ox been

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

Ot ()				NI	ame of	Building C	Owner/Operator (2)					
Date of Notification (1) 5 /	30 / 13	3					nstruction	2013 MAY 30	AM D A			0.32	
Agencies Notified	Type Notification	-		S	treet Ad	Idress	-		r. A.A.				
⊠ EPA	☐ Initial				650 D	anbury F	Road	MANUEL TOP	Trans.				
☑ DOLWD				C	ity, Stat	e, Zip Co	de	& LICEH.	SALL OL				
☑ DHSS	Amendment #		•				nnecticut 0687	7	41110				
DCA	Emergency (in justification)	ncludi	ing	N	200 A SO 1 - 100 A	Contact			Telephone Number	er			
(NJAC 5:23-8)	Cancellation				Todd	Wishard	i						
					FACIL	ITY INF	ORMATION						
Name of Facility Where	Abatement is Takir	ng Pla	ace (3)					Type of Facility (4)				
Old Movie Theater					a		**	☐ School (K-12) ☐ Subchapter 8	Other than K-12)				
Street Address						-5/9		Other (i.e., priv	ate and commerc	cial build	lings,	é	
1729-1795 Deptford	d Center Road							homes, etc.)	-				_
City (5)					A - 1/2 -			Square Feet	# of Floors	7,000	. Age	•	
Deptford								60,000	. 2	50)		
County (6)					County	Code (7)(STATE USE ONLY)	Current Use (Prio		hed)			1
Gloucester County								Theater and	Stores			-	
Name of Monitoring Firm		Own	er (8)	A	SCM N	0.	Name of Abateme	ent Contractor (9)					
ATC Associates					00098		Luzon Inc.						
Street Address				1000			Street Address						
3 Terri Lane							8451 Executi						
City, State, Zip Code				10000			City, State, Zip C	ode					- 1
Burlington NJ. 080	16						Philadelphia	, Pa. 19153					
Project Manager for Mor		-		Telep	hone N	0.	Telephone No.		License No.				
Michael Keehn	**************************************			609	9-386-9	900	267-284-1050	0	01109				
Start Date (10)	Sch	edule	d Con	npleti	on Date	(11)	Name of OSHA						
	13	8	_ / _	31	_ / _	13_	Joseph Marc	onski					
Occupancy Status Durin	ng Abatement (Che	eck or	nly one	e)			Street Address						
□ Facility Closed/Vaca	ted During Entire F	Period	d of Ab	aten	nent		8451 Execut					_	
Abatement Performer	ed Outside of Norm 7:00AM-6:00PM	nal Fa /	PM-	Hours ——	AM	ribe	City, State, Zip C Philadelphia						
Scope of Work (Check	all that apply)						D= "0.	t in a set with Non	etive Prossure				
		_] Rend	ovatio	nn .		☐ Full Cor	ntainment with Neg closure	alive Flessure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		\boxtimes	Dem	olitio	n		Gloveba	ag Procedure	- Esiable Breedu				
2							⊠ Non-Ex	empted (*) and No	n-Friable Procedu		teme	nt T	ma
				.ocati ormal	P(45) (1)		D						
Location			Used			Ashe	Description stos Containing M		Amount	\den	Repair	nc	ncl
Asbestos-Containin TO BE AB				tena		(i.e	., thermal systems	s insulation,	(Specify SF or LF)	Removal	a.	Encapsulate	Enclosure
IN Fac	cility		Custo	(12)	stair?		surfacing, VA other miscellan	I, or leous)	SF OI LF)	=		ulate	9
(13)	Ţ,	Yes	No	N/A		other missenan					(D	
Movie Theater					\boxtimes	Roofing	g Material		23,508 SF				
Movie Theater Proj	ection Area	[\boxtimes	Floor T	ile and Mastic		3,400 SF				
Strip Mall			\boxtimes		w Caulking & G		675						
Movie Theater		[\boxtimes		sul. Boards &		25,000 SF		Ш	Ш	
Name of Registered W	aste Hauler				IJDEP V lauler ID		Cubic Yards of Waste	Name of Regis					
Waste Manageme	ent				20990		100 CYS.	Minerva L	anunii 		167,777-11		
City, State	3						Disposal Date	City, State					
Tullytown Pa.							8-31-13	Tullytown					
Completed By (Print or	Type)	Title		_			Signature	1	100	Date _ I =	. 1	12	
Piyush Patel	0.565A - 60	Pro	ogran	n Ma	nager		Piy	ush l	xtel.	5/3	o l	د۱۱	18
A CONTRACTOR OF THE PROPERTY O			200		675								

0484)
D&S.Prsj.#: 2013

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

								2012110					
Date of Notification (1) $\begin{bmatrix} 0 & 5 & 1/12 & 12 \end{bmatrix}$					ner/Operator (2)		2013 HAT	30 AN	2:	in.		
	Type Notifica	tion	Gail Ga					S. 12		,	4 (3)		
	Initial		Street Add	dress				& Lic	D GOL	17 Ma			
	Amended	- 11	224 V	AN HOUT	EN AVENUI	3		EZ LIU	ENSIN	i lis	1.		
	mendment #	. [1	-	e, Zip Code					1:3.	1			
☑ DOL ☐			8	8	07401								
☑ DOH	Emergency (including	- 1	Name of C	KOFF, NJ	0/481		#			nue .			
_ 5011	justification)) []	ivame or C	ontact				Telepho	ne Numbe	er			
DCA DCA	Cancellation	n	Gail C	abriel						_			
				FAC	CILITY INFORM	IATIO	N		77				
Name of facility where	abatement i	is taking p	place (3)					Type of Facility	(4)				
Gail Gabriel									òl (K - 12)			
								☐ Subc	hapter 8 (Other	han I	(-12)	
Street Address								Other Other	(Private/0	Comm	ercial		
224 VAN HOUTE	EN AVENU	JE						Square Feet	./Homes, # of Floo		T E	ldg. A	Age
City (5)		Co	unty (6)			Co	unty Code (7)					-5-	3-
						(Sta	ate use only)	Current Use (F	Prior if bei	ng der	nolish	ed)	-
WYCKOFF			ERGEN										
Name of Monitoring Fi	irm Hired by	Bldg. Ow	ner (8)		ASCM No.		Name of Abatement	Contractor (9)					
-							D & S RESTOR.	ATION, INC.					
Street Address							Street Address					_	
							20 California A	ve.					
City, State, Zip Code						_	City, State, Zip Code				_		
							Paterson, NJ 07	503					
Project Manager for Mo	nitoring Firm	1		Phone Num	ber	-	Telephone Number	303	License	Num	ner	-	
E							973-345-8020			1169	3000		
Start Date (10)		ICoh	od Comple	etion Date (1	1\	_	Name of OSHA Moni	tor					
Start Date (10)		Sch	su. Comple	tion Date (1	1)	- 1	D & S Restoration	on, Inc.			,		
06/03/13		06/2	28/13				Street Address						
Occupancy Status Durin	•						20 California Av	enue					
Facility closed/va							City, State, Zip Code				_	-	
Abatement perfor Describe:	med outside	of norma	I facility ho	urs-		- 1							
Other-Describe:	NORMAL H	OURS				-	Paterson, NJ 07	503					
Scope of Work (check							L 	Cull Containment					
>3 sf or >3 lf							-	Full Containment v Mini-enclosure	wnegative	press	ure		
	\boxtimes	Renovat					house	Slovebag procedu	re				
≥160 sf or ≥260 lf	f 📙	Demolition	on					Non-Exempted (*)		friable	proc	edure	1
Location of				y used solel	у			'''		R	R	Е	
asbestos-containi		by main staff(12)	tenance/cu	ıstodial	Description	n of a	sbestos-containing	Amount		e m	e	n	E n
material (acm) to		Stall(12)	'		material (/			(Specify S	SF or	0	p	C	c
abated in facility ((13)	Yes	No	N/A				LF)		v	i	a p	L
BASEMENT			1		PIPE INSU	I A T	ION	75 L FT		e	r		-
			# X	4							ᆜ	屵	屵
BASEMENT			LX		BAKE HEA	TIN	G PIPES(RECLEAN	(I) 20 L FT		X		ᆜ	낻
										Ш	Ц	Ш	빝
											Ш		
Registered Waste Haule			EP Hauler		ubic Yards of W	aste	Name of Registered I		COLUED	37			
D & S RESTORATI	ION, INC.	13	506		1 YD		TULLYTOWN, F	ŒSOURCE RE	COVER	. Y			
City, State	7502		Disposal D			City, State	D.A.						
PATERSON, NJ 0			06/04/1			TULLYTOWN,	PA -	To:					
Completed by (Print or T		Title	NO TON		Signature				Date	12			
BOGDAN JOLDZI		PRESII					l a alluttia -		05/22/	13			
ASB-41	*	Do not us	se this form	n for asbest	os licensure exe	rnpted	activities.						

08.3 Proj. #: 2013

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

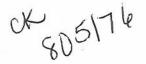
								2912				177	
Date of Notification			lame of Bu	ilding Own	er/Operator (2)			2013 MAY & Sand	30 Ali	2			
Agencies Notified			RICHAR		HETTA			A. Vesti	*7.2	£ (10		
EPA	Initial	IOII S	treet Addre	ess				& 1 10	EKSINI	J et au			
☐ DEP	Amended	IL	937 ROI					~ / U	CHOINI	5119	l.		
☑ DOL	Amendment #:	— II c	ity, State,	Zip Code									
1. 	Emergency (including		Name and Address of the Owner, where the Owner, which is	ON PLA	INS, NJ								
□ DOH	justification)	N	ame of Co	ntact				Telepho	ne Number	#0 83			
☐ DCA	Cancellation		RICHA	RD RON	CHETTA					<u> </u>			
				FAC	ILITY INFORM	ATION			-	§ .			
Name of facility w	here abatement is	s taking pla	ice (3)	30.21				Type of Facility					
RICHARD RO	NCHETTA								ol (K - 12)	thar th	.a. 1/	10\	
Street Address									napter 8 (O (Private/C			-12)	
7 S							İ		./Homes, e		· Olai		
937 ROUTE 2	3	- 10	1 (0)	4				Square Feet	# of Floor	'S	BI	dg. A	ge
City (5)		Cour	nty (6)			100000000000000000000000000000000000000	nty Code (7) te use only)	Current Line (F	Dries if bein		aliah	الد	
POMPTON P	LAINS	PA	SSAIC			(Ota	to use oray)	Current Use (F	Prior it bein	g aem	olisne	ea)	
Name of Monitorin		Bldg. Owne	er (8)		ASCM No.		Name of Abatement C	ontractor (9)					
							D & S RESTORA	TION, INC.					
Street Address					-	-	Street Address						
		900 W. C.	Visite in				20 California Av	e.					
City, State, Zip Coo	de					_	City, State, Zip Code						
							Paterson, NJ 07:	503	Е.				
Project Manager fo	r Monitoring Firm	1	PI	none Numb	per		Telephone Number		License		er		
							973-345-8020 Name of OSHA Monit	· · ·		1169	_		
Start Date (10)		Sched	I. Completi	on Date (1	1)		D & S Restoration						
06/04/13		06/2	4/13				Street Address	n, me.			_		
Occupancy Status	During Abatemer	nt (Check o	nly one)				20 California Av	enue			9		4+
	d/vacated during						City, State, Zip Code						
Describer .	erformed outside		facility hou	rs-		_	5 50000 5000						
Other-Descri	ibe: NORMAL H	IOURS				-	Paterson, NJ 075	503					
Scope of Work (cl	1,000	395	\$\dagger\$					ull Containment	w/negative	press	ure		
\boxtimes >3 sf or >3 lf		Renovation	on.					Mini-enclosure Blovebag procedu	ire				
≥160 sf or ≥2	260 If	Demolition	า				The state of the s	Non-Exempted (*		friable	proce	dure	É
Location of			n normally enance/cus		У				9	R	R e	E	E
asbestos-cor material (acr		staff(12)	enance/cus	BUILIAI			sbestos-containing	Amount (Specify	SF or	m	p	n c	n
abated in fac		Yes	No	N/A	material (ACM)		LF)	0. 0.	o v	a	a p	L
					T DIDE DIGIT	Y A 777	ON	OINET	- 952	e Ka	-	7	-
BASEMENT			LX	<u> </u>	PIPE INSU			8 LN FT		X	H	井	H
BASEMENT			LX		ASBESTO	S DEI	ONIO	50 SQ FT			片	님	H
		-	-	-				#	屵	H	H		
					-					H	금	+	片
Registered Waste H	Hauler	INJD	EP Hauler	ID# I C	Ubic Yards of V	Vaste	Name of Registered	Landfill		الا	ш	ш.	Ш.
D & S RESTOR		135			2 YDS		TULLYTOWN, I		ECOVER	Y			
City, State				Disposal I			City, State						
PATERSON, N			06/05/1			TULLYTOWN,	PA	I Data				—	
Completed by (Prin BOGDAN JOL		ENT		Signature				Date 05/22/	13				
SOUDAN JOL		-		for ashest	os licensure exe	emnter	d activities				_		

OK 604933
D&S Proj. #: 2013

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

19.000			(D. 114)	- Oumario	Inorator (2)			20	10.					
Date of Notification	(1)				Operator (2)			28	13 MAY 31) 86 c				
0 5 /12 3	_/ <u>1 2 </u>		, DOO	LAN				4		18 PA 1	1		olic -	
Agencies Notified EPA	Type Notification Initial		Address						2 4 W / 1 = 1					
☐ DEP	Amended			INGSIDI	EROAD				& light	1. IAD	91.			
	Amendment #:	- 11	ate, Zip							0.10				
DOL	Emergency			OOD, NJ	07450			-	LTelephon	e Number	-		-	_
☑ DOH	(including justification)	Name	of Conta	ct					Tolophon					
☐ DCA	Cancellation	NE.	IL DOG	DLAN							_			=
				FACILI	TY INFORMA	ATION		**		4				
Name of facility w	here abatement is t	taking place (3)					Тур	e of Facility ((4) ol (K - 12)				
realite of identy is	**************************************									apter 8 (Of	her tha	n K-1	2)	
NEIL DOOLA	N								Other	(Private/Co	mmerc		-,	
Street Address									Bldgs.	/Homes, et	c.	- 11	. ^~~	
506 MORNIN	IGSIDE ROAD							Sq	uare Feet	# of Floor:	S	Blug	j. Age	2
City (5)		County (6)				Code (7)	-	rrent Use (P	rior if hoin	demo	lisher)	
						(State i	use only)	CL	irrent Use (P	Mot it being	y demo	1131100	',	
RIDGEWOO	D	BERGE	N		ASCM No.	1 IN:	ame of Abatement	Contr	actor (9)					_
Name of Monitori	ing Firm Hired by Bl	ldg. Owner (8)		1	ASCIVI NO.	11	D & S RESTOR							
							reet Address	ATTIC	711, 1110.					
Street Address						110	20 California A	ve.						
W .						— ci	ty, State, Zip Code							
City, State, Zip Co	ode						Paterson, NJ 0							
	. Marian Firm		I Pho	ne Numbe	r	— _T	elephone Number			License		er		
Project Manager 1	for Monitoring Firm		1	//O / (d.//.20	ž.		973-345-8020)		0	1169			
		10 1 10		Deta (11)		<u> </u>	lame of OSHA Mor							
Start Date (10)		Sched. Co	mpietio	n Date (11)			D & S Restorat	tion, I	Inc.			_	_:	_
06/05/13		06/28/13				S	treet Address		511					
Occupancy Status	s During Abatemen	t (Check only	one)				20 California A		<u>e</u>			_		
Facility clos	sed/vacated during performed outside	entire period o of normal facil	f abaten ity hours	nent. S-			ity, State, Zip Code							
Describe:	cribe: NORMAL H	OURS				=11	Paterson, NJ 0				_			_
Scope of Work	(check all that apply	() ·							Containment	w/negative	press	ure		
>3 sf or >3		Renovation					<u> </u>	- CONTRACTOR - CON	enclosure rebag proced	dure				
>160 sf or	=	Demolition					F	Non	-Exempted ((*) and Non	-friable	proce	edure	
		Is location no	ormally u	sed solely							R	R	E n	Ε
Location o		by maintena	nce/cust	todial	Descrip	tion of asl	bestos-containing		Amount (Specify		m	р	c	n
material (a	acm) to be	staff(12)	100000	T	material	(ACM)			LF)	, 0, 0.	o v	i	a p	Ĺ
abated in t	facility (13)	Yes	No	N/A					700		e	-		
Basement			X		PIPE INS				52 L FT			片	片	片
basement craw	l space		X		PIPE INS				12 L FT			片	片	片
BASEMENT ABOY			X		PIPE INS	ULATIC	ON		60 L FT		井음	片	片	片
Brocking											井	片	片	늄
								- 41 6.			ᆜᆜ			
Registered Wast	te Hauler		Hauler		ubic Yards of	vvaste	Name of Register TULLYTOWN	V, RE	SOURCE	RECOVE	RY			
D & S RESTO	ORATION, INC.	13506	<u> </u>	Disposal D			City, State	,						
City, State	NI 07503			06/07/1			TULLYTOW	N, PA	1					
PATERSON		Title			Signature					Date 05/2	2/12			
Completed by (F BOGDAN JO	OI DZIC	PRESIDE	TV							05/2	3/13			
		* Do not use t	his form	for asbest	os licensure	exempted	activities.							

Date of Notification MAY 29, 2013	(1)*						Building (ENNY C				21	912 14	A		9		
Agencies Notified		Туре	Notification			Street A	ddress OX 314		Re Consent		A.s.	ra Pij	1730	11/ 2	: 41)	
DEP DOL			Initial Amended Amendment				te, Zip Co BRUNSV		NJ 089	903		å L	ident.	31/	191		
DOH DCA			Emergency justification) Cancellation	ii	19 19		Contact E APAR	ICIO				Tele	ephone Nur	nber	1.		
						FACI	LITY INFO	RMATIC	ON								
Name of Facility W FORMER FAC Street Address			ment is Takin	g Place (3)		N. San	92				of Facility (School (K-1 Subchapter	2)	er than K-12))	a i Syjet		
229 FRENCH	STRE	EET		3-11-11-1		000 000 000				X (Other (i.e. petc.)	rivate 8	& commerci	al build	F-00		es,
City (5) NEW BRUNSV	VICK									Squar 6000	re Feet SF	# of	Floors	200	ldg. A 00 +	- 10 May 12 M	3
County (6) MIDDLESEX							Code (7) USE ONLY)	_	_		nt Use (Prid MER FA		ng demolish Y	ied)			A.S 7/100
Name of Monitoring N/A	g Firm	Hired	by Building	Owner (8)		ASCN	I No.				tement Cor Fouch As		⁽⁹⁾ s Abatem	ent C	orp.	Inc.	16
Street Address										Addres homp	ss son Stree	et					
City, State, Zip Coo	City, State, Zip Code Project Manager for Monitoring Firm										p Code Branch,	NJ 07	7764				
Project Manager fo	N/A					Γelepho	ne No.			one No 222-8			License N 00040	0.			
							Date (11)		Name N/A	of OSH	A Monitor						
Occupancy Status		HO MAG							Street	Addres	SS		1		Marie and the	-	
Facility Close Abatement Pe	erform							_	City, S	tate, Zi	p Code						
Scope of Work (Ch	neck A	II Tha	t Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥26	60 If				enovat emoliti				×	Mir Glo	i-Enclosure vebag Prod	e cedure	Negative F			a.	
				Is	Location	on				110	Zxomptot	3 () a.i.	a reorr man		Abate	m.5	t
Asbestos-Cont TO E	cation aining BE ABA Facil (13)	Mate ATED		Used Mai Custo	ormall d Solel ntenar odial S (12)	y by ice/ itaff?		tos Conta thermal surfac		Material s insula .T, or		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
REA	AR R	OOF		Yes	No	N/A X	Asbesto	os Con	taining	Roo	f Flashir	120	Sq. Ft.	x			
,,,,										,							
														_			
Name of Registered Waste Hauler					N.	JDEP W	/aste	Cubic	Yards		Name of	Registe	ered Landfill	1			
Finishing Touch Asbestos Abatement Corp.,					, Н	auler ID 2058		of Was	/				RTH LAN	DFIL	L		
City, State Oceanport, NJ 07757-0400								6/15/1			City, Stat Morrivil						
Completed by Title Joseph P. Miller Presi					dent			S	inature	phi	P. Mil	ler	5/	te 29/13	3		
ASB-41 (R-06-08)								0	* Do no	t use t	his form for	asbest	tos licensur	e exen	npted	activi	ties.



NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) 5/22/13					Name of Bui	lding Owne	er/Operator (2)	. ?	13/12			
Agencies Notified		Notification	Typo		Paulsboro R		mpany		174	b.	153	9
(X) EPA () DEP		(X) Initial N	otification	- Emeregency	Street Addre 800 Billingsp	ort Rd		*(30 4	ή. β. ₂ . _ε	
(X) DOL (X) DOH		() Amended () Cancello		tion	City, State, Z Paulsboro, N				1/6%	Maria.	Ý	C)
() DCA					Name of Cor Ravi Jarecha			Tel. I	Number	\Q`	W.	
Name of Facility Where Ab	-to	r-Li- Di	(0)	FACILITY I	NFORMATION					-	Markey by a	
Paulsboro Refining Compa	ny	raking Place (<u>3)</u>		Type of Facil () School (K () Subchapt	-12)	than K 12)					
Street Address 800 Billingsport Rd					(X) Other (i.e	e. private &	commercial bl			tc.		
City (5)	County (6)		I County	0.1.73	Sq. Feet N/A		# of Floo	rsN	/A	3 Tay 1.		
Paulsboro	Gloucester			Code (7) Ise Only)	Bldg. Age_N	I/A prior if bei	ng demolished)	Oil R	efinen			
Name of Monitoring Firm Hi	red by Bldg	. Owner (8)	ASCM N	lo.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Co					
Chroat Address							K A Industri	al Servi	ices LL	C		
Street Address					Street Addres 800 Billingspo	ort Rd						
					City State, Zir Paulsboro, N.	Code 1 08066						
Project Manager for Monitor	ing Firm	Telephone N	Number		Telephone Nu	ımber		Licen	se Num	her		
Scheduled Start Date (10)		0.1.1.1.1			856-224-4392			00857				
5/23/13		Scheduled (5/31/13		n Date (11)	Name of OSH Kenny Atlantic	A Monitor	Services, LLC					
Occupancy Status During A () Facility Closed/Vacated I () Abatement Performed O	During Entir	e Period of Al	natement		Street Addres 800 Billingspo	S	dervices, LLC					*****
Other - Describe - Remova				de areas	City, State, Zin Paulsboro NJ				-10.00			
Source of Work (Check all th	nat apply)				L	- 489-33						
() Demolition (X) Renovat () Large Proj. (>160 SF or > () Full Containment with Net Location of Asbestos-	ion 260 LF AC	sure () Min	ii-Enclosui	re (X) Glove	bag Procedure		oj. (<25 SF or		ACM)			
Containing Material (ACM) in	Solely	tion Normally by Maint./Cus	Used todial	Description of thermal system	ACM (i.e.	Amount	(Specify SF or	LF)	Abate	ement Typ	oe oe	
Facility (13)	Staff?	12)		surfacing, VAT	, or other							
Coker Unit. 10" lines off drun	YES	NO	NA	misc.)					Rem.	Rep.	Encap I	Enclose
safeties	<u> </u>	Х		Pipe Insulation	1	100LF			Х			
N (5 W)							mana maka					<u> </u>
Name of Reg. Waste Hauler Waste Management, Inc.	D#	Cubic Yards of < 1 CY	Waste				Landfill ounty Lan	dfill				
<u>City, State</u> South Harrison, NJ	=				<u>Disp. Date</u> Various			City, State South Ha		IJ		
Completed by (Print or Type)		<u>Title</u>			Signature		Т	Date				
ANDREW GREEN	TLANTIC	andy	Derations S	<u>La-</u> Supervisor	<u>5/22/13</u>	3						

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00

Check # 10330

Date

May 24, 2013

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC# 9025-13 Name of Building Owner/Operator (2) Date of Notification (1) 2813 MAY 30 AM 2: 40 January 9, 2013 THIEDE SIDENCE Notification Type Street Address Agencies Notified ☑ Initial Notification 20 CANDLEWOOD DRIVE ☐ EPA City, State, Zip Code ☐ Amended Certification # DCA WASHINGTON, NJ 07882 □Emergency (including X DOL Name of Contact Telephone Number Justification letter) MS. PATRICIA THIEDE ☑ DEP- No Longer REQUIRED □ Cancelled X DOH **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) THIEDE RESIDENCE School (K-12) ☐Subchapter 8 (other than K-12) Street Address X Other (i.e. private & commercial buildings, homes, etc.) 30 SCHOOL STREET Sq. Feet: ~2300SF # of Floors: 2 Bldg. Age: ~100+ years County Code (7) City (5) County (6) Current Use (prior if being demolished): RESIDENCE (TO BE WARREN (State Use Only) WASHINGTON **DEMOLISHED DUE TO FIRE)** Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Contractor (9) ASCM No. 0098 ENVIROVISION, INC. GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 20-21 WARGARAW ROAD **268 MAIN STREET** City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 FAIRLAWN, NJ Project Manager for Monitoring Firm License Number Telephone Number Telephone Number FRED LARSON 973-636-9145 00840 973-492-0477 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 06/03/2013 06/04/2013 ENVIROVISION. INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ■ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe ☑Other - Describe: Work Area Closed/Vacant During Entire Period of Abatement 8:00 AM - 8:00 PM FAIRLAWN, NJ Source of Work (Check all that apply) ■ Full Containment with Negative Pressure □ Renovation Mini-Enclosure $\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ ▼ Demolition X > 160 sf or ≥ 260 Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Description of Asbestos Containing Material Amount Location of Asbestos-Containing Is Location Normally Used (Specify SF (ACM) (i.e. thermal systems insulation, surfacing, Material (ACM) in Facility (13) Solely by Maint./Custodial Remove Repair Encap Enclose Staff? (12) or LF) VAT. or other miscell.) NO NA YES X 1500 SF X **EXTERIOR SIDING** TRANSITE NJDEP Waste Hauler ID # Name of Registered Landfill Name of Reg. Waste Hauler 10 CY Cubic Yards of Waste: G.R.O.W.S. North Landfill NJ DEP # 4509 Newark Carting, Inc. Newark, NJ 04509 Disposal Date City, State 100 New Ford Mill Rd. 06/04/13 Notes: None Morrisville, Pa 19067 215-736-1700

Signature

Raymand C. Pedalino

SENIOR PROJECT

MANAGER

Completed by (Print or Type)

RAYMOND C. PEDALINO

State of New Jersey NC

OTIFICATION OF ASBESTOS ABATEME	NT	_
(Pursuant to NJAC 8:60 and 12:120)	Check	12138
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Date of Notification (1) 5/23/13			T	Name of Mr. & I	f Building (Mrs. Nor	Owner/	Operator	(2)	Colo		()					
Agencies Notified	Type Notification		- 1		ddress Green St		HHI J	U A	H 2:40							
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DOH DCA	☐ Emergency (justification) ☐ Cancellation			Name of Joanne	f Contact e					Tel	ephone	Numb	er			
Name of Facility When	AL	DI (0)		FACI	LITY INFO	RMAT	ION		78				_			
Name of Facility Where home	Abatement is Takin	g Place (3)						Туре	of Facility (4)							
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City (5)									are Feet	# 0	f Floors	C. M.	В	ldg. A	ge	
Manville								200	0	2			5	0		
County (6) Somerset					Code (7) USE ONLY)			Curr	ent Use (Prior	if be	ing demo	olishe	d)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	I No.		Name	of Aba	atement Conti	ractor	(9)					400 - 000 - 0
	7 5	303							ronmental			LC				
Street Address							Street 4 E (ess Drive, PO I	Вох	483		- Parker			
City, State, Zip Code		-					Zip Code d, NJ 0741	8								
Project Manager for Mor	T	Telepho	ne No.	5/4	Teleph		10.		Licens	e No.			- W			
Start Date (10)		Schedule	d Com	pletion I	Date (11)				HA Monitor				-			
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City, State				Dispo	sal Date		City, State									
Completed by Title							Signature	9				Date				
Andrew Scott Higgin	lent									5/23		}				

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Completed by		Title			- 4	S	ignature	i sh				Date				
Andrew Scott Higgin	S	Presi	dent					111 -	/		1	5/23/1	3			



Date of Notification (1)		Name o	of Building Owner/0	Operator (2)						V.
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City, State, Zip Code	T.W 1	08	5.33	City, State, Z		71h sa.	n	96	23	2
Project Manager for Movit right irm	, 110	Telepho		Telephone N	234	License	Jo.	0		9
Steve Schen	0.4		758-3365	609 758			Õ.	39	4	
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June 4, 2013	June	_ 7,	2013	EP	C Tec	hnologies	T	nc		
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Scope of Work (Check All That Apply	۷)			1000	Egypt	NU	08	<u>S</u>	3	
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Steve Schenker	Hires	ident		Dleece?	W Che	ok.	5.3	1 H-	15	

Check # 8612

Date of Notification (1)	5-12-	12		Name o	of Building (_	perator (2)	- 1	201	21				
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Project Manager for Mor	chen Ken	L	- 1	Telepho	ne No. 758-3	3365	Telephone N 609 758			License N	lo.	39	4	
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Other – Describe: Scope of Work (Check A	II That Anniv)		<u> </u>				New	Egypt	-N	J	28	<u>53</u>	3	
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Name of Registered Was	ste Hauler		N	JDEP W	Vaste	Cubic	Yards	Name of	Registere	ed Landfil	1	<u> </u>		
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