Date of Notification (1)				Name	of Building	Owner/Operator (2	2)					100	
	13	_	Cumberland County College JAN 2 1 2014										
Agencies Notified Type Notifica	tion			Street	Address					٠.		7.	1
☐ EPA ☐ Initial				3322	2 College	Dr.							1
☑ DOLWD ☑ Amended		414014	.	City, S	tate, Zip C	ode	***************************************				6		
□ DHSS Amendm			4	Vine	land, NJ	08360							
DCA Emergen (NJAC 5:23-8) Justificati		uding	ı	Name	of Contact			Telephone Nu	umber	1			
☐ Cancellat	200			Phy	llis Siedr	ner							
				FAC	ILITY IN	FORMATION							
Name of Facility Where Abatement is 1	aking l	Place (3)				Type of Facility	(4)					
Cumberland Co. College-Admi	nistra	tion B	ldg.				School (K-12		40)				
Street Address							☐ Subchapter 8 ☐ Other (i.e., p			bui	ldina	s	
3322 College Dr							homes, etc.)						
City (5)							Square Feet	# of Floors			g. Ag	je	
Vineland							20000	1		5	0+		
County (6)			A STATE	Coun	ty Code (7	(STATE USE ONLY)	Current Use (Pr	ior if being dem	olished	i)			
Cumberland							Office						
Name of Monitoring Firm Hired by Build	ding Ov	vner (8) [ASCM	No.	Name of Abateme	ent Contractor (9)						
Cardno ATC				0009	8	BRISTOL EN	VIRONMENTA	L, INC.					
Street Address						Street Address		N		- (0)	100000		
3 Terri Lane						1123 BEAVE	R STREET						
City, State, Zip Code						City, State, Zip Co	ode			-			5400
Burlington, NJ 08016	140					BRISTOL, PA	19007		// T.				
Project Manager for Monitoring Firm				phone I 9-386		Telephone No.		License No.					
John Lutz						215-788-6040		00509					
					Name of OSHA N		LINC						
	1			_ / -	14		VIRONMENTA	L, INC.					
Occupancy Status During Abatement (1170	200			Street Address							
☐ Facility Closed/Vacated During Enti					oribo	1123 BEAVE							
Time of Abatement: 7:00AM-3:30				Cribe	City, State, Zip Co								
Scope of Work (Check all that apply)						Пено							
≥3 sf or ≥3 lf	1	⊠ Ren	ovati	on		☐ Mini-End	tainment with Ne	gative Pressure					
⊠ ≥160 sf or ≥260 lf	į		olitic			Gloveba	g Procedure						
		4- 1				⊠ Non-Exe	empted (*) and No	n-Friable Proce	edure				
Location of			.ocat		0.0	Description of	of		L			ent T	
Asbestos-Containing Material (ACM	1)			ly by	Asbe	stos Containing Ma		Amount		Removal	Repair	En	Enclosure
TO BE ABATED				nce/ Staff?	(i.e	., thermal systems		(Specify		νon	air	aps	Sol
IN Facility (13)		Ousic	(12)	Jian :		surfacing, VAT other miscellane		SF or LF)		a		Encapsulate	ure
(10)		Yes	No	N/A		Other misochane						te	
Throughout			\boxtimes		Floor ti	le		3,150 SF		X			
		П	П	\Box							П	П	
Name of Registered Waste Hauler				JDEP V	Vaste	Cubic Yards of	Name of Regi	stered Landfill					
SERVICE TRANSPORT GROU	, INC		H	lauler II		Waste		LANDFILL					
City, State				20990)	Disposal Date	City, State						
NEW CASTLE, DE 19720								BURG, OH 44	688				
Completed By (Print or Type)	Title					Signature		/	Date		/	/	1
Brian Scafiro	Es	timate	or			Brian	Scolini	/ il		1/	16	114	1
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Date of Notification (1)			12.57	Nam	e of Buildi	ina Ow	vner/Operator	(2)					
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	Notificatio	n		Stree	et Address	-			9 E W		VIIIV.	_	\rightarrow
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	ncellation			2000				•	Telephone	Number			
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Name of Facility Where Abateme	nt is Taki	na Plac	0 (3)	FA	CILITY	NFO	RMATION	T=					
Cumberland Co. College-								Type of Facility (
Street Address	Adminis	tration	Bla	g. 				School (K-12)		K 40)			
								Subchapter 8 Other (i.e., pr	ivate and co	K-12) mmercia	l build	inas	
3322 College Dr						4.785.000.00		homes, etc.)				95,	
City (5)								Square Feet	# of Floors	s	Bldg	Age	
Vineland								20000	1		50	+	
County (6)	697.556			Cou	nty Code ((7)(STA	TE USE ONLY)	Current Use (Prid	or if being de	molishe	d)		
Cumberland							•	Office					
Name of Monitoring Firm Hired by	Building	Owner	(8)	ASCM	No.	Nar	me of Abatem	ent Contractor (9)				-	_
Cardno ATC			1.5	000	98			VIRONMENTAL	INC				
Street Address	**		******			_	eet Address	AUCHAELAIVE	., INC.				
3 Terri Lane								DOTOFFT					
City, State, Zip Code							123 BEAVE	2					
Burlington, NJ 08016							y, State, Zip Co						
Project Manager for Monitoring Fi	rm		Tol	onhone	Na		BRISTOL, PA	19007			39		
John Lutz			2000	ephone 09-38 6			ephone No.		License N	0.			
Start Date (10)			ate (11)		15-788-6040		00509						
11/8/13			o LD		100000000000000000000000000000000000000	me of OSHA M RISTOL EN	fonitor VIRONMENTAL	, INC.					
Occupancy Status During Abatem	ent (Che	k only	one)	-	-	Stre	eet Address						
☐ Facility Closed/Vacated During	Entire Po	eriod of	Abate	ement		111111111111111111111111111111111111111	123 BEAVE	RSTREET					
☐ Abatement Performed Outside	of Norma	l Facilit	y Hou	rs - Des	scribe		, State, Zip Co						
Time of Abatement: 7:00AM-3	3:30PM/_	P	M	AM			RISTOL, PA						
Scope of Work (Check all that app	oly)												
☐ >3 sf or >3 lf		⊠ Re	novat	ion			☐ Full Cont	ainment with Nega	ative Pressur	e			
≥160 sf or ≥260 if		☐ De		0.0000				Procedure					
							Non-Exe Non-Exe	mpted (*) and Non	-Friable Prod	cedure			
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Location of Asbestos-Containing Material	ACAA)		Norma	ely by			Description o			⊢	T		-
TO BE ABATED	ACIVI)	Ma	intena	ance/	Asbe	estos (Containing Mar mal systems i	terial (ACM)	Amount		Remov	200	nc
IN Facility		Cus		Staff?	""	SI	urfacing, VAT,	or	(Specify SF or LF	,	Removal	sde	Enclosure
(13)		Yes	(12) No	N/A	1		er miscellane			′ ·	-	Encapsulate	ГĒ
Throughout			×		Floor ti	ile			3,150 SI	- R	7 -		
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Name of Registered Waste Hauler			I	JDEP \	Vaste	Cubi	ic Yards of	Name of Registe	ered Landfill			10	1-1
SERVICE TRANSPORT GR	OUP, IN	C.	H	lauler IC		Was		MINERVA L					
City, State				20990		Dien	osal Date						
NEW CASTLE, DE 19720						Jispi	osai Date	City, State WAYNESBU	IRG OU 44	1690			
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Brian Scafiro	1	: stimat	-				Signature	1 11	1	Date	9	,	
J. Idii Oodiii O		əumdl	101				Drian	Scolin	1-16	11/1	2/	13	

ASB-41 MAY 11 B 5/3065-C

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

OL# 2515 Date of Notification (1) Name of Building Owner/Operator (2) 13 **Cumberland County College** Agencies Notified Type Notification Street Address □ EPA ☑ Initial JAN 2 1 2014 3322 College Dr. DOLWD 8435 ☐ Amended City, State, Zip Code ☑ DHSS 8442 Amendment # Vineland, NJ 08360 ☐ DCA Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number □ Cancellation Phyllis Siedner **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Cumberland Co. College-Administration Bldg. School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 3322 College Dr homes, etc.) City (5) Square Feet # of Floors Bldg. Age Vineland 20000 50÷ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Cumberland Office Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Cardno ATC 00098 BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 3 Terri Lane 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Burlington, NJ 08016 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. John Lutz 609-386-8800 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11 / 8 / 13 11 / 13 / 13 BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-3:30PM/ PM-BRISTOL, PA 19007 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf Mini-Enclosure ≥160 sf or ≥260 if □ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Location of Normally Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Remova Encapsulate Maintenance/ Amount TO BE ABATED (i.e., thermal systems insulation, Custodial Staff? (Specify IN Facility surfacing, VAT, or SF or LF) (13)(12)other miscellaneous) Yes No N/A Throughout X Floor tile 3,150 SF X П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. SERVICE TRANSPORT GROUP, INC. Waste MINERVA LANDFILL 20990 City. State Disposal Date City, State NEW CASTLE, DE 19720 WAYNESBURG, OH 44688 Completed By (Print or Type) Title Signature Brian Scafiro Estimator B51306 5-C

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Date of Notification (1)							4-177	1	,		uion
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(NJAC 5:23-8) just	lfication)	Nar	ne of Cont	act			Tolephone N	lumber		ن ــــــــــــــــــــــــــــــــــــ	
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New J. F. W. Ob	, ,-	F	ACILITY	INFORMAT	ION	n ₄	V. Training				
Name of Facility Where Abateme	nt is Taking Place (3))		•		Type of Facilit	y (4)				-
Private home Street Address						School (K-	12)				
373 Ridge Road						Other (i.e.,	8 (Other than Karning and com	-1 2) marriel i	-ulldi-	300	
City (5)						nomes, etc	r)	indicial i	PUHUIT	195,	
Newton, NJ 07860						Square Feet	# of Floors		Bldg.	Age	
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Sussex		00	anty code (() (SINIE USE	UNLY)	Current Use (F	rior if being dem	olished)			
Name of Monitoring Firm Hired by	Building Owner (8)	ASCI	vi No.	Name of	hatem	ent Contractor (s					
		1	,,			eur coutractor (¥)		0		
Street Address			•	Gr Tech I					•		
				576 Valle		วอา					
City. State, Zip Code				City, State	Zip Co	z83					711.0
Project Manager for Monitoring Fir				Wayne, N							
reducer manager to monitoring Fil	m Te	elephoni	No.	Telephone	No.	·	License No.		-		
Start Date (10)	16-11			973-638-1			01127				
01 / 17 / 14	Scheduled Comp	oletion D	ate (11)	Name of C	SHA M	onitor	10 1 1 1	-			
Occupancy Status During Abateme	01 / _	16 /		Envirovisi	ion Cor	rsultants,Inc					
IXI Facility Closed/Vacated During	Entire Darlad of AL			Street Add	ress	1111					
I Aparement Performed Ontelea.	OF NAMED FRANCE. 12-		acriba	20-21 Wa	garaw j	Road, Bldg .#	34A				
Time of Abatement,AM	PM/PI	W	AM	City, State,	Zip Co	de					
Scope of Work (Check all that appl	v)			Fair Lawn	, NJ 07	410					
⊠ >3 af or >3 if				HE	lean up	and decontamin	nation with negat	ive pres	sure		
_ ≥ 160 sf or ≥260 if	X Renova ☐ Demo!i			L IVE	III-Enoli	osure					
		uon		⊠ GI	ovebag	Procedure	Tent with Negati n-Friable Proces	ive Pres	eure		
1.444	ls Loc					Prod () and ME	MI-LHADIS PROCES		<u> </u>		
Location of Asbestos-Containing Material (A	Norm ACM) Used Sc	lally lely by		Descri	ption of				dtem		
JO BE ABATED	Meinter	lance/	ASCE (i.e	estos Containi e., thermal syr	ng Mate	erial (ACM)	Amount	Reg	Repair	Enc	Enc
(13)	Custodia (12		1 3	surfacino	VAT.	70	(Specify S!F or LF)	Remova	람	Encapsulate	Enclosure
	Yes No	NA	1	other misc	Pilaneo	us)		1 2		ilate	93
asement		X	Dim. 7	14							
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Immo of David							PIN TOWN		7	7	
ame of Registered Waste Hauler	N.	IDEP Wasie	Hauler ID No.	Cubic Yards o	Waste!	Name of Regis	tered andfill		لبا	اسا	
Tech LLC		003378	15	TBD	Ŷ.	T.R.R.F. Inc					
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ayne, NJ 07470				TBD		Tullytown, PA	E				-
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Jevtic	Owner				H A		1	ate	0. 22		
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Date of Notification (1) January 16, 2014			!	Name of The Sta	Building Own ate of NJ, [er/Operato Dept. of T	r (2) reasu	ırv, Div. Pr	op. N	lamt. (Check	# 70	62	
Agencies Notified	Type Notification			Street Ad	dress			,,	3.40			10		
EPA DEP	Initial			PO Bo										
DEP X DOL	Amended Amendment #				te, Zip Code n, NJ 0862	5								
■ DOH	Emergency (in justification)	ncluding		Name of	Contact				Tele	ephone Nu	umber		- H	-
DCA DCA	Cancellation													
Name of Facility Where	Abatement is Taking	Place (3	3)	FACII	LITY INFORM	IATION	Type	of Facility (4	1)			- 10	ST 54	
CRRNJ Terminal B								School (K-12	2)					
Street Address								Subchapter Other (i.e. pr	8 (Othe			lings	home	
200 Morris Pesin D	rive						12.23	etc.)						,
City (5) Jersey City							10,0	are Feet 000	2	Floors	100	ldg. A 00	ge	
County (6)				County C			Curre	ent Use (Prio		ng demolis	shed)			
Hudson					ISE ONLY) _			minal Build	300000					
Name of Monitoring Firm Matrix New World E		wner (8)		ASCM	No.			atement Con vironment						
Street Address	ike Ond Floor					100000000000000000000000000000000000000	t Addre	ess er Ave.						
26 Columbia Turnp City, State, Zip Code	ike, Zha Floor						=27871287	Zip Code		_				- 1
Florham Park, NJ 0	7932					1 20000		ade, NJ 0	8052					
Project Manager for Mor	nitoring Firm			Telephor	ne No.		hone N 3)755-			License 00842	No.			1
Start Date (10) January 20, 2014		Schedul Januar			Date (11)	Name EM:		HA Monitor						
Occupancy Status Durin		2014			t Addre	ess			COMMON TOTAL					
_	ated During Entire P	34	\$ W	ent		(A) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		lon Ave						
Abatement Perform	ned Outside of Norm					11 1000207000		Zip Code						
Other – Describe:	III Thet Acades			3		We	stmon	t, New Jer	sey (08108				
Scope of Work (Check A ≥3 sf or ≥3 lf	di That Apply)	I ZI .	200010	tion			٦ .	ıll Containme	nt with	Nogativo	Droccu			
≥160 sf or ≥260 lf		-	Renova Demolit				Mi	ini-Enclosure	l.	rivegative	riessu	e		
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In Faci (13)	(30.000)	Cus	(12)	naii:	100	surfacing, V her miscella)	SI	or LF)	Remova	Repair	Encapsulate	Enclosure
,		Yes	No	N/A							<u> </u>		ate	æ
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				IDED II		1.'- V1-		- I NI	D = -!=!		E11			
Name of Registered Wa Freehold	ste Hauler		Н	JDEP Wauler ID	No.	ubic Yards Waste	76	Name of I			1111			
City, State			1:	5939	10	isposal Dat	е	City, State		587				
Mount Holly, New J	ersey 08060				1.4	31/14		Tullytov		Α.				
Completed by		Title				Signatu	re	200			Date	14		
Christina Lynch		Offic	e Mar	nager		TYN	XHA	LY L	$\overline{}$		1/16/20	114		

W 60	nergency	* NOTIFIC	CATION	OFA	New Jersey SBESTOS	ABATEM	ENT		5.5.	and the	Prin	t For	m
* E		(Pi	ırsuant	to NJ/	AC 8:60 and	1 12.120)		K 3	3854				
ate of Notification (1)			Name of	of Build Ien Ci	ing Owner/C ity School	District	z) :				- a - ;		
gencies Notified	Type Notification		Street / 201 N	Addres	s nt Street		0						
EPA DEP	Initial Amended		City, S	tate, Zi	p Code J 08102		readov.		1411 0 1	001/			
DOL	Amendment #_ Emergency (inc	duding	Name	of Con	tact			Te	lephone Numbe	2017		12	
DOH DCA	justification) Cancellation			e Nico	INFORMAT	TION					•		
lame of Facility Where	Abatement is Taking F	Place (3)	FA	CILIT	Her Orthory		Type of Fac						i
Camden City Scho	ol District						Santana .	ol (K-12) napter 8 (Ot	her than K-12) & commercial t	ouildings	s, hon	nes,	
Street Address 201 N Front Street	8						etc.) Square Fe	V	of Floors	Bldg.			1
City (5)							1000+	6		35+			4
Camden NJ 08102 County (6)	2		Coun	ity Cod	e (7) ONLY)		Current Us	se (Prior if b	eing demolished	d)			
Camden Name of Monitoring Fire	Hirad by Building O	wner (8)	1.5	SCM No		Nam	e of Abateme	ent Contract	tor (9)				
Name of Monitoring Fir Smithco Engineer	ing Group Inc				1	50.15000	naco Inc.						
Street Address 808 Market Street	Suite 336						Box 329 State, Zip C	ode					
City, State, Zip Code						We	est Berlin N	IJ 08091	Lizzan No				_
Camden NJ 0810 Project Manager for M			Tele	phone	No. -911.1	Tele 85	ephone No. 6-753-980	0	License No 00727				
Sean Smith		Scheduled	0,000,000			Nar	ne of OSHA						
Start Date (10) 1/17/14		1/20/14					eet Address						
Facility Closed/	uring Abatement (Chec /acated During Entire ormed Outside of Norr e: night and weekend	Period of Abornal Facility H	atemen	t 		Cit	y, State, Zip (Code					
Scope of Work (Chec ≥3 sf or ≥3 lf ≥160 sf or ≥260	ck All That Apply)	× Re	enovatio	n i			Mini-	Enclosure	t with Negative I dure *) and Non-Fria	ble Proc	edure	ment	
Loc	cation of	Used	Location ormally Solely	by	Asbestos	Contain	ption of ing Material (ACM)	Amount (Specify	Re			
TO B	Destos-Containing Material (ACM) TO BE ABATED In Facility (13) Maintenance/ Custodial Staff? (i.e. 1						stems insulat g, VAT, or cellaneous)	lon,	SF or LF)	Removal	Repair	Encapsulate	Lidioonio
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Date of Notification (1) 01/13/14					_		operator (2 ne Partn			J	AN 2	1 20)14		1	
Agencies Notified	Type Notification			treet Add	ress st Lanca	ster	Ave									1
× EPA × DEP × DOL	Initial Amended Amendment	#	С	ity, State	, Zip Code , PA 190	9				1000		25.6			-4.8	الد
	Emergency (** D. 2	ame of C	•					Tele	phone N	lumber			V2-	- 30
DOH DCA	justification) Cancellation		1	∕like Ol	nlsen							-				
				FACILI	TY INFOR	MATI	ION									_
Name of Facility Where Residential Proper		Place (3)						_	Facility (4)							
Street Address					-			■ Su	bchapter 8 her (i.e. pri	(Othe	er than K	-12) rcial bui	ildir	igs, h	ome	3,
52 Route 520								etc	c.)		Floors			g. Ag		
City (5) Marlboro Township)							Square 1800s	sf.	1			50			
County (6) Monmouth				County Co	ode (7) SE ONLY)				Use (Prior lential	if bei	ng demo	lished)				
Name of Monitoring Firm	m Hired by Building	Owner (8)	_	ASCM	No.	7.385			ment Cont	ractor	(9)					
N/A							Street A		ices Inc.							_
Street Address							156 N	laple.	Ave.							
City, State, Zip Code							City, Sta Wallin		Code NJ 0705	57						
Project Manager for Mo	nitoring Firm		Т	elephon	e No.		Telepho 973-4				License 01107					
Start Date (10)	rt Date (10) Schedul /25/14 01/28/						Name o		A Monitor odka							
Occupancy Status Durin	na Abatoment (Cher	25.054				Street A										
The second contract of				ont.			156 N	/laple	Ave.							
Facility Closed/Val Abatement Perform Other – Describe:	cated During Entire med Outside of Norr	nal Facility H	lours	ent		_	City, St		Code NJ 0705	57						
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Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Ан так Арріу)		novat moliti				×	Mini- Glov	Containme -Enclosure /ebag Proc -Exempted	edure						
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Location Asbestos-Containing TO BE A In Fac (13	ng Material (ACM) BATED cility	Used Mair Custo	Solel tenar	y by nce/	Asbest (i.e.	os Co therm surf	ntaining M al systems facing, VA miscellan	aterial insulat T, or	(ACM) tion,	(Amount Specify F or LF)	Zellove	Domoval	Repair	Encapsulate	Enclosure
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Name of Registered W	aste Hauler		N	JDEP W	/aste	Cub	ic Yards		Name of	Regis	tered Lar	ndfill		-		
Atlantic Carting LL			100	lauler ID 6085	No.	of W	/aste		IESI							
City, State Wayne,NJ						- 12/16/2003	oosal Date 28/14		City, Stat Bethler		PA					
Completed by		Title Presid	dent				Signature	N	21			Date 01/1	3/1	14		
Leslaw Nalodka		1 1631	JUI IL					1 6			100		3000	1.00	-	-

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

Emergency

Jan	15	2014	12:00pm		2001/00	1
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	٠ :		Date: (L	5/14	_Time:_	11:18

Date of Notification (1)						'	. Date:	211	4.	Time	: 41	.,,
Date of Notification (1)	U		Name o	Building Owner				_				-
Agencies Notified Type Notification		-	Street A	ddress Y	Je F	raci		···				
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DEP Amended		3.4	City, St	ato, Zip Code	<u></u>	. 20	1,					
DOL Amendment		- 1	+ '	Mond	nonth	h Bea	ch NJ	- (7	7	7.5	0
DOH Justification		- I	0	Contact	6		Telenhone	Numb	har		1	
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Name of Facility Where Absternant is Taking	Place (ype of Facility	(4)		_			
Street Address	y .	() W	elli	35			12)					
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Monmouth	130	ac l			2	quare Fent	# of Floors	Y	В	ldg. /	/Be	
County (6)			Gaunty	Code (7)	- 0	unant Use (Pr	ior If being dem	ollsha	201)	30	2+	
Monmouth		- 10		USE ONLY)	5	single -	Family 1	Der	-11	la et		
Name of Monitoring Firm Hired by Building C	wher (5) M	ASC	VI No.	INDITIE OF	Abatement Co	ntractor (8)	- 401		_		
Street Address	314	3	1	MIA	Street Ad	70 16	shool	69	e.		In	2
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City, Slate, Zip Code	A o		40	E33	City Stat	o, Zip Code	991	Chara .				
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Project Manager for Moult of gr Firm			Telepho		Telephon	400	Licen	te No	-		A A	=
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Occupancy Status During Abatement (Check	Only O	ne)	1		Street Ad	dress	- moragi	62	رب	۹ <u>۲</u>		
Facility Closed/Vacated During Entire P	eriod at	Abatem	ent		P.0		337		¥.)		8	
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Scope of Work (Check All That Apply)					Neu	Egypt	- NJ	0	8.	53	3	
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Location of	1	Normall	y		Description of						p⊭	
Asbestos-Containing Material (ACM) TO BE ABATED		d Solel intenso	0.0000000	Asbestos Co	intaining Mate	arial (ACM)	Amount				m	-
In Facility	Cus	todial 5 (12)	taff?	SUI	al systems in facing, VAT, o	זכ	(Specify SF or LF)		Ren	Repair	Jeson	Encl
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pencies Notified Type Notification		Street Address	BENIDA	AVE				=	
Amended	1	City, State, Zip	Code (ARDO	NJ			31.1		
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DOH justification)		Name of Conta	C PLAC	KIS.	4 121	. A		_	25
DCA Cancelation			FORMATION	/				_	-
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ame of Facility Where Abatement is Taking Pla	ace (3)			School (K-12) Subchapter 8		ildina	s.		-
treet Address 20 BENTON	AVE	-		Other (i.e., printed homes, etc.) Square Feet	vate & commercial bu	Bidg.	Age		+
ity (5) LEONAR DO				1000	or if being demolished		0		4
		County Code USE ONLY)	(7) (STATE	VAC	ANT (SH	TNC	y/		7
county (6) MON MOUTH Name of Monitoring Firm Hired by Building Own	ner	ASCM No.	Name of Abate	C PLI+CI	KIS				_
8)					7-29-17072				
Street Address				Code NJ	.08/24	solitile -			
City, State, Zip Code	9.6		Telephone No.	-	License No.	10	/		-
Project Manager for Monitoring Firm	Tek	ephone No.	732 -	899-1499	9	7	6	==	-
Start Date (10) 18-14 Schedul	led Comple	etion Date (11)	Name of OSH	A MONIO					=
Status During Abatement (Check	only one)		Street Addres	SS					
Facility Closed/Vacated During Entire Pent	Facility Ho	C4.000.11	City, State, Zi	p Code					_
M Other - Describe: VACAN	45								2000
Scope of Work (Check all that apply)	Vicenov	ation	☐ Mini-	Containment with No Enclosure rebag Procedure	4				
≥3 sf or ≥3 lf	√ Demoli	tion	Giov Non	-Exempted (*) and N	Ion-Friable Procedure		batem	nont	_
≥160 sf or ≥260 lf	Is Loca	tion	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1			A	Type		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Normal Used Sol Mainten Custo Staf (12	tely by ance/ A dial f?	Description Shestos Containing (i.e., thermal system surfacing, \ other miscell	Material (ACM) rns insulation, /AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
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SIDING SIDING		NJDEP Wast	e Cubic Yard	s Name of R	egistered Landfill				
SIDING Name of Registered Waste Hauler BRICK INDUSTRIES		NJDEP Wast	e Cubic Yard of Waste	5 · G	egistered Landfill R.O.W.				
SIDING SIDING	s/MC	NJDEP Wast	e Cubic Yard of Waste	ate City, State	egistered Landiill			14	<u> </u>

Date of Notification (1) 01-14-2014 (OPEN FILING FOR 201		Name of BI ALCATE	uilding Ow L- LUC	ner/Operato	r (2) HNOLC	GIES						
Agencies Notified Type Notification	S	Street Add		AVENUE				JAN	2	1 20)14	
□ EPA □ DEP □ DOL □ Mended □ Amended □ Amendment # □ Emergency (including)	_ 1	City, State, MURRA Name of C		NJ 0797	4		Telephone					4
DOH justification) Cancellation			FEDER	CO		-	60			. ·		
		FACILI	TY INFOR	MATION	T T	of Facility (4)						-
Name of Facility Where Abatement is Taking Place (3 ALCTEL- LUCENT TECHNOLOGIES Street Address	3)					School (K-12) Subchapter 8 Other (i.e. pri	(Other than	K-12) nercial l	ouildir	ngs, h	omes	,
600 MOUNTAIN AVENUE					E_1	etc.) re Feet	# of Floors			g. Ag		_
City (5) MURRAY HILL, NJ 07974										9. 7.9		_
County (6) UNION		County Co (STATE US	ode (7) SE ONLY)			ent Use (Prior		iolistie	1)			
Name of Monitoring Firm Hired by Building Owner (8 HILLMAN ENVIRONMENTAL)	ASCM I	No.		ne of Aba IPRO,	itement Conti INC.	actor (9)		51 7.501			
Street Address 1600 ROUTE 22 EAST					et Addre	ss (US AVEN	UE					
City, State, Zip Code UNION, NJ 07803						Zip Code RIDGE, No	07095					
Project Manager for Monitoring Firm	110	Telephone		20555	phone N 2-726-3		Licer 0016	nse No.				
Clarif Date (1.5)	led Con	npletion D		Nan	ne of OS	HA Monitor	AANTAI					
OPEN OPEN Occupancy Status During Abatement (Check Only C				Stre	et Addre	ess		-				\neg
Facility Closed/Vacated During Entire Period of		ment		16	00 ROI	UTE 22 E	AST					
Abatement Performed Outside of Normal Facili Other – Describe:	ty Hours	s				Zip Code NJ 07801						
Scope of Work (Check All That Apply)					parent .							
23 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova Demoli				H M	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure				3	
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Name of Registered Waste Hauler	1.00	NJDEP W		Cubic Yard	ds	100000000000000000000000000000000000000	Registered L					
NEWARK CARTING, INC.		Hauler ID 4509	No.	of Waste		G.R.O.	W.S.,INC.					
City, State NEWARK, NJ				Disposal D	ate	City, Stat MORR	e ISVILLE,	PA.				
Completed by Title	ESIDE	ENT		Signa	ature Zava	27.70	Fleh	Da 01		2014		

Date of Notification (1)	W-15-04-	Job#	: 9441.	I	Name	of Build	ling Owner/	Operator (2	2)			9				
01/13/14					Inspira	Healt	hcare Netw	vork							- [
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333 Irving Avenue									Other	(i.e. pr	ivate &	(comm	ercial	build	ings,	
City (5)						1020 - 01-			homes Square Fe		# of F	loors		Bldg.	Ane	
Bridgeton									40,000		3	10013		30+	Age	
County (6)					County	Code	(7) (STAT	E	Current U	se (pr	or if be	ing den	nolish	ed)		
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Name of Monitoring Firm	n Hired by	Building	Owner	(8)	ASCM N	lo.	Name of	Contractor		a itoi						_
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Street Address							Street Ad		terrietratic	, iii	•					_
3370 Progress Way							4343 'G'	Street								
City, State, Zip Code								e, Zip Code	e					-1717		
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Bensalem, PA 19020 Project Manager for Mo	nitorina Fir	m	Telepho	ne Nur	nher		The second control of	e Number		Lic	ense N	umber	-			
Jim Weltz			215-24				215-533-									
Scheduled Start Date (1	10)	Schedu	55.5	7,500	00030											V
SUCE A MEDICAL SUCE AND		02/28/1		ipiction	(11)					n Inc						
01/08/14 Occupancy Status Durin	and the same of th			one)			Street Ad	e Group R	Kemediauc	, inc						
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The Prime Group Rem	nediation.	Inc.	100,000	272	п	12	1316	Minerva	Landfill(OH EP	A 15-1	292)				
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Philadelphia, PA					The Control of	03/31	/14	vvaynes	nung, on							
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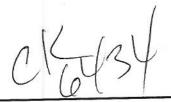
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arms of Monitoring From Hilled by Building Owner	ASC	H No.			mont Contractor (S				
B)				Best E	Removal I	AC			
inext Address					River St				
By, State, Zip Code				City Stoke 7th	Cordo	7 0760	1		
					sack, N.	License No.	<u>-</u>		
Poject Manager for Monkooling Film	Telepl	whe No.		Telephone No. 201-329	-7444 .	00388			
Sent Forte (10) Schedioled Co	anniedien i	Desfer (11)		Marray of COMA	Monthe				
Start Date (10) Schedized Co. 1-16-2014 1-17			1	Omega Et	nvironmen	tal Inc		_	
Occupancy Status During Abatament (Check only	A adds)			Street Address	yler St				
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Scope of Work (Check all that apply)				DRE	Constitution with				
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IN Facility		經7		sionischig, V edhor miscolli	Muons)	7,		1	
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EAST COMMO STATE	1		. 424					1-1	+
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Best Removal Inc	100	109		1 1/2	1	a Enter			
City, Shelin	A720	7	100	Disposal Date	City State	burg,	Oh		
Hackensack, N.J.	0/60	Τ		7	4		Diretto A		u . l
J. Maiorano Estin	nator			VA	Cononcino	3	10/	14/	14
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ı		(Pursuant to NIAC 2.CO								
	Date of Notification (1)	(Pursuant to NJAC 8:60 and 12:120)								
THE PERSON	1-16-14	Name of Building Owner/Drosses (2)								
No.		Name of Building Owner/Operator (2) OCHAN City Development Gab 2014 Street Address 828 8 4 01								
ı	☐ BPA	Street Address								
I		Street Address 838 Rack Place								
,	DOL Amended	City, State, Zip Code City, State, Zip Code Contact Name of Contact								
1	Amendment #	City, State, Zip Code								
1		- Ocean City NJ								
	Cancellation	Name of Contact								
1		Benand S. Telestina Number								
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1	Name of Facility Where Abatement is Taking Place (3)	FACELITY INFORMATION								
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1	City (5)	Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, nomes, etc.)								
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1	County (6) Ocean	Sollier Foot								
	menn !	1 Countries and August								
ı	Name of Management	USE OALLY) Current Use (Prior if being demolished)								
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		worke of Application Contractor (0)								
	Street Address	The don LLO								
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	City, State, Zip Code	1212 Boolington Ame								
	Service Servic	City, State, Zip Code								
	Project Manager for Monitoring Firm	Dolone NI								
	Teleph	phone No. Telephone No.								
	Short D.A. 100	Contract NO.								
- 1	/_ 7 / Scheduled Completion	On Date (15) 01070								
H	9001100000 1-28-									
1	The state of the s									
		Street Address								
	Abatement Performed Outside of Normal Facility Hours Other - Describe:	1———								
2.1		City, State, Zip Code								
	Scope of Work (Check all that apply)									
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li]≥3.sf or ≥3 lf ≥160 sf or ≥260 lf	Full Containment with Negative Pressure								
1	22:00 St of 22m) Committee	Nini-Enclosure								
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11	Is Location	Non-Exempted (*) and Non-Friable Procedure								
11	Asbestos-Containing Material (A.C.) Normally Used Solely by									
- 1	TO DE ASSESSED (ACM) Maintenance									
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	Date of Notification (1)		(Pursuant to NJAC 8:60 and 12:120)										
	1-11-		Name of Building Owner/Operator (2)										
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	Name of Facility Where Abatement	is Taking Place (3)		- TOTAL	7=						_		
	Street Address	ent			Type of Facility	y (4)							
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Project I	Manager fo	r Monitoring	g Firm	Telephone Nu	ımber	732-6	hone Numb 305-9062		License	Number 00714
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	110	Judito		s	ubchapter 8	3 (Other than	ı K-12) .	* ************************************
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Name of Monitoring	Firm Hired by	y Building Owner	r (8) ASCM	Glob	al Abaten	ent Service	es, LLC	
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Name of Registers	Location of stos-Containing aterial (ACM) BE ABATED in Facility (13) Baseme	≥ 260 LF ACM	Normally Used Solely by Maintenance or Custodial Staff? (12)	Asbe Ma (i.e., 1 insulation or other	escription o stos-Contai aterial (ACM thermal syst on, surfacing er miscellan TSI Pipe	ning f) tems g, VAT eous) of Waste	(Specify Square Feet or Linear Feet) 25 LF Name of Ret	(Specify: Removal, Repair, Encapsulatio or Enclosure)
Name of Registere Freehold Ca City, State	Location of stos-Containing aterial (ACM) BE ABATED in Facility (13) Basement Basem	≥ 260 LF ACM	Normally Used Solely by Maintenance or Custodial Staff? (12) N/A NJDEP Waste Ha	Asbe Ma (i.e., 1 insulation or other	escription o stos-Contai aterial (ACM thermal syst on, surfacing er miscellan TSI Pipe	ning f) tems g, VAT eous) of Waste 3 Date	(Specify Square Feet or Linear Feet) 25 LF Name of Ret TRRF City, State	(Specify: Removal, Repair, Encapsulation or Enclosure) Removal gistered Landfill
Name of Registers Freehold Ca City, State Freehold, N.	Location of stos-Containing aterial (ACM) BE ABATED in Facility (13) Basement Basem	≥ 260 LF ACM	Normally Used Solely by Maintenance or Custodial Staff? (12) N/A NJDEP Waste Ha	Asbe Ma (i.e., 1 insulation or other	escription o stos-Contai aterial (ACM thermal syston, surfacing er miscellan TSI Pipe Cu. Yds. c	ning f) tems g, VAT eous) of Waste 3 Date	(Specify Square Feet or Linear Feet) 25 LF Name of Ret	(Specify: Removal, Repair, Encapsulation or Enclosure) Removal gistered Landfill
Name of Registere Freehold Ca City, State	Location of stos-Containing aterial (ACM) BE ABATED in Facility (13) Basement and Waste Haurtage Juint or Type)	≥ 260 LF ACM ng nt ller	Normally Used Solely by Maintenance or Custodial Staff? (12) N/A NJDEP Waste Ha	Asbe Ma (i.e., 1 insulation or other	escription o stos-Contai aterial (ACM thermal syston, surfacinger miscellan TSI Pipe Cu. Yds. c Disposal I 1/1 Signature	ning f) tems g, VAT eous) of Waste 3 Date	(Specify Square Feet or Linear Feet) 25 LF Name of Ret TRRF City, State Tullytown,	(Specify: Removal, Repair, Encapsulation or Enclosure) Removal Removal

Date of Notification (1)		Name of Building Owner/Operator (2)											
1-2-2014		DSEG SAIEM / Hope creek											
Agencies Notified Type Notification		Str	eet Add	ress									
□ EPA □ Initial		4	Mow	C4 (reck.	Neck 1	K			- 222		7	+
DEP Amended		Cit	y, State,	Zip Code	- 1				1 2 1.	2014			.] -
DOL Amendment #_	ıdina	H	Ance	icks 1	Bridge	: NJ	08038	UPI	2 4 1	201			\mathbb{H}
Emergency (including justification)	Juling	Na	me of C	ontact				Telephor	ne Numbe	r	-		3
DCA Cancellation		n	PATE	Far	mer		,						4
	- (6)		FACILI	TY INFOR	MATION	Type	of Facility (4)			0.0			1
Name of Facility Where Abatement is Taking Pl									8.2				
PSEG Salem / Hope creck	NUC	ear					ichool (K-12 Subchapter 8) (Other tha	n K-12)				
Street Address						1 d	other (i.e. pri	vate & con	nmercial b	uildir	gs, h	omes	,
City (5) HANCOCKS Bridge NJ County (6)	Rd					e	tc.)	# of Floo			g. Age		\dashv
City (5)						Squar	e Feet	# 01 F100	ors.	Diu	g. Agi	-	
HANCOCKS Bridge NJ							/D.:	if haire de	maliahaa	<u> </u>			-
County (6)			ounty Co	de (7) E ONLY)		Currer	nt Use (Prior	I being a	emonsnec	9			
SAlem		(3						ractor (O)					
Name of Monitoring Firm Hired by Building Own	ier (8)		ASCM :	10.			ement Cont	ractor (9)	3.		14		
EAGLE FALL A.E.T INC						DZNP:							
Street Address					St	reet Addres	SS						
28 N DeNN Rd City, State, Zip Code												- 10	
City, State, Zip Code					Ci	ity, State, Zi	ip Code						
Lima PA 19028							34			CC - 07			-
Project Manager for Monitoring Firm			elephone			elephone No	0.	Lic	ense No.				
Start Date (10) Se		61	0 891	ate (11)	1								
Start Date (10)	cheduled	Comp	oletion D	ate (11)	N	ame of OSHA Monitor							
00/01/10/ 2014	DE	1	2014	/ °	1	9. E.T							
ANNUAL 2014 Occupancy Status During Abatement (Check C	Only One)				S	treet Addres	SS						
Facility Closed Nacated During Entire Per	iod of Aba	ateme	ent										
Abatement Performed Outside of Normal Other – Describe: Active Nuc	Facility H	ours			С	ity, State, Z	ip Code						
Other - Describe: Active Nuc	clear	pic	NI		-							00-17-0	
Scope of Work (Check All That Apply)													
\[≥3 sf or ≥3 lf	☐ Rer	novati	ion			Fu	II Containme	ent with Ne	gative Pre	essur	Э		
≥160 sf or ≥260 lf	-	nolitio				Total Control	ni-Enclosure						
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	100000000000000000000000000000000000000	(7.6%				140		, = , = , ,			Abate		
		ocatio rmall	1000		125	0 N D					Ту	pe	
Location of	Used			Ashast		ription of ning Materia	al (ACM)	Amo	unt			ш	
Asbestos-Containing Material (ACM) TO BE ABATED	Main		553533			stems insul		(Spe	cify	Re	R	nce	Enc
In Facility	Custo	dial S (12)	taff?			g, VAT, or		SF or	LF)	Remova	Repair	Encapsulate	Enclosure
(13)					other mis	cellaneous))			/al	=	late	Te.
	Yes	No	N/A		7								
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Name of Registered Waste Flauler	LL	TN	JDEP W	/aste	Cubic Y	ards	Name of	Registere	d Landfill				
	1-1	L	lauler ID		of Wast	е							
ASEG to dispose OF All	WASH					***							
City, State					Disposa	l Date	City, Sta	te					
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		NOTIE	CATI	ON OF A	SBEST	OS ABATEMENT		2	_					
	(7 and 12:120-7) Owner/Operator	(2)	014	- A.					
Date of Notification	(1)		Name o	h Se	arl	s	_ 3.	AN	1	~				
12-27-13							(S)	ANA JAN 21		CO				
Agencies Notified	Type Notificati	ion	stree	t Addre	ss 1 ev	Road	(\$ 100	AM					_
[]EPA	[X]Initial		1					CA CO		20				
[]DEP	Notificat	ion	City,	State,	Zip	N.T 07042		185/1	Van	0				
	[]Amended Notificat	-ion	1			NJ,07042		Telephone N	imbet/					
[X] DOL			Name	of Cont	tact				11° 1					
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[]DCA	[]Cancellat	ion		TRACT	T T T T V	INFORMATION								-
		me le	ing Pl				0.000	of Facility			20			
Name of Facility Wh	nere Abatement 1 2	s Tak	Ing				100]School (K-]Subchapter K]Other (i.e	8 (Oti	vale a	COM	2.5		
Street Addres								cial buil	dings,	nomes,				_
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		County	(6) E	ssex	C	ounty Code (7) STATE USE ONLY)	17	ent Use (Pri	or if	being (demoli	she	1)	
City (5					1	SIRIE OUL	Curr	ent use (
						Name of Abat	ement	Contractor	(9)					
Name of Monitoring	Firm hired by	Build	ing A	ASCM No	•	AZTECH	MANA	GEMENT,	Inc.					_
Owner (8)						Street Addre								
N/A Street Address						86 Chri	stop	her St.						
Street Manager				1500	0	ailes Chate	Zip (Code						
City, State, Zip	Code					Montcle	ir,	NJ 0704	2					_
CICY, Deces, - 1				7.5							nse Nu	mbe:	r	
Project Manager f	or Monitoring F	irm		hone Nu	mber	(973) 74	44-88	300		00	371			
PIOJECC I			N/A											
Scheduled Start I	Date (10) Sch	ed. Co	omplet	ion Dat	ce (1	N/A					42			
1-9-14	1	-10-	-14 Day	, Ye	ear									
Month Day	Tear	onth t (Ch	ock or	olv one)	Street Addr	ess							
[X] Facility	CIOSEA, rate													
of Abate	ment	ide o	f Norm	al Faci	ility	City, State	e, Zip	Code						
Hours - I	Describe: «OffHou	Occurs	script	escrip	t»							-		
[]other - I	Describe: «Other	-	and -					tainment wi	th Nega	tive P	ressu	e		
Scope of Work (C	heck all that a	ърта				r 1Mi	ni-Enc	losure						
[X]>3 st	f or ≥3 lf		[X]	Renova	tion	TVI CI	orrehad	Procedure	re					
[]≥160	sf or >260 lf	5000				[]NC	on-File	BIC III			Aba	eme	nt T	Ype
			Lo	Is		Descri	ption	of	Am	ount	R	R	N	N C
Loca	ation of s-Containing			rmally Used		Asbestos- Materi	al (AC	M)		ecify	M	P	A P	P
Mater	rial (ACM)			olely Main-		/i a the	rmal s	ystems		F or LF)	V	A	S	S
TO E	Facility		Cu	nance/ stodial	.	insulation, s	surfac iscell	aneous)			A L	R	L	R
1n	(13)	-	Sta	aff (12)	N/A				60	1.6	X		Ė	-
			Yes	X		Pipe Insu	lati	on	80			1		1
Basement												-	-	\top
	<u> </u>			-				Name of Reg	i atoro	d Landf	111	1	_	
	1 W Le Baule	or.	No	DEP Was	ste	Cubic Yards	5	Name of Reg	.S.		90,6			
Name of Registe	ered Waste Haule	INC	1	7040	D No.	of Waste 1.								
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City, State	NT 07042		100			1-14-14	-	MOLLISA		/	12000			
Montclair	, NJ 07042					Sign	ature	1 -	, 1/		Date		,	
Completed By (Print or Type)	Titl				7	/	1	//	ian	12-	27-1	۶	
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ate of Notification (1)		1	Nar	ne of Build	ding Owner/Op	perator (2)			-00-50	83				
13/14					gen & Pass	aic						MAN AND AND AND AND AND AND AND AND AND A			1
,0110.00 110	Type Notification			eet Addres 3 Moore		ra ja			JAN	1 2	1 20	14	()	4	4
1 0-1	Initial Amended Amendment #_		City	y, State, Z ackensa	ip Code ck, NJ 0760	01	-				. 1 1h -			-	1
DOL DOH	Emergency (including iustification)	luding	10000	me of Cor ark Eng			Ti.	i i	T-1		,			ال	
DCA	Cancellation		0.000		INFORMATI	ON									4
ame of Facility Where	Abatement is Taking F	Place (3)		I AUILIT			Type of Fa	cility (4)							
House	- Datement to Team 5						Subc	ol (K-12) hapter 8 r (i.e. priv	(Othor	than	n K-12)	uildina	s. hor	nes.	
treet Address 74 Bergen Avenue							Othe etc.) Square Fe		# of				Age		
City (5) Bergenfield							N/A		N/A			N/A			_
County (6)			C	ounty Cod	e (7) ONLY)		Current U House	se (Prior	if bein	ig de	molished	1)			
Bergen Name of Monitoring Firm	n Hired by Building O	wner (8)	T	ASCM N	0.	Name of Abatement Contractor (9) D&S Abatement, Inc.									
N/A Street Address						Stree	t Address								
¥.				¥8		City,	Rosengre State, Zip C	ode							
City, State, Zip Code	11				Na	100000000	owa, NJ Cohone No.	7512		Lice	ense No				
Project Manager for Mo	onitoring Firm			elephone		973	-345-868			#00	0675		-		_
Start Date (10)		Scheduled 1/25/14	Com	pletion Da	ite (11)	Nam D&	e of OSHA S Abatem	monitor nent, In	c.						_
1/24/14 Occupancy Status Dur	ing Abatement (Chec	k Only One)					et Address Rosengre	en Aver	nue						
E = UN Olared N/o	acated During Entire F rmed Outside of Norm	Period of Ab	atem	ent		City	State, Zip otowa, NJ	Code							
Scope of Work (Check						-									
 Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 l 			nova molit				× Mini-	Containm Enclosur ebag Pro	e cedure	9					
							Non-	Exempte	d (*) a	nd N	on-Friab	le Prod	edure	mont	_
		le l	ocat	ion									Abate Ty		
Asbestos-Containing Material (ACM) TO BE ABATED			orma I Sole ntena	ely by ance/ Staff?	Asbestos C (i.e. there	mal syst	ng Material (ems insulat VAT, or	ACM) ion,		Amo (Spe SF or	cify	Removal	Repair	Encapsulate	
In F	acility		27.32			er miscellaneous)						4	-	, A5/	-
In F		Yes	No	N/A				2000		200	ILE	1X	1		1
In F	acility	Yes	No		р	ipe ins	ulation	3		200	LF	X	-		1
In F	acility 13)	Yes			р	ipe ins	ulation			200	LF	X			-
In F	acility 13)	Yes						Nama							
base	acility 13) ement	Yes		NJDEP V	Vaste C	ubic Yaı			of Reg	istere	ed Landi	ill			
In F	acility 13) ement Waste Hauler	Yes	X		Vaste CONO. O'T	ubic Yai f Waste BD	rds	Wast	of Reg	istere		ill			
base Name of Registered	acility 13) ement Waste Hauler	Yes	X	NJDEP V Hauler ID	Vaste CONO. O'T	ubic Yai f Waste BD Disposal	rds		of Reg e Mai	istere	ed Landi ement	ill			

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

Date of Notification (1) 1/13/14		Name of Building Owner/Operator (2) Karla Puneeta & Mahesh Krishna								,						
Agencies Notified	Type Notification		- 1	Street Ad 2 Rosw	ldress vell Terra	се				JAI	V 2	1 20	14	ı		
X EPA X DEP X DOL	Amended Amendment				e, Zip Code idge, NJ		3	= = = = = = = = = = = = = = = = = = = =								
DOH DCA	Emergency justification) Cancellation		- 1	Name of Mahesl	Contact h Krishna	1				Tele	phone	Numb	er	•		
Name of Facility Where A	Abatement is Takin	g Place (3)		FACIL	ITY INFOR	RMATIC	N		Facility (4							
Street Address 2 Roswell Terrace									bchapter 8 ner (i.e. pr)				build	ings,	home	s,
City (5) Glen Ridge								Square N/A		N/A			N	dg. A /A	ge	
County (6) Essex				County C	Code (7) ISE ONLY)		_	Current House	Use (Prio	r if bei	ng dem	olishe	d)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCM	No.				ment Cont nent, Inc		(9)		10			
Street Address			E		Address	en Aven										
City, State, Zip Code						State, Zip wa, NJ										
Project Manager for Mor		Telephor	ne No.								cense No. 00675					
Start Date (10) 1/27/14		Schedule 1/28/14		npletion [Date (11)			of OSHA Abaten								
Occupancy Status Durin Facility Closed/Vac			autor	Street Address 11 Rosengren Avenue								100000				
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr			ement												
Scope of Work (Check A	All That Apply)			10towa, NJ 07512												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit				Full Containment with Negative Press Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable P									
		· Is	Locat	ion			0			1,7				Abate	ment pe	
Location Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Use Mai	lormal d Sole ntena odial (12) No	ly by	(i.e. th	s Conta	system sing, VA	Material (A is insulation AT, or		(5	mount Specify F or LF		Removal	Repair	Encapsulate	Enclosure
basem	ent	- 100	X	1,47,		pipe	insula	ation		1	82 LF		X			
			5 7/1.								T					
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Name of Registered Wa		JDEP W	lasta	Cubic '	Varda		Name of F	Pagiete	arod La	ndfill						
D&S Abatement, Inc	H	lauler ID 20996	No.	of Was		Parameters (in the contract of										
City, State Totowa, NJ						Dispos TBD	al Date		City, State Tullytow		Α .		9			
Completed by Deanna Brkusanin Title Project M						S	ignatut	llu	o Bil	lue	reci	Dat 1/1	e 3/14	1		

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

Date of Notification (1) 1/13/14	55		Name of Building Owner/Operator (2) Castle Contracting															
Agencies Notified	Type Notification		552.0	treet Addr 05 Ridg	ess jewood <i>A</i>	Avenue		JA	N C	1 4	רוט							
EPA DEP DOL	Initial Amended Amendment #				Zip Code ge, NJ 0	7028						9		N.				
DOH DCA	Emergency (in justification) Cancellation	ncluding	7,102	ame of Co Dan McN					Tele	ohone	Numbe	er						
Name of Facility Where A	hatement is Taking	Place (3)		FACILIT	Y INFOR	MATION	Тур	pe of Facility (4)	100	+					-			
House								School (K-12) Subchapter 8) (Othe	r than	K-12)							
Street Address 2 Roswell 264 Fore	st Avenue						×	Other (i.e. pri etc.)	vate &	comm	ercial				i,			
City (5) Glen Ridge						3	N/		N/A			N/A	g. Ag A					
County (6) Essex	1		(County Co	de (7) E ONLY)		Current Use (Prior if being demolished) House											
Name of Monitoring Firm	Hired by Building C	Owner (8)	D&S					Abatement Cont patement, Inc		(9)								
Street Address	1	, <u></u>				5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	et Add	dress engren Aven	ue									
City, State, Zip Code					=		City, State, Zip Code Totowa, NJ 07512											
Project Manager for Mor	nitoring Firm		1	Telephone	No.	3.13,090	Telephone No. License No. 973-345-8685 #00675											
Start Date (10) 1/28/14	41	Scheduled	Com	pletion Da	ate (11)			OSHA Monitor patement, Inc	o.			-						
Occupancy Status Durin	ng Abatement (Chec)			7.75	et Ad			7	1 9							
Facility Closed/Vac Abatement Perforn Other – Describe:	cated During Entire I ned Outside of Norm Occupied	Period of Atnal Facility I	atem Hours	ent		City	, State	engren Aven e, Zip Code a, NJ 07512	iue	+								
Scope of Work (Check /					*						9							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoliti				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure											
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Asbestos-Containin <u>TO BE AF</u> In Fac (13	g Material (ACM) BATED cility	Mair	Sole ntena odial ((12)	nce/ Staff?		hermal systematic surfacing,	Containing Material (ACM) rmal systems insulation, surfacing, VAT, or her miscellaneous) Am. (Spr.				/	Removal	Repair	Encapsulate	Enclosure			
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basen	nent		X			pipe ins	ulatio	on		15 LI		Λ.			-			
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		-																
Name of Registered W	aste Hauler			NJDEP W	10000000000000000000000000000000000000	Cubic Yard	ds	Name of	_									
D&S Abatement, Ir	D&S Abatement, Inc.					TBD Waste Management of FA												
City, State Totowa, NJ				Disposal D	\cap	City, Sta Tullyto		Α	15	40								
Completed by Deanna Brkusanin	roject Manager Signature Date 1/13/14							49										