B & G proj. #: 2014-173

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

Date of Notification (1								Che	ck # 68	20	******		iona Ge
	•	1	Name o	f Building O	wner/Operator (2	2)							
11 0 1/10 13 1			John	Grzes					2914 C	<u> </u>	.7	CM	
EPA	Type Notification	on	Street A	ddress							-	1 17 1	4: 3
DEP	X Initial	1	_	laple Stree				ē.		,	••	1.	· .
₩ DOL [Amendm	nent		ite, Zip Code					<u> </u>	ic	71-	1	٠٠
TXT DOH				rny, NJ 07	032								
_	Cancellat	tion	Name of	Contact				Teleph	one Num	ber	100		
☐ DCA			Johr	Grzes				1		T. T.			
				FA	CILITY INFORM	/ATIO	ON		_				
Name of facility where	abatement is	taking	place (3)					Type of Facility	(4)				
John Grzes									ol (K - 1	2)			
Street Address	711 154-							Subo	hapter 8	(Othe	r than	1 K-12	2)
18 Maple Street								X Other	(Private ./Homes	/Com	nerci	al	TO THE
City (5)		I Co	ounty (6)					Square Feet	# of Flo		T	Bldg.	Age
	30					Co	ounty Code (7) tate use only)				1		
Kearny, NJ 0703			ludson			,	tate use only)	Current Use (I	Prior if be	ing de	emolis	shed)	
Name of Monitoring Fir	m Hired by Blo	dg. Ow	ner (8)		ASCM No.		Name of Abatement	Contractor (9)			-		
Street Address							B & G Restorat						
order Address							Street Address						
City, State, Zip Code							105 Ryerson R	load					
							City, State, Zip Code Lincoln Park,	11.07005					
Project Manager for Mor	nitoring Firm		TI	Phone Numb	ber		Telephone Number	NJ 07035					
							(973)696-686	9	Licens	e Nun 0378			
Scheduled Start Date (10	0)	Sche	d. Comple	tion Date (1	1)	_	Name of OSHA Moni	tor	1	0376			
10/13/2014			/14/2014	(2)			B & G Restorati	on, Inc.					
Occupancy Status During	Abatement (0	Check	only one)			-	Street Address						
Facility closed/vaca	ated during ent	tire per	riod of abai	tement.			105 Ryerson Ro City, State, Zip Code	oad ————					
Abatement perform Describe:	led outside of	normal	facility ho	urs-			Oity, Gtate, Zip Code						
Other-Describe:						-	LincolnPark, NJ	07035					
Scope of Work (check a	-												
>3 sf or >3 if	Production .	novatio				X F	ull Containment w/nega	ative pressure [Glove	bag p	roced	ure	
			≥260 If			□ v	Mini-enclosure		Non-f	riable	ргосе	dure	
Location of asbestos-containing	by	mainte	n normally enance/cus	used solely stodial	I .			T		IR	R	E	TE
material to be abated in facility (13	sta	aff(12)			Description material (A	of a	sbestos-containing	Amount (Specify Si	- or	e m	e p	n	n E
abated in facility (15	" `	Yes	No	N/A		,		LF)	UI .	O V	a	a	C
asement				X	pipe insulati	ion		F0.16		e	j.	p	-
asement			X	boiler insula		1	50 lf 35 sf		X	H	#	쓔	
								- 00 51			屵	<u> </u>	ዙ
										H	片	片	1
egistered Waste Hauler										H	븕	븕	H
& G Restoration, In	nc.	NJDE 1	P Hauler I 9563	D# Cu	bic Yards of Wa	ste	Name of Registered L	andfill					
ty, State				Disposal Da	ite	-	City, State	esource & Red	covery	Cent	er		-
incoln Park, NJ				10/1	5/2014		Tullytown, P	4					
ompleted by (Print or Typ Gordana Luna		retan	y/Treasu		Signature	-	Gordana Luna		Date			, v	-
		"Grai	y/ ileasu	ii ei		2	jordana Zuna	1	10/03	/201	4		

State of NJ

B & G proj. #: 2014-176

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
Check # 6821

Date of Notification	n (1)	11	Name of F	Building Own	ner/Operator (2	2)	BASA	* *	4			- 1100	
1101/1013	1/114		Pat Gr		ion operator (2	-,	6314 CC	7-7 FM 4:	3n				
Agencies Notified	Type Notifica	tion	Street Add	Iress			1 tra						_
☐ EPA	Initial		60 Ha	rper Terra	ace		21	ican in	<u></u>				
DEP			City, State	, Zip Code				W-11.2	6-1				
X DOL	Amend	ment	Ceda	Grove, N	IJ 07009								
▼ DOH	l		Name of C	ontact				Telephon	e Numbe	r			
☐ DCA	Cancell	ation	Pat G	riffin				I					
				FAC	CILITY INFORM	MATIO	N	enterent and also					
Name of facility w	here abatement	is taking p	lace (3)					Type of Facility (
Pat Griffin									(K - 12)		nan k	12)	
Street Address							•		Private/C			-12)	
60 Harper Te	errace							Bldgs./	Homes, e	etc.			
City (5)		Cor	unty (6)			Cou	unty Code (7)	Square Feet	# of Floo	rs	В	dg. A	ge
Cedar Grove	a		ssex			1 22	ate use only)	Current Use (Pr	ior if beir	ng den	olish	ed)	
Name of Monitorin					ASCM No.	٠.	Name of Abatement	residential					
n/a	ig i iiii i iii cu by	Diag. Owi	161 (0)		ASCIVI NO.			5-5					
Street Address					l		B & G Restorat	ion, inc.					
Olicel Address							105 Ryerson R	Road					
City, State, Zip Coo	le					-	City, State, Zip Code				-		
							Lincoln Park,	NJ 07035					
Project Manager fo	r Monitoring Firn	n		Phone Num	ber		Telephone Number (973)696-686	9	License 00	Numb 0378	ег	The House	
Scheduled Start Da	ate (10)	Sche	d. Comple	tion Date (1	1)	_	Name of OSHA Moni						-
10/15/2014		10.	/16/2014			- 1	B & G Restorat	ion, Inc.					
Occupancy Status	During Abateme	nt (Check	only one)			-	105 Ryerson R	oad					
▼ Facility close	d/vacated during	entire pe	riod of aba				City, State, Zip Code						
Abatement po	erformed outside	of norma	I facility ho	urs-			1						
Other-Descri	be:		-			_	LincolnPark, N.	J 07035					
Scope of Work (ch	neck all that appl												
Demolition	X	Renovati	ion				full Containment w/neg	gative pressure	Glove	bag pr	oced	ıre	
		≥160 sf o	r ≥260 If			X	Vlini-enclosure		Non-f	riable _l	огосе	dure	
Location of	101/	Is location	on normali tenance/cu	y used solel	У					R	R	E	E
asbestos-cor material to be		staff(12)		13todiai	Descripti material		sbestos-containing	Amount (Specify S	For	m	p	n	n
abated in fac		Yes	No	N/A	material	(ACIVI)		LF)		o v	a	a p	L
basement				×	I nino inqui	otion		40.15		e Izri	r	F.	
Dasement				#	pipe insul	ation		18 lf		X	片	H	쓔
	The state of the s		1	-	 					#	片	H	片
										#	님	H	H
			╫━	#	-					H	H	H	一
Registered Waste F		NJE	EP Haule	r ID#	Ubic Yards of	Waste		Landfill		.		<u> </u>	
B & G Restorat	tion, Inc.		19563		1/2		Tullytown	Resource & Re	covery	Cent	er	- 1	
City, State Lincoln Park, N	NJ .			Disposal I	Date /15/2014	X21.01000000	City, State Tullytown, I	PA					
Completed by (Frin		Title		-1	Signature				Date	militari me		γ.	
Gordana Luna	AND AND PROPERTY OF THE PARTY.	Secreta	ary/Treas	surer			Gordana Luna		10/0:	3/201	4		

(K 0520 Print Form

Date of Notification (1) 10/6/14				Name of DVL Ke	Building (Owner/Ope	erator (2)	/o DVL Ir[[]	M C	7 7					
Agencies Notified	Type Notification				idress t 55th S			001	17 60	L=/	17	l; :	00		
EPA DEP DOL	Initial Amended Amendment	#			e, Zip Coo				36	10:		·.·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
DOH DCA	Emergency (justification) Cancellation	including	-	Name of						ephone N	of the same	r		-	
	The state of the s					RMATION	N .		- 10 				_		
Name of Facility Where Toch Industrial Par		g Place (3	3)					ype of Facility							
Street Address							\dashv	School (K- Subchapte		er than K	-12)				
166-194 Passiac A	ve						×					uild	ings,	home	es.
City (5) Kearney							1	quare Feet 5,000	5	Floors			dg. A	ge	
County (6) Hudson		THE COLUMN		County C	ode (7) ISE ONLY)			urrent Use (Pr	ior if bei	ng demo	lished)				
Name of Monitoring Firm Testor Technology	n Hired by Building	Owner (8)	L	ASCM	No.		Vame of	Abatement Co			o lo				
Street Address				L			Street Ad	ics Develop	men.	Sel vice	5, 1110				
10-59 Jackson Ave	2							and Concou	ırse Sı	uite 3-5	1				
City, State, Zip Code Long Island City, N	Y 11101						City, State	e, Zip Code		-					
Project Manager for Mor Sten Evenhouse	nitoring Firm			Telephon 718-75			Telephon	e No. 6-1055		License 01241		-	<u> </u>		
Start Date (10) 10/16/14	a de la companya de l	Schedule 11/12/1		npletion D	Date (11)		Name of Julio Lo	OSHA Monitor				-			
Occupancy Status Durin	g Abatement (Chec	k Only Or	ne)				Street Ad	•				-			
× Facility Closed/Vac	eated During Entire I	Period of /	Abaten	nent			317 9th								
Other – Describe:	ned Outside of Norm	iai Faciniy	Hours					e. Zip Code City, NJ 070	87						
Scope of Work (Check A	All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		promone	Renova Demolit				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	re cedure					ρ	
		ls	Locati	on					, , , ,		T		Abate	ement	
Location			Normal				ription of				-	-	Ту	pe	
Asbestos-Containing <u>TO BE AB</u> In Faci (13)	ATED lity	Ma	intena todial 9 (12)	nce/		thermal sy	vstems in ig, VAT,	or	(5	mount Specify or L.F.)		Demove	Repair	Encapsulate	Enclosure
		Yes	No	N/A					A VANDOM I WANTED A					TO .	
2nd-5th f			Х			Pipe In	nsulatio	n	25	95 LF	X				
Roo			х			Roofing		ng	1,0	60 SF	Х				
Roo			Х			Cau	ulking			60	x				
Exterior			х			Caulking		_		1035	×				
Name of Registered Wa	ste Hauler			JDEP Wallauler ID I		Cubic Ya		Name of							
ATC				4310		52				rprises					
City, State Shirley, NY 11967						Disposal 10/22/1		City, Sta Wayne		OH 44	1688				
Completed by Sanford Alper		Title Senio	or Pro	ject Ex	ecutive	Sign	nature	3_		and the second	Date 10/6	14			Marian I.

CK 519

Print Form

Date of Notification (1) 10/6/14			Name of DVL Ke	Building O	wner/Ope	erator (2) c/o DVL lpc		The second second	7	-		ordina (utransa)	
Agencies Notified Type Notification		1	Street Ad	Idress t 55th St	reet		2314	CS7	~7	FM L	0 (30		
X EPA X Initial Amended Arnendment #		1	City, Stat	e, Zip Cod ork, NY	е		<i>6., ;</i>	31	ic ·	: :		- · ·		
DOH justification Cancellation	lauding		Vame of Charles	Contact s Caram	es			Tel	ephone l	Vumber	-			
			FACIL	ITY INFO	RMATION	V		-						
Name of Facility Where Abatement is Taking Toch Industrial Park Building 16	Place (3)						Type of Facility (5.50						
Street Address						-	School (K-1 Subchapter		er than K	(-12)				
166-194 Passiac Ave							Other (i.e.) etc.)	orivate (& comme	ercial bu	ildi	ngs,	home	es,
City (5) Keamey						1	Square Feet 5,000	#0	Floors		Blo 10	ig. A	ge	
County (6) Hudson			County C	ode (7) SE ONLY)			Current Use (Pri Industrial	or if bei	ng demo	lished)	** ***			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	No.		Vame o	of Abatement Cor							
Testor Technology Street Address						-	mics Develop	ment	Service	s, inc				
10-59 Jackson Ave							Address Frand Concou	rse S	uite 3-5	1				
City. State, Zip Code Long Island City, NY 11101					0	City, St	ate, Zip Code			**********	mace	- h. down 1400m	CA, PRIME WHITE	
Project Manager for Monitoring Firm Sten Evenhouse			Telephor 718-75	ne No. 2-2090			one No. 06-1055		License 01241					
	Scheduled 11/12/14		pletion [Date (11)			of OSHA Monitor Lopez		1					
Occupancy Status During Abatement (Check	Only One)					Address		~~~~					
Facility Closed/Vacated During Entire Po	eriod of Al	atem	ent			317 9							200111011	
Abatement Performed Outside of Normal Other – Describe:	al Facility I	Hours			1000		ate, Zip Code 1 City, NJ 070	87						
Scope of Work (Check All That Apply)				-				on the second	AND THE RESIDENCE OF					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enoval emoliti				XXX	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					2	
		.ocati	00000					1,7,55			-		ment	
Location of Asbestos-Containing Material (ACM)	Used	Sole	y by	Asbesto		ription ning M	of aterial (ACM)	,	mount				ים	
TO BE ABATED In Facility (13)	Custo	ntenar dial S (12)				ystems ng, VA	insulation, f, or	(Specify For LF)	Valliona	Damaia	Repair	ncapsulate	Enclosure
	Yes	No	N/A								-		ë	Ф
1st Floor		Х			Pipe Ir	nsulat	ion	1	20 LF	Х				
Roof		Х			Roofing	g/Flas	hing	1,2	275 SF	X				
	-										-			
Name of Registered Waste Hauler		IN	JDEP W	aste	Cubic Ya	ards	Name of	Regist	ered Lan	dfill	_1			
ATC			auler ID 1310	No.	of Waste 22	9	Minerv	a Ente	erprises	3				
City. State Shirley, NY 11967	the same was a		an ann an Airean		Disposal 10/20/1		City, Sta Wayne		, OH 4	4688		*******	ara agai ba sala a	
Completed by Sanford Alper	Title Senio	r Pro	ject Ex	ecutive	Sig	nature				Date 10/6/	14			

CK#5658

Date of Notification (1)	PASSAGE	ame of Bu	ilding Ow	ner/Ope	erator (2)		Data co	7 7		e sincel		
Agencies Notified Type Notification		treet Addr	ess DLEY R	OAD			2014 CC	1-1	FMI	4° ()	J	
DEP Initial Amended Amendment	‡ / S	ity, State,	Zip Code PLAINF		NJ. 070)80	ان	10		•••		
DOH Emergency (in justification) DCA Cancellation	ncluding N	ame of Co		1		ARO.	Telep	hone Nu	imber	~	n,	_
Name of Facility Where Abatement is Taking			YINFOR		1	pe of Facility	(A)					_
PSEVG Street Address P;ERSON					- X	School (K- Subchapter Other (i.e.	12) r 8 (Other			lings,	home	es,
						etc.) quare Feet	100000000000000000000000000000000000000	loors	В	ldg. A	ge	
METUCHEN COUNTY (6)	Ic	ounty Cod	de (7)		40	rrent Use (Pri	or if bein	3	A	yz.	15	YRS
MIDDIESEX	(S	STATE USE	EONLY) _	10/1/	- "		wiT		57	AT:	نه)
Name of Monitoring Firm Hired by Building C ENVIRONMENTAL TACTICS	wner (8)	ASCM N 0045				Abatement Co E SYSTEM	ntractor (9)	A			
Street Address 64 BROAD STREET	•			6. 8.2	street Add	dress HITEHEAD	AVE.					
City, State, Zip Code MATAWAN, NJ 07747			***************************************			e, Zip Code I RIVER, N.	J 08882	2				
Project Manager for Monitoring Firm TOM GEIGER		elephone			elephone			License i				
Start Date (10)	Scheduled Comp	oletion Dat	te (11)	N	lame of C	OSHA Monitor E SYSTEM						
Occupancy Status During Abatement (Check	(Only One)	17		S	Street Add	dress						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: Malendary of	al Facility Hours	ent		C	ity, State	ITEHEAD .						
Scope of Work (Check All That Apply)	permiss	2000	7		SOUTH	RIVER, N.	J 08882	?				
≥3 sf or ≥3 if ≥160 sf or ≥260 if	Renovation Demolition					Full Containm Mini-Enclosur Glovebag Pro	e cedure	•			_ C	
	Is Location	n T			<u> </u>	Non-Exempte	u () anu	NOII-FIIA	DIE PIO	Abate	emeni	<u> </u>
Location of Asbestos-Containing Material (ACM)	Normally Used Solely	bu	^-bt		iption of				-	Ту	ре	Γ
TO BE ABATED In Facility (13)	Maintenand Custodial Sta (12)	ce/	(i.e. the	ermal sy surfacin	stems ins g, VAT, o cellaneou	or	(Sp	ount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
CONTRAL ROOM	X		TRAN:		PA.	2-1.	20) 5F	- 1	<u> </u>		
COMPTEN COOK	X		4CM				6	100	1			
Name of Registered Waste Hauler WASTE MANAGEMENT	Ha	DEP Was uler ID No 125). C	Cubic Ya		1	Register		ill			
City, State ELIZABETH, NJ			[Disposal TB		City, Sta	te ISVILLI	Ξ, PA				
Completed by CAROL RAIMO	Title OFFICE MO	GR.			nature		esie		late O	61	14	l

Date of Notification (1)	14			Name o	f Building .G.	Owner/	Operator	(2)	231	4 CC7	- 7	7 FN	1 4:	30		
Agencies Notified	Type Notification		1	Street A	ddress	/ ROA	D.									
DEP DOL	Initial Amended Amendment #		_ [City, Sta	ate, Zip Co 'H PLAII	ode		07080	200	4 L	iū.	• • 1	•			
DOH DGA	justification) Cancellation			GE	f Contact	The state of the s	Vi	LAR	20	Tele	ephor	ne Nun	nber	1.	10	
Name of Facility Where PSE4G Street Address City (5)	PiERSON				LITY INFO	ORMAI	ION	Type o	f Facility (chool (K-1 ubchapter ther (i.e. p c.)	2) 8 (Otherivate 8	com	nmerci	al buile	17.56	W	 ∋s,
METUO	HEN							Square	Feet <i> 600</i>		Floor 3	rs	1	ldg. A		y RS
County (6)		,	T	County	Code (7)	,			t Use (Pri	or if bei	ng de		ed)			7
Name of Monitoring Firm	DIESEX Hired by Building O	wner (8)		ASC			Name	of Abate	ement Con	o'T		1	57	AT.	OR)
ENVIRONMENTAL			<u>aurenan ar</u>	00					YSTEMS			RICA	١.			
Street Address 64 BROAD STREE	.T	•					100000000000000000000000000000000000000	Address WHITE	HEAD A	VE.						
City, State, Zip Code MATAWAN, NJ 07	747							State, Zip	Code /ER, NJ	0888	2					
Project Manager for Mor TOM GEIGER	iltoring Firm			Telepho	ne No.		Telepi	hone No. 432-83		T	Lice	nse N				
Start Date (10)	!	Schedule					Name	of OSHA	Monitor YSTEMS	OF A						
Occupancy Status During	g Abatement (Check	Only One	()				Street	Address			VIVIL.	.1 (10)				_
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire Period Outside of Normal Management (1988)	d Facility	Hours	nent i	lu		City, S	State, Zip	HEAD A Code /ER, NJ			-				-
Scope of Work (Check A	II That Apply)			-			300	וח הוי	/ER, NJ	U000					-	\dashv
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		promotion	enova emolit	700 TOWN				Mini- Glov	Containme Enclosure ebag Proc	edure					_	
		Is I	.ocati	on				14011-	Exempted	() and	-	-FIIAU	1	Abate	ment	\neg
Location Asbestos-Containing		No Used	Sole		Achae		scription	of Naterial (A	0000	^-			-	Ту	pe	
TO BE AB, In Facil (13)	ATED ity	Mair Custo	itenar dial S (12) No			thermal surfa		s insulati T, or		(S	noun pecify or LF	y	Removal :	Repair	Encapsulate	Enclosure
CONTROL	Poon	-	X	1	TRA	4) '-	P) A A	7.	20	7	SF	Y			
	= ROOF		_		TICH	03//	EV	TUE		a		31	1			
Name of Registered Was	eta Haular		LN	IDED IA		0.11	V - 1									
WASTE MANAGEN			Н	JDEP Wauler ID 1125		of Wa	01		Name of I	-170						
City, State ELIZABETH, NJ							sal Date	1	City, State MORRI		E, P	PΑ				
Completed by CAROL RAIMO		Title OFFIC	E N	igr.			Signature	akes	e Ka	em	2	Da	9/0	39,	1/4	

(K 4514

	No NJI	N/A X X X X DEP Was	VA Lir Wind Roofin te Cubic Volume 40y Dispose 10/24/	Ing, VAT, on iscellaneous films of the control of t	or IS)	300 150 40 2,000 Registere	SF SF LF 0 SF	Removal X X X X	Repair	Encapsulate	Enclosure
	No NJI Hail	N/A X X X X DEP Was	VAT Lir Wind Roofin Ste Cubic V of Was: 40y	Ing, VAT, on iscellaneous filmastic moleum fow caulking material fards fee	al Name of F	300 150 40 2,000 Registere	SF SF LF 0 SF	x x x	epair	psulate	closure
	No No	N/A X X X X X	surface other medical value of the surface other medical value of the surface of	ing, VAT, on iscellaneous films of the control of t	or us)	300 150 40 2,000	SF SF LF 0 SF	x x x	epair	psulate	closure
	(12)	N/A X X	surface other model of the mode	cing, VAT, on iscellaneous of the color of t	or IS)	300 150	SF SF	x	epair	psulate	closure
	(12)	N/A X	surfac other m VA ⁻ Lir	ing, VAT, α niscellaneου Γ/Mastic noleum	or us)	300	or LÉ) SF	х	epair	psulate	closure
	(12)	N/A X	surfac other m	ing, VAT, α hiscellaneou Γ/Mastic	or	SF	or LF)		epair	psulate	closure
	(12)	N/A	surfac other m	ing, VAT, α iiscellaneοι	or	SF (ecify or LF)	emoval	epair	psulate	ciosure
	(12)		surfac	ing, VAT, o	or	SF (ecify or LF)	emova	epair	psula	neon
Mair	itenan	ce/	(i.e. thermal	aining Mate	rial (ACM)			720	20	Enca	[
Used	ormally Solely	by	Des Ashestos Cont	scription of				able Fit	Abat	emen	t
					Glovebag Pro	e cedure					
iro Dorind of A		ent		Street Ad	dress	-	4				
10/24/2	014	pletion D	ate (11)	Name of VMC C	OSHA Monitor				-		
Sobodil				Telephon 973-15	e No. 3-8828				-		
				City, Stat	e, Zip Code						
				Street Ad	ddress					18V-28-18	
wig Owner (8)		ASCM	No.	Name of VMC C	Abatement Co Company, In	ontractor	(9)				
ling Owner (8)		(STATE L	ISE ONLY)	\	/acant			olished)			
		County	Codo (7)				3	- 1	Bldg	Age	
					School (K Subchapte X Other (i.e. etc.)	-12) er 8 (Othe private 8	& comm	ercial bu			nes
Taking Place (3)	FACI	LITYINFORMA		Type of Facility	(4)				_	
ation		Konra	d Johnson			Tel	ephone	Mrimho	. / 4 1 .		*
ment #_ ency (including	-	Prince	ton, NJ 0854	2		£.,	or of		7	F. 7.	^.
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		Scope of Work (Chec	k all mai apply)	□ Renov			Mun.	Enclosure		5 27
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Date of Notification (1)	****		Building C er Morga	wner/Operato						1.00	٠
9/22/14		Street A		11	Eggs.	:		<u> </u>	-		
Agencies Notified Type Notification			ooress afayette :	Street			3	=			
EPA Initial Amended Amendment in Emergency (i		City, Sta	ite, Zip Cod eret, NJ	1e 2514 (07008	CCT -7 PM		. 30		1-1		
DOH justification Cancellation	riciuding		f Contact Tambare	llo 2	Lio. II.	Telephor	Number		2		
N SE III MAI ALL LITTLE	DI (0)	FACI	LITY INFO	RMATION	Type of Facility	(//)	7:			C-14	
Name of Facility Where Abatement is Taking Kinder Morgan Street Address	Place (3)				School (K		ري دن in K-12)				
78 Lafayette Street					etc.)	. private & com			200000		s,
City (5) Carteret					Square Feet 3,600	0			g. Ag 40	je	
County (6) Middlesex			Code (7) USE ONLY)		Current Use (F	Prior if being de	emolished)				
Name of Monitoring Firm Hired by Building C Groundwater & Environmental Sen		ASCN N/.		\$ 1.00 Miles (1990)	e of Abatement C siTech Indust		of PA, Ir	nc.			
Street Address 1340 Campus Parkway, Suite B4			22-11-11		et Address D Alexander D	rive					
City, State, Zip Code Neptune, NJ 07753			7662	City, Mo	State, Zip Code onaca, PA 15	061					
Project Manager for Monitoring Firm Matthew Ferrari		Telepho 800-2	ne No. 20-3068		phone No. 1-728-6144		ense No. 1123				
Start Date (10) 10/06/14	Scheduled (10/17/14		Date (11)		e of OSHA Monit		s of PA,	lnc.			1963
Occupancy Status During Abatement (Chec	k Only One)				et Address			500			
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	Period of Aba	tement			O Alexander D State, Zip Code	rive		- 17.3 mg			
Other – Describe:	idi i dollity i ic			2.5.0	onaca, PA 15	061		3		()	
Scope of Work (Check All That Apply)							50	1	7	ì	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation polition			Mini-Enclos			-	-	· ·	<u>.</u>
	10000	cation						Α		ment	į
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Mainte Custodi	mally solely by enance/ al Staff? (2)			Material (ACM) ms insulation, /AT, or	Amou (Speci SF or L	nt ify		Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler		NJDEP V		Cubic Yards	Name	of Registered	Landfill				
Waste Management		Hauler II 17273) No.	of Waste 10		nouth Coun	ty Reclar	nat	ion	Cer	iter
City, State Newark, NJ				Disposal Da 10/27/14		rate n Falls, NJ	07753				
Completed by James Kreider	Title Project	Manage	r	Signatu	There	R	Date 9/22	2/14	1		

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Date of Notification (1) 10/2/2014						Owner/Operato LINCOLN		K		5 · C				
Agencies Notified	Type Notification			Street Ad 34 CHA		ILL ROAD			20	ii4 CCT ·	-7	PH	2: (jt,
EPA DEP DOL	Amended Amendment #		_	City, Stat LINCO		de RK, NJ 0703	35		L.	ephone Muh		<i>i</i> . !		
DOH DCA	Emergency (in justification) Cancellation	cluding		Name of PAUL [FALSKI		45	Tele	ephone Mun	iber .	1 } 'd		
				FACIL	ITY INFO	RMATION								
Name of Facility Where VACANT RESIDEN Street Address		Place (3)				Тур	School (K-1	12)	er than K-12	')			
1 LAWRENCE STR	REET						×	Other (i.e., petc.)	private &	& commercia	al build			ıs,
City (5) LINCOLN PARK								uare Feet		Floors		ldg. A	ge	
County (6) MORRIS				County C (STATE U	ode (7) SE ONLY)		Cur	rent Use (Pri	or if bei	ng demolish	ed)			
Name of Monitoring Firm N/A	Hired by Building O	wner (8)		ASCM	No.			catement Co ROTHERS			G, IN	C.		
Street Address		unakoon -					et Addr	ess THERFOR	D BL	/D.			9 3 2	
City, State, Zip Code		-11.12				City,	State,	Zip Code						
1 (1700)						CL	.IFTO	N, NJ 070	14					
Project Manager for Mor	nitoring Firm			Telephor	ne No.	100000	phone 3-956	No. -8700		License N 00494	0.			
Start Date (10) 10/13/2014		Schedule 10/22/2		mpletion [Date (11)			SHA Monitor AS (9) ABC						
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	eated During Entire Pened Outside of Norma VACANT					City	State,	Zip Code						
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TWO BROTHERS	CONTRACTING		1.00	18743	NO.	15	ıto.	WAST City, Sta		NAGEME	NT C	S.R.().W.:	S.
City, State CLIFTON, NJ						Disposal Da 10/22/201				LE, PA				
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Date of Notification (1) 10/3/2014					of Building OUGH O					5 t	<u> </u>	1.	j		
Agencies Notified	Type Notification			Street A	ddress APEL H	IILL RO	AD		261	4 CGT	7-7 P	M 1:	57		
EPA DEP DOL	Initial Amended Amendment	#			ate, Zip Co DLN PAF		07035		A.	752		11.	.^`.		
▼ DOH	Emergency (i	ncluding			f Contact					TAN	THIORE NE	mhar	ST. TILLY		
DCA	Cancellation			PAUL	DARMO	DFALSK	(I			1 -					
				FAC	ILITY INFO	ORMATIC	ON								
Name of Facility Where VACANT RESIDE		Place (3	3)						f Facility (chool (K-1						
Street Address 61 RIVEREDGE R	OAD							回。	ubchapter ther (i.e. p c.)	8 (Otherivate 8	er than K-1 & commerc	2) ial buil	dings	, hom	es,
City (5) LINCOLN PARK		×						Square		# of	Floors	E	Bldg. A	Age	
County (6) MORRIS					Code (7) USE ONLY))	_	Curren	t Use (Pri	or if bei	ng demolis	hed)			
Name of Monitoring Firm	n Hired by Building C	wner (8))	ASCI	M No.				ement Cor THERS		(9) RACTIN	IG, IN	 IC.		
Street Address								Address RUTH	ERFOR	D BL\	/D.	-			
City, State, Zip Code		-					tate, Zip	Code NJ 0701	14						
Project Manager for Mo	nitoring Firm		Telepho	ne No.		Teleph	one No. 956-87	1000000		License N	Vo.				
Start Date (10) 10/16/2014		Schedul		npletion	Date (11)		Name	of OSHA	A Monitor (9) ABO						
Occupancy Status Durin	ng Abatement (Check		46.77					Address		<u> </u>				_	_
Facility Closed/Vac	cated During Entire P	eriod of	Abaten	nent				tate, Zip			and the second		4177		
Scope of Work (Check A	All That Apply)			-											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×	Mini- Glov	Enclosure ebag Prod	e cedure	Negative I			e	
***************************************		Is	Locati	ion						7		Ī	Abate	emen	t
Locatio		1	Vormal	ly		Desc	cription	of				_	T <u>y</u>	/pe	_
Asbestos-Containing <u>TO BE AB</u> In Faci (13)	ATED ility	Ma Cus	ed Sole iintena todial S (12)	nce/ Staff?		tos Conta thermal s surfaci other mi	systems ing, VA	insulati T, or		(S	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								1		10000	
EXTERIOR	WALLS		X		EXTER	IOR ST	UCCC	TAM C	ERIAL	4,1	40 SF	Х			
Name of Registered Wa			Н	IJDEP W lauler ID 8743		Cubic Y of Wast 8					red Landfil NAGEME		.R.C).W.S	S.
City, State CLIFTON, NJ				J. 10		Disposa 10/3/0/2			City, State		E. PA				
Completed by		Title				1	gnature		*)		ate			
VIVECA RAMOS			JECT	COOL	RDINAT		1/4	ve	aall	an	1	0/3/20)14		

MO#21901449148

7500	7	
	37 -	

Date of Notification (1)				Name	of Buildin	g Owner/0	Operator (2	2)				(5)		
10		14	_		Eli Ar	onoff			2014	C37 -7 F	当 1:	54			
Agencies Notified	Type Notifi	ication				Address									1
□ EPA	✓ Initial				85 Lir	ncoln Ave	enue	<u>1</u> 27700 ∪	J-TA	Ω:					
⊠ DOLWD	Amenda Amenda					SS Lincoln Avenue City, State, Zip Code A DESTRUCTION OF TRANSPORTER									
☑ DHSS ☐ DCA	☐ Emerge				Montclair, NJ 07042										
(NJAC 5:23-8)	justifica		nuanng			of Contac		Telephone Number							
**************************************	Cancell	lation			Fli Ar	onoff		1							
						CILITY IN	IEODMA	TION					_		
Name of Facility Whe	ere Abatement is	Taking	Place	(3)	· A	CILIT II	NI OKWA	TION	Type of Facility	(4)		-			
Private home	ore repatement is	ranny	riace	(3)					School (K-1						
Street Address									Subchapter	8 (Other than K	(-1 2)				
									Other (i.e.,	private and con	nmercial	build	dings.		
85 Lincoln Avenue									homes, etc.						
City (5)									Square Feet	# of Floors		Bldg	. Age	9	
Montclair, NJ 0704	2														
County (6)					Coun	ty Code (7)	(STATE U	SE ONLY)	Current Use (P	rior if being der	molished)			
Essex															
Name of Monitoring I	irm Hired by Bu	iilding O	wner	(8)	ASCM	No.	Name o	of Abateme	ent Contractor (9)					
							Gr Tecl	h LLC							
Street Address							Street A	Address						-	
							576 Va	lley Rd #	283						
City, State, Zip Code							-	ate, Zip Co							
							Wayne	NJ 0747	70						
Project Manager for I	Monitoring Firm		10.75	Tele	lephone No. Telephone No.					License No	D.		-		
							973-63	8-1777		01127					
Start Date (10)		Sched	uled C	omple	tion Da	ite (11)		of OSHA N	Ionitor	01127				_	_
10 / 13	/ 14	1	0 /	14	. 1	14									
Occupancy Status Du	ring Abatement	(Check	only o	ne)			Street A		nsultants,Inc					_	_
∑ Facility Closed/Va				0%	ment					2000					
Abatement Perfor						scribe			Road, Bldg .#	34A					
Time of Abatemer	nt:AM	PM	1/	PM_		AM	According to	ate, Zip Co							
Scope of Work (Chec	k all that apply?						Fair La	wn, NJ 0			- 1				
Scope of Work (Chec	k all that apply)						H		and decontami tainment with Ne			essu	re		
>3 sf or >3 lf > 160 sf or >260 lf		#8	X Re	novati	on		H	Mini-Enc	losure	17.5					
≥ 160 sf or ≥260 lf			De	molitic	n		\boxtimes	Gloveba	g Procedure	Tent with Neg	ative Pre	essu	e		8
			-					Non-Exe	mpted (*) and N	on-Friable Proc	edure				
1.000	tion of			Locat Vorma			<u></u>	5.11				Abat	emer	nt Typ	oe
Asbestos-Contain		(M)		d Sole		Asha		scription o	terial (ACM)	Amount		0	D	m	m
TO BE	ABATED			intena					insulation,	(Specify		Remova	Repair	can	Clo
	acility (3)		Cus	todial ((12)	Stan?			cing, VAT		SIF or LF		3	Ŧ	Encapsulate	Enclosure
(13)		V	Ι	11/5	1	otner r	niscellane	ous)					ate	
n: n			Yes	No	N/A	-						77	_	_	_
First floor			Ц		X	Pipe ins	ulation		The second secon	30 LF	2		_		Ш
			П	П				3.00 mm	1		Г	71	7	7	
					+=-			_						_	ᆜ
-			Ц	Щ					6 1						
Name of Registered	Waste Hauler			NJI	EP Wast	e Hauler ID No	Cubic Ya	rds of Wast	e Name of Regi	stered Landfill			383503		
Gr Tech LLC				(03378	35	TBI	0	T.R.R.F. Inc						
City, State							Disposa		City, State	CONTRACTOR OF THE PARTY OF THE		227.00		*****	
Wayne, NJ 07470	22						TBI)	Tullytown, F) A					
Completed By (Print	or Type)	Title				-		;;;;;)	л	Date				\dashv
	-, 1,50/	15			Signature						Date				
N.Jevtic ASB-41		Owr	ner					To.	the New	Laor	10/03/	201	4		
MOD-41		*	Do no	f 1100 f	his for	n for acho	etas licans	ura byomn	ited activities						

State of New Jersey

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

					- "				3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. ,	Check	# 76	20
Date of Notification (1	10/4/14				Building e Tow		r/Operator (2)		5 L W	*			
Agencies Notified		otification			dress	TIOTINE		71	14 CUT - 7	PHI	: 59		
	Type or iv	rouncation		0.00	lunicip	al Pl	272	E	119 031 - 1	1111	. 00		
[] EPA	[X] Initi		01	IC IV	idilicip	ai i i	aza				· ·		
[] DEP	Notif	fication	City	. Sta	te, Zip C	ode		- Li	& LICE	U	• • • • •		
[X] DOL	[] Ame	nded					08831		& LICE		Ě		
[X] DOH	10 March 2019/2019	fication				,							
[] DCA					Contact			Tel	ephone Numbe	er			
[] DOM	[] Cano	ellation	Tir	n St	oessle	er		TE.					
					F	ACILI	TY INFORMATION						
Name of Facility Whe	ere Abateme	nt is Taking	g Place	(3)				Type of Facility (4)				
Water treatmen	Vater treatment facility							School (F	Ć-12) ter 8 (Other tha	n K-12)			
Street Address								[x] Other (i. homes,	e, private and d	commerci	al build	ings,	
143 Union Valle	ev.Road							nomes,	etc.)				
	•							Square Feet	# of Floors		Bldg. Ag	je	
City (5)			ounty (6		32		ounty Code (7)	20000	1	500000000000000000000000000000000000000	80		
Monroe Twp		M	iddle	sex		(S	TATE USE ONLY)	Current Use (Prio Utility building	r if being demo	lished)			
Name of Monitoring F	Firm Hired hy	, Building (Owner	ΙΔ	SCM No		Name of Abatem	nent Contractor (9)					
1.00 miles	Compar	7.0		53	0110			Jupiter Environ	mental Ser	vices	Inc		
Street Address	Compar	lies, inc	J.		0110		Street Address	rapiter Environ	mental oci	vices,	1110.		3
7 Pleasant Hill	Dood							3 Lynn Court					
City, State, Zip Code							City, State, Zip C						
Cranbury, NJ 0								Lincoln Park, N	1107035				
			T-1b		Ni mala a u		Telephone Numb		10 07000	License	Numb	25	
Project Manager for I	vionitoring Fi	rm			Number -5858			973-709-0200		Licerise		085	:2
Kevin Lovely	(10)	Cahad C			-		Name of OSHA			-		000	
	neduled Start Date (10) Sched. Completion Date (11) 10/14/14 10/20/14						CANCELLO CALIFORNIO AMERICANIA CAL	J & S Environr	nental Lah	oratoria	e 11	C	
Occupancy Status D		ont (Chan			т		Street Address	o a o Environi	TICITICAL ECON	oratoric			
[] Facility Clos					f Abatem	ent	The second secon	2333 Route 22 ¹	Λ/				
[] Abatement P									v v	-			
	cribe:						City, State, Zip C	Union, NJ 070	0.3				
[x] Other – Des	scribe: partia	lly vacant						Official, 145 070	00				
Scope of Work (Chec	ck all that app	ply)											
[] Demolition					[]	Pano	vation		Containment wit – Enclosure	in Negati	ve Pres	sure	
[] Demolition [x] ≥3 sf or ≥3	lf				LJ	Keno	vation		ebag Procedure	9			
[] ≥160 sf or ≥									- Friable Proce	dure			
			ls L	ocat	ion			A. (4)			P	bater	ment
			Norm					ription of			T	уре	
Locati				olely I				- Containing		Amount			0.00
Asbestos –			Mainte		50.70			rial (ACM) mal systems		(Specify SF or LF			N N
Material TO BE A			louiai	Stail	(12)			surfacing, VAT,		01 01 11	′ c	S97 777	
In Fa								niscellaneous)			١	/	PO
(13	3)	13	Yes	No	N/A						1	C 11	
Alexander and			+	~		TSI			- 2	000 LF	L		U U
throughout				Х		151			2		-	+^	
			-			_				-	-	+	
												1	
Name of Registered	Waste Haule	r	NJE)EP V	Vaste		Cubic Yards	Name of Regist	ered Landfill	-	Hote War		
Jupiter Environ				ıler ID		17.500	Of Waste	Minerva Lai					
11 ⁸			04	4782			-1						
City, State	1000						Disposal Date	City, State	•				
Lincoln Park, N		10-1-1-1					10/31/14	Waynesbur	g, OH				
Completed By (Print	t or Type) Title						Signature			Date			
Pane Repic			Gene	eral	Manag	ger	A		$\overline{}$	10/4	1/14		
100 11							1 Th	···					
ASB-41 JUN 95							•						
3014 33												-	1007

Check# 11038

Date of Notification (1)				Name of Building Owner/Operator (2)												
10-3-14		Broadway Associates 2010, LIG CCT -7 PM 1:59														
Agencies Notified	Type Notification			Street	duress	ntown 1										
₩ EPA □ DEP ₩ DOL	☐ Amended Amendmen ☐ Emergency		_	City, Sta	ate, Zip C outh	Code Meeting	g, PA	19462	2.1	 	7.17°	· · · · ·		The state of the s		
型 DOH □ DCA -	justification)				f Contact y Pel		Telephone Number									
				FACILITY INFORMATION												
Name of Facility Where 501 Pine Stre		ng Place (3)		***			Type of Facilit	50 (* 15) 50 (* 15)							
Street Address 501 Pine Stre	eet	*						□ School (P □ Subchap ☑ Other (i.e etc.)	er 8 (Oth			dings	, hom	es,		
Camden, NJ (08103		21					Square Feet # of Floor:				8ldg. A				
County (6) Camden	**				Code (7) USE ONL	Y)	_	Current Use (F	rior if be	ing demoli	ished)					
Name of Monitoring Fire	m Hired by Building	Owner (8)		ASCN	l No.		Name o	of Abatement C	ontractor	(9)						
EHS Environme	ental, Inc.						Plym	outh Env			Co.,	Inc	•			
Street Address 411 Southgate	Court, Sui	te E						Haws Ave	nue							
City, State, Zip Code Mickleton, NJ						ate, Zip Code istown,	PA 19	401								
Project Manager for Mo Jack Carney		Telephor 856-22				ephone No. 10-239-9920 License No. 00398										
Start Date (10) 10-20-14	d Cor 24-					f OSHA Monito Outh Env		ental	Co.	Inc.						
Occupancy Status Durin	e)			1	Street A	ddress										
Facility Closed/Vac	cated During Entire I	Period of A	baten	nent				Haws Ave	nue							
☐ Abatement Perform☐ Other – Describe:	med Outside of Norm	nal Facility	Hours					ate, Zip Code istown, 1	PA 194	101						
Scope of Work (Check /	All That Apply)							*****								
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf			enova emolit					Full Contains Mini-Enclosu Glovebag Pr	ire ocedure							
		T	r					Non-Exempt	Non-Fria	ible Pro						
Locatio	n of		_ocati ormal					escription of				Abatement Type				
Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) BATED Ility		Sole ntenar dial S (12)	nce/			ning Ma ystems i ng, VAT	terial (ACM) nsulation, , or			Removal	Repair	Encapsulate	Enclosure		
		Yes	No	N/A				922			1 22	53.00	ate	re		
basement			х		V	AT			400	SF	х					
* ,		-									-					
Name of Registered Wa Robinson Waste			Н	JDEP Wa auler ID I 7304		Cubic Ya of Waste 2				red Landfi ndfill						
City, State Bellmawr, NJ							Date -14	City, Sta Fair		Hills,	PA					
Completed by James Kelly		Title Pr	esi	dent		Sign	nature	60 (CD)	0/	100000	ate 0 - 3-	14				
ASB-41 (R-06-08)	***	1				(use this form fo	or aspeste	os licensu	re exem	pted :	activit	ies.		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		Name of Building	Owner/Oper	rator (2)	1 1 pm			-				
September 19, 20	014			rcola Enterprises	25	3	36					
[] DEP [] Ame	l Notification nded Notification	Name of Building Owner/Operator (2) Messercola Enterprises Street Address P O Box 790 City, State, Zip Code										
[] Emer	ndment # rgency (including	Oily, Suite, Zip Co		van, NJ 07747	elephone Number		17.3	٠.				
[x] DOH justif	ication) Hold	Name of Contact Ferna	Т	elephone Number-	* * } :							
		CILITY INFORM	ATION									
Name of Facility Where Abatement is Taking Residence garage	Place (3)		Type of Facility (4)	School (k-12)								
Street Address 72 Mark Drive			[] [x]	Subchapter 8 (oth Other (i.e., privathomes, etc.)		5	ial build	lings,				
City	County (6)	County Code (7) (STATE USE ONL	Square feet 1000 sf	# of Floors	Bldg. Age							
Beach Haven West	Ocean			Current Use (Prior if Residen)						
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCM No.	Name of	Abatement Contractor	(9)	T						
Street Address			Street Ad	ldress	in Contracting,				-			
City, State, Zip Code			City Stat	1889 Rete, Zip Code	ute 9, Unit 61							
,,,			City, Stat		s River, New Jersey 08755-1271							
Project Manager for Monitoring Firm	Telephone Number		Telephon 732-34	e Number	License N 00624							
Scheduled Start Date (10) 10/6/14	Scheduled Completed 10/7/14	tion Date (11)		OSHA Monitor	. Analytical		1150					
Scope of Work (Check all that apply)	[] Renov		[] [] [x]	Full Containment Mini-Enclosure Glovebag Procedu Non-Exempted (*)	ге		ıre					
						Abat	ement	Туре				
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A	As I (i.e ins	Description bestos-Con Material (A., thermal sulation, sur VAT, of the miscellar miscellar miscellar description bestos with the miscellar miscellar miscellar miscellar miscellar miscellar description bestos with the miscellar	taining CM) systems rfacing, r	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E			
Exterior garage	X	Asbestos sidir	ng		500 sf	X						
		 				_						
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler	r ID No. Cubic Ya	ards of Wast	e Name of Register	ed Landfill	L						
City, State Toms River, New Jersey		sal Date	City, Sta			-						
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	of l	- Alla	,	9/19/	2014					

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

Check 1124

Date of Notification (1)			Name	of Buildin	g Owner/Operator (2)		انساذ				
09/29/	14		Dina	a Davis		2711	~7 ~ -					
Agencies Notified Type Notific	ation		Street	Address		Out to	37-7 FM 2	: (10)				
			320	N. Glad	stone Ave	A '5.5						
☑ DOLWD ☐ Amende			City, S	tate, Zip (Code		70001	0				
☐ DHSSAmendm	and the second second			Margate , N.J. 08402								
	cy (including	1	000000000	Name of Contact Telephone Number								
(NJAC 5:23-8) justificati			300000000000000000000000000000000000000	a Davis	4	relephone Num	Dei					
			FAC	CILITY IN	FORMATION	***************************************	1		-			
Name of Facility Where Abatement is	Taking Place	(3)				Type of Facility	(4)					
Resident						School (K-12						
Street Address			-			Subchapter 8	Other than K-12	2)				
320 N. Gladstone Ave						Other (i.e., pi homes, etc.)	rivate and comme	rcial bu	iilding	IS,		
City (5)						Square Feet	# of Floors	Bl	dg. A	ge		
Margate						1900Sf	3 Floors	1		ears		
County (6)			Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)	968.0		None of	
US; Altantic CO.				, (Newsyle and Transfer	Resident						
Name of Monitoring Firm Hired by Buil	dina Owner	(8)	ASCM	No.	Name of Abateme							
, by bull	5 0	(-)	. 100111		The property of the property o		al Service, LLC					
Street Address					Street Address	I AII OTHIIGH	ar our vice, LLC	•				
Oldot Addiess					14 Read Driv							
City, State, Zip Code		-										
City, State, Zip Code					City, State, Zip C							
Decision of Maria Control		1			Sicklerville, I	MJ 0808.1	-r					
Project Manager for Monitoring Firm		I ele	ephone	No.	Telephone No.		License No.					
					856-318-1341		01158					
Start Date (10)10 /08 /14	Scheduled C 10 /				Name of OSHA N		al Services, LL	_				
					La companya da	Livilonment	al Services, LL	·.				
Occupancy Status During Abatement					Street Address							
□ Facility Closed/Vacated During Ent □ Abatement Performed Outside of N				oribo	14 Read Driv	<u> </u>						
Time of Abatement: 7AM-11:30PM												
					Sicklerville, I	NJ 08081		-				
Scope of Work (Check all that apply)					☐ Full Con	tainment with Neg	native Pressure					
☐ ≥3 sf or ≥3 lf ☐ >160 sf or >260 lf	⊠ Re □ De				☐ Mini-End		gativo i rossuro					
			2/0/20				n-Friable Procedu	ire				
(A)	10.00	Loca Norma		-			27	Ab	atem	ent Ty	уре	
Location of Asbestos-Containing Material (ACI)			ely by	Ach	Description of estos Containing Ma		Amount	Z.	R	ш	Щ	
TO BE ABATED	Ma	inten			e., thermal systems		(Specify	Remova	Repair	Encapsulate	Enclosure	
IN Facility	Cus	todial (12)	Staff?		surfacing, VAT	, or	SF or LF)	Va Va	-	Sul	sure	
(13)	Yes	No	N/A		other miscellane	eous)				ate		
Outside of House				Asbest	tos Siding		1900SF		П	П	П	
										П		
		-	+					12	1			
								ᆛᆜ		빌		
Name of Registered Waste Hauler		1.	NJDEP N		Cubic Yards of Waste	Name of Regis				- 12		
Graham-Tech Environmental S	service, LL		00346				North Landfill 8	Tully	towi	1		
City, State					Disposal Date	City, State	co to	green over				
14 Read Drive Sicklerville, NJ	08081				/	1513 Brod	entown Rd. Mo	rrisvil	le,P	Δ		
Completed By (Print or Type)	Title				Signature	Ψ	D	ate	<u> </u>		1	
Vernice Graham	Preside	ent			NO MOG	MIN	ノ	4	10	-15	1	

NO CK

			(P	ursuant t	to NJAC	8:60 and	12:120))								
Date of Notification (1)				Name of Building Owner/Operator (2) New Jersey Restaurants, LP 2014 CO7 - 7 PM 2: CO												
10-3-14				New 3	Jersey	y Rest	aura	nts, LP 99	14 007 -7	DM	2.	tn.				
Agencies Notified	Type Notification			SUCCI AL	ddress alligo					E 1 1	C	i U				
EPA DEP DOL	☐ Initial Amended Amendment #	1			te, Zip Co hohocl		PA 1	9428	a Lic		•••					
Ճ DOH	 Emergency (in justification) 			Name of Alex	Telephone	hone Number										
□ DCA -	☐ Cancellation				2.00		ON			-			-			
Name of Facility Where	Abatement is Taking	Place (3	3)	FACIL	LITY INFO	ORMATI	ON	Type of Facilit	v (4)	-						
Former Taco Be	ell							☐ School (k	70 - 2005 40 - 200400							
Street Address 1521 Blackwood	l Clementon I	Road						□ Subchapt Subchapt Other (i.e. etc.)	ter 8 (Other than b. private & comm			uildings, homes,				
City (5) Blackwood							Square Feet 2,000	# of Floors			ldg. A 50y					
County (6) Camden			County C	ode (7) ISE ONLY)			Prior if being dem	olishe	ed)						
Name of Monitoring Firm	Hired by Building O	wner (8)		ASCM	No.	- 1	Name	of Abatement C	ontractor (9)							
Batta Environ							Ply		ironmental	. Co).,]	[nc.				
Street Address 6 Garfield Way	J.							Haws Ave	nue							
City, State, Zip Code								itate, Zip Code								
Newark, DE 1						Nor	ristown,									
Project Manager for Mon Neeraj K. Bat			Telephor		76		none No. –239–9920	Licens	0039							
Start Date (10) 9–30–14		ed Cor	mpletion [Date (11)			of OSHA Monito	or mental, Inc								
Occupancy Status During	Abatement (Check			<u></u>			Street	Address		1						
☐ Facility Closed/Vaca				ment			411	Southgat	e Court, S	Suit	te 1	Ξ				
☐ Abatement Perform☐ Other – Describe:					J 08056	П										
Scope of Work (Check A	ll That Apply)	· ·						kleton, N		-	111111111111111111111111111111111111111					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Renova Demoli				<u> </u>	Mini-Enclose Glovebag P	72.5 (47)				ure			
		ls	Locat	tion								Abate	ement pe	t		
Location	of		Norma				scription					1 9	pe			
Asbestos-Containing <u>TO BE AB/</u> In Facili (13)	ATED	Ma Cus	intena todial (12)	ance/ Staff?		thermal surface			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure		
exterior		Yes	No	N/A		c :			900 SF		37			\vdash		
exterior		х		1-1	roo	fing			900 SF		X			H		
		-		-					1		-		-			
	, v			-					+	-	575			\vdash		
			L.,	NJDEP W	a a ta	Cubic	Vords	Name	of Registered Lar	dfil				Щ		
Name of Registered Was Robinson Waste		e H	Hauler ID		of Was	ste	TRRE		IGIIII							
City, State					35	al Date										
Voorhees, NJ	08043				1	17-14		ytown, PA								
Completed by		Title		The second secon				Signature Date								
James M. Kelly		Vic	e-Pr	reside	nt		1			10.	-3-	14				

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

313-NJ-14

Date of Notification (1)	Notification (1) Name of Building Owner/Operator (2) Rakugo Realty LLC												
Agencies Notified Notification Typ		Street	Address Vashington			CT -7 F							
(x) EPA () DEP (x) POI (x) Amended Amendmen	t# 1		State, Zip Co aic, NJ 070										
(x) DOL (x) DOH () DCA () Emergency justification () Cancellation)	Passaic, NJ 07055 Name of Contact Jorge Knudson											
		FACIL	ITY INFORM	IATION									
Name of Facility Where Abatement is	Taking Place (Type of Fa	acility (4)							
Street Address 1 Church Street	x (12)					l (K-12) apter 8 (oth i.e. private				lings	,		
						s, etc.			District	۸			
City (5) Sea Bright					Square Fe		of Flo		Bldg.	Age			
County (6) Monmouth			ty Code (7) (ONLY)	STATE	Current U	se (Prior if b	eing	g demolis	shed)				
Name of Monitoring Firm Hired by Bld	g. Owner (8)	ASCN	/ No.		of Contractor Sons, LLC	(9)							
Street Address				Street A	Address ver Drive								
City, State, Zip Code			18		tate, Zip Code eld, NJ 07026								
Project Manager for Monitoring Firm	Telephone	Number			one Number 85-9791	9		License 01191 "		er			
Scheduled Start Date (10) 10/06/2014- JOB IN HOLD	Scheduled C 11/06/201		n Date (11) IN HOLD	Name of Testor	of OSHA Mo Tech	nitor							
Occupancy Status During Abatement	7.1.00000000000000000000000000000000000	er en de la proposition della	e) Street Address 10-59 Jackson Avenue										
(x) Facility Closed/Vacated During Ent	tire Period of A Normal Facility	batement											
() Other – Describe: Source of Work (Check all that apply)	1			Long is	siand City,	NY IIIOI							
Source of Work (Check all that apply)				() Fu	Il Containme	ent with Neg	gative	e Pressu	ire				
$(x) \ge 3 \text{ sf or } \ge 3 \text{ lf}$ $(x) \ge 160 \text{ sf or } \ge 260 \text{ lf}$	(x) Renovat () Demoliti			Mini-Enclosure Glove bag Procedure Non-Exempted (*) and Non-Friable Pr									
	Is Locati	on.		(X) 140	II-LXeIIIptec	/ and wo	11 1 11		ateme	1000	ne		
Location of	Normally U							7.5	T	,			
Asbestos-Containing Material (ACM) TO BE ABATED in Facility	Solely b Maintenar Custodial S (12)	nce/	Containing thermal		(ACM) (i.e. nsulation,	Amou (Spec SF or	ify	Removal	Repair	Encapsulate	Enclosure		
(13)	Yes No	N/A	m	iscellaned	ous)			_		ate	(D)		
Exterior Siding		Х	Asphalt As	bestos Ba	rrier Paper	1800	SF	X					
										-			
Name of Reg. Waste Hauler	NJDEP Waste	e Hauler	r ID # Cu	bic Yards		Name of Re				<u> </u>			
Cid & Sons, LLC City, State	329	905	Dis	TBD posal Date		G.R.O.W.S City, State	S., V	Vaste N	lanag	gement			
Garfield, NJ				TBD		Morrisville							
Completed by Roque Schipilliti Jr. Title Pro	ject Manager	Signature Date							10/03/2014				