	INJD	EP Hauler I	D# C	ubic Yards of	Waste	Name of Regis	tered La	undfill		-1			
D & S RESTOR		135	506		yd.		TULLYTO		ESOURCE RE	COVE	RY	the second	-	
City, State	T 07502			Disposal D 01/16/1			City, State	OWN D	٨					
PATERSON, NJ 07503 01/16/15 Completed by (Print or Type) Title Signature							TULLYTO	WIN, P.	A	Date				
BOGDAN JOL		PRESID	ENT		- grada					01/02	/2015			
* Do not use this form for asbestos licensure ex							ed activities.					V2. 10-10-10-10-10-10-10-10-10-10-10-10-10-1	-100-100	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

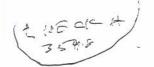
				(1 41	Suant to INST	C 0.00 2	mu 12.120)	CK#24679	LAN	E 00	145	
Date of Notification (1)					Name of Bu	ilding Ov	ner/Operator (2)	-d L1	7111	9 4	113	11-
12/31/2014					JEAN GAL	NDY		1 1				
Agencies Notified	Type Notific	cation			Street Addr			ACDE	STOC /	1011	thornes.	med .
□ EPA	Initial				109 JASOI	N COUR	Т	ASDE	STOS C	PINIO	ROL	<u>R</u>
☐ DEP	Amend	ded Am	endme	nt #	City, State,	Zip Code		North Control of the		21114	-	
□ DOL		gency (in	ncludin	g	DELRAN,							
☑ DOH	justific				Name of Co				Tel	ephon	e Num	nber
DCA	☐ Cance	lation			DAVID J.	D'ANDR	EA		1			0.000.00
					FACILITY IN							
Name of Facility Where Ab	atement is 7	Taking F	Place (3					Type of Facility (4)				
PRIVATE RESIDENCE								School (K-12)				
Street Address								Subchapter 8 (Other th	an K-1	2)	
10 PANCOAST BLVD.								Other (i.e., priv				ildinas
City (5)								Square Feet		Floor		
DELRAN, NJ								0900.01	1,, 0,	1001	Diag	, rigo
County					County Cod	e (7) (ST	ATE USE ONLY) Current Use (Prior	if heina d	emolis	(hed)	
BURLINGTON					.,	() () ,	- COL VIII	, , , , , , , , , , , , , , , , , , , ,	. Doing u	Sinons		
Name of Monitoring Firm H	ired by Build	dina Ow	ner (8)		ASCM No.	Name	of Abatement Cor	atractor (9)				
AMERITECH HOME SI			(-)		00102			TRONMENTAL INC	C			
Street Address	321, 7020,	210.			100102		Address	INOTHIER TAD III	<i>-</i> -			
259 DRUM PT. ROAD, S	UITE 7				10	100000000000000000000000000000000000000	ACK FOREST I	ROAD				
							ate, Zip Code	COAD				
BRICK, NJ 08723							LTON, NJ 0869	0.1				
Project Manager for Monitor	ring Firm	Telep	hone N	lo.			one No.	71	llics	nee N		
ROD MORRIS	5		664-77									
Start Date (10)		100000000000000000000000000000000000000	all but a live of the	741723	ion Date (11)	_	of OSHA Monitor		1000	/0		
1/2/2015		1/2/2		, oi i i pioi		Vaccination in constraint	TTECH					
Occupancy Status During A	batement (C			2)		-	Address					-
Facility Closed/Vacate					ent		RUM POINT RO	AD CHITE 7				
Abatement performed outs	7/5.00						ate, Zip Code	DAD, SUITE 7			-712175-2006	
\$ 0 ESS 27000							C, NJ 08723					
Scope of Work (Check all th	at apply)	-				Dide	1,110 00723	Full Containme	nt with N	enative	Drac	CUITO
3 ≥ 3 sf or ≥ 3 lf	11.37				Renova	tion		Mini-Enclosure	IL WILLIAM	egalive	5 1 103	Suit
☑ ≥ 160 sf or > 260 lf					Demolit			Glovebag Proce	edure			
								☐ Non-Exempted		n_Eriah	la Pro	cedur
		ls	Locat	ion				T Troil Excilipted		tement		
Location of Asbestos-Co	ntaining	No	mally l	Jsed	Description	n of Asbe	stos Containing		/ tba	T		T
Material (ACM) TO BE A			Solely b				thermal systems	Amount (Specify SF	or R	R	Encapsulate	Enclosure
Facility (13)		E 100 200 200 200 200 200 200 200 200 200	enance Staff?	/Custo			g, VAT, or other	LF)	Removal	Repair	psı	sols
		Yes	No	N/A	8 - 4	miscellan	eous)		Val	=	ılatı	ure
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Name of Registered Waste H	Hauler				NJDEP Waste		Cubic Yards of	Name of Registered	Landfill			
					Hauler ID No.		Waste		Landin			
TIMSTER TRUCKING					21079		5 YDS	TULLYTOWN				
City, State							Disposal Date	City, State				
WEST CREEK, NJ 08092							1/5/2015	TULLYTOWN, PA				
Completed By						Signatu			Date			
DAVID D'ANDREA		PRES	IDEN'	Γ		NA	wiell !	1 / Ordie		1/2014		
\SB-41						1 al	A.	1	المامالية المامالية	*1 M() F4		

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

(CKECK #)

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State of New Jersey	11 11 12		Lin U	U	1	11 111
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	11 111	12 12 12 1	Acres -		į.	11 111

		(Pu	rsuant	to NJAC	8:60 and 112: 72	() 	- cost	11
Date of Notification (1)	938/14		Name		ng Owner/Obelrator	(2) UAN 0 ~ 5 T R V C	C1000	1-
	Type Notification		Street	Address				
Agencies Notified	1 - 32 may -			300	ファナ	ASBESTOS C	ONTROL &	
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18 00 L	Amendment #_		V.,	م تر ک	Tyur C1	TY NIJ	. 08243	
W 202	☐ Emergency (In	divoling		of Conta			Telephone Numb	er
□ 00H	justification. Cancellation				EDUDIO) [-	
	_ 0000000		-					-
			FAC	ELTY IN	FORMATION			
Name of Facility Where	Abatement is Taking	Place (3)				Type of Facilit	y (4)	
DE	SIDERCE					School (K.	12) r 8 (Other than K-12	Y
						3 Other (i.e	private & commercia	u buildir
Street Address	8 PEGAS UNE	LUE				homes, etc	:)	
						Square Feel	# of Floors	Blog
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County (6) ~ Dr E	MAY		USE	ÓYLY;		V A	ICAUT	
			ASCY!	40	Name of Abatem	en! Contractor (9)	
Name of Moviloring Firm	Hiteq by Briping O	writer	~~		1 7 1	FMCOI		
(8) ~	/A				Sueet Address			
Street Address					3 / 9	S, S Pruc	_€ dvi	
	*				C'a Ciala Zin C	ode.		
Ciry, State, Zip C∞de					Mae	SHO	DEINITI	0902
City, Obto. Op o					Telephone No.		License No.	
Project Manager for Mon	itaring Firm	Tele	phone !	%	PC - 77	9-0472	4 - 1 / 1	14_
PIGECIANO IOGO IO		_ _						
	T Schedu	Jeg Comple	IsO nay	le (11)	Hame of OSHA	MOULU N		,
Sian Dale (10)	- /	117/	15	•	7 0 5	JPH KI	LEHM	==
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Aparement Performed	Outside of Norma	racing 100	•		MA	aple S	HODE N.	J . U
Other Describe _								
Scope of Work (Check a	il that apply)				Full Con	ntainment with N	egative Pressure	
		Renovali	ion:		☐ Min-En	closure		
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Asbesios Containing M TO BE ABAT	FD	Custodia	ıl	(: e	surfagno, VAT	. 01	SF & LF)	Removal
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SIDIN	104		1					
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			UDEP Y	Yaste	Cubic Yards	Name of Re	gistered Landfill	
Name of Registered Was	le Hauler		buter D		of Waste	(C.)	1, C, M.U. A	
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City State	= SHAD	5 N					Date 1	
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Completed By	15M7 -	1/1	/			2 / 200		
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JAN 5 2015

Date of Notification (1	678/14					ing Owner/Operalo			-
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Agencies Notified	Type Notificat	ion			Address		The state of the s	ENSING	
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	Emergency justification		ως -		of Conta			Telephone Numb)er
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J w			1.			1000			
				FACE	UTY IN	FORMATION	. , ,	2000	
Name of Facility Where	Abatement is Ta	king Plac	e (3)				Type of Facility	(4)	
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							Subchapter	8 (Other than K-12	i) National
Street Address	35UNNE	= TIN	1100				homes, etc	onvate & commercia	a cara
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City (5)	RULCOV)							
	K					5 789797	A===111== 15	nor If being demots	hed
County (6) ~				County	Coope '	7: ISTATE	Current Use (P	C/INT	1100)
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Name of Maniloring Firm		o Owner	A	SCY H	0	Name of Abatem	ent Contractor (9)	
	7 / 4		1			VIE	FM CO I	UC,	
(8)			=			Street Address			
Street Address						216	S, S PRUL	= 100.	
	*					City State, Zip C			
City, State, Zip Code						CRY State, 200	ωe <	DE, N.J.	000
							LL DF2	License No.	
Project Manager for Mo	nitaring Firm		Telep	hone No).	Telephone No.		004 C	44.
rideci ma logor io						856-11	9-0472	- 0 0 7	
	T Sab	eduleg C	omoletic	on Date	(11)	Hame of OSHA N	Aonitor 1		
Sian Dale (10)	- 30	1 7 1	7/	15		505	JPH KL	EMM	
1.172/115		-	-/			Stree! Address		s I	
Occupancy Status Durin	ng Abatement (Ch	eck only	one;			7 4 9	S SPA	unit duci	
A Earlin ClosedVacal	ied Dunna Entre	encd of	Abatem	en:					
Abatement Performe	d Outside of Norm	al Facilit	y Hours			Chy. State. Zip C	∞e – C .	. 1 N = N -	J. C
Other Describe					_		11/2 2	IDDE N.	
	all that apply)							anthia Dressille	
Scope of Work (Check a	311 (1 (2) (2) (2) (1)					☐ Full Con	lainment with Ne	Q4046 L1633014	
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Asbesios - Containing h	Jatenal (ACM)		nienance stodial		/LE	thermal systems in	isulation.	(Specify	Remova
TO BE ABA	EQ	9	Staff?		1	surfacing, VAT.	10	SF & LF)	Out
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MAPE 6	- 21706	1				Signature		Date 1	
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JOSEPH-K	IFMM	Y	11			-1-4	7-00-71		
O O SALV V			7						

Data of Natification (1)				Nama of	Duilding ∩	wner/Opera	otor (2)			F 201	5		11
Date of Notification (1) December 31, 2014	1		Brando	n Gery	whet/Opera		ck #_17 <u>8</u> 4	JAN	5 201	כ			
Agencies Notified	Type Notification		- 1	Street Ad 466 Bu		d Avenue)		SBESTOS	CONT	IOL (1	
EPA DEP DOL	X Initial Amended Amendment	#			te, Zip Cod Shade, N	ie NJ 08052		A	LICEN	ISING			1
X DOH DCA	Emergency (justification) Cancellation	including		Name of Brando	Contact on Gery				Telephone N	Number			
		B) (6		FACII	LITY INFO	RMATION	- T-	FE 30 (4)					
Name of Facility Where Gery Residence	Abatement is Taking	g Place (3)					of Facility (4) School (K-12)					
Street Address 466 Buttonwood Av	/enue						×	Subchapter 8 Other (i.e. privetc.)			ildings	, home	es,
City (5) Maple Shade	**************************************							re Feet	# of Floors 2		Bldg. 100	Age	
County (6) Burlington				County (Code (7) JSE ONLY)	() ST-10-10-10-10-10-10-10-10-10-10-10-10-10-		ent Use (Prior idence	if being demo	olished)			
Name of Monitoring Firm Management & Env				ASCN	1 No.			atement Contr vironmenta					
Street Address PO Box 341					10-2-10-2	1	reet Addre 23 Cutle	r Avenue					
City, State, Zip Code Chesterfield, NJ 08	515						ty, State, Z laple Sh	Zip Code ade, NJ 08	052				
Project Manager for Mor Bill Weisgarber	nitoring Firm			Telephor	ne No. 38-4070		elephone N 56-755-0		Licens 00842				
Start Date (10) January 10, 2015				12, 2015 Ef				HA Monitor alytical, Inc					
Occupancy Status Durin	g Abatement (Chec	k Only Or	ne)			100	reet Addre						
	ated During Entire F ned Outside of Norm												
Scope of Work (Check A	Ali That Apply)						nin anni	3011, 140 00	-			+	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demolit				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						
			Y 4				INC	JII-Exempted) and Non-	Table 1	3855-	tement	t
Locatio	n of	555	Locat Vorma			Descri	otion of					ype	
Asbestos-Containing TO BE AB In Faci (13)	n Material (ACM) <u>ATED</u> lity	Ma	d Sole intena todial ((12)	nce/		os Containi thermal sys	ng Materia tems insu , VAT, or	lation,	Amount (Specify SF or LF)	Kelliova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								fe	
Hallw	ay		XXX		F	Paper on	Ductwoi	-k	40 SF	X			
										-	-	-	_
						0-12-2		14.5		_	-	-	
Name of Registered Wa	ete Hauter			NJDEP W	lacto	Cubic Yar	rde	Name of R	enistered Lan	dfill			
Freehold Cartage	ste i laulei		F	Hauler ID 2265		of Waste	of Waste Western Berks Community Land				ndfill		
City, State Freehold, NJ						Disposal I 1/12/201		City, State Birdsbore					
Completed by Christina Lynch		Title Oper	ation	s Mana	ager	Sign	ature	2		Date 12/31	/201	4	1.0
							-	<u> </u>			7		

Print Form

NOTIFICATION OF ASBESTOS ABATEMENT

		(Pu	rsuant	to NJAC 8:60	and 12:12	(0)	写 [] []	W	EI	7	
Date of Notification (1) December 30,	2014]	Name of Building			2	50	160		
[] DEP [] A	ication itial Notific mended No mendment	otification		Street Address City, State, Zip Co	de	Wickapecko Drive	JAN 5 ASBESTOS COLICENS	2015 J. J.R.)L&		
[x] DOH [x] E	mergency (stification) ancellation	including		Name of Contact Lou	Ocean		LICENS elephone Number	ING_			
			FACII	LITY INFORM	MATION					erecul University	
Name of Facility Where Abatement is Tal Residence	ing Place (3)				Type of Facility (4)	School (k-12) Subchapter 8 (oth	er than l	k-12)		
Street Address 133 Marlin Ro	nd					į į	Other (i.e., private homes, etc.)			l buildi	ngs,
City		nty (6)		County Code (7) STATE USE ONL	.Y)	Square feet 800 sf Current Use (Prior if	# of Floors 1	Bldg.	Age 6)	
Tuckerton	Oce	ean				Residen	ice				
Name of Monitoring Firm Hired by Build N/A	ing Owner	(8)	A	ASCM No.	Name of	Abatement Contractor Guardia	(9) an Contracting,	Inc.			
Street Address					Street A		oute 9, Unit 61				
City, State, Zip Code					City, Sta	ate, Zip Code Toms R	liver, New Jers	ey 087	55-12	271	
Project Manager for Monitoring Firm		Telephone N	umber			ne Number 19-9932	License N 00624				
Scheduled Start Date (10) 12/30/14		Scheduled Co		n Date (11)	Name o	f OSHA Monitor E.M.S.	L. Analytical				
Occupancy Status During Abatement (Ch	cated Durir	ne) ng Entire Period	of Abate		Street A	1056 St	telton Road				
Abatement Perform	ned Outsid	e of Normal Fac	iiiy Hou	18	City, St	ate, Zip Code Piscata	way, New Jerse	y 088:	54		
Scope of Work (Check all that apply)		r 1	Di		[Full Containment Mini-Enclosure Glovebag Procede	with Negative Pres	sure			
[X] >3 sf or ≥3 lf [] ≥160 sf or ≥260 lf			Renovati Demoliti		[x		*) and Non-Friable	Procedu	re		
						9 84		Abate	ement	Гуре	
Location of Asbestos-Containing Material (AC TO BE ABATED in facility (13)	M) Ma	Is Location Normally use Solely by sintenance/Cus Staff (12) ES NO	ed	(i ir	Descripti sbestos-Co Material (e., therma sulation, s VAT, ther misce	ontaining ACM) I systems urfacing, 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		X		Asbestos sid	ing		4500 sf	X			
											_
Name of Registered Waste Hauler Guardian Contracting,	inc.	NJDEP Waste	Hauler	ID No. Cubic 2	Yards of Wa	T.R.R.F.	ered Landfill		1	1	
City, State Toms River, New Jerse				al Date /14	City, : Tully	State ytown, Pehnsylvanj	A				
Completed by (Print or Type) Nicholas Fernicola	Titl	e oject Manage		Signature	cho	14/		Date 12/:	: 30/20	14	

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

NOTIFICATION OF ASBESTOS ABATEMENT

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

		Non- ED-24:	Oumar/O	ator (2)	the tribate		15		1		
Date of Notification (1) December 30, 201		Name of Building Owner/Operator (2) Seminole Construction 2 5 9 6 9 A 7 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7									
[,,]	on Notification ded Notification	Street Address		artlett Avenue		3 Eu					
[x] DOL Amend	dment # ency (including	City, State, Zip Co	west 0	Creek, NJ 08092	ASBESTOS L LICEN		RUL	š			
[X] DOH justific		Name of Contact Joyce		Tele	ephone Number		T-1 - 70 A				
	F	ACILITY INFORM	MATION								
Name of Facility Where Abatement is Taking I Residence	Place (3)				School (k-12) Subchapter 8 (other	or than l	, 12)				
Street Address 43 Holly Lane	4			[x]	Other (i.e., private homes, etc.)			l buildi	ngs,		
City	County (6)	County Code (7) (STATE USE ONI	LY)	Square feet 1500 sf	# of Floors 1	Bldg.	Age 60)			
LBI (Loveladies)	Ocean			Current Use (Prior if b Residence	е						
Name of Monitoring Firm Hired by Building C	Owner (8)	ASCM No.	Name of	Abatement Contractor (9 Guardian) Contracting,	Inc.					
Street Address			Street Ac		ute 9, Unit 61						
City, State, Zip Code			City, Sta	te, Zip Code Toms Ri	ver, New Jerse		55-12	71			
Project Manager for Monitoring Firm	Telephone Num	ber		ne Number 9-9932	License N 00624	umber					
Scheduled Start Date (10) 12/31/14	Scheduled Com 1/2/15	pletion Date (11)	Name of	OSHA Monitor E.M.S.L	. Analytical						
Occupancy Status During Abatement (Check of	only one) I During Entire Period of	Abatement	Street A		elton Road						
	Outside of Normal Facility	y Hours	City, Sta	te, Zip Code Piscataw	ay, New Jerse	y 088:	54				
Scope of Work (Check all that apply)			[Full Containment v	vith Negative Pres	sure					
	f 1 =	39	L .	Mini-Enclosure Glovebag Procedur	P						
[] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf	r 1	novation molition	[x	1		Procedu	re				
						Abate	ement 1	Гуре			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custo Staff (12) YES NO N	dial (i	Descripti Asbestos-Co Material (. i.e., thermal nsulation, so VAT, other miscel	ntaining ACM) systems urfacing, 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	X	Asbestos sid	ding		1400 sf	Х					
			12.								
Name of Registered Waste Hauler	NJDEP Waste H		Yards of Wa	ste Name of Register T.R.R.F.	ed Landfill						
Guardian Contracting, Inc. City, State	I	Disposal Date /5/15	City, S								
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	chel	4,1		Date 12/3	: 30/20	14			
		form for asbestos li	censure exe	mpted activities.							

	12		tate of N				-> 63-3-100	ě					
	NOTIFI	CATION	OF AS	BEST	OS AB.	ATI	EMENT	1		= 0	7.77	PF	$\overline{}$
		(Pursuant							EGE		$\mathbb{W}_{\underline{}}$		7
Date of Notification (1) December 30, 201	4		Name of B	building Ow	ner/Opera Semino	tor (2) le Co	onstruction		JAN	3	2018	63	
Agencies Notified Type of Notificati	on		Street Add	lress	0100000000			-			7	-	-1
[X] EPA [] Initial	Notification				128 Ba	rtlett	Avenue						
	ded Notification dment #	on [City, State	, Zip Code			211 00000		LICE	NSIN		. a	
X DOL	ency (includir	ıg.			West C	reek.	, NJ 08092						
[x] DOH justific			Name of C					Telep	hone Number				
[] DCA [] Cance	llation			Joyce									
		FAC	ILITYIN	IFORMA	TION		CT Tiv	10					
Name of Facility Where Abatement is Taking I Residence	Place (3)					Туре	of Facility (Sc	hool (k-12)	el- a l	. 12)		
Street Address							[x]		bchapter 8 (other ther (i.e., private			l buildi	ngs,
133 Lawrence Driv	/e						[^.		mes, etc.)		****		
City	County (6)		County Co			Squa	are feet	#	of Floors	Bldg.	7.0)	
	0		(STATE U	ISE ONLY)		Cur	1500 sf	or if bei	l ng demolished)		60)	
Beach Haven West	Ocean						Resi	dence					
Name of Monitoring Firm Hired by Building (Owner (8)		ASCM No		Name of	Abate	ment Contrac		Contracting.	Ino			
N/A					Street Ad	dress	Gua	raian (Contracting,	IIIC.			
Street Address					Jucot Au	idi 033	1889	9 Rout	e 9, Unit 61				
City, State, Zip Code					City, Stat	e, Zip	Code Ton	ns Rive	er, New Jerse	y 087	55-12	271	
Project Manager for Monitoring Firm	Tele	phone Number	per Telephone Number						License N 00624	umber			
2	Coho	duled Completi	on Date (11	1)	732-34 Name of		A Monitor		00024				
Scheduled Start Date (10) 12/31/14		1/2/15	Oli Date (11	')	rame or			1.S.L.	Analytical				
Occupancy Status During Abatement (Check	only one)	0.00 NO.000 BMM	5 89		Street Ad	ldress	105	6 Stalt	on Road				
[X] Facility Closed/Vacated								O Stell	Oli Road				
Abatement Performed Other – Describe	Outside of No	illiai Facility IIC	Juis		City, Star	te, Zip	Code Pisc	ratawa	y, New Jerse	v 088	54		
[] (- 1	n =>			AV			_	
Scope of Work (Check all that apply)					[]		Full Containr Mini-Enclosi		h Negative Pres	sure			
[] -2-6>216	г	1 Renova	ation		[]		Glovebag Pro						
[] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf	L [x] Demol			[x]]	Non-Exempt	ed (*) ar	nd Non-Friable	Procedu	re		
[,,]	1		1							Abat	ement	Туре	
	In I	ocation		T	Descriptio	on of				R	R	Е	Е
Location of	5572.55	ially used		Asb	estos-Co	ntaini			Amount	E	E	N	- N
Asbestos-Containing Material (ACM)	So	lely by			faterial (A				(Specify SF or LF)	М	P A	CA	C
TO BE ABATED	Contractor and production and	nce/Custodial Staff			, thermal lation, su			- 1	Of Di	0	I	P	0
in facility (13)		(12)			VAT,	or				V	R	S	S
	1			othe	er miscell	laneo	us)			A		L	R
	YES	NO N/A								L		Е	E
Exterior	1 2	ζ	Asbestos siding						1250 sf	X		-	-
										_	-	-	-
				.0						-	/77	-	-
									1.7				
Name of Registered Waste Hauler Guardian Contracting, Inc.		EP Waste Haule 20223	er ID No.	Cubic Ya	rds of Wa		Name of R T.R.R.		d Landfill				
City, State		1000	osal Date		City, S		, Pennsylv	yania					
Toms River, New Jersey Completed by (Print or Type)	15 Signat	ure	A /	/	, i cinisyl	/		Dat		ngrap.			
Nicholas Fernicola	Title Project l			NO	he	1	e d			12/	30/20	14	
	*Do1	not use this for	rm for asb	estos licer	isure exe	mpted	d activities.						

of Energency.

M Fre 2						NJAC 0.0			C	1	101	0		*1-1	7	41
ate of Notification (1) 2/31/14					me of Bu omerda	uilding Ov ule Parti	vner/Op ners Ll	erator (LC	(2)	The results of the second of t		JAN	5 2	015		IJ
Agencies Notified	Type Not				reet Addr 51 Rou	ess te 73 N	Suite	101		to the special of the special of						
EPA DEP X DOL	Target Control	al ended endment #	ŧ			Zip Code					AGE	LICE	VSING		及	
DOH	Eme justi	ergency (i fication) cellation		100	ame of C	ontact Ingelon	i		T)		Teleph	none Numi	er			
☐ DCA	L Car	Cellation				TY INFOR		N								
Name of Facility Where	Abatement	is Taking	Place (3)						Type of I	Facility (4)						
Vacant House									Sch	nool (K-12)	(01)	4 K 12)				
Street Address									Sub X Oth	ochapter 8 ner (i.e. priv	(Other vate & c	inan K-12) commercia	buildin	igs, h	omes	
Corner of Somerd	ale Rd an	d RT 30)				10.		etc	.)						_
City (5)									Square	Feet	# of F	loors	35-	g. Ag	9	
Somerdale NJ 080	083								1000+		1.5	1 11.1		-		_
County (6) Camden					ounty Co	de (7) E ONLY)	-		House				ea)	£0.		
Name of Monitoring Fir	m Hired by	Building (Owner (8)		ASCM N	No.			of Abater aco Inc	ment Contr	actor (9	9)				
Street Address									Address Box 329					6)		
									State, Zip							
City, State, Zip Code								Wes	st Berlin	NJ 080						
Project Manager for M	onitoring Fi		Т	elephone	e No.			hone No. -753 - 98		1.5	License N 00727	0.				
Start Date (10)			Schedule	d Com	pletion D	ate (11)		Name	of OSHA	Monitor						
1/2/14			1/3/14					(Sussella	t Address							
Occupancy Status Du								Silee	(Addiess							
Facility Closed/V Abatement Perfo	rmed Outsi	ng Entire de of Nori	Period of A nal Facility	batem Hours	ent			City,	State, Zip	Code						
Scope of Work (Chec	k All That A	pply)				iel i										
≥3 sf or ≥3 lf ≥160 sf or ≥260				enova					Mini	Containme -Enclosure rebag Prod	edure					
				1,500					× Non	-Exempted	(*) and	Non-Frial	ole Prod	cedur	3	
			ls	Locati	on										meni pe	
Local	ation of		1	Normal	ly		De	escription	on of							
Asbestos-Contain		(ACM)		d Sole		Asbes	stos Cor	ntaining	Material ms insula	(ACM)		mount Specify	20	T	Enc	哥
	ABATED acility		Cus	todial S	Staff?	(1.6			/AT, or			or LF)	Remova	Repair	Encapsulate	Enclosure
	13)			(12)			other	miscel	aneous)				val	=	ulate	ure
			Yes	No	N/A							0=	-			-
Bas	ement				X		Floor	loor Tile / mastic 700 SF x								
													-			
													-	-		-
										l N	Daniet	ared Landi	18			
Name of Registered	Waste Haul	er			NJDEP V Hauler ID		11 10 70 00 000	ic Yard: laste	S			ered Landf	***			
United Container	S				2459	NO.	3									
City, State Elm NJ							1/3/	osal Da	ate			A 19067				
Completed by Anthony T Perna			Title President					Signature Date 12/31/14								

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

NOT	IFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)					C	h#	81	<i>f</i> ə	5
Date of Notification (1) December 31, 2014		Building Owner/C zabeth Aspra		2)	1000	L JAN	2	2010		
Agencies Notified Type Notification	Street Add	dress eland Road			4.5	ASBEST	OS CON	TRI	DL &	
DEP Amended Amendment #1	City, State	e, Zip Code II, New Jerse	v 07006	`	L	F 51	CENO			
Emergency (moduling	Name of 0		y 07000			Telephone Nun				
DOH justification) Cancellation	Mrs. Eli	zabeth Aspra				973-707-328	34			
Name of Facility Where Abatement is Taking Place (3)	FACIL	ITY INFORMAT	ON	Type o	f Facility (4)					
Mrs. Elizabeth Aspray				F 9	chool (K-12)	(Other than K-12	2)			
Street Address 49 Cleveland Road				一〇	ther (i.e. privic.)	vate & commerci	al buildin	gs, h	omes,	
City (5)		11		Square		# of Floors	Bldg 50-	g. Age F	9	
Caldwell	County C	Code (7)		Currer	t Use (Prior	if being demolis	hed)			
County (6) Essex		ISE ONLY)		Home	ement Contr	actor (9)				
Name of Monitoring Firm Hired by Building Owner (8) Izabella Environmental	ASCM	No.			nstruction					
Street Address				Addres Getty						
27 Willard Street City, State, Zip Code			City, S	State, Zi	p Code	27044 4000				
Garfield, New Jersey 07026		. No	South States	on, Ne		07011-1802	No.			-
Project Manager for Monitoring Firm Boban Mickovski	Telepho 973-34	12-4049	973-	478-4	848	00724				
Start Date (10) Scheduled	Completion 6th, 2015	Date (11)			A Monitor	Inc.				
December 31st, 2014 January Occupancy Status During Abatement (Check Only One			Stree	t Addres	SS					
Facility Closed/Vacated During Entire Period of Al	patement		1	Ave.					-	
Abatement Performed Outside of Normal Facility Other – Describe: Wednesday- Tuesday -8:00am-	4:30pm	TOURS CITY OF THE PARTY OF THE								
Scope of Work (Check All That Apply)			1	7 -	II Cantoinmo	ent with Negative	Pressur	e		
1 1 25 St 01 25 H	enovation emolition			_ Mi	ni-Enclosure ovebag Prod	•				
		_		No.	n-Exempted	d (*) and Non-Fri			ement	
N	Location lormally		Description	on of				Ту	ре	
Asbestos-Containing Material (ACM) Mai	d Solely by ntenance/	Ashestos C	ontaining mal syste	Materia	al (ACM) lation,	Amount (Specify	Re	R	Enca	Enc
In Facility	odial Staff? (12)	SL	ırfacing, \ er miscell	/AT, or		SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13) Yes	No N/A								fe	
Entire Basement	X	\	/at & M	astic		443SF) x			
王							-	-	-	
Name of Registered Waste Hauler	NJDEP	V VIIOLO	ubic Yard	S	15	l f Registered Lan	dfill	_		
Slavco Construction Inc.	Hauler 18508		Waste 3D	10		.W.S Landfill				
City, State	1		isposal Da 3D	ate	City, Sta Morris	_{ite} ville, Pa				
Clifton, New Jersey 07011-1802 Completed by Title			Signature							
Vivian D. Jurcevic Office	e Manage	r	10,0	wa	n 1. (percue	. 21011			

12/31/2014 OB:28						FAX)			P.0	02/0
JAN 5 2015		FIGATION	ate of New Jerse I OF AS BESTOS ID NJAC SIGG an	STABA	MBNT ((DUL-1		Ku	7	nt Por
Date of Notificeton (1) December 31-2014	i R	Mrs. E	Building Owner/ Liizabath Aspre	parator y	(2)		B	W	MI	0	
Agencies Notified Type Neumation		Bleest A	ddress volend Road				VAIVER A	מס	ויחנו		
E PA E Initial Amended Amendment d		Olly, Sta	ita, Zip Gede ell, New Jerse	v D700	6		VAIVEN A		17121	1	
Emergency (Inci	ng luê	Name of	Contact Itizabeth Aspri			-	Telephone Nur	mber		- Carry Spin	
Name of Facility Where Abatement is Taking P	200 /50	PACI	LITY INFORMAT	ON	Tona a	f Paolify (4		200			
Mrs. Elzabeth Aspray	seen Jay					chool (K-12					
Street Address 49 Cleveland Road						ubchapter !	Ciher than K-1; ivate & commerci		ldings,	home	Hì,
Diy (\$) Caldwell, New Jersey 07008					gdysu	Fast	# of Floors	ě	Bldg. A 50+	90	
County (5)		COURTY C	Dode (7) USE GNLY)			nericel E	II being demosie: Idg.	ned)			
Name of Monitoring Firm Hired by Building Own Izabella Environmental	ner (8)	ABOR	A No.		of Abab	ament Contraction	rector (Ø)	e-st and			
Bireet Address 27 Willard Street				164	Address Getty A	Ave.	,	-		~	
Diy, Staté, Zip Code Garfield, New Jersey 07026		7.		Clifto		v Jersey	07011-1802				
Project Manager for Monitoring Firm Boban Mickoyaki	-7/	Telephone No. Telephone No. License No. 973-342-4048 973-478-4848 00724									
Start Date (10) . 65 December 24th, 2014 Js	heduled O	ompletion i	mpletion Date (11) Name of OSRA Monitor 2015 Slavco Construction Inc.							1200	
Occupancy Status During Abatement (Check O				Street	Address	ı					-
Facility Closed/Vacated Ouring Entire Park Abstement Performed Outside of Normal I Cher - Describe: Wednesday-Friday 9:00.	od of Absti Psality Hot am-8:00pm	ement Vis		Olty, a	Getty A	Code	07011-1802		-	VIII.	-
Scape of Work (Check All That Apply)					_						\neg
2150 pf or 2250 lf		nolifica			Mini	-Enclosure rebse Proce	nt with Negative F edure				
***************************************	le Loo	-tion			J Non	-Exempled	(*) and Non-Erial	ole Pr	THE PERSON NAMED IN	e Iment	\dashv
Legation of	Norm Used Bo	nally	De	worlption	of			-	Th	pe	
Asbestos-Contemino Meterial (ACM) TO BE ABATED In Pacifity (13)	Meinter Custodia (1)	nance/ il Sigf?? 2)	Asbestes Cor (i.e. therms euris other	tsining h I system Icing, VA Misosita	e Iraquiat X, or	(ACM)	Amount (Specify BF or LF)	Rosecusional	Repair	Escapestria	Enclosuse
First Floor Closet	100	K	Va	& Mai	stio		268F	×	+-	-	\vdash
	61	1						1			
									1		
Name of Replatered Waste Heuler Blavco Construction Inc.		NJDEP W Hauler ID 18508	Veste Cubic No. of Wi TBD	Yerds esta			iegistered Lendfil V.S Landfill	ı			
city, State Clifton, New Jersey 07011-1802			TBD			City, State Morrisvi	lis, Pa				
Completed by Vivien D. Jurcevio	Title Office M	lanagar		Blymatich	e com	Du	nen D	ece	mber	24 th	,201

1-		No			OF ASBES to NJAC 8:6			NT :	NE	GE		X#	84	38	
Date of Notification (1) December 31, 2014					Building Ow Ilzabeth A		tor (2))		.i A N	E 2/	915			
	ype Notification		11.	Street A	ddress veland Ro	ad				.10.0		3 1120	Some	1	
DEP X DOL	Amended Amendment #				te, Zip Code ell, New Jo		006	1	ASE	BESTOS LICE	OU IT NSING	ROL	8		
▼ DOH □ DCA □	Emergency (Ir justification) Cancellation	cluding			Contact lizabeth A	spray			Te	lephone N	lumber		W. (W.II). 2-31		
			-	FACI	LITY INFOR	MATION						_			
Name of Facility Where Ab Mrs. Elizabeth Aspray		Place (3)					T	2 1 2 TO THE REST OF THE REST	(K-12)						
Street Address 49 Cleveland Road							×	Subcha Other (i etc.)	pter 8 (Oth .e. private			dings,	home	s,	
City (5) Caldwell, New Jersey	07006						Sc	quare Feet	# 0	of Floors		Bldg. A	ge		
County (6) Essex					Code (7) USE ONLY) _			urrent Use Commeric	Prior if being demolished) al Bldg.						
Name of Monitoring Firm H Izabella Environment		wner (8)	e avendance	ASCN	No.	10000			ment Contractor (9) struction Inc.						
Street Address 27 Willard Street		Marketin Barrana in diskin			(A)	100000000000000000000000000000000000000	et Ad 4 Ge	dress etty Ave.							
City, State, Zip Code Garfield, New Jersey	07026							e, Zip Code New Jer		11-1802					
Project Manager for Monito Boban Mickovski					ne No. 12-4049		ephon 3-47	e No. 8-4848		License 00724					
Start Date (10) December 24th, 2014		Scheduled January			Date (11)	1000000		OSHA Mon Construc			an orbital participation of	i i	***		
Occupancy Status During A	Abatement (Check	Only One	:)		Marie 24.24 de 1914 de	Stre	et Ad	dress							
Facility Closed/Vacate Abatement Performed Other – Describe: We	Outside of Norma	Facility	Hours	ours City, State, Zip Code									-		
		our oroc	PIII	Clifton, New Jersey 07011-1802							!				
Scope of Work (Check All 7 ≥3 sf or ≥3 If ≥160 sf or ≥260 If	пат Арріу)		enovat emoliti				×	Mini-Enclo Glovebag	II Containment with Negative Pressure ni-Enclosure ovebag Procedure n-Exempted (*) and Non-Friable Procedur				III'A		
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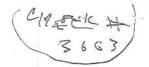
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Print Form

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

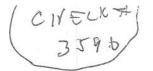
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City, State R (1/14, 1)7	-		Dispo	sal Date	City, Sta	te O	7			
Completed by	Title	5 (5)	1 5	Signatur	e M]	Date	. 1 -		
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Date of Notification (1) December 29, 2014	1		Name of Building Owner/Operator (2) Hamilton Township Board of Education											
Agencies Notified	Type Notification		Street A				AsaFsr	40-E3 1	: 65					
EPA DEP DOL	Initial Amended Amendment	#		ite, Zip Cod Landing,			& LA	ENGING	ROL					
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			FACI	LITY INFO	RMATION	1								
Name of Facility Where A Shaner School	Abatement is Taking	Place (3)				Typ	oe of Facility (4) School (K-12)						
Street Address 5801 3rd Street								Other than K vate & comme		ilding	s, ho	mes,		
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City, State, Zip Code Hammonton, NJ 08	8037		8				State, Zip Code le Shade, NJ 08052							
Project Manager for Mor Cathy Ledden		×	Telepho	ne No. 35-9984	T	elephone	No.	License 00842						
Start Date (10) January 12, 2015	Completion 13, 2015	Date (11)	N	lame of O	SHA Monitor nalytical, Inc									
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City, State Freehold, NJ					Disposal 2/13/20		City, State Birdsbor		****					
Completed by Title				rations Manager Signature Date 12/29/2					29/2014					

PRECEIVED



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

(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) LONSTRUCTION NELANDS 129/14 Type Notification Stree! Address Agencies Notified Inca Inca 73 PA 130 DA 100 State Zip Code Amended U\$ 2 43 Amendment # SED Emergency linduding elephone Number Name of Contact justification. ☐ DOH DUDITO Cancella ton FRBUK. FACILITY INFORMATION Type of Fadility (4) A Sub F Name of Facility Where Abatement is Taking Place (3) School (K-12) RESIDENCE Subchapter 8 (Other than K-12) Other (i.e., physic & commercial building Street Address homes, etc.) Blog # of Floors Square Fee! City (5) Current Use (Prior If being demolished) County Code ACANT County (6) ~ USE ONLY DIE Name of Abatement Contrador (9) Name of Mariloring Firm. Hired by Building Owner Svee! Address PRULE DUT 3 69 Street Address City, State, Zip Code City, State, Zip Code MOPL SHOD License No Telephone No Telephone 40 Project Manager for Monitoring Firm -77 856 Name of OSHA Monito Scheduled Completion Date (11) as FPW LEM Siart Date (10) 15 /15 Sueet Address Occupancy Status During Abatement (Check only one) 369 ☑ Facility ClosedVacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours
Other - Describe: HODE Full Containment with Negative Pressure Scope of Work (Check all that apply) Min-Enclosure Renovation Glovebag Procedure 23 51 01 23 11 Non-Exempled (') and Non-Friable Procedure Dewara. 2160 st or 2260 it S CA s Location Hormah Description of Jsed Solety by Amoun! Aspesios Containing Material (ACM) Location of (Specify Maintenancei Removal Asbestos Containing Material (ACM) (i e , thermal systems insulation, SF & LF) िकाळाडा surfacing, VAT, or TO BE ABATED Staff? oner miscellaneous) IN Facility (12) (13) NIA Ho YES X 140040 SIDING Name of Registered Landfill Cubic Yards NOEP Waste M, C, M.V. A Name of Registered Waste Haule of Waste HOUR DNO State Disposal Date BINE State SHADE Date

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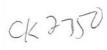
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Trenton, NJ 0860								Bristol, PA								
Project Manager for	r Monitoring F	irm	Tele	phone	e Nu	umber		Telephone N			License	e Num	ber			
Rollie Jones				392-				(215)788-60			00509					
Scheduled Start Da		on Da 3/15	ate ((11)		Name of OSI Bristol Env			20							
Occupancy Status I		nent (Check on		-				Street Addres		illicital il	10.	-				
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Project Manager fo		ing Fir	m	Telep	hone	Nin	mhei	-	Telephone Nu			License Nu	ımber				
Rollie Jones	1 WOING!	9		609-					(215)788-604			00509					
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NO (K ..

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

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Date of Notification (1)	31/14		T	Name	of Building	O. O.	Operator	(2) Chengi	λ_{2}	1000				
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⊠ 00r	Amended Amendment #	aludina	.	City, S	tale, ZIP	ode T	tom	NI	080	308			. 1	_
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	<u> </u>			FAC	CILITY INF	ORMAT	ON		- Marine Marine					
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County (6) OLLO	U			Cour	nty Code () ONLY)			Current Use (F	ne	g demolisi	ned)			
Name of Monitoring Firm (8)	n Hired by Building (Dwner		ASCM	No.		S I U	ent Contractor (Strick	Inc	1			HICKORY P
Street Address				Street Address BOX 915										
City, State Zip Code	ALC:			City, State, Zip Code NI OYIZ3										
Project Manager for Mo	onitoring Firm		Tele	phane	No.	Teleph	one No.	7489	1	se No.	6			
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* Do not use this form for asbestos licensure exempted activities.

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Print Form

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City, State, Zip Code City, State, Zip Code Colts Neck, N.J. 07722 Project Manager for Monitoring Firm Telephone No. Tolephone No. Telephone No. Tele	Street Address								4					
Colts Neck, N.J. 07722 Project Manager for Monitoring Firm Telephone No. Telephone No. 732-294-1757 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Project Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Abatement Performed Outside of Normal Facility Hours Other – Describe: Abatement Verformed Outside of Normal Facility Hours Other – Describe: Abatement With Negative Pressure Mini-Enclosure Mon-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted (*) and Non-Exempte									J					
Project Manager for Monitoring Firm Telephone No. Telephone No. 732-294-1757 Close No. Cl	City, State, Zip Code						250.0	(3) 53	7722					
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Colts Neck New Jersey														
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Completed by Bree McGuire Title Secretary Treasurer Signature 12-25-14			-		S	ignature	A V		Pa	ate 3	Lui			
Bree McGuire Secretary Treasurer	Bree McGuire	Secre	tary	reasu	irer		(d	14		115	197	117		

*Emergency Sendy *

K# 2540		ν.				A						-
Date of Notification (1)			Name of B	uilding Owner/O	perator (2							
12/30/14			(Y YC	ry mo	- 04		5 411 -5	(Dept.)	ے در			
Agencies Notified	Type Notification		Street Add		-11-/	2 60			p: {			
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DEP	Amended			h Ambo		01. 10-5.	8-30	79				- 1
DOT DOT	Amendment #_ Emergency (in	cluding	500	10	4,10	ch Je se	Telephone	e Numbe	r			\neg
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Name of Facility Where		1000 (0)			1	School (K-1						į
Horeza	C 100 1016	100				Subchapter	8 (Other than	1 K-12)				
Street Address		\. m			9	Other (i.e. p	rivate & com	mercial b	uildi	ngs, l	iome	S,
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	un de Daldes O	vans (9)	ASCM	No	Name o	of Abatement Cor			-			
Name of Monitoring Firr	n Hirea by Bullaing Of	witer (o)	AGUM	140.	200	nsulation Co.,						
					8	Address	1110.				-	-
Street Address						ontrose Road	1					
						ate, Zip Code	•					_
City, State, Zip Code						Neck, N.J. 07	7722					
	11 12 5		Telephon	e No	Telepho			nse No.		925		
Project Manager for Mo	nitoring Firm		reseption	e No.		294-1757	000					
		2-11-1-1-0	Istian F	Nata /41\		of OSHA Monitor						
Start Date (10)	1	Scheduled Co	ompletion L	ale (11)	TVOITE	7 Oct IV Worker						
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Occupancy Status Duri					0.000							
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Other - Describe:	med Outside of Norma	De Comity Flor	,113		Oity, o.	ore, mp over						
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Name of Registered W	aste Hauler	1	NJDEP W		c Yards	Name of	Registered I	andfill				
Ace Insulation Co.			Hauler ID	No. of W	aste _	Chrins	(
			12086	Die-	osal Date	City, Sta	ite.					
City, State	25201/			1		/ Eastor						
Colts Neck, New J	ersey	1 774			5/15		111 1 71	Date				
Completed by		Title	ry Treasu		Signature			17	1	30/1	1	
Bree McGuire		Secreta	y measu	1101	Dr	<u> </u>			-1-	11	1	

Print Form

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

CHECK # 1137

Date of Notification (1) 12/29/2014	9:				Name of Karren	Building in C/O	Owner/C Estate	Operator of Joe	(2) Gag	liardotto	加爾	-5 Bi	9 7:	an		
Agencies Notified	Type Noti	fication			Street Ad	ddress ver Rd.							-			
EPA DEP DOL	40.000	al ended endment	#		City, Sta	te, Zip Co				<u> </u>	£ .	7.9				
Ď DOH DCA	justif	rgency fication) cellation	(including			Contact					Tel	ephone Nu	ımber			
					FACI	LITY INFO	DRMATI	ION								
Name of Facility Where A Private Residence	Abatement	is Takin	g Place (3)						of Facility (School (K-1						
Street Address 32 Clover Rd.									×	Subchapter Other (i.e. p etc.)	8 (Oth			dings	, hom	es,
City (5) Clifton										re Feet	# 0	f Floors	1000	Bldg. A	Age	
County (6) Passaic					County C	Code (7) USE ONLY			Curre	ent Use (Pri	or if bei	ng demolis	shed)			
Name of Monitoring Firm	Hired by E	Building	Owner (8)		ASCM	l No.		100000000000000000000000000000000000000		atement Cor Contracting						
Street Address					1			Street 1087		ss asant Valle	ey Wa	ay				
City, State, Zip Code				T)						ip Code nge, NJ (7052					
Project Manager for Moni	itoring Firm	1			Telephor	ne No.		Teleph 973-				License 1 01232	No.			
Start Date (10) 1/10/2015			Schedule 1/11/20		npletion (Date (11)			40.4	HA Monitor on Consu	Itants	Inc.				
Occupancy Status During								Street		ss garaw Rd	- Blo	da 35E				
Facility Closed/Vaca Abatement Performe Other – Describe: N	ed Outside	of Norn	nal Facility	Abaten	nent			City, S	tate, Z	Zip Code 1, NJ 074		.goo_				
Scope of Work (Check Al							47	ran	Lawi	1, 140 074	10					-
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Baseme	ent				X		Pipe	Insula	ition		1	10LF	X	-		
Name of Registered Was	to Warder			l A	JDEP W	/aste	Cubic	Yards		Name of	Registr	ered Landfi	ill			
Unicorn Contracting				H	lauler ID 035844	No.	of Wa			G.R.O.	1000					
City, State West Orange, New J	lersey						Dispo	sal Date		City, Stat		ennsylva	ania			
Completed by Dimo Golcev			Title Proje	ect Ma	anager			Signature		15	1		ate 2/29/	2014		
ASB-41 (R-06-08)								* Do no	ot use	this form for	asbes	tos licensu	ire exe	mpted	activi	ities.

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		III	State of New Jer FICATION OF ASBESTO Pursuant to NJAC 8:60	S ABATEN	A 46 - 10 - 10	EELPOOK	Ó
Date of Notification (12/30/14	1)		Name of Building Owner FGS	er/Operator	⁽²⁾ 2015 JM	-5 00 -	
Agencies Notified	Type Notification		Street Address 513 East 32nd Str	eet	45058	30 00	1
EPA DEP DOL	initial Amended Amendment		City, State, Zip Code Paterson, NJ 0750)4	6		
DOH DCA	justification) Cancellation	111	Name of Contact Frank Grisez			Telephone Nun	nber
			FACILITY INFORM	ATION	Type of Facility (
Street Address 20-21 Wagaraw	ere Abatement is Takir	3			Other (i.e. p etc.)	8 (Other than K-12 rivate & commercia	al buildings, homes,
City (5) Fairlawn					Square Feet 2100	# of Floors	Bldg. Age 65
County (6) Bergen			County Code (7) (STATE USE ONLY)		Current Use (Price	or if being demolish	ned)
Name of Monitoring I	Firm Hired by Building	Owner (8)	ASCM No.		of Abatement Cor Environmenta	ntractor (9) I Services, LLC	
Street Address					Address Box 483		
City, State, Zip Code		4	7	100000000000000000000000000000000000000	tate, Zip Code wood, NJ 074	18	
Project Manager for	Monitoring Firm		Telephone No.	N 5375558	none No. 583-8500	License N 703	0.
Start Date (10) 1/9/15		Scheduled C 1/29/15	ompletion Date (11)	Name	of OSHA Monitor		
Occupancy Status D	uring Abatement (Che	ck Only One)		Street	Address		

Name of Monitoring Firm Hired by Buil	iding Ow	ner (8)		ASCN	l No.				oatement Con vironmental			С				
Street Address							1	et Addr Box								
City, State, Zip Code	78					7			Zip Code od, NJ 074	18						
Project Manager for Monitoring Firm				Telephor	ne No.			ephone 3-583		1.00	License 703	No.				
Start Date (10) 1/9/15		chedule /29/15		mpletion I	Date (11)		Nar	ne of O	SHA Monitor							
Occupancy Status During Abatement	(Check (Only Or	ne)				Stre	eet Addi	ess							
Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe:							City	, State,	Zip Code							
Scope of Work (Check All That Apply)																
≥3 sf or ≥3 if ≥160 sf or ≥260 lf			Renov Demol					H	Full Containme Mini-Enclosure Slovebag Prod Non-Exempted	e cedure	S = 8.72 = 10 = 1				е	
Location of			Loca Norma				Descript	tion of							pe pe	t
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		Yes	No	N/A											(e)	
basement				Х		pi	pe insi	ulation		13	0 LF			Х		
				9												
Name of Registered Waste Hauler				NJDEP V Hauler ID		1000000	oic Yard Waste	ls	Name of	Register	red Land	fill				
City, State						Dis	posal D	ate	City, Stat	te						
Completed by A. Scott Higgins	28	Title Pres	iden	t			Signa	ture	2	_	155	Date	30/1	4		94500
ASB_41 (R_06_08)							* D	o not us	e this form fo	r asbesto	os licens	ure e	exen	pted	activ	ities.

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Date of Notification (1) 12/30/14	0 10			Building O operties		perator	(2)	9210	78.00								
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DOL Am	ial ended endment # ergency (includir	E	City, Stat Englew	e, Zip Cod rood, NJ	е			_ A 3 6				自从	亂				
X DOH jus	tification) ncellation		Name of Sam K	Contact im				1	Tele	ephone	Numb	er					
		(0)	FACIL	ITY INFO	RMATI	ON	Tunn of F	acility (4)									
Name of Facility Where Abatemer	it is Taking Place	(3)						ool (K-12)									
Street Address 120 Georges Road							X Othe	chapter 8 er (i.e. priv	(Other	er than I k comm	K-12) ercial	build	ings,	home	s,		
City (5) New Brunswick							Square F 2100		# of 2	Floors	1	BI 65	dg. A	ge			
County (6) Middlesex			County C	Code (7) ISE ONLY)	3		Current L	Jse (Prior	if bei	ng dem	olishe	d)					
Name of Monitoring Firm Hired by	Building Owner	(8)	ASCM	No.			of Abatem				LC						
Street Address						Street	Address	mornare									
City, State, Zip Code							3ox 483 tate, Zip C	Code									
Design Manager for Manitoring El						S. Marcaretta	wood, N	J 07418	8	Licens	se No			111111111111111111111111111111111111111			
	ject Manager for Monitoring Firm					973-	583-850	-		703							
Start Date (10) 1/2/15	2/2/1	duled Com 5	pletion [Date (11)		Name	of OSHA I	Monitor									
Occupancy Status During Abatem	ent (Check Only	One)				Street	Address										
Facility Closed/Vacated Duri Abatement Performed Outsid Other – Describe:	ng Entire Period de of Normal Fac	of Abatem ility Hours	ent		_	City, S	itate, Zip C	Code									
Scope of Work (Check All That Ap	pply)		-														
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Location of		Normali	У		De	escription	ı of						Ту	ре			
Asbestos-Containing Material <u>TO BE ABATED</u> In Facility (13)	(ACIVI)	Jsed Solel Maintenar Custodial S (12)	ice/		therma surfa				(mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure		
	Ye	s No	N/A											Ф			
See Attached List		X		See A	Attache	d List											
Name of Registered Waste Haule	r	l N	JDEP W	/aste	Cubic	Yards	11	Name of R	egist	ered La	ndfill		_				
Freehold Cartage	Hauler ID No. of Wa			aste	4	ГBD											
City, State Freehold, NJ	Disposal Date City			City, State													
Completed by A. Scott Higgins	e esident				Signatur	e a	1			Dat 12	e /30/1	14					

120 Georges Road New Brunswick, NJ

Asbestos Materials

First (Ground West Side) Floor	Approx. Room Size
Pipe insulation	100 LF
Second Floor	
One room, west of east end of building:	
Floor boards running parallel White asbestos vapor barrier and approximately 20 yards of containment debris	1400 SF
Pipe insulation	5 LF
Third Floor - Center Southside	
Southside center bathroom (kitchenette area) pipe Multiple layers of floor mastic	3 LF 50 SF
Third Floor - Eastern Room Along Perimeter	
Debris pile, approximately 20 yards, of broken floor tile Etc. All should be treated as asbestos containing materials	1100 SF
Third Floor - One Room West of East End of Building	
Floor boards running parallel, white asbestos vapor barrier in contained room	1300 SF
Pipe insulation	3 LF

CK 3490

Print Form

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

ABCE: YES

Date of Notification (1) 12-29-14	Name of Building Owner.	Operator (2) See Field 1995	制声5 間	7: (ì4		
Agencies Notified Type Notification	Street Address	Bonclen told	F Mester	ABI		Pal	
DEP Amended Amendment #	City, State, Zip Code	hester f	Chester	ele	N	15	•
DOH justification) DCA Cancellation	Name of Contact Hex		Telephone Nu		16	U D	
	FACILITY INFORMAT	TION			_		
Name of Facility Where Abatement is Taking Place (3). Chesten had School Street Address 296 Borden town Chest	enfield Rd	Type of Facilii School (I	SCORES STATES		ldings	s, hon	nes,
City (5) Chestenseld.		Square Feet	# of Floors		Bldg.		
County (6) Birdington	County Code (7) (STATE USE ONLY)		Prior if being demolisi	ned)	10	0_	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement C	Contractor (9)				
Finay Envinonmental HAZ Sh	1	ANI JUE	Abute Dem	2	4	20	. ·
617 Stolles Kel Suite	4-318		lington Hi	ne		100	
City, State, Zip Code, Medical NJ OSOS	5	City, State, Zip Code	NJ DO	0	3		
	Telephone No. 895-215-2211	Telephone No.	ZZI License N		Ó		
	npletion Date (11)	Name of OSHA Monito	- 1				
Occupancy Status During Abatement (Check Only One)		Street Address	E.F.				
Facility Closed/Vacated During Entire Period of Abatem Abatement Performed Outside of Normal Facility Hours Other - Describe:		City, State, Zip Code					
Scope of Work (Check All That Apply)							
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No	cel (i.e. lihermal surface	alning Material (ACM) systems insulation, sing, VAT, or niscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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SEE Att DA	10h 1. 90 d	/					-
	PERWORK					-	\neg
A · / Ha	DEP Waste Cubic Cu		Registered Landfill	2		1	
City, State	Dispos	al Date City, Sta	10: 11	-			
Completed by Joe 64M Title VI	P Si	gnature	Date Date	1/	-		
200 0/00/		XAY					

CK# 5924

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

RECEIVED

Date of Notification (1)	Name of Building Owner/Oper	rator (2)
12/29/14	P.S.E.G.	2015 期 -5 階 7: 65
Agencies Notified / Type Notification	Street Address 4000 HADLEY ROA D	ASSESTES CENTROL
DEP Amended Amendment #		C LIDER SHE
DOH justification Cancellation	GUSTAVO N	VAJERA Telephone Number
Name of Facility Where Abatement is Taking	FACILITY INFÓRMATION Place (3)	Type of Facility (4)
P56+G-McL Street Address 297 8 TH AVE	EAN Substation	School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,
City (5) PATERSON		Square Feet # of Floors Bldg. Age 35000 / APPx SOUR
County (6) PASSAIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SUBSTATION
Name of Monitoring Firm Hired by Building On ENVIRONMENTAL TACTICS		ame of Abatement Contractor (9) JNIQUE SYSTEMS OF AMERICA
Street Address 64-BROAD-STREET	St	treet Address
City, State, Zip Code MATAWAN, NJ 07747	Ci	Sity, State, Zip Code SOUTH RIVER, NJ 08882
Project Manager for Monitoring Firm TOM GEIGER	Telephone No. Te	elephone No. License No. 732-432-8350 01111
Start Date (10)		lame of OSHA Monitor JNIQUE SYSTEMS OF AMERICA
Occupancy Status During Abatement (Check	Only One) St	treet Address 396 WHITEHEAD AVE.
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: <u>Du T S & D</u>	al Facility Hours Ci	ity, State, Zip Code SOUTH RIVER, NJ 08882
Scope of Work (Check All That Apply)		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure
	Is Location	Nen-Exempted (*) and Non-Friable Procedure Abatement
Location of	Normally Descri	iption of
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Maintenance/ Custodial Staff? (i.e. thermal sys surfacing other misc	ining Material (ACM) stems insulation, g, VAT, or cellaneous) Amount (Specify Repair Repair Repair
outdoors	Yes No N/A TRANSITE	E PIPE 30 LFX
Name of Registered Waste Hauler	NJDEP Waste Cubic Yar Hauler ID No. of Waste	
ETGI City, State	5 7/07 A//x.	3 CONESTOGA Date City, State
FLANDERS, N	J TB	BD MORGANTOWN, PA
CAROL RAIMO	OFFICE MGR.	aral Rains 12/29/14

REGEREL

Date of Notification (1)	2/31/14			Name	of Buildin	g Owner/Operator Perk	(2) ins Center for	tife 14 April -5	i Bi	17	96)
Agencies Notified	Type Notificati	on		Street	Address			n Way ESTES				
DEP DOL	Amended Amendmen		-	City, S	State, Zip C	Code	estown, NJ 08	ë Etë	Tite!	ivid.		
☑ DOH ☐ DCA	Emergency justification Cancellation	n)		Name	of Contac			Telephone Numb	per			
A	1			FAC		ORMATION				0.0		
Name of Facility When							Type of Facility	105 No.				
Street Address	Perkins Co	enter 10	I the	AIIS			School (K-1) Subchapter	2) 8 (Other than K-12 rivate & commercia	2)	dinas		
	395 Ki	ngs Hi	ghwa	у			homes, etc.)				
City (5)	Mooresto	nwn N	1 080	157			Square Feet 3000	# of Floors	В	dg. A	ge)+/-	
County (6)	urlington	3 7711, 11	, 00.	Cour	nty Code (7) (STATE		rior if being demolis	shed)	100		=
Name of Monitoring Fir		ng Owner	_	ASCM	No.	Name of Abater	ment Contractor (9)				=
(8)	MECS						vens Environi	mental Service	es, Ir	nc.		_
Street Address	PO Box 3	2.4.1				Street Address	PO F	3ox 322				
City, State, Zip Code	10 00%.	71				City, State, Zip (JOA 322				=
	Crosswicks, N	J 0851.	5					n, NJ 08501				_
Project Manager for M Bill W	onitoring Firm Teisgarber		600000000000000000000000000000000000000	phone 19) 29	No. 8-4070	Telephone No. (609) 2	59-9688	License No.	049	3		
Start Date (10) 1/5/15	Sc	heduled (comple 1/6/1		ite (11)	Name of OSHA		ECS				
Occupancy Status Du	ring Abatement (C					Street Address		22.00		-		_
☐ Facility Closed/Vac								30x 341				_
☐ Abatement Perform☑ Other - Describe:		mai Facili	y Hou	rs		City, State, Zip (ks, NJ 08515				
Scope of Work (Check												=
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitic			Mini-Er Gloveb	ag Procedure	gative Pressure on-Friable Procedu	r 0			
		ls	Location	on		LINOIPLA	tempted () and 14	or mable r roccuu	7	Abate	ment	
Location	n of		omally Solel			Description of	of			Тур	e	_
Asbestos-Containing TO BE AB			ntenan ustodia			tos Containing Ma thermal systems		Amount (Specify	77		En	
IN Faci	lity		Staff? (12)		(1.0.)	surfacing, VAT other miscellane	, or	SF or LF)	Remova	Repair	Encapsulate	
(10)		Yes	No	N/A		outer missenance			val	=	ilate	
Basen	nent	×				Boiler Insula	ation	20 sf	×			
		_										
Name of Registered W	/aste Hauler		1	JDEP \	Vaste	Cubic Yards	Name of Regi	stered Landfill				
Stevens Environ		ces, Inc	;. F	lauler II 182	2 No. 292	of Waste 1 CU		GROWS Lan	dfill			
City, State			=			Disposal Date	City, State	52525 Zi 7262				
Completed Div	Allentown					1/7/15	HALL	Morrisville,	PA			_
Completed By Mahlon E. S		Γitle P:	rojec	t Mar	nager	Signature		Date	12/3	1/14		
NSB-41						os licensure exer						

CK# 2541

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

GECEIVED

Date of Notification (1)		1 .		Building Ov	vner/Ope	erator (2)	201	S Man		N. Mary			
Agencies Notified Type Notification		-	Seet Ad	dress	13.1	1		SER -	5 🔡	7: 68			
The state of the s		1	39	_	bec	Va	110491	dere	00.				
DEP Initial Amended		Ci	ity, Stat	e, Zip Code			\	& LIGH	17611	RQL			
Amendment	#_	-	MI	5.d	£,1	UEL	2) Dec:		D PHOS	101			
DOH Emergency justification)		N		Contact				() Tel	ephone Nur	mber			
DCA Cancellation	1		1	7					<u>~ .</u>		11	-	
Name of Facility Where Abatement is Takin	n Place (3)		FACIL	ITY INFO	KMATIU	N T	ype of Facil	lity (4)					
St. H. II Resider C						I	School	(K-12)					
Street Address							Subcha	nter 8 (Oth	er than K-12 & commerci	2) lal buildi	nas l	ame	S
1395 Wood Valle	1 Rd						P etc.)						-,
City (5)						8	quare Feet	# 0	Floors		ig, Ag		
mi-side		1.0					Current Use	(Drior if hai	na domolic		501		
County (6)				Code (7) ISE ONLY)		_ 1	1705i	OEN C	A CALLONS	(160)			
Union 5 Washing	Oumar (9)		ASCN	1 No.	— Т	Name of	f Abatement						
Name of Monitoring Firm Hired by Building	Owner (o)	1	MOUN	r ivo.			sulation (1-7				
Street Address						Street A							
Street Address						TOWNS OF A PARTY OF THE PARTY O	introse R						
City, State, Zip Code					-		ite, Zip Code						
							Neck, N.J	. 01122	License P	lo.			
Project Manager for Monitoring Firm		7	elephor	ne No.		Telepho	ne No. 94-1757		00029	VO.			
	Scheduled	Comi	niotian	Dato (11)		A. C. W. L. C. L. L. C.	OSHA Mor	aitar	GCOMO				
Start Date (10)	Scheduled	1.)	pletion	Date (11)		IVANIE O	OO! IA WID!	11107					
Occupancy Status During Abatement (Che	ck Ohly One					Street A	ddress						
To Facility Closed A/acated During Entire	Period of Ab	atem	ent		Ì								
Abatement Performed Outside of No. Other – Describe: +Am + A	mal Facility F	lours				City, Sta	ate, Zip Cod	е					
1 -	22				_								
Scope of Work (Check All That Apply)	Por/					П	5.00		h blandine	Deconour	•		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Leaders	novati molitic				-	Mini-Encl		h Negative	Liggoni			
2100 \$1 01 2200 11							Glovebag	Procedure	nd Non-Fria	hla Droc	adur	0	
				I		- Land	Non-Exer	npted () ai	iu Non-Fila			ment	
20 2000 200		ocatio										pe	
Location of Asbestos-Containing Material (ACM)	Used	Solel	y by	Asbest		cription of sining Ma	or aterial (ACM	1)	Amount			Ш	
TO BE ABATED	Custo	tenan dial S		(i.e.		systems ing, VAT	insulation,		Specify F or LF)	Rem	Repair	ıcap	nde
In Facility (13)		(12)				iscellane			,	Removal	air	Encapsulate	Enclosure
	Yes	No	N/A	1								ō	1
				0.000	. 00 5	95.1-24		100	CF	10	1		
	+++			pipecon	11/4/13	34.10		1		1/			
								_		-			-
								-		-			1
		1 61	JDEP V	Vaste	Cubic '	Varde	Nan	ne of Regis	tered Landf	<u> </u>			1
Name of Registered Waste Hauler		H	auler ID		of Was			rins		onto			
Ace Insulation Co., Inc.		112	2086		Dipper	al Data	1	State				0000000	No.
City, State Colts Neck, New Jersey					i lispos	al Date		ston,, PA					
Contis Neck, New Jersey Completed by	/ Title				Si	gnature	1			Date (200
Bree McGuire	Secre	tary ·	Treas	urer		D.	1/\		1	2/31	14		
						-	1				1 1		-
ASB-41 (R-06-08)						* Do not	use this for	m for asbe	stos licensu	ге ехел	pted	activi	ties.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

	ecember 31, 20)14			Name of B	Building C		rator (2) Biggiani		nose.	2	5	18	8
Agencies Notified [X] EPA [] DEP		l Notific	ation tification		Street Add			t. Thomas I	Drive	CUID JAH -	5 P/	7:	ê9	34
[x] DOL	Ame [X] Emer	ndment rgency (City, State,			River, NJ (E E E E	CO	NIR In	OL.	
[] DCA		fication) ellation			Name of C		Biggiani		Te	elephone Number		т.		
				FAC	CILITY IN	FORM	ATION					2	- 1	
Name of Facility Where At	patement is Taking sidence	Place (3)					Type of Fac	ility (4)	School (k-12)				
Street Address	9 Maritime Dr	rive							[x]	Subchapter 8 (oth Other (i.e., privathomes, etc.)			ial build	lings,
City		Coun	ty (6)		County Cod (STATE US		7)	Square feet 1000		# of Floors	Bldg	g. Age	50	
Toms River		Oce	an					Current Use		being demolished)			70	
Name of Monitoring Firm N/A		Owner (8)		ASCM No.		Name of	Abatement Co	ontractor (Inc.			
Street Address			T.				Street Ac	idress	****	oute 9, Unit 61				
City, State, Zip Code				City, Stat	te, Zip Code	Toms R	iver, New Jers	ey 08'	755-1	271				
Project Manager for Monito	Number			Telephon 732-34	e Number 9-9932		License N 00624	umber						
Scheduled Start Date (10) 1/2/15			1/5/1		ion Date (11)		Name of	OSHA Monit		Analytical				
Occupancy Status During A	Abatement (Check lity Closed/Vacated			od of Aba	tement		Street Ad	ldress		elton Road				
9 9	tement Performed er – Describe	Outside	of Normal F	acility Ho	ours		City, Stat	te, Zip Code	<u> </u>					
Scope of Work (Check all t							Г 1			vay, New Jerse		54		
5 3	15.55 5-62		r 3	_			[]	Mini-En	closure	with Negative Pres	sure			
	f or ≥3 lf) sf or ≥260 lf		[x]	Renova Demoli			[x]	E Thursday on a	g Procedur mpted (*)	re and Non-Friable I	Procedu	ire		
											Abat	ement	Tyme	- 10 700
Location of Asbestos-Containing Model TO BE ABA' in facility	laterial (ACM) <u>reD</u>		Is Location Normally used Solely by tenance/Control	ised y	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Asb M (i.e.,	Description estos-Con laterial (A thermal station, sur	ntaining (CM) systems	5 E 8	Amount (Specify SF or LF)	R E M	R E P A	E N C A	E N C L O
(13)	N/A		othe	VAT, o				V A L	R	S U L E	S U R E			
Exterior		Asbesto	s sidin	g			900 sf	X						
	†	0.22-0.01/07/07/07/07						-						
Name of Registered Waste	Hauler ntracting, Inc.		NJDEP Was	te Hauler	ID No.		ds of Wast	1		ed Landfill				
City, State Toms River,			2	_	sal Date	3	City, Sta		R.F.	1		,		
Completed by (Print or Type Nicholas Ferr	e)	Title Proje	ct Manag	-	Signature	Nic	Latiya	SWIT HEIMS	yivailia	/	Date 12/3	31/14		

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

Check 9179

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

Name of Building Owner Operator (2) Demolition 2015 Uha - Vagencies Notified Street Address Type Notification PERAIS CON mitial City, State, Zip Code Amended Amendment # Emergency (including Telephone Number Name of Contact DOH justification) 19+ Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) acan School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, Monmouth etc.) Bldg. Age Square Feet # of Floors City (5) 60t-County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) County (6) DRNER lonmou Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Street Address City, State, Zip Code City, State, Zip Code Telephone No. Telephone No. IMC 609 758-3365 609 758-3365 Name of OSHA Monito Scheduled Completion Date (11) Start Date (10) 18-15 -12-15 Street Address Occupancy Status During Abatement (Check Only One) Box P-0 x Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: New Eq Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Maintenance/ (i.e. thermal systems insulation, (Specify Remova TO BE ABATED Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13) N/A Yes No 2000 SF exterior Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler of Waste Hauler ID No. Waste Management of PIA 7000 City, State Disposal Date 19 Mornisvill Date Signature

			1.	arouume	to mono	0.00 4.1		,			7				
Date of Notification (1)				Name of	Building	Owner/	Operator	(2)		£.	TE CE	ž V		e =	
Decem	nber 30, 2014		(OCD/PF	RD/J&J					G					
Agencies Notified	Type Notification			Street A	ddress					2015	JAH -5	PM	7.	100	
EPA EPA	Initial		5	920/100	11 Rt. 2	02								0.000	
DEP	Amended	0		City, Sta	te, Zip Co	ode				ADB	ESTES	COL	TD	G I	
DOL	Amendment		— F	Raritan,	NJ 088	369				ð	LIER	Jail	LU.	JL.	
DOH DOH	Emergency (including		Name of	Contact			W-10-			ephoneNu		J.		
DCA	Cancellation		F	Project	Manage	er						1100			
					LITY INF		ION								
Name of Facility Where	Abatement is Takin	g Place (3	3)					Тур	e of Facility (4)					
OCD/PRD/J&J									School (K-1						
Street Address					13.00				Subchapter						
920/1001 Rt. 202								\times	Other (i.e. petc.)	orivate &	& commerc	ial buil	dings	, home	es,
City (5)								Squ	are Feet	# of	Floors	E	Bldg. /	Age	
Raritan, NJ											3				
County (6)				County (Code (7)			Curr	ent Use (Pri	or if bei	ng demolis	hed)			
Somerset				(STATE U	JSE ONLY)					Facility	- 1			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	l No.		Name	of Ab	atement Cor						
Bulava / AET Enviro		7. 33. 23. 72. 1. 7. 7			0.000		Anna const		Group, L		(=)				
Street Address	mineritai	-					Street			LU.			-		
12 Kilmer Drive										CTE 1	200				
City, State, Zip Code									Zip Code	SIE	209			_	
Hillsborough, NJ 088	244 2020						100000000000000000000000000000000000000			,					
Project Manager for Mon				Telephor	no No		Teleph	-	, NJ 0803	4	License N	lo.			
Edward J. Bulava	intorning i titili		_				J					NO.			
Start Date (10)		Cahadul		908-874			, ,		- 5000		00781				
	,	Scriedui	ea Cor		Date (11) -				SHA Monitor						
5/17/14 Occupancy Status Durin		le Onlie Oe		5/17/15	0				Group, L	LC.					
53		en Recogni est	2256				Street		20000	0== (
Facility Closed/Vac Abatement Perform	ated During Entire	Period of	Abater	nent				- Dinne	S HWY N,	SIE	209				
Other - Describe:	led Outside of North	iai raciiity	y mours	5			CHARLES		Zip Code						
0	H 77						Cherry	/ Hill	, NJ 0803	4					
Scope of Work (Check A	ii I nat Appiy)						5								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		THE PERSON NAMED IN	Renova				K		ull Containm		Negative	Pressu	re		
2100 51 01 2200 11			Demoli	tion			1		ini-Enclosure lovebag Prod						
									on-Exempted		Non-Friable	e Proce	dure		
	*	Is	Locat	ion										emen	t
Location	n of		Norma	lly		De	escription	of					T	уре	
Asbestos-Containing		71	ed Sole aintena		Asbes		taining M		al (ACM)	Α	mount			m	0.000
TO BE AB		201525	todial 8		(i.e		l systems		lation,		Specify	Re	Z.	Encapsulate	Enclosure
(13)	iity		(12)	14			acing, VA miscellan)	51	or LF)	Remova	Repair	psu	lost
30 81												à	=	late	l e
		Yes	No	N/A						1					1
Bld 1003 Mecha	anical Room			fit	tings 8	k asbes	tos	oipe		35 If	X				
Bld 1003 1st Fl	. Bathroom	X				fittings				26	X			72	
OCD Tuni	nel #1	X			fit		k asbes	tos i	pipe	7	73 l/f	X			
OCD Basemen		\forall					estos p		.,,,,		00 I/f				
Name of Registered Was			l N	J DEP W	aste		Yards	ipo	Name of	935.5	red Landfil			1	
				lauler ID		of Wa						50			
Freehold Cartage	24			222	53		10.3		BFI Impe	erial L	andfill				
City, State						Dispo	sal Date		City, Stat	е					
Freehold, NJ							5/17/15		Imperial,	PA 1	5126				
Completed by		Title					Signature	/	171			ate			
Michael Cooper		Presid	dent				- The	-7_			12	/30/1	4		

Location of	1	Locatio	у	Description of				emen /pe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Solel intenan todial S (12)	rce/	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					e e	(b
OCD Tunnel #2	X			asbestos pipe	300 l/f	X			
Bldg 1003 Facilities Department		X		pipe insulation	119 l/f	X			
"		X		fittings	13	X			
OCD A-105		X		pipe insulation	75 l/f	\times			
PRD vault		X		exterior wall transite	50 sf	\times			
Building K. F Stairwell		X		Vat & mastic	150 sf	X			
Building H corridor		X		_"_	< 3 sf	X			
Loading Dock Stairwell		X		miscellaneous	235 s/f	X			
ERF Building, Lab 202	Page Laborator (St. 1924)	X		tile & mastic	100 SF	\times	100		
Ethicon ATC Bldg Lab A231		X		Vat & Mastic	420 s/f	X			
			A STOCK PROGRAMME		DESIGNATION OF THE PERSON OF T		25		
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					37.				
					3				

NO (K

Date of Notification (1)		Name of E	Building Owne	er/Operator (2)	ALCE		-		
May 08, 2014		Ortho Dia	agnostic / J	Johnson &	Johnson		4 T T	أأسا		
Agencies Notified Type Notification		Street Add	dress		1	DATE STAN	• • • • • • • • • • • • • • • • • • • •			
EPA Initial	9	920 / 100	01 Route 2	02, PO Bo	x 300	2015 JAH -5	PH	7: i	2	9
DEP Amended		City, State	e, Zip Code		6	Carone				
DOL Amendment #		Raritan, I	NJ 08869		africal parties	SESTES	CONT	RO	1	
DOH Emergency (ir justification)	icidaling -	Name of	Contact			Telephone	lumber (Y .		
DCA Cancellation	F	Project N	/lanager							
		FACIL	ITY INFORM	ATION		40				
Name of Facility Where Abatement is Taking					Type of Facility (4	1)				
Ortho Diagnostic / Johnson & Johnson	n				School (K-1	The second secon	40)			
Street Address						8 (Other than K rivate & comme		linas.	home	es.
920 / 1001 Route 202					etc.)					20070
City (5)					Square Feet	# of Floors	В	ldg. A	ge	
Raritan, NJ						3				
County (6)		County C	ode (7) SE ONLY)		Current Use (Price	or if being demo	lished)			
Somerset		ISTATE OF	3E ONL1)			Facility	1			
Name of Monitoring Firm Hired by Building C	wner (8)	ASCM	No.	Name o	of Abatement Con	tractor (9)				
Bulava Environmental, Inc.					ACK Group, L	LC.				
Street Address				Street /	Address					
12 Kilmer Drive				1500 K	ings HWY N,	STE 209				
City, State, Zip Code				City, St	ate, Zip Code					
Hillsborough, NJ 08844-3830				Cherry	Hill, NJ 08034	4				
Project Manager for Monitoring Firm		Telephon	e No.	Telepho	one No.	License	e No.			
Edward J. Bulava	9	908-874	-6207	13	'59 - 5000	00781				
Start Date (10)	Scheduled Cor	mpletion D	ate (11)	Name o	of OSHA Monitor					
5/17/14		5/17/15	i	The M	ACK Group, L	LC.				
Occupancy Status During Abatement (Check	Only One)			Street	Address					
Facility Closed/Vacated During Entire P	eriod of Abater	ment		1500 K	lings HWY N,	STE 209				
Abatement Performed Outside of Norma	al Facility Hour	S			ate, Zip Code					
Other - Describe:		- 46		Cherry	Hill, NJ 0803	4				
Scope of Work (Check All That Apply)				-	-					
≥3 sf or ≥3 lf	Renova			2		ent with Negativ	e Pressu	re		
≥160 sf or ≥260 lf	Demoli	ition		5	Mini-Enclosure Glovebag Prod					
				Ž	Non-Exempted	(*) and Non-Fria	ble Proce	dure		
	Is Loca	tion							emen	t
Location of	Norma			Description	nf			T	/ре	
Asbestos-Containing Material (ACM)	Used Sol		Asbestos (aterial (ACM)	Amount			m	
TO BE ABATED	Maintena Custodial	J. J		rmal systems		(Specify	Re	Z	nca	Encl
In Facility (13)	(12)			urfacing, VA ner miscellan		SF or LF)	Remova	Repair	Encapsulate	Enclosure
3.227							/al	=	ate	Ге
	Yes No	N/A								-
Bld 1003 Mechanical Room	X		fitting	s & asbes	tos pipe	35 lf	X			
Bid 1003 1st Fl. Bathroom	\times			fittings		26	X			
OCD Tunnel #1	Y		fitting	s & asbes	tos nine	773 l/f	X			
OCD Tullilei #1			nung	s a asues	ios bibe	77001		-		
				LI-V		De electron I I	2511			
Name of Registered Waste Hauler		NJ DEP W Hauler ID	1.000 to 1.000	ubic Yards Waste	Name of	Registered Lan	atill			
Freehold Cartage		222		8.3	BFI Imp	erial Landfill				
City, State				isposal Date	City, Stat					
Freehold, NJ				5/17/15	Imperial	, PA 15126				
Completed by	Title			Signature		0	Date			
Michael Cooper	President			1/2			5/8/14			

Date of Notification (1)				Name of	Building C	wner/Oper	ator (2)								
June	e 06, 2014		C	rtho Di	agnostic	/ Johns	on & J	lohr	nson						
Agencies Notified	Type Notification	í		Street Ad	dress										
⊠ EPA	☐ Initial		9	20 / 10	01 Rout	e 202, PO	Э Вох	300)						
DEP	Amended	4		City, Stat	e, Zip Cod	ie									
DOL	Amendmen Emergency		- R	aritan,	NJ 0886	59									
DOH	justification	0.00		Name of	Contact					100	ephoneNun	nber			
DCA	Cancellatio	n	P	roject l	Manage					1051	., .				
		Di (0)		FACIL	ITY INFO	RMATION	Тт.		of Fooiliby (4)						
Name of Facility Where)				13	уре (of Facility (4)	Č.					
Ortho Diagnostic / Jo	ohnson & John	son							School (K-12) Subchapter 8		arthan K 13	2)			
Street Address							×		Other (i.e. pri				ings,	home	s,
920 / 1001 Route 20	2							- 6	etc.)	1 11			1 .		
City (5)							S	quar	e Feet	# 0	Floors	В	dg. A	ge	
Raritan, NJ				0 1 0	()				-t Hee /Dries	if ha	3	- 4)			
County (6)				County C	ode (7) SE ONLY)			urre	nt Use (Prior	II be		ieu)			
Somerset		. (8)						^ h = i	tement Contr		Facility				-
Name of Monitoring Firm		g Owner (8)		ASCM	NO.	1					(9)				
Bulava Environment	al, Inc.			1					Group, LL	.C.		-		-	
Street Address						100	treet Ad			\	200				
12 Kilmer Drive						7.7.7.4			HWY N, S	olE.	209				
City, State, Zip Code						2000	ity, Stat								
Hillsborough, NJ 088				Talaabaa	a Nia		nerry F		NJ 08034		License N				
Project Manager for Mor	nitoring Firm			Telephor							to the Livery				
Edward J. Bulava		Cahadula		08-874			73) 75		A Monitor		00781				
Start Date (10)		Schedule								0					
5/17/1 Occupancy Status Durin		ack Only On		5/17/15)		treet Ad		Group, LL	.С.					
E 2				ets octour		100			HWY N, S	STE	209				
Facility Closed/Vac Abatement Perform	cated During Entire	e Period of A rmal Facility	Abaten	nent		-		-	ip Code	J 1 L	200				
Other - Describe:	ica catolac of 140	- admity				0 200			NJ 08034						
Scope of Work (Check A	All That Apply)					OI	icity i	m,	140 00004						
	iii mac rippiy/			Alam.			\boxtimes	l	II Containme	nt wit	n Nogativa I	Draceur	.0		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		- marine	Renova Demolit				X		ni-Enclosure	IIL WIL	i Negative i	ressur	6		
							\boxtimes		ovebag Proc			D	d		
								No	n-Exempted ((*) and	Non-Friable	Proce		emen	+
		100	Locat											/pe	L
Locatio		1 6.000	Normal d Sole	200	A - h		iption of		(ACA)	- 1	Amount				
Asbestos-Containing TO BE AB	NORTH AND	Ma	intena	nce/		tos Contair thermal sy					Specify	D	70	Enc	Ē
In Fac	ility	Cus	todial ((12)	Staff?		surfacin				S	F or LF)	Remova	Repair	aps	Enclosure
(13)		-	N. O. T.	-		other mis	cellaneo	ous)				oval	air	Encapsulate	LL e
		Yes	No	N/A										(b)	
Bld 1003 Mech	anical Room	X			fit	tings & a	sbesto	os p	ipe		35 If	X			
Bld 1003 1st F		X			7,000	ings				26	X				
OCD Tur		X	/\		fit	tings & a		ns n	ine		773 l/f	$\langle \rangle$			
		\rightarrow			110				ipo		200 l/f				
OCD Basemer Name of Registered Wa				NJ DEP W	laste	asbes Cubic Ya		JE _	Name of F		ered Landfil				1
Name of Registered Wa	aste i idulei		10.3	Hauler ID		of Waste				- 9101		70			
Freehold Cartage				222	.53	-	0.3		BFI Impe		andfill		-01-12-		
City, State	-3					Disposal	Date		City, State						
Freehold, NJ		200 - 10				30.00	7/15		Imperial,	PA					
Completed by		Title				Sjiga	nature	_		1	1000	ate			
Michael Cooper		Presid	dent				Je					6/14			

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

												1112		
Date of Notification (1)						Owner/Opera								
August 0			C	CTANE - CO		c / Johnso	on & c	Johnson						
Agencies Notified Typ	e Notification			Street Ad	200000									
⊠ EPA □	Initial		18			te 202, PC) Box	300						
DEP DOL	Amended Amendment	#2			te, Zip Co									
	Emergency (— F	Raritan,	STATE OF THE STATE OF	69			1					
DOH ☐	justification)			Name of					90,000	ephoneNum	iber			
L DCA	Cancellation		F	Project I					1/05	- / - - 1		0,785		
Name of Facility Where Abate	ement is Takin	n Place (3	1	FACIL	LITY INFO	ORMATION	Т	ype of Facility (4	1					
Ortho Diagnostic / Johns			1					7						
Street Address	011 & 3011113	OH					— -	School (K-12 Subchapter 8		er than K-12)			
							5					dings,	home	es,
920 / 1001 Route 202 City (5)							-	etc.) guare Feet	# 04	Floors		ldg. A	00	_
Contract States								quale reel	# 01	3		iug. A	ige	
Raritan, NJ County (6)	,			County C	`ode (7)			urrent Use (Prio	r if hai		04)			
Somerset					ISE ONLY,		_ `	dirent Ose (Filo			eu)			
Name of Monitoring Firm Hire	d by Ruilding	Owner (8)		ASCM	No	N	ame of	Abatement Cont		Facility				
The second secon	30 1 32	Owner (o)		AGGINI	NO.					(3)				
Bulava Environmental, Ir	IC.						reet Ac	CK Group, LL	٠.					
						3505)TE (200				
12 Kilmer Drive City, State, Zip Code								ngs HWY N, S	SIE	209				
100 10 M 12 CO CONTROL O 10 CO	2020							te, Zip Code						
Hillsborough, NJ 08844- Project Manager for Monitorin				Telephor	o No	A STATE OF THE PARTY OF THE PAR	elephor	Hill, NJ 08034		License N				
Edward J. Bulava	ig i iiiii					1 200					J.			
Start Date (10)		Schedule		08-874		- 1		9 - 5000 OSHA Monitor		00781				
5/17/14		Ochedan	34 001	5/17/15					0					
Occupancy Status During Ab	atement (Chec	k Only Or	ne)	3/1//10	,		reet Ac	CK Group, LL Idress	.0.					
						10000		ngs HWY N, S	STE	ong				
Facility Closed/Vacated Abatement Performed O						-		te, Zip Code	J 1 L 2	200				-
Other-Describe:			3			0.000		Hill, NJ 08034						
Scope of Work (Check All The	at Apply)					1011	icity i	1111, 140 00004						
≥3 sf or ≥3 lf			Renova	ation			X	Full Containme	nt with	Nogative P	raccui			
≥160 sf or ≥260 lf		manne.	Demoli				X	Mini-Enclosure	iic witi	i Negative i	Coou			
d.1							X	Glovebag Proc Non-Exempted		Non Erioble	Denne	d		
		1	// XX					Non-Exempted	() and	Non-Friable	Proce	2000	emen	f
		1000	Locat Vorma	Constant of the Constant of th									pe	L
Location of Asbestos-Containing Mate	erial (ACM)	111111111111111111111111111111111111111	d Sole		Achon	Descriptos Containi			٨	mount				
TO BE ABATEI			intena	27152 (27)5		thermal sys				Specify	R	_	Enc	E
In Facility	- ·	Cus	todial ((12)			surfacing	, VAT,	or	SF	or LF)	Remova	Repair	aps	Enclosure
(13)			757			other misc	ellaneo	ous)			avo	air	Encapsulate	sure
		Yes	No	N/A							-		a	
Bld 1003 Mechanica	al Room	X			fit	tings & as	besto	s pipe		35 If	X			
Bld 1003 1st Fl. Ba	throom		X			fitti				26	X			
OCD Tunnel :		X			fit	tings & as		s nine	7	73 l/f	X			
		\rightarrow			110							1		
OCD Basement A Name of Registered Waste H	A CONTRACTOR OF THE PARTY OF TH			J DEP W	lacto	asbesto Cubic Yar				00 l/f	\triangle			
realise of Registered Waste H	aulei		10.00	ij DEP W Hauler ID		of Waste	us	ivaine of h	keyiste	ered Landfill				
Freehold Cartage				222	53	10).3	BFI Impe	rial L	andfill				
City, State						Disposal I	Date	City, State						
Freehold, NJ						5/17	7/15	Imperial,	PA 1	5126				
Completed by		Title			192	Sjign	ature		0	Da	te			
Michael Cooper		Presid	dent				1,12-			8/1	/14			
				_							-			

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

Date of Notification (1)					Name of	Building (Owner	/Operator	(2)							
	nber 03,						c/Jo	ohnson 8	& Jo	hnson						
Agencies Notified	Type Noti	fication			Street A											
EPA	Initia			2				2, PO B	ox 3	300						
DEP DOL		nded ndment :	4 3			te, Zip Co										
	Eme	ergency (i	including	— F	The second second	NJ 088	69									
DOH	justi	fication)				Contact					Telephor	eNum	iber			
L DCA	Can	cellation		F		Manage					(25-,					
Name of Facility Where	Abatement	is Taking	Place (3)	FACI	LITY INFO	ORMA	TION	Tyr	e of Facility (4)			1/10/20		-
Ortho Diagnostic / Jo				,					171							
Street Address	JIIISOII &	JOHNS	JH						H	School (K-1 Subchanter	 8 (Other that 	n K-12)			
	0								X	시	orivate & com		ž.	lings,	home	es,
920 / 1001 Route 20 City (5)										etc.) uare Feet	# of Floor		D	idg. A		
name and market									Jyl	uale reet	555	5		uy. r	ge	
Raritan, NJ County (6)	=	-			County (Code (7)			CIII	rrent Use (Pri	or if being de	molish	ed)			
Somerset						JSE ONLY)			Ou	ireni ose (Fin			eu)			
Name of Monitoring Firm	Hired by F	Building (Dwner (8)		ASCM	1 No		Name	of A	batement Cor	Faci	iity				
		Julianing C	JWHEI (0)		AGGIV	i No.		1 20232450								
Bulava Environmenta Street Address	ai, inc.							Street		K Group, L	LC.					
12 Kilmer Drive											OTE 000					
City, State, Zip Code										gs HWY N,	STE 209			116-00		
the same of the sa	244 2020							1000 ESS		, Zip Code						
Hillsborough, NJ 088 Project Manager for Mon				-	Telephor	no No		Teleph		II, NJ 0803		nse N		_		
Edward J. Bulava	iitoring r iiri				08-874								J.			
Start Date (10)		-	Schedule	1.5		Date (11)			-	- 5000 SHA Monitor	0078	0.1				
5/17/14	и		Concaan	001	5/17/18			0 25800000		K Group, L	10					
Occupancy Status Durin		nt (Chec	k Only Or	ne)	3/1//1	3		Street			LC.					
									****	gs HWY N,	STE 200					
Facility Closed/Vac Abatement Perform								-		, Zip Code	01L 200					
Other - Describe:				0.0000000			_			II, NJ 0803	Λ					
Scope of Work (Check A	II That App	ily)						Orien	y 1 11	11, 140 0000	Т					
≥3 sf or ≥3 lf			X s	Renova	tion			Ī	X.	Full Containm	ont with Noas	ativo D	COSCUI	0		
≥160 sf or ≥260 lf			Marin Salah	Demoli						Mini-Enclosure		ilive r	i essui	Е		
Landson and										Glovebag Pro		-2-615	D	de come		
			1							Non-Exempted	(") and Non-F	паріе			ement	+
47 40			7.000	Locat Norma											уре Уре	
Location Asbestos-Containing		ACM)		d Sole		Achae		Description		rial (ACM)	Amoun					
TO BE AB		-(Olvi)	100	intena				nal system			(Specif		Z.	7	Enc	Ē
In Faci	1000		Cus	todial ((12)	stair?			facing, VA		2	SF or LF	=)	Remova	Repair	aps	Enclosure
(13)			-		1	-	otne	r miscellar	neou	5)			oval	air	Encapsulate	ure
			Yes	No	N/A										(D	
Bld 1003 Mecha	anical Ro	om	X			fitt	ings	& asbes	stos	pipe	35 lf		X			
Bld 1003 1st Fl	l. Bathroo	om		X				fittings			26		X			
OCD Tun	nel #1		X			fit	tings	& asbes	stos	pipe	773 l/	f	X			
OCD Basemen	t A Build	ina	X				25	bestos	nine		200 1/	f	X			
Name of Registered Wa		irig		1	NJ DEP W	/aste		ic Yards	pipe		Registered L					
				H	Hauler ID	No.	of V	Vaste								
Freehold Cartage					222	153		10.3			erial Landf	ill				
City, State							Dis	posal Date		City, Stat						
Freehold, NJ								5/17/15		Imperial	, PA 15126	-				
Completed by			Title					Signature	e	17/	1	Da				
Michael Cooper			Presid	dent	32 = 101112 - 34			and Justine		1/-		9/3	/14			

 $[\]ensuremath{^{\star}}$ Do not use this form for asbestos licensure exempted activities.

Date of Notification (1)				1	lame of E	Building O	wner/0	Operator (2)								
Septen	nber 26, 2	2014		0	CD/PR	D/J&J											
Agencies Notified	Type Notif	ication		5	Street Ad	dress											
⊠ EPA	Initial			92	20/1001	Rt. 202	2										
DEP	X Amer	nded	и	(City, State	e, Zip Cod	е										
DOL		ndment #_ rgency (in		- R	aritan,	NJ 0886	9										
DOH		ication)	Glading	1	Name of	Contact					Tel	ephone	Numbe	er			
DCA	Cano	ellation		P	roject N	/lanager					1,-			-			
			D. (0)		FACIL	ITY INFO	RMAT		T	a of Equilibrate	13						-
Name of Facility Where	Abatement i	is Taking	Place (3)						Тур	e of Facility (4							
OCD/PRD/J&J									Н	School (K-12 Subchapter		or than k	(10)				
Street Address									X	Other (i.e. p				buildi	ngs,	home	s,
920/1001 Rt. 202									hisamali	etc.)		2012-00-00-00-00-00-00-00-00-00-00-00-00-00	AND CONTRACTOR	_			
City (5)									Squ	are Feet	# 0	f Floors		Ble	dg. A	ge	
Raritan, NJ												3					
County (6)					County C	ode (7) SE ONLY)			Cur	rent Use (Pric	or if be			1)			
Somerset												Facility	У				
Name of Monitoring Firm	n Hired by B	uilding O	wner (8)		ASCM	No.				atement Con		(9)					
Bulava Environment	al, Inc.									CGroup, L	LC.						
Street Address								Street /									
12 Kilmer Drive									_	s HWY N,	STE	209					
City, State, Zip Code								City, St	tate,	Zip Code							
Hillsborough, NJ 088	844-3830						en mar 15-5-5			I, NJ 08034	4		-00-10-10-10-10-10-10-10-10-10-10-10-10-				
Project Manager for Mor	nitoring Firm	1			Telephon	e No.		Teleph	one	No.		Licens	e No.				
Edward J. Bulava				9	08-874	-6207		1		- 5000		00781					
Start Date (10)			Schedule	ed Com	pletion [Date (11)		Name	of O	SHA Monitor							
5/17/1	4				5/17/15	j				K Group, L	LC.						
Occupancy Status Durin	ng Abateme	nt (Check	Only On	ie)				Street									
Facility Closed/Vac	cated During	Entire P	eriod of A	Abatem	ent			-		s HWY N,	STE	209					
Abatement Perform	ned Outside	of Norma	al Facility	Hours				City, St	tate,	Zip Code							
Other - Describe:							_	Cherry	Hil	I, NJ 0803	4						
Scope of Work (Check A	All That App	ly)						-									
≥3 sf or ≥3 lf			A STATE OF THE PARTY AND THE P	Renova						ull Containme		h Negati	ve Pre	essur	е		
≥160 sf or ≥260 lf				Demolit	ion			1	- Perm	Mini-Enclosure Blovebag Prod							
									Z i	Non-Exempted	(*) and	Non-Fri	able P	roceo	iure		
			lo	Locati	O.D.				. 10 11							emen	
Lacatio	n of		100	Vormal	35000		_	escription	of						Ту	ре	
Location Asbestos-Containing		ACM)		d Sole		Asbest		ntaining M		ial (ACM)	,	Amount				m	_
TO BE A	11.7		1	intenai todial S		(i.e.		al systems				Specify		Rei	R	nca	incl
In Fac	1000 T			(12)				facing, VA miscellar	Carried Control	The same of the sa	0	F or LF)		Remova	Repair	Encapsulate	Enclosure
	58													al	=	ate	ē
			Yes	No	N/A									\ /			
Bld 1003 Mech	anical Ro	om	X			fitt	ings	& asbes	tos	pipe		35 lf		X			
Bld 1003 1st F	I. Bathroo	om		X				fittings				26		X			
OCD Tur	nnel #1		X	,		fitt	inas	& asbes	tos	pipe		773 l/f		X			
OCD Basemer		ina	X					bestos p				200 l/f		\overrightarrow{X}			
Name of Registered Wa		irig		N	J DEP W	/aste	-	ic Yards	J.PC	Name of			ndfill				
				1,300	lauler ID		15000000	/aste									
Freehold Cartage					222	.53		10.3		BFI Imp		_andfill					
City, State							Disp	osal Date		City, Sta							
Freehold, NJ								5/17/15		Imperial	, PA	15126					
Completed by			Title					Signature		10/	1		Date				
Michael Cooper			Presid	dent				1/10	-/				9/26	/14			

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

Date of Notification (1)				Name of	Building	Owne	r/Operator (2)						
Decen	nber 29, 2014		(OCD/PF	RD/J&J									
Agencies Notified	Type Notification			Street A	ddress	1			1					
EPA EPA	Initial		9	920/100	1 Rt. 2	02								
DEP	Amended	_		City, Sta	te, Zip C	ode				_				
■ DOL	Amendment		— F	Raritan,	NJ 088	369								
DOH.	Emergency justification)		Ī	Name of	f Contact				Tele	phoneNur	nber			
DCA	Cancellation		F	Project	Manage	er			3)					
N- 75 W U				FACI	LITY INF	ORMA	(A)							
Name of Facility Where	Abatement is Takin	g Place (3	3)				T	ype of Facility ((4)					
OCD/PRD/J&J								School (K-1						
Street Address								Subchapter Other (i.e.)				dinge	hom	20
920/1001 Rt. 202 City (5)								Other (i.e. petc.) Square Feet		Floors		lldg. /	20.000.0000	
Raritan, NJ										3			190	
County (6)				County (Code (7)			Current Use (Pri	or if bein	-	hed)			
Somerset					JSE ONLY) <u> </u>				acility	iou)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	1 No.		Name of	Abatement Cor			-			
Bulava / AET Enviro		, , ,					0-4-67/136050900	CK Group, L		~/				
Street Address	minomai						Street Ad		LU.					
12 Kilmer Drive							17750.7736798	ngs HWY N,	STE 2	na				
City, State, Zip Code							The second secon	te, Zip Code	OILZ	03				-
Hillsborough, NJ 088	844-3830						. Die ster voorboer	Hill, NJ 0803	Δ					
Project Manager for Mor				Telephoi	ne No.		Telephor		-	License N	lo.			
Edward J. Bulava			S	908-874	1-6207		(973) 75	9 - 5000	(0781				
Start Date (10)		Schedul			Date (11)			OSHA Monitor		70101				
5/17/1	4			5/17/1	5		The MA	CK Group, L	LC.					
Occupancy Status Durin	ng Abatement (Chec	k Only Or	ne)				Street Ad	of the Selection						
Facility Closed/Vac	cated During Entire	Period of	Abater	ment			1500 Kir	ngs HWY N,	STE 2	09				
Abatement Perform	ned Outside of Norm	nal Facility	Hour	s				te, Zip Code	-					
Other - Describe:							Cherry I	Hill, NJ 0803	4					
Scope of Work (Check A	All That Apply)					10 (2)								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		household.	Renova Demoli				X	Full Containm Mini-Enclosure Glovebag Pro	e cedure					
		1000	Transper Aview	455000		_		Non-Exempted	() and r	ion-Friable	Proce	Avide A	emen	+
			Locat Vorma										ype	L
Locatio Asbestos-Containing		Use	d Sole	ely by	Ashes		Description of ontaining Mat	The second secon	Δπ	nount				
TO BE AB			intena todial			. thern	nal systems in	nsulation,		pecify	Z.	ת	Encapsulate	Ē
In Faci	1.00.50	Cus	(12)				rfacing, VAT, er miscellaned		SF	or LF)	Remova	Repair	apsı	Enclosure
(10)				1		othe	i illiocenanec	743)			val	<u>n</u>	Jlate	ure
		Yes	No	N/A										
Bld 1003 Mecha	anical Room	X			fit	tings	& asbesto	s pipe	3	5 If	X			
Bld 1003 1st F	I. Bathroom		X				fittings			26	X			
OCD Tun	nel #1	X			fit	tings	& asbesto	s pipe	77	'3 l/f	X			
OCD Basemen	t A Building	\times				as	sbestos pip	oe e	20	00 l/f	X			
Name of Registered Wa	ste Hauler			NJ DEP W		10000000	oic Yards	Name of	Register	ed Landfill			do.	
Freehold Cartage				Hauler ID		of V	Vaste	DELImn	ماداد	م ما 13 ا				
City, State				222	22	Die	10.3 posal Date	BFI Impo		IIIUIIII				
Freehold, NJ						013	5/17/15	Imperial		126				
Completed by		Title					Signature	Impenal	, FA I		ate			-
Michael Cooper		Presid	lent				Sanding.	1///-		2000	129/1 ₄	И		
Triidiadi Coopei		116810	CIIL				X2055 650			12	29/14	+		

ASB-41 (R-06-08)

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

Date of Notification (1)				Name of Building Owner/Operator (2)														
December 16, 2014				OCD/PRD/J&J														
Agencies Notified	es Notified Type Notification				Street Address													
EPA EPA	Initial	9	920/1001 Rt. 202															
DEP	Amended	6		City, State, Zip Code														
DOL	Amendment #6 Emergency (including					- Raritan, NJ 08869												
DOH justification)				Name of Contact						TelephoneNumber								
DCA Cancellation				Project Manager						(856) 01								
Name of Facility Where Abatement is Taking Place (3)				FACILITY INFORMATION					Type of Facility (4)									
OCD/PRD/J&J	g / 1400 (.	1400 (0)																
Street Address							School (K-12) Subchapter 8 (Other than K-12)											
920/1001 Rt. 202	*						Other (i.e. private & commercial buildings, homes,											
City (5)						_	etc.)											
Raritan, NJ							oqu	are reet	# (of Floors		B	ldg. A	\ge				
County (6)			County Code (7)						rent Lice (Drice	r if he	3	alichae	1)					
Somerset			(STATE USE ONLY)						Current Use (Prior if being demolished) Facility									
Name of Monitoring Firm Hired by Building C			Owner (8) ASCM No.						ne of Abatement Contractor (9)									
Bulava / AET Environmental										Group, LLC.								
Street Address			5-4	Street Address														
12 Kilmer Drive			1500 Kings HWY N, S							STE 209								
City, State, Zip Code			City, State, Zip Code											_				
Hillsborough, NJ 08844-3830					NJ 08034													
Project Manager for Mor		Telephone No.					elephone No. License No.											
Edward J. Bulava	908-874-6207					(973) 7	973) 759 - 5000 00781											
Start Date (10)			Scheduled Completion Date (11)					Name of OSHA Monitor										
5/17/14 Occupancy Status During Abatement (Check Only One)								IACK Group, LLC.										
			100000				Street /	MENTAL										
Facility Closed/Vacated During Entire Period of Abate Abatement Performed Outside of Normal Facility Hou Other - Describe:								Kings HWY N, STE 209										
				Oity, C					State, Zip Code									
Scope of Work (Check A	JI That Apply)						Cherry	HIII	, NJ 08034	8				1000				
≥3 sf or ≥3 If				X 5-41 C4-3 1 34 44 45 45														
100 (000)			Renovation Demolition				Ž	Full Containment with Negative Pressure Mini-Enclosure										
				F685-9570					Glovebag Procedure									
					Non-Exempted (*)) and Non-Friable			Abatement						
		Locat Normal	0.000				Material (ACM) s insulation,			Amount (Specify SF or LF)			еттен /ре					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Use	d Sole	ly by	Asbes				scription									
		100000	intena todial S			. thermal			systems			(Re	ZI.	Enca	En		
			(12)				cing, VA7 niscellane					Remova	Repair	Encapsulate	Enclosure			
				1					^				val	air.	ilate	Лe		
		Yes	No	N/A									_		- 10			
Bld 1003 Mecha		X			fit	tings &	asbest	stos pipe			35 If		X,					
Bld 1003 1st Fl. Bathroom			X			fittings					26	X						
OCD Tunnel #1		X			fittings & asbes			stos pipe			773 l/f	/f						
OCD Basement A Building		X		as		asbe	sbestos pipe			200 l/f								
Name of Registered Was	NJ DEP Waste				Cubic		Name of Registered Landfill											
Freehold Cartage			Hauler ID No. 22253			or was	of Waste 10.3 BFI Impe				on deill							
City, State							sal Date								85-50-			
Freehold, NJ					5/17/15		Imperial, PA 15126											
Completed by Title						ignature												
Michael Cooper President			lent			-	Men	12/16/14										

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