CK 008391

Date of Notification (1)			4.05		Building (Operator ((2)			fina.	8				
6/5/14			E	3orou	gh of Ro	selle	- 2		12		4214	11111	1 /	, pe		
Agencies Notified	Type Notification			treet Ac 210 Cl	ddress hestnut :	Street							-		<i>i</i> 0	: 63
EPA DEP	☐ Initial X Amended		C	ity, Sta	te, Zip Co	de							_			
DOL	Amendment #		_ F	Rosell	e, NJ 0	7203						8 %	1			1 14
ĬX DOH	Emergency (i justification)	ncluding	N	lame of	Contact					Tel	ephone	Number				
DOH DCA	Cancellation			Carl P	. O'Brier	1				10		90	1			
				FACI	LITY INFO	RMAT	ION									
Name of Facility Where	CONTROL OF STREET	Place (3)						Type o	of Facility (4)						
Vacant Residential	Building								School (K-1			200300				
Street Address									Subchapter Other (i.e. p				ıildi	nas.	home	25
135 E. Eighth Aven	ue							e e	etc.)	************			200000		2000000	
City (5) Union									e Feet	# 01	Floors 3			dg. A)+	ge	
				`	D-d- (7)			4,500				- I'-b - J\	50) +		
County (6)					Code (7) JSE ONLY)			Currer	nt Use (Pri	or if bei	ng aem	olishea)				
Name of Monitoring Firm	Hired by Building C	wner (8)		ASCN	1 No.				ement Cor							
n/s	а						Yann	uzzi E	Environn	nental	Service	ces, In	C.			
Street Address							Street A		ร 206 Soเ	ıth						
City, State, Zip Code							City, St		p Code gh, NJ 08	8844	T					
Project Manager for Mon	nitoring Firm	Т	elephor	ne No.		Telepho		50		Licens	se No.	-				
							908-2	218-0	880		0122	.8				
Start Date (10) 6/16/14		Scheduled 6/24/14	Comp	oletion (Date (11)		2000		IA Monitor Environm	nental	Service	ces, In	C.			
Occupancy Status Durin	g Abatement (Check	Only One)				Street A	Addres	s							
Facility Closed/Vac	ated During Entire P	eriod of Ab	ateme	ent			152 F	Route	206 Sou	ıth						
Abatement Perform Other – Describe:	ed Outside of Norm	al Facility F	lours			_	City, St		p Code gh, NJ 08	844						
Scope of Work (Check A	Il That Apply)	- 0		Ĺ	- L:- a		1				ArLa	ectos				
≥3 sf or ≥3 lf	37.56	☐ Rei	novati	on C	ntire	OUI	1812	Full	posed Containm	ent with	Negati	ve Pres	SLUTE			
≥160 sf or ≥260 lf		general contract of	molitic	on -				IVIIN	I-Enclosure	9	riogaa		Ju. (
							×		vebag Prod n-Exempted		d Non-F	riable P	roc	edur	e	
		le I	ocatio	n						7 4					ment	
Location	o of	No	rmally	,		De	scription	of						Ту	ре	
Asbestos-Containing	Material (ACM)	Used	Solely			os Con	taining Ma	aterial			mount				m	_
TO BE AB		Custo	dial St	5.0500 L	(i.e.		I systems icing, VAT		tion,		Specify or LF)	2		Re	ıcap	incl
(13)	.,	1	(12)				miscellan				o ,	Zaliova		Repair	Encapsulate	Enclosure
* Continued on	next and	Yes	No	N/A					4			-	-		, ite	œ
1st & 2nd	floor page			Х		Floor	tile w/m	astic		54	10 SF	x	1			
1st & 2nd				X		20100703256	um w/m			07704500	0 SF	X	-			
1st & 2nd			Х	Tar	pape	r under	floor	tile	14	40 SF	X					
1st flo		x	Masti	c asso	ociated	w/mo	lding	24	40 LF	Х	+					
Name of Registered Was	0.0000000	DEP W			Yards		Name of	Registe	ered Lar	ndfill						
Yannuzzi & Sons, In		uler ID 467	No.		cu. yds.		Grand		al San	itary L	and	dfill				
City, State						20 (200)	sal Date		City, Stat		^					
Hillsborough, NJ		T:0 -					- 7/7/14		Pen Ar	7186		D=4	_			
Completed by Anna Bastos		Title Admin	ictrat	ive Ar	ssistant	1	Signature		Busi	1-		Date 6/5/1	Δ			
Ailla Dastos		Admin	ioudi	IVE AS	ooioiaiil		you	na,	Lusi	w		0/3/1	1			

											7
Abatement Type					Removal	Removal	Domod	nellioval	Removal	Removal	
Amount (Specify SF or LE)					200 SF	200 SF	200 CE	5007	220 SF	4,200 SF	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation,	Surfacing, VAT, or other miscellanguis)	other miscellaneous)		Martin constant	Masuc associated W/floor tile	Linoleum under floor tile	Pressed board & paper backing	Dociding Dociding National	residual Roofing Material	Plaster walls & ceiling base coat	
Type ly y by	nce/ taff?		N/A	×		×	×	×		×	
Is Location Type Normally Used Solely by	Maintenance/ Custodial Staff?	1	NO								N.
l si	∑ š ——	3	res								
Location of Asbestos-Containing Material (ACM) TO BE ABATED	III FaCIIITY			1st & 2nd floor	1st floor	1000	13C 1100F	Roof	1st & 2nd floor		

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

Date of Notification (1) Name of Building Owner/Operator (2)														
	04/	14			Che	rry Hill E	Board of Educati	on / J	lob # 1405-188	2-1 Ch	k. #3	592		
Agencies Notified	Type Noti	fication			Street	Address			Carrier	4:0	DA	0.	20	
⊠ EPA					45 F	Ranoldo	Terrace						J	
	☐ Amen				City, S	tate, Zip C	ode	400		7		-		
☑ DHSS		dment #_			Che	erry Hill, I	NJ 08034			100				
□ DCA (NJAC 5:23-8)	☐ Emerging justific		cluaing			of Contact			Telephone Num	nber				
(110/10/0.20/0)	☐ Cance				Ton	Carter			7	0.000				
					FAC	CILITY IN	FORMATION							
Name of Facility Where Al	patement	is Takino	Place	(3)	i As) LETT 1 114	CHAIRMAN	Type of Facility ((4)				-	
Clara Barton Elemei								School (K-12)						
Street Address	,							☐ Subchapter 8	(Other than K-12	2)				
223 Rhode Island Av	/enue							homes, etc.)	ivate and comme	ercial bu	ilding	s,		
City (5)			(*)					Square Feet	# of Floors	Blo	ig. Ag	je		
Cherry Hill								50,043	1	'	1965			
County (6)			-		Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demol	ished)				
Camden							200	Elementary	School					
Name of Monitoring Firm I	Hired by E	Building C	Owner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
TTI Environmental				0003 Asbestos and Mold Services, Corp.										
Street Address				Street Address										
1253 North Church	Street			3859 Sylon Boulevard										
City, State, Zip Code					City, State, Zip Code									
Moorestown, NJ 080)57			96			Hainesport, I	4J 08036						
Project Manager for Monit	oring Firm	1		Tele	ephone	No.	Telephone No.		License No.					
Jim Guilardi		lui-		- 27	56-840	0.000	609-702-0400		00862					
Start Date (10)				- 36	etion Da	100 37	Name of OSHA N	lonitor						
	14_)7_ /	0	3_/_	14	EMSL Analyt	ical, Inc.						
Occupancy Status During							Street Address							
☐ Facility Closed/Vacate							200 U.S. Rou	te 130 North						
Abatement Performed Time of Abatement:							City, State, Zip Co							
Scope of Work (Check all	that apply	')		-		~	Omnaminson	1, 140 00077				-		
			Ω.					tainment with Neg	gative Pressure					
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			⊠ Re				☐ Mini-End	osure Procedure						
				· · · · ·				mpted (*) and No	n-Friable Proced	ure				
			100	Loca			B1			Ab	atem	ent T	уре	
Location				Norma	ally ely by		Description of			Z	Z,	ш	Ш	
Asbestos-Containing N TO BE ABA		(CM)			ance/		stos Containing Ma ., thermal systems		Amount (Specify	mg	Repair	nca	1 Cic	
IN Facilit	CONTRACTOR OF THE PARTY OF THE		Cust		Staff?	(1.6	surfacing, VAT		SF or LF)	Removal	=	Encapsulate	Enclosure	
(13)	3		Voc	(12) No			other miscellane	ous)				ate	Ф	
Boiler Room			Yes	No	N/A	Boiler I	Breech		35 SF		П	П	П	
Boiler Room							tting Insulation		10 ea					
	-			10110										
Boiler Room		0				Ceiling	Plaster		800 SF				블	
				Щ		<u> </u>	12.11.1				Ш	Ш	Ш	
Name of Registered Wast				100	NJDEP I Hauler II		Cubic Yards of Waste	Name of Regis						
Freehold Cartage, In	ic.			1	02265		10	GROWS La	andfill					
City, State							Disposal Date	City, State						
Freehold, NJ							7/3/14	Morrisville	, PA 19067					
Completed By (Print or Ty	pe)	Title		-			Signature /	. ^	10	Date	70	e sacrate		
Kimberly A. Trumbe	7000	12,000		Coor	dinato	r	TX	h ()-	-	11-1	1-1	014		
, , , , , , , , , , , , , , , , , , , ,				Coordinator U-4-2014										

ASB-41 MAY 11

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

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Cl# 2629

Date of Notification (1) June 6, 2014						Owner / Operato			7		1100	= ;		
Agencies Notified Type Notifica				Addre		MUNICATIONS	•							
⊠ EPA Type Notifica	tion	100000			T-100	GOMERY PLA	CE		1000					
DEP Initial					Zip C		OL		erfort i	HII I I	Photo p	9 8	i C	
DOL Amen	ded					PA 15212							~	
□ DOH □ Emer	gency				ntact				7	T	elepho	ne N	lumb	er
DCA Cance	ellation	Al	NTH	ONY	POR	TA AT								F
			FAC	ILIT	Y INF	ORMATION								
Name of Facility Where Abateme		ce (3)				Type of Facili	ty (4)							
LAKEWOOD CENTRAL OFF	CE	1.3210.07				School (
Street Address						☐ Subchap	ter 8 (Other tha	n K-12)					
216 LEXINGTON AVE						Other (i.e	e. priva	ite & com	mercial l	ouilding	s, hom	ies, e	etc.)	
						Square Feet		# of Floo	ors	BI	dg. Ag	е		
	County (6)	Cour	nty C	ode (7)	20000			3					
LAKEWOOD	OCEAN					Current Use (Prior i	being de	emolishe	d)				
						Verizon cor	nmun	ication	center					
Name of Monitoring Firm Hired by	Building Owne	r (8)		ASC	M No.									
USA Environmental			1			BRISTOL E	NVIR	ONMEN	TAL INC	;				
Street Address						Street Addres	N							
8436 ENTERPRISE AVE					¥	1123 BEAVI								
City, State & Zip Code PHILADELPHIA PA 19153						City, State & 2								
Project Manager for Monitoring Fi	rm IT	relepho	ono	Nlumk	.05	BRISTOL, P		107	11.5-	11				
MARK JENKINS	100	215-36			ы	Telephone Nu 215-788-604			Lice	ense Nu	0050	10		
	Scheduled Comp	_	-			Name of OSH		oitor			0050	19		-
6/23/14		7/11/1		5 (11)		BRISTOL E			TAL INC	:				
Occupancy Status During Abatem					To a last	Street Addres								
☐ Facility Closed/Vacated D	uring Entire Per	riod of	Aba	teme	nt	1123 BEAVE	ER ST	REET						
Abatement Performed Ou		Hours	s – 7	am to	3pm	City, State & 2	Zip Co	de						
Describe: 5:00 PM - 1						BRISTOL, P	A 190	07						
Facility Occupied During A														
Scope of Work (Check all that app	oly)					i	-							
≥3 sf or ≥3 lf			D		_			Full Conf		with Ne	gative	Pres	ssure)
≥3 \$1 01 ≥3 11 ≥160 sf ≥260 lf		_		ovatio				Mini-Enc		•1.55.75757				
Z 100 31 2200 11	3	Ш '	Dem	olitior	1			Glove Ba			-:-b:	D		
Location of		Is Lo	catio	n		Description		Non-Exe	Amo					
Asbestos-Containing	. 11	Norma		311		Asbestos-Cont		1	(Spe		Aba	nem	ent i	ype
Material (ACM)			ely b			Material (AC			SFo		_		四	l m
TO BE ABATED	10000	Mainter				(i.e., thermal sy					Remova	Re	Encapsula	Enclsoure
in Facility (13)	. C	Custodi		taff?	- 1	nsulation, surfac					300	Repair	Sul	nos
(10)	Y		12) No	N/A		or other miscella	aneous	"	58		_		ate	9
Basement - Entrance Hatch		X I	Ť			Pipe Insula	tion		20	F		П	П	\vdash
Basement Boiler Room			T	Ħ	D	emo/Removal		iler	20			H	H	H
						e/Fitting/Boiler		57000000	392	LE		+	H	H
& Boiler		7	H		ler/Duct/Rope			140			H	H	H	
Basement-Diesel Engine Roo		7	Ħ		VDC & VAT/N			405			H	H	H	
		Ti	T	Ħ						<u> </u>	H	Ħ	H	H
Name of Registered Waste Haule		NJE	EP V	Vaste	Cubic Yards	Name	of Regis	stered La	ndfill					
				ler ID	No.	of Waste								
SERVICE TRANSPORT GROU	JP, INC.	OHEO HOMAN	209	90			MINE	RVA LA	ANDFILI	_				
City, State NEW CASTLE, DE 19720						Disposal Date TBD	City, S	State NESBU	RG OH	44688				
Completed By (Print or Type)			Title			Signature		.42000	, 011	77000	Date			
PATRICK T. DeCARO				imat	or		1	100 10	, /	١.	6/6/1	4		
						Patrick	1.	Nº Co	ero/-	R				

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

Ck# 2628

F=									7.1.5.C (7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		" le	71 0	20	00	8	
Date of Notification (1)	_	11201							wner/Operator (2)		+				
6/	6	′ –	14			Wi	llingboro	То	wnship	17 E	if Him .	2				
Agencies Notified	Type No	otifica	ition			Stree	t Address				if Haray	O D.		36	,	
□ EPA						1 F	Rev. Dr. N	/lart	in Luther Kin							
☑ DOLWD ☑ DHSS	☐ Ame		ent#		-	City,	State, Zip	Cod	e							
□ DCA			cy (includ			Wi	llingboro	, N.	J 08046							
(NJAC 5:23-8)		ficatio		ng	1		of Contac	<u> </u>			Telephone	Numbe	r			
	☐ Can		300			Ke	rry Ogrei	n	*							
		A STATE OF THE			_	_			DREATION		-					
Name of Facility Where At	natemen	t ie T	aking Pla	co (3)	1	ГА	CILITY	NFU	RMATION	T (F (4					
JFK Community Cer			aiting i la	ce (5 _,	,					Type of Facility (4						
Street Address	1001									☐ School (K-12) ☐ Subchapter 8	(Other than	K-12)				
429 JFK Way										Other (i.e., pri	vate and cor	mmerci	al bu	ildin	gs,	
City (5)										homes, etc.)						
Willingboro										Square Feet	# of Floors	S	BI	dg. A	ge	
County (6)					T	Cour	nty Code (7	7)(ST	TATE USE ONLY)	Current Use (Pric	or if being de	molishe	ed)			-
Burlington													,,,			
Name of Monitoring Firm H	lired by	Buildi	ing Owne	r (8)	A	SCM	No.	Na	ame of Abateme	ent Contractor (9)		-		-		
Enviromental Conne			9							VIRONMENTAL	INC					
Street Address		300							treet Address	· · · · · · · · · · · · · · · · · · ·	, 1110.			-		-
120 N Warren St									1123 BEAVE	STREET						
City, State, Zip Code							-	-	ity, State, Zip Co							
Trenton, NJ 08608									BRISTOL, PA							
Project Manager for Monito	oring Fire	m		Тт	eleni	hone	No	-	elephone No.	19007	I Linnage N	12				
Ryan Broadwater	,g						-4200	1000	215-788-6040		License N	0.				
Start Date (10)		Te	cheduled								00509					
6 / 19 /	14	130	6	1/3				100	ame of OSHA M		1110					
			40 000	100		- ^ -		-		VIRONMENTAL	, INC.	Lagrangia (Company)				
Occupancy Status During								1	reet Address							
☑ Facility Closed/Vacated☑ Abatement Performed C	During	Entire	Period o	t Aba	ateme	ent			1123 BEAVER							
Time of Abatement: 7:0	00AM-3:	30PM	mai raci M/	ity ⊓t PM-	ours	- Des	cribe		ty, State, Zip Co							
								1	BRISTOL, PA	19007						
Scope of Work (Check all t	hat appl	y)								-i						
≥3 sf or ≥3 lf			⊠F	enov	ration	1			☐ Mini-Encl	ainment with Nega osure	itive Pressur	re				
≥160 sf or ≥260 lf				emol	lition				Glovebag	Procedure						
					,,				Non-Exer	npted (*) and Non-	-Friable Proc	cedure			0000	
Location of	F			Norr	catioi nally				D				Aba	atem	ent T	уре
Asbestos-Containing Ma		ACM)	Us	ed S	olely	by	Asbe	stos	Description of Containing Mat		Amount		Re	Re	ш	Щ
TO BE ABAT	ED		IV	ainte stodia				., the	ermal systems i	nsulation,	(Specify	,	Removal	Repair	cap	clos
IN Facility (13)			00	(1.		aii!			surfacing, VAT, ther miscellaned		SF or LF)	val		Encapsulate	Enclosure
(10)			Yes	N	lo	N/A		O	ulei miscellanec	ous)					ate	
Kitchen,Service Hallwa	y,Rest	roon	ns 🔲				Floor til	le a	nd mastic		472 SF					
Office/Reception area					1		Floor til	le a	nd mastic		4550 SF		\boxtimes			
Exterior and Courtyard									ow caulk		3100 LF	- 1	\boxtimes			
									1000				T	П	П	П
Name of Registered Waste	Hauler				NJE	DEP V	Vaste	Cul	bic Yards of	Name of Registe	red Landfill					-
SERVICE TRANSPOR		DUP,	INC.		Hau	ler ID 0990	No.	A 150 S S S S S	este	MINERVA LA						
City, State			1,000					Dis	posal Date	City, State						\neg
NEW CASTLE, DE 19	720									WAYNESBU	RG, OH 44	1688				
Completed By (Print or Type	e)	-	Title						Signature			Date	7	1	,	
Brian Scafiro			Estima	tor					Drian >	Scofero		6	16	//	4	

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2014-101

NON Sub 8

Che	ck#(657	2	
10	7):14	0.	50	

				NON	oub c	3				===		
Date of Notification (1)	Nam	e of Buildir	ng Owne	er/Operator (2)		v. D.	5,1111 (0.1	M 0.5	0			
0 6 / 0 6 / 1 4	111	ochelle P	ark Bo	ard of Educa	ation			1	65%			
Agencies Notified Type Notificatio	n Stree	t Address				4						
EPA Initial	30	00 Roche	elle Ave	enue	1115/20		1. 1.59	1)			8	
DEP -		State, Zip										
DOL Amendm	ent R	ochelle F	Park, N	IJ 07662				-				
DOH On hold		e of Contac	ct				Telepho	ne Number				
☐ DCA ☐ Cancellat		hristina	Werne	r (201)843-3	3120	x 113				a		
			FACI	LITY INFORMA	MOITA	1						
Name of facility where abatement is	taking place	(3)					Type of Facility				-12/21	
Midland School #1							1 =	ol (K - 12) hapter 8 (C	other th	nan K	-12)	
Street Address					7		Other	(Private/C	omme			
300 Rochelle Avenue							Bldgs Square Feet	# of Floor		Ble	dg. A	ge
City (5)	County	(6)		T		inty Code (7)				<u> </u>		
Rochelle Park, NJ 07662	Berge	en			(Sta	ite use only)	Current Use (I		g dem	olishe	ed)	
Name of Monitoring Firm Hired by B				ASCM No.		Name of Abatement	school (no	n sub 8)		-	_	
Karl & Associates	lug. Owner (5)		ASCIVI NO.		B & G Restorat						
Street Address				***********	_	Street Address	on, mo.	-				
P.O. Box 465						105 Ryerson R	toad		- 1			
City, State, Zip Code					-	City, State, Zip Code						
Shillington, PA19607						Lincoln Park,	NJ 07035		2011			
Project Manager for Monitoring Firm		100000000000000000000000000000000000000	e Numb			Telephone Number (973)696-686	0	License		er		
Michael Krisher		610-	856-77	700		Name of OSHA Mon			378			
Scheduled Start Date (10)	Sched. C	ompletion	Date (11)	\neg	B & G Restorat						
06/18/2014	06/20/	2014				Street Address						
Occupancy Status During Abatement						105 Ryerson R	oad		1			
Facility closed/vacated during e	ntire period	of abateme	ent.			City, State, Zip Code						
Describe:	normai iac	ility flours-			_	LincolnPark, N	1.07035					
Other-Describe:					-	Emodifi dik, 14						=
Scope of Work (check all that apply) Demolition					П.	- " 0 - 1 - 1 - 1 - 1						
	Renovation					Full Containment w/neg	jative pressure	☐ Glovei				
	160 sf or ≥26					Mini-enclosure		☐ Non-ii	I R	R	-	1
Location of	Is location no by maintena			1		-b-sttainin	Amount	923	е	e	E n	E
asbestos-containing material to be	staff(12)			material (A		asbestos-containing	(Specify	SF or	m o	p a	c a	n c
abated in facility (13)	Yes	No	N/A	*			LF)		v e	i	р	L
Lower level (rooms 101, 103,			×	wall plaste	r (4 l	locations @ 1sf ea	a.) 4 sf		X			
105 & stairwel												
								-	븯	片	H	빆
				ubic Yards of V	Vanta	Nome of Desistered	Landfill		.]니	Ш	Ш	
Registered Waste Hauler B & G Restoration, Inc.	NJDEP 195	Hauler ID# 63		ubic Yards of V	vasie		Langtill Lesource & Re	coverv C	ente	r		
City, State Lincoln Park, NJ			sposal D 06/2			City, State Tullytown,	escare es				,24	
	Title			Signature	_	. 		Date	_	_	<u>, , , , , , , , , , , , , , , , , , , </u>	
	Secretary/	Treasure	er			Gordana Luna		06/0	6/20	14		

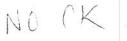
State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2013-106

Check #6571

Date of Notification (1) O 6 / O 6 / 1 4 Agencies Notified Type Notification EPA Initial DEP DOL	70
Agencies Notified Type Notification EPA DEP DOL Amendment DOH DOH DOH Cancellation Cancellation Agencies Notified Type Notification Street Address 12 Cambridge Road City, State, Zip Code Glen Ridge, NJ 07024 Name of Contact Telephone Number	70
Street Address DEP DOL Amendment DOH Cancellation Amendment Cancellation Cancellation Amendment Cancellation Cancellation	
DEP DOL Amendment DOH DOH Cancellation 12 Cambridge Road City, State, Zip Code Glen Ridge, NJ 07024 Name of Contact Telephone Number	
DOL City, State, Zip Code Glen Ridge, NJ 07024 Name of Contact Telephone Number	
DOL Amendment Glen Ridge, NJ 07024 Name of Contact Telephone Number	
Cancellation	
- III Cancellation II 1 :: D.:-	
DCA Liina Broms	
FACILITY INFORMATION	
Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12)	
Liina Broms Subchapter 8 (Other than K-12)	
Street Address Street Address Other (Private/Commercial	
12 Cambridge Road Bldgs./Homes, etc. Square Feet # of Floors Bldg. A	ne .
City (5) County (6) County Code (7)	ge
Glen Ridge, NJ 07024 Essex (State use only) Current Use (Prior if being demolished)	_
residential	
Name of Monitoring Firm Hired by Bidg. Owner (8) ASCM No. Name of Abatement Contractor (9)	
N/A B & G Restoration, Inc.	
Street Address Street Address	
City, State, Zip Code City, State, Zip Code	
Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm Phone Number License Number License Number	
973-696-6869 0378	
Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor	
06/17/2014 B & G Restoration, Inc.	
Street Address	
Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. 105 Ryerson Road City, State, Zip Code	
Abatement performed outside of normal facility hours-	
Describe: Other-Describe: Lincoln Park, NJ 07035	
Scope of Work (check all that apply) wrap & cut	
☐ Demolition ☐ Full Containment w/negative pressure ☐ Glovebag procedure	
≥ 3 sf or >3 lf ≥ 160 sf or ≥260 lf Mini-enclosure Non-friable procedure	
Location of Is location normally used solely	E
asbestos-containing by maintenance/custodial Description of asbestos-containing Amount	n
chated in facility (12)	C
abated in facility (13) Yes No N/A V i p	
basement X pipe insulation 165 lf	口
	부
	ዙ
	분
Registered Waste Hauler INJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill	
Registered Waste Hauler B & G Restoration, Inc. NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill 2 yards Tullytown Resource & Recovery Center	
City, State Disposal Date City, State	
Lincoln Park, NJ 07035 06/18/2014 Tullytown, PA	
Completed by (Print or Type) Title Signature Gordana Luna Date 06/06/2014	

Date of Notification (1) Name of Building Owner/Operator (2)												
06/06/20	14		13	PARM	CH GARY	Jens 12m	W. SIM ON LOW	H. F				
Agencies Notified Type Notification			The top or any or a few or	Address	1	_	.,, -,,,	O- 4	(ii)			
□ EPA □ Initial				4 W	ltam by	9 141.1	yxke a	Y 4- 6				
DOLWD Amended Amendment #	1		City. S	state. Zip C	ode		E LICENCIN	1.71	11			
DCA Emergency (in)	IL	WULL	L NJ		- 100-000000000000000000000000000000000					
(NJAC 5.23-8) justification)			Name	of Contact		endek	Telephone Number	31		_	-	
Cancellation			1	16. Ir	lark 194	RAUNT		<u>-</u>			7	
			FA	CILITY IN	FORMATION							
Name of Facility Where Abatement is Takin				/	· 1	Type of Facility						
Regence learner	5	N	VKS.	re (enter	School (K-12	8 (Other than K-12)					
296 Hamburg Tu	11 m	pik	Tr	3		homes, etc.			-			
City (5)		ł				Square Feet	# of Floors	10000000	lg Ag			
Wayne NJ						65,000		100	()	U_{-}		
County (6) /			Cour	ty Code (/	(STATE USE ONLY)	1 1	ior if being demolish	eu)				
Name of Monitoring Firm Hired by Building	Dumas	(0)	ASCM	No	Name of Abateme		y home					
12 LT	Jwner	(0)	ASCIVI	INO	The state of the s	VILE 12	4 95					
Street Address					Street Address	DICE 37	<u> </u>					
28 N. Pennell Ra					407 W	Line	n Highw	ail	-	X 5	M	
City. State. Zip Code					City, State, Zip Co	ode).		7				
Media TH		19	06	3	CX KI	n. Fo		1				
Project Manager for Monitoring Firm	4000	1	ephone		Telephoné No	10001	License No					
PRIC Houseknech			829		1 4 1	1-8884	DITU		_			
			etion Da		Name of OSHA N							
			2/	<u> </u>	& m S	<u> </u>						
Occupancy Status During Abatement (Chec					Street Address	0.000 13:	1 10041					
☐ Facility Closed/Vacated During Entire Pe ☐ Abatement Performed Outside of Norma				cribe	City, State, Zip Co	pute 132	PUCIN					
Time of Abatement: 7:0PAM-3:3P	M/	_PM		AM	^	minson	NJ	08	0	77		
Scope of Work (Check all that apply)						tainment with Ne	•					
★ ≥3 sf or ≥3 If	Re Re	novat	ion		☐ Mini-End	losure	ganverrossare					
☐ ≥160 sf or ≥260 lf	☐ De	moliti	on		Gloveba	g Procedure	on-Friable Procedure	9				
	Is	Loca	tion	I		impled () dile i i			atem	ent T	ype	
Location of	1	Norma	illy		Description of	of		R	D	Ш	Ш.	
Asbestos-Containing Material (ACM)		d Sol	ely by ance/	Asbes	stos Containing Ma , thermal systems	iterial (ACM)	Amount (Specify	Remova	Repair	ncap	nclo	
TO BE ABATED IN Facility	1	todial	Staff?	(i.e.	surfacing, VAT		SF or LF)	val	~	Encapsulate	Enclosure	
(13)	Yes	(12) No	N/A		other miscellane	ous)				ite	86122	
9	res	П	+	5	حبر ح		200 LF	X				
Louer level	0	_	12	1	SI	0	200 01) [
Micharical Space	Ш											
									Ш	Ш		
Name of Registered Waste Hauler	_	1.75	IJDEP V lauler ID	100000	Cubic Yards of Waste	Name of Regi						
Waste Marguet of N	J	1	JUICE IL		10	GRO	ws					
City, State	Sir.				Disposal Date	City, State	sulle, PA					
Trenton, NJ					TRD	NIOCCI.		0				
Completed By (Print of Type) Title					Singature	. /)1/	Dat /	1.	1	U		
Linda P. Dellermo N	lano	ege	1		Y JAMILO	W.ML	Menua 6	10	-	-1		



Date of Notification (1)			Name of Buil	Iding Owner/	Operator (2	2)	15 -1 -1	1	- 1-			
May 08, 201	4	C	Ortho Diagr	nostic / Jo	hnson &	Johnson			12			
Agencies Notified Type Noti	fication		Street Addre				# JIIH	10	PH 5:	52		
⊠ EPA ⊠ Initia	il	9	20 / 1001	Route 202	, PO Bo	x 300						
DEP Ame	nded		City, State, Z	Zip Code		Ĭ.	: JE51	Joi	,Ui∳ i	T. C.		
	ndment # ergency (including	R	Raritan, NJ	08869			ā!	Cik	$[\cdot\mid \gamma_i],$			
	fication)		Name of Cor	ntact					Number	9		
DCA Can	cellation	P	Project Mar	nager			(1975	B		
News of Facility NAMes and Alexander			FACILITY	INFORMAT								
Name of Facility Where Abatement		3)				Type of Facility	(4)					
Ortho Diagnostic / Johnson &	Johnson				[School (K-						
Street Address						Subchapte Other (i.e.				ildina	s hor	nes
920 / 1001 Route 202					L	etc.)	private a	COMMIN	oroidi be	ii diii ş	13, 1101	1100,
City (5)						Square Feet	# of F	Floors		Bldg	Age	
Raritan, NJ						41.000		3				
County (6)			County Code (STATE USE C	NAME OF TAXABLE STREET		Current Use (Pr	ior if being	g demo	olished)			
Somerset				722 Tanana				acility	У			
Name of Monitoring Firm Hired by E	Building Owner (8)		ASCM No.		Name o	f Abatement Co	ntractor (9	9)				
Bulava Environmental, Inc.		_			The MA	ACK Group, I	LC.					
Street Address					Street A	ddress					5579-110	
12 Kilmer Drive		-			1500 K	ings HWY N	STE 20	09				
City, State, Zip Code			19		City, Sta	ate, Zip Code			2000			
Hillsborough, NJ 08844-3830					Cherry	Hill, NJ 0803	34					
Project Manager for Monitoring Firm	1		Telephone N	0.	Telepho	ne No.		Licens	e No.			
Edward J. Bulava		-	08-874-62	20072	(973) 7	59 - 5000	0	0781				
Start Date (10)	Schedul	ed Com	pletion Date	(11)	Name o	f OSHA Monitor						
5/17/14			5/17/15		The MA	CK Group, L	LC.					
Occupancy Status During Abateme	nt (Check Only Or	ne)			Street A	ddress						
Facility Closed/Vacated During					1500 Ki	ngs HWY N,	STE 20)9				
Abatement Performed Outside Other - Describe:	of Normal Facility	/ Hours			City, Sta	ate, Zip Code						
					Cherry	Hill, NJ 0803	4					
Scope of Work (Check All That App	ly)				5	a						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	The state of the s	Renovat			×	Full Containm	ent with N	Vegativ	e Press	ure		
2100 SI OI 2200 II		Demoliti	ion			Mini-Enclosur Glovebag Pro						
					×	Non-Exempted	(*) and N	on-Fria	ble Prod	edur	9	
	Is	Location	on								ateme	ent
Location of	The second secon	Normall		De	escription of	of				_	Туре	-
Asbestos-Containing Material (A		d Solel		Asbestos Cor	ntaining Ma	iterial (ACM)	J 2000	ount			m	
TO BE ABATED In Facility		todial S		(i.e. therma	al systems acing, VAT			ecify or LF)	Z e	Z.	nca	nc
(13)		(12)			miscellane		31.0	ו נר)	Kemova	Repair	Encapsulate	Enclosure
	-	785							<u>a</u>	5	ate	6
	Yes	No	N/A					-				
Bld 1003 Mechanical Ro	om X			fittings 8	& asbesto	os pipe	35	5 If	\rightarrow			
Bld 1003 1st Fl. Bathroo	m	X			fittings		2	26	\rightarrow			
OCD Tunnel #1	X			fittings 8	& asbesto	ns nine	77	3 l/f	Ś			
OCD TAINICI II T				mangs c	2 230031	os pipe	11.	5 1/1	_/	_		
Name of Degistered Meste Usular		L	I DED Wests	0.11	- X 1-		5		1511			
Name of Registered Waste Hauler		100000	J DEP Waste auler ID No.	of Wa	c Yards aste	Name of	Registere	ed Land	וווזב			
Freehold Cartage			22253	1 131	8.3	BFI Imp	erial Lai	ndfill				
City, State				Dispo	osal Date	City, Sta						
Freehold, NJ						11540		126				
The state of the s					0/1//10	Ilmberia	. PA 10	120				
Completed by	Title		-		5/17/15 Signature	Imperial	, PA 15	120	Date			

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7 ANNUAL NOTIFICATION

Cheka 2201

Date of Notification						Building Ov		rator (2)		4.	芝	1
06 / 06	/14					IACK FOOD	S					2 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Agencies Notified	Type of No	, tifi o	ation		Street Ad 700 HIGH					20	_	With the same
EPA	✓	Initia			_	e, Zip Code) 1 C	- TO	£ ¥ 3
DEP	ΙÄ	100 100	nded			rstown, N					9	100
☑ DOH		Ame	ndment #	<u> </u>	Name of 0				Telephor	ne Number		
DOL DCA			rgency w	/ justification	JON VAN	DERWAL			-		<u> </u>	b
200		Ouri	ocnation	F	ACILITY IN	IFORMATIC	N		I			
Name of Facility Wh	ere Abatem	ent is	s Taking	Place (3)		Type of Fa	cility (4)					
MARS CHOCOLATE						_						
04 4 4 1 1		_				1 4	School (K	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	41 16 46	5)		
Street Address 700 HIGH STREET								er 8 (Other ., private &		55.5		
I CO THOIT OTTLEET						E.		omes, etc.)	Cilinicion	41		
City (5)	County (6)			County Code	(7)	Square Fe	et	# Of Floor	s	Building .		
HACKETTSTOWN	WARREN					800	50000000	1	3	1	40+	
	<u> </u>			L	-,,	MANUFAC		being dem	olished)			
Name of Monitoring	Firm Hired	by B	Ida Own	er (8)	IASCM NO	Name of A		Contractor	(9)	1		
	i i i i i i	_, 5	9. VIIII	\-/					1-1			
AET			-			LVI Demoli		es Inc.				
Street Address	\ /E	1				Street Add	iress	(14)				
907 DOOLITTLE DRI City, State, Zip Code						32 Williams	Dorland					
BRIDGEWATER, NJ						City, State	CONTRACTOR CONTRACTOR AND AND ADDRESS OF THE	3				100.55
Project Mngr. For M		rm		Telephone Nu	mber	10.1., 01.1.0	, L.p 0000					
ERIC HOUSEKNECH				908-218-1108		East Hanov	ver, NJ 079	936				
Sheduled Start Date	eduled Start Date (10) Sched. Completetion					Telephone	Number		License	Number		
06 / 18	/14	25-			14	072.77	2000			000	360	
Occupancy Status D	Vuring Abat	mon	t (Chock	Only 1)		Name of C	2-3660	itor	L	000	560	
				tire Period of		LVI Demoli						
Abatemer						Street Add	iress					
Abatemer		d Ou	tside of N	lormal Facility		32 Williams	s Parkway					
	escribe:	7:00/	AM -3:30F	PM		City, State	, Zip Code)				
						East Hanov	ver, NJ 079	936				
Scope of Work (Che	ck All That	Appl	y)									
☐ Demolitio	ın		7	Renovation		Full Conta	inment wi	th Negative	Pressure	3		
			ت	Renovation	Ħ	Mini - Enc		iii wegative	11033410	•		
☐ ≥160 sf or						Glovebag						
						Non-Exem	pted (*) ar	nd Non-Fria	ble Proce	dure		
Location o	f		ls		Descript	ion of		T	Abateme	nt Type		
Asbestos Cont	The same of the sa	Lo	ocation	As	77	Containing			R		E	E
Material (AC	(M)	No	ormally		Material	(ACM)		Amount	E	10000		N
TO BE ABAT			Used		e., therma			(Specify	M	1 2	c	C
in Facility		1000	Solely			facing, VAT ellaneous)	,	SF or LF)	O V		A P	0
(13)		0000	/ Main- nance/	or	otner misc	ellaneous)			l Å	1	S	S
			stodial						Ĺ	R	ŭ	U
			aff (12)								L	R
TANKEADA			NO N/A	TANK INSULA	TION			20.05				
TANK FARM TANK FARM					20 SQC (2007)			30 SF	-		ㅡ片ㅓ	
ANK FARM PIPE				PIPE INSULAT	1014		lean en en e	TO LI		HH	- H -	H
						-		—				
Name of Registered Waste Hauler NJDEP W					Cubic	Name of R	egistered	Landfill				
NEWARK CARTING Hauler ID N						I.E.S.I.						
City, State					of Waste Disposal	City. State						
					Disposal	BETHLAH						
Completed by (Print	Completed by (Print or Type)						Signaturê				Date	
STEVE STILES	TEVE STILES						1	M				06/06/14
O'L'L O'ILLO			Service Colored State of	PROJECT MAI			100					-0100117

CK 3408

Date of Notification (1)		2000		f Building (artners,		perator	(2)	251%						
Agencies Notified Type Notifica	ion	-	Street A		LLO									
100 miles				Freddy L	.ane		2914 JUN	IN P	M 6.	. 7				
EPA Initial DEP Amende DOL Amende	ent #		City, Sta	ate, Zip Co	de		1 3237	ORDER OF THE						
DOH justificat				f Contact B. Mullo	DV		是山	C Freis	phone	⊖i. Numbe	r	ZT	7	
				LITY INFO		ON			-		_			_
Name of Facility Where Abatement is T Warehouse	aking Place (3	3)			2100711		Type of Facility							
Street Address 151 Benigno Blvd.							School (K- Subchapte Other (i.e.	r 8 (Othe			uild	lings,	home	es,
City (5) Bellmawr					#1		etc.) Square Feet 390,000	# of	Floors			ldg. A	ge	
County (6) Camden				Code (7) USE ONLY)			Current Use (Pr Empty warel							
Name of Monitoring Firm Hired by Build Environmental Management Inc			ASCN	/ No.			of Abatement Co							- 11 42
Street Address					-		Address		+	Selection				
34 E. Germantown Pike, #204 City, State, Zip Code							W. Lincoln Hig	ghway,	Suite	500				
E. Norriton, PA 19401		14911					tate, Zip Code n, PA 19341							
Project Manager for Monitoring Firm Ray Giordano		Telepho 610-27	ne No. 77-0405		1521	none No. 872-8884		Licens 0116						
Start Date (10) 6/23/14	Schedule 7/5/14	ed Con	npletion	Date (11)		Name EMS	of OSHA Monitor							
Occupancy Status During Abatement (C	heck Only Or	ne)				Street	Address		-					_
Facility Closed/Vacated During Ent Abatement Performed Outside of N	ire Period of A	Abaten	nent			1 NILVASO NO 7.57	Route 130 No	rth						
Other – Describe:	oman acinty	Tiouis	•		_		aminson, NJ	08077						
Scope of Work (Check All That Apply)							_							
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	Property and the Party of the P	Renova Demolit				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	re ocedure						
	lo.	Locati					1 Non-Exemple	a () and	INOII-I	Table I			ement	
Location of	1	Normal	ly		Des	scription	of					Ту	ре	
Asbestos-Containing Material (ACM <u>TO BE ABATED</u> In Facility (13)	Ma	d Sole intenar odial S (12)	nce/		tos Cont thermal surfac	aining N	laterial (ACM) s insulation, T, or	(S	mount pecify or LF)	rollowal	Pamoual	Repair	Encapsulate	Enclosure
	Yes	No	N/A										Ф	
Office space in warehouse		X			oor tile			00 SF	X					
Office space in warehouse		X		N	Mastic		700	00 SF	X	_				
									+-		+			
Name of Registered Waste Hauler		0.00335	JDEP W		Cubic		Name of	Register	ed Lan	dfill				
Waste Management of NJ	Н	auler ID	No.	of Was	ste	GROW	/S Land	dfill						
City, State Trenton, NJ					Dispos TBD	al Date	City, Sta Morris		Α					
Completed by Dellewo	Title	0 01	don		S	ignature	a Dellen	20		Date	lo	liu		

CK 32107

Date of Notification (1)				Name of Building Owner/Operator (2)											
6/6/14			S	Stel-Oris LC											
Agencies Notified	Type Notification X Initial		1 22	Street Address 600 Kings Highway N											
DEP × DOL	Initial Amended Amendment	#	1 10000	City, State, Zip Code Cherry Hill, NJ 08034											
	Emergency (Contact	-	-Telephone Number								
DOH DCA	justification) Cancellation		100		n Feltyberger		- releptions with oel								
					LITY INFORMATI	ON					10	- 2	S. 3		
Name of Facility Where Abatement is Taking Place (3) CVS Pharmacy								Type of Facility (4)							
Street Address 600 Kings Highway				0	School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,										
						etc.)									
City (5) Cherry Hill								Square Feet # of Fi 75,000 1			Bldg. Age 50+				
County (6) Camden					Code (7) USE ONLY)	Current Use (Prior if being demolished) Retail									
Name of Monitoring Firm Hired by Building Owner (8) RT Environmental					l No.	e of Abatement Contractor (9) services, LLC									
Street Address						Street	et Address								
510 Heron Road							7 W. Lincoln Highway, Suite 500								
City, State, Zip Code Bridgeport, NJ						, State, Zip Code ton, PA 19341									
Project Manager for Monitoring Firm Tony Alessandrini					Telephone No. 856-467-2276						icense No. 1161				
Start Date (10) Scheduled Co 6/21/14 7/31/14								ame of OSHA Monitor							
Occupancy Status Durin	g Abatement (Chec)	CO. C.				eet Address							
Facility Closed/Vacated During Entire Period of Abate				ment			Route 130 North								
Abatement Performed Outside of Normal Facility Hou Other – Describe:				City, S			State, Zip Code naminson, NJ								
Scope of Work (Check All That Apply)						Oiiiii	idiTiii 10	011, 140							
X ≥3 sf or ≥3 lf X Renow X ≥160 sf or ≥260 lf Demol					lition			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
		1			ar a sant massam	<u>P</u>	≤ Nor	-Exempte	d (*) and	Non-Friat	ole Pro	To the County County County County			
Location			ocation	8-17 197 7-20								Abatement Type			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Lload Calab			Asbestos Cont	scription taining N		(ACM)	Ar	nount			m		
					(i.e. thermal	system	s insula	tion,	(Specify SF or LF)		Rer	R	Encapsulate	Enclosure	
					surfacing other misc				Sr OI LI')		Remova	Repair	psul	losu	
		Yes	No	N/A							<u>a</u>		ate	ē	
Stock Ro	oom			Х	Floor til	le and	mastic 225			25 sf	x				
Mens Ro	oom			X	Floor til	mastic 96		6 sf	X						
Womans					Floor til	mastic 120		20 sf	Х						
Hallwa				X	Floor til	le and	mastic		10)6 sf	X				
			75.332	NJDEP Waste Cubic Yards Hauler ID No. of Waste			Name of Registered Landfill GROWS Landfill								
City, State					6 cy	sal Date		City, Sta	ta						
Exton, PA					TBD	Jai Dale		Morrisv		١					
Completed by Jack Bally		Title Sr. Pro	iect M	/lanar	ner s	e Date 6/6/14									
			,000 10	- Tariaç	7	FU	(/De	uly	W	- 0/	J/ 17				
ASB-41 (R-06-08))* Do no	ot use th	nis form fo	r asbesto	s licensur	e exer	npted	activi	ties.	

ecoservices, LLC (contd)

Abatement Type	Removal Repair Encapsulate Enclosure	×
Amount (Specify SF or LF)		136 sf
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation,	surfacing, VAT, or other miscellaneous)	Floor tile and mastic
Is Location Normally Used Solely by	Maintenance/ Custodial Staff Yes No N/A	N/A
Location of Asbestos-Containing Material (ACM) TO BE ABATED	In Facility	Coat Closet / Vestibule

Date of Notification (1)				Name of Building Owner/Operator (2)														
June 06, 2014				Ortho Diagnostic / Johnson & Johnson														
Agencies Notified	Street Address 920 / 1001 Route 202 PO Box 300																	
EPA	Initial	920 / 1001 Route 20						ox 300		COLA OLIM	L	Pri :	o: 02	2				
DEP	Amended	. 1			ate, Zip (7. 11 I	118	- 1										
DOL	Amendment Emergency			Raritan, NJ 08869						- JLJ	20 L	UN		_				
DOH	Name o	Name of Contact TelephoneNumber																
DCA Cancellation					Project Manager													
Name of Facility Where	Abatement is Takir	a Place /	2)	FAC	ILITY IN	FORMATI	ON		- 10									
Ortho Diagnostic / Jo			3)					Type of F	acility (4)									
Street Address	JIIISOII & JOHNS	SOLI							ool (K-12)	(O4b 4b 16	40)							
020 / 1001 Bouts 20								Othe	er (i.e. priv	(Other than K- rate & commer	12) cial bu	ildina	s hom	ies				
920 / 1001 Route 20:	2							etc.))				,					
Raritan, NJ				Square Feet						# of Floors		Bldg.	Age					
County (6)				Courty Code (7)						3								
Somerset				County Code (7) Current Use (F (STATE USE ONLY)						Prior if being demolished)								
Name of Monitoring Firm	Hired by Building	Owner (8	l	1000	1 NI=			Facility e of Abatement Contractor (9)										
Bulava Environmenta		Owner (o)	ASCN	/I NO.		Legan control											
Street Address	a, mc.								oup, LLC).				-97				
12 Kilmer Drive								Address	4D / N									
City, State, Zip Code					-	-			VY N, S	IE 209								
Hillsborough, NJ 088	44-3830				City, State, Zip Code													
Project Manager for Mon				Telepho	ne No			ry Hill, NJ 08034										
Edward J. Bulava					1-6207			18 19 19 19 19 19 19 19 19 19 19 19 19 19										
Start Date (10)		Schedul		mpletion		,		759 - 5000 00781										
5/17/14						· //		ACK Group, LLC.										
Occupancy Status During Abatement (Check Only One)					5/17/15 The MACK Group, LI Street Address													
53		100	5570	ment					VV N ST	TE 200								
Abatement Performed Outside of Normal Facility Hou						H		D Kings HWY N, STE 209 , State, Zip Code										
Other - Describe:								rry Hill, NJ 08034										
Scope of Work (Check Al	That Apply)						Onchy	11111, 140	00004									
≥3 sf or ≥3 lf		\boxtimes	Renova	ation			5	T EUIL CO	ntainment	with Nogative	Drassu							
≥160 sf or ≥260 lf Demoi							2	Full Containment with Negative Pressure Mini-Enclosure										
							1	Gloveb	ag Proced	ure and Non-Friabl	- 0	202000000						
		1-						Z NOII-EX	empted ()	and Non-Friabl	e Proce		omon					
Is Local Location of Normal No												Abatement Type						
Asbestos-Containing Material (ACM) TO BE ABATED In Facility Used So Mainter Custodia					Asbes		escription of taining Material (ACM) I systems insulation,			Amount		T						
				33300000	(i.e	. thermal				(Specify	R	77	Enc	Ē				
(13)						other m	cing, VAT, or niscellaneous)			SF or LF)	Remova	Repair	Encapsulate	Enclosure				
				1				/			val	굨.	late	ure.				
		Yes	No	N/A					84				10					
Bld 1003 Mechai		X			fit	ttings &	asbest	os pipe		35 If	\times							
Bld 1003 1st Fl.		X				fittings			26									
OCD Tunn	el #1	X					asbestos pipe			773 l/f	X							
OCD Basement A Building						asbestos pipe				200 l/f								
Name of Registered Waste Hauler			١	IJ DEP Waste Cubic Yards			-		me of Reg	istered Landfil								
Freehold Codes			H	lauler ID I		of Wast						**						
Freehold Cartage City, State				222:	53					rial Landfill								
100 - 000 1 0 - 20 - 000 200 000						Disposal Date City, State												
Freehold, NJ Completed by Title						5/17/15 Imperial, PA 15126												
Same and the second second		0.00.50.50					gnature	10	Date									
Michael Cooper President						No.	1.5	/		6/6	6/14							

ASB-41 (R-06-08)

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