B & G proj. #: 2013-197

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

Date of Notification	n /1\							Che	ck#	6174				
	5205				wner/Operator (2)	r · · · · · · · · · · · · · · · · · · ·	V 7: 7 V		3 (77)	7			
Agencies Notified			Patri	cia & Don	ald Dzurilla				Į.	: [n	`. !			
T EPA	Type Noti	fication		Address					-		+			
☐ DEP	☑ Init	ial	11	atherine A			00	T 1 1 201	3		1			
DOL	☐ Am	endment	100000000000000000000000000000000000000	ate, Zip Code			1	1 1 2016			+		_	
☑ DOH	,	onamone	Clift	on, NJ 07	012		· ·			3	200			
	☐ Can	cellation	1	Contact	19 20 20 20			Teleph	one	Numbe	r.			
L DCA			Patr	icia & Dor	nald Dzurilla		The state of the s							
				FA	CILITY INFORM	ATI	ON							
Name of facility wh	ere abateme	nt is taki	ng place (3)					Type of Facilit	/4\					
Patricia & Dor	ald Dzuril	la	2000 2000							(K - 12)				
Street Address								☐ Sub	chap	ter 8 (C	ther	than	K-12	2)
61 Katherine	Avenue							Ø Othe Bldg	er (Pr	ivate/C mes, e	omm	ercia	al	
City (5)			0					Square Feet	_	of Floor		Т	Bldg.	Age
Clifton, NJ 070	012		County (6)				ounty Code (7)		_					_
15			Passaic			(5	tate use only)	Current Use (residential	Prior	if bein	g der	nolis	hed)	
Name of Monitoring		y Bldg. (Owner (8)		ASCM No.	-	Name of Abatement C					_		
	N/A						B & G Restoration	2,002						
Street Address						_	Street Address	1, IIIC.	_	_	_	_	-1-	
City, State, Zip Code							105 Ryerson Road	i		23				
Ony, Otate, Zip Code							City, State, Zip Code							
Project Manager for I	Monitoring Fi	rm		Phone Num	hor	_	Lincoln Park, NJ	07035						
			.	· Hone Hann	bei		Telephone Number 973-696-6869			cense	Numi	er		
Scheduled Start Date	(10)	ISC	hed. Compl	etion Date (1	1)	-	Name of OSHA Monito	r		376	_			
10/18/2013			10/19/20		.,		B & G Restoration	, Inc.						
Occupancy Status Du	ring Abatem	ent (Che				_	Street Address							
✓ Facility closed∧	acated durin	g entire	period of aba	itement.			105 Ryerson Road							
Abatement perf Describe:	ormed outsid	le of norn	nal facility ho	ours-		1	City, State, Zip Code							
Other-Describe						-	Lincoln Park, NJ 0	7035						9.
Scope of Work (chec	k all that app	ly)						7033		vrap &			_	
☐ Demolition		Renov	ation] F	full Containment w/negat	ive pressure		Sloveba	_	_		
≥ >3 sf or >3 lf		≥160 sf	or <u>≥</u> 260 If		5		Mini-enclosure			lon-fria	2000			
Location of		Is loca	tion normall	y used solely	1	_					RI	R	E	
asbestos-contai material to be	ning	staff(1	ntenance/cu 2)	istodiai	Description	of a	sbestos-containing	Amount		- 1	e m	e	п	E
abated in facility	(13)	Yes	No	N/A	material (AC	M)		(Specify S	F or		0	a	c a	C
basement main ro	nom	-									v e	i	р	-
boiler room	JOH	-	#	X	pipe insulation pipe insulation			25 lf						
			1		pipe irisdiatio	111		25 lf					므	
			1							_	븫	빆	ᆜ	
F						-					빆	빆	屵	片
Registered Waste Haul B & G Restoration,		NJ	DEP Hauler	ID# Ci	bic Yards of Was	te	Name of Registered Lar	ndfill			7 1	ᆚ	Ш	Ш
City, State	IIIC.		9563	Disposal Da	1		Tullytown Resource	& Recovery	Cent	er				
Lincoln Park, NJ 0	7035			10/21/2			City, State							
Completed by (Print or	Туре)	Title			Signature	=	Tullytown, PA		Dat	·o	_		-	
Gordana Luna		Secreta	ry/Treasur	er		9	Gordana Luna		100000000000000000000000000000000000000	e /08/20	13			

CK 4718

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

Date of Notification (1)		10000	lame of	Building C	wner/O	perator (2)		OCT	1	20)13	سب ۱	2	
Agencies Notified Type Notification	/	S	Street Ac	idress				1	nct	1			; ,	-	
EPA Initial				IADLEY te, Zip Coo)		\ i.			Shi Shi	14C).	.74		\vdash
DEP Amended Amendment #	al. diaa			H PLAIN		, NJ. 0	7080	1 (
Emergency (in justification) DCA Emergency (in justification) Cancellation	cluaing	N	-	Contact	_	V:L	10	_	Tele	phone	Num	ber		-	
DCA Cancellation				ORG ITY INFO		N NC	AR	.0	-						-
Name of Facility Where Abatement is Taking	Place (3)							of Facility (
PSEYG Street Address					-		<u> </u>	School (K-1 Subchapter	8 (Othe				•0.000.123		
RT. 1 & PIERS	S	AV	E.				e e	Other (i.e. p							s,
City (5) METUCHED							Squar	e Feet <i> 6000</i>		Floors	3		dg. A		YRS.
County (6)				Code (7)				nt Use (Prid	or if beir			ed)	, -		,
MIDDLESEX Name of Monitoring Firm Hired by Building On	wner (8)		ASCM			Name o	of Abat	5ω ement Con			৩	1H	1,0	<i>'\</i> \	
ENVIRONMENTAL TACTICS	v		004	15				YSTEMS	SOF	ME	RICA				
Street Address 64 BROAD STREET						Street A		s EHEAD A	AVE.						
City, State, Zip Code MATAWAN, NJ 07747				=				p Code VER, NJ	0888	2	38				
Project Manager for Monitoring Firm TOM GEIGER			elephor	ne No. 12-2217	E	Telepho 732-4					se No 1111				
Start Date (10)	Scheduled 10	-	pletion [Date (11)				A Monitor	S OF A	MEI	RICA				
Occupancy Status During Abatement (Check						Street /		s EHEAD A	AVF						
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	I Facility	Hours	100	assila		City, St	ate, Zi	p Code							
Scope of Work (Check All That Apply)			7	only		SOU	IHK	IVER, N.	0888	2				- 7.7	
≥3 sf or ≥3 lf	-	enovat						Containme		Nega	tive P	ressur	е		
≥160 sf or ≥260 lf	∐ De	emoliti	on			X	Glo	i-Enclosure vebag Pro	cedure						
	l						l Nor	n-Exempted	d (*) and	Non-	Friab		Abate	CONTRACTOR OF CONTRACTOR	\dashv
Location of	N	Locatio ormally	y		Des	scription	of						Ту	pe	_
Asbestos-Containing Material (ACM) TO BE ABATED	Mair	Solely	ce/			aining M systems				nount		R	71	Enc	m l
In Facility (13)	Gusto	odial St (12)	tatt?	,		cing, VA			SF	or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A									<u>a</u>		ate	re
BASEMENT		X		THERI	MAL	Sys76	MS	Pipe	7	06	-F	X			
				IN	SulA	Tion	<u>) </u>	•							
														-	\dashv
Name of Registered Waste Hauler		N.	JDEP W	/aste	Cubic	Yards		Name of	Reaiste	red La	ındfill				_
WASTE MANAGEMENT		Ha	auler ID 125	171/2017	of Was	ste		GROW							
City, State ELIZABETH, NJ					Dispos	al Date		City, Stat MORR		E, P.	4				
Completed by CAROL RAIMO	Title OFFI	CE M	GR.		S	ignature	al	Rai	me	,	Da		/	13	

Print Form

CHECK #: 8781

Date of Notification (1)				Name of	Building O	umor/O	norstor /	(2)						
10/08/13-			- 1		AMES									
Agencies Notified	Type Notification		-	Street Ad		П	EMSO					-		_
	,				5 STE	FOUL	, 5	- 0	CT 1	1 2013				
□ EPA □ DEP	☑ Initial ☐ Amended		h	City, Stat	e, Zip Code	e								
⊠ DOL	Amendment		_	ì) over	N .	5	07803			14.0			
⊠ DOH	☐ Emergency (i justification)	including		Name of	Contact	,		0 100	Tel	ephone Nur	nber			
□ DCA	☐ Cancellation		1	JA	MES H	tous	urth							
					JTY INFO						_			
Name of Facility Where A		Place (3)						Type of Facility (33			
Street Address	DONCE							 ☐ School (K-1 ☐ Subchapter 		r than K-12)			1
	TEPHON ST	•						☑ Other (i.e. p	rivate &	commercia	d build	ings,	nome	s,
City (5)								Square Feet	#0	Floors		ldg. A		
Doner	,							1200	<u>ا ا</u>	2		+50	· 	
County (6) MORUS				County C STATE U	Code (7) ISE ONLY)			Current Use (Pri	or if bei	ng demolish	ed)			
Name of Monitoring Firm	Hired by Building C	wner (8)		ASCI	VI No.			of Abatement Cor AC Contracting Inc		(9)				
Street Address								Address owell Road					*******	
City, State, Zip Code								state, Zip Code	-					
D : 100 - 10							Glen	Rock, NJ 07452						
Project Manager for Moni	ioning Film			Teleph	none No.			one No. -262-5841		License N 00156	0.			
Start Date (10) /6/18/13		Schedule	od Com		Date (11)			of OSHA Monitor ega Environmenta	l Servic	es Inc.				
Occupancy Status During	Abatement (Chec	k Only On	e)					Address					W 5- (Kd6)	
	ted During Entire F	Period of A	bateme	ent				luyer Street tate, Zip Code						
☐ Abatement Performe☐ Other - Describe: ☐	a Outside of North	al Facility	Tours			_		ensack, NJ 07606						
Scope of Work (Check A	li That Apply)													$\neg \neg$
		ra∕ R∈	enovati	on				Full Containme	nt with	Negative Pr	essure	1		-
☐ ≥160 sf or ≥260 lf			emolitic	7.43			13	Mini-Enclosure						
							- 2	Glovebag Proc Non-Exempted	edure (*) and	Non-Friable	e Proce	edure		
			1								T		ement	
1		1	Location	y		Do.	scription	of				Ty	ре	
Location Asbestos-Containing			d Solel		Asbesto	os Con	taining l	Material (ACM)		Amount			ш	_
TO BE ABA	TED		todial S		(i.e. 1		system: cing, VA	s insulation,		Specify F or LF)	1 8	8	E P	nc
In Facili (13)	ty		(12)				niscellar		3	0.67	Remova	Repair	Encapsulate	Enclosure
,	2/	Yes	No	N/A				8			-		ate	8
Basemont		V	P	PE 1	NSUL	U110N.		80 LF	1					
Businer		~		VA	it			1856	1					
7712507-531-	ti													
Name of Registered Was	te Hauler		90 (1851)	JDEP Wa	200	Cubic of Was	Grant and an artist of the contract of the con	Name of	Registe	red Landfill				
Rovic Transport				20785			1			em Landfill	Согр.			
City, State, Zip Code Riverdale, NJ 07457		all and the second		On a second			al Date 18/13	City, Stat Bethlehe						
Completed by		Title					ignature	· N . /		Da	ate /	1		
Joseph Vocaturo		Opera	tions					1. Vous	tion		10/02	13.		

CHECK #:	8281
44.0	

Date of Notification (1)			-	Name o	f Building (Owner/C	Operator (2	2)	, ,	F 11			1	
10/08	1/13		1		RES		· ·	95 8 0	LC.	1 300	N 121			
Agencies Notified	Type Notification		1	Street A			<u></u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				0.0	10	
□ EPA	🗹 Initial		1		24		LEONI	A AVE.		0(CT 1	1 2	113	1
☐ DEP 図 DOL	☐ Amended		1		ate, Zip Co	de	CONTRACT CONTRACT	27-222 27-222			200			3
E DOL	Amendment:		-	È	BOGOTA	N	<u>.7</u>	0760			tara y		1.	·k
⊠ DOH	justification)	3			f Contact				Te	ephone	Number	161		-1-125
□ DCA	☐ Cancellation			FAC	OBENT		Nas					7.1	I AMA	
Name of Facility Where A	Abatement is Taking	Place (3)		FAC	LITINEC	KMAII	ION	Type of Facility	y (4)					
FMR.		NEN'S		1) AIR	ιλ.		1	☐ School (K	3,000					
Street Address	77.11-1-00	14014		17.11	0)-			☐ Subchapte	er 8 (Othe					
978	Valley	Roap.						Other (i.e. etc.)	private 8	comme	ercial bui	ldings	, home	es,
City (5)	3							Square Feet	# 0	f Floors		Bldg.	Age	
Wayne	3							85,000	- 1	2		+	50	
County (6)					Code (7) USE ONLY)			Current Use (F	rior if bei	ng demo	olished)			
Passaic									4 MERC					
Name of Monitoring Firm	Hired by Building O	wner (8)		ASC	M No.			of Abatement C C Contracting I		(9)				
Street Address								_						
Street Address							Street A	Address owell Road						
City, State, Zip Code														
Oity, State, Zip Code								ate, Zip Code Rock, NJ 07452						
Project Manager for Moni	itorina Firm				hone No.		-		·	г				
J	oject manager for monitoring t min						Telepho 201-2	one No. 262-5841		Licens 0015	[1] - [1] -			
Start Data (10)	art Date (10) , Schedule													-
10/21/13		Screduli		PI 13				of OSHA Monitor ga Environmen		es inc.				
Occupancy Status During	a Abstament (Chec	c Only Or					Street A	Address						
☑ Facility Closed/Vaca				ent				uyer Street						
☐ Abatement Performe ☐ Other - Describe:	d Outside of Norma	I Facility	Hours					ate, Zip Code	ne		1,100000			
							Паске	nsack, NJ 0760						
Scope of Work (Check A	II That Apply)													
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			enovati emolitic					Full Containm Mini-Enclosur		Negative	e Pressu	re		
E 2100 SI 01 2200 II		ט ט	EHIOMU	JII				Glovebag Pro	ocedure					
								Non-Exempte	ed (*) and	Non-Fri	iable Pro			
			Locati			12			1				temen ype	nt
Location			Normal ed Sole				escription of		١.			T	T	Т
Asbestos-Containing TO BE AB/		Ma	intenar	nce/				laterial (ACM) insulation,		mount Specify	Z,	1	8	ᄪ
In Facili		Cus	todial S (12)	starr?		surfa	icing, VAT	, or		F or LF)	Remova	Repair	apg.	Enclosure
(13)	40	-	(/			otner r	miscellane	eous)			M	=	Encapsulate	8
	-	Yes	No	N/A									L	
Roof	R00 F					ROOF	106		6	DOSF	V	1		
1							8					T		
												T	T	
	3	+	_	1					+		-	+	1	\vdash
Name of Registered Was	ta Hauler		N	JDEP W	aste	Cubic	Yards	I Name	of Registe	red I and	dfill	1		-
	to i iduloi		Н	auler ID		of Was	ste							
Rovic Transport				20785			2		A Bethleh		dfill Corp.			
City, State, Zip Code	City, State, Zip Code Riverdale, NJ 07457						sal Date		ate, Zip C				Me il dina	
					121/13	Denle	iiciii, FA	10010	Dete					
Completed by Joseph Vocaturo		Title Opera	tions			S	Signature	16.	\sim		Date	1	7	
DOSEPH VOCALUIO						17-	Vorulta	m		/0/	08/1	5_		

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

Date of Notification (1)	4 /	13					Owner/Operator (2 G. Miller	²⁾ /Job # <u>1</u> 309-1	809 COURTI	ESY: NO	iff	FICA	ATIO	N
Agencies Notified	Type Notification		•		Street /	Address	aptains Drive		. u - // /	i r 1	1 1 10 1			
⊠ DOLWD	☐ Amended			-		ate, Zip C		4			. ' '			
☑ DHSS	Amendmen						rbor, NJ 08087	OCT	1 1 2013		~			
DCA	☐ Emergency		ding	-		of Contact			Telephone N			3		_
(NJAC 5:23-8)	justification Cancellatio			1		s Miller		A.,.	Tolopilolio II		-	mindle.		
	Caricellatio	11	W8 =				TODMATION.	1, 1011	4		e	pi		
		D	1 (2)	FAC	ILIIY IN	FORMATION	Type of Facility				_		
Name of Facility Where		king P	iace (3)				Type of Facility ☐ School (K-12)	1.5					
Residential Proper	ty							Subchapter 8) 3 (Other than K	(-12)				
Street Address	2 <u>2</u> 2 27							Other (i.e., p	rivate and com	mercial	buil	lding	s,	
134 South Captains	s Drive							homes, etc.)			DI-1			
City (5)							**	Square Feet	# of Floors			g. Ag	je	
Little Egg Harbor								800	1			0		
County (6)					Coun	ty Code (7)	(STATE USE ONLY)		30 <u>7</u> 6	nolisnea)			
Ocean								Residential						
Name of Monitoring Firm	Hired by Buildin	ng Ow	ner (8) /	ASCM I	No.	Name of Abateme	100						
NA							Asbestos an	d Mold Service	es, Corp.					
Street Address							Street Address 3859 Sylon B	oulevard						
City, State, Zip Code				-			City, State, Zip Co							3000 mil
July Charle, Ep 2002							Hainesport, I							
Project Manager for Mor	nitorina Firm			Tele	phone I	No.	Telephone No.		License No).		-	//e/27 =	
	3			1.510.55			609-702-0400)	00862					
Start Date (10)	Sc	chedule	ed Co	mple	tion Dat	te (11)	Name of OSHA N	Monitor						
10 / _7_ /	13	10	_ /	7	_ / _	13	EMSL Analyt	ical, Inc.						
Occupancy Status Durin	g Abatement (C	heck o	nly or	ne)			Street Address							- 6612
☑ Facility Closed/Vacat							200 U.S. Rou	te 130 North						
☐ Abatement Performer Time of Abatement: _							City, State, Zip C							
Scope of Work (Check a	Ill that apply)				·			2 000 201 1000			11.0			
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			Rer Der				☐ Mini-End ☐ Gloveba	tainment with Ne closure g Procedure empted (*) and No						
				Locat							Aba	ateme	ent T	уре
Location Asbestos-Containing TO BE AB. IN Faci	Material (ACM) ATED		Used Mai	ntena odial	ly by		Description of stos Containing Ma , thermal systems surfacing, VAT	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		-,	Yes	(12) No	N/A		other miscellane	eous)					ife	
Exterior		_			×	Transit	e Siding		800 SF	-	X			
Exterior		-		П		Transit	e olding		000 0.		,			
		L		=						- [=	=		
		L				-				-	_			H
				Ц.		L		T	1 11 - 150			П	ш	Ш
Name of Registered Wa Freehold Cartage,				188	IJDEP I lauler II	O No.	Cubic Yards of Waste	GROWS L	stered Landfill					
City, State					02265	•	5 Disposal Date	City, State			-	-	2-V-7	-0.535
Freehold, NJ							10/8/13		e, PA 19067					
Completed By (Print or 1	Гуре)	Title					Signature	0		Date				
Kimberly A. Trumb		Off	ice C	oor	dinato	r	4011	<u> </u>		10	- L'	1-1	5_	

ASB-41 MAY 11

Job Number: 1211-1689 Check: #NA

										10 To	25.4				
Date of Notification 1/28/13	(1)						lding C	wner / Operator	(2)						
Agencies Notified	Type Notif	ication		_		ddre	-		1,			. • :			
⊠ EPA	i j po i totii						reet		(OCT 1 1 201	3 .				
☐ DEP	☐ Init	ial					Zip C	ode				1			
⊠ DOL	⊠ Am	ended #18					802				.3				
		ergency	_				ntact				Tele	ephor	e Nu	ımbe	er
□ DOH □ DCA		ncellation		Jane	et V	Vari	ng, S	ourcing Manag	ger						
HILITER OF THE SHARE THE STATE OF THE STATE				236				ORMATION							Ξ
Name of Facility Wh	nere Ahate	ment is Taking Pl	ace (3	_	101		1 1141 4	Type of Facilit	v (4)						
Johns Manville-			400 (0	')				School (K						74	
Street Address	Chibiyii	Idile		essinine.		7,200 II I E				r than K-12)					
437 North Grove	Stroot									commercial bui	ildinas.	home	es. e	tc.)	
437 1401111 31046	Jucci							Square Feet		Floors		. Age		-	
City (5)		County (6)	Co	untv	Со	de (7)	NA NA							
Berlin		GLE	1000	-					Prior if beir	ng demolished)					
Deriiii		GLE						Plant	1 1101 11 2011	.g comononce/					
Name of Monitoring	Firm Hired	hy Building Owr	ner (8)			ASC	M No.		ement Cor	ntractor (9)					
One Source Safe			101 (0)		ľ	, 100				rvices, Corp.					
Street Address								Street Addres		ā					
140 South Village		-Suite 130						3859 Sylon		d					
City, State & Zip Co	ode							City, State & 2							
Exton, PA 19341								Hainesport,							
Project Manager for		g Firm	Telep				er	Telephone Nu		Licen	se Nun		2		
Brian Hovendon		7	610-					609-702-040				0086			
Scheduled Start Da 11/19/12	heduled Start Date (10) Scheduled Co 1/19/12 Scheduled Co							Name of OSH EMSL Analy							
Occupancy Status I								Street Addres	s						
Facility Clos	sed/Vacate	d During Entire F	eriod	of A	bate	eme	nt	107 Haddor							
Abatement	Performed	Outside of Norm	al Ho	urs				City, State & 2	Zip Code						
Describe:								Westmont,	NJ 08108						
☐ Facility Occ	cupied Duri	ng Abatement													
Scope of Work (Ch	eck all that	apply)											_		
	22		<u></u>							Containment w	ith iveg	ative	Pres	sure	
≥3 sf or ≥3	500000		\boxtimes			vatio				i-Enclosure					
≥160 sf ≥26	60 If		Ш	De	emo	olitio	n		territoria de la constanta de	ve Bag Procedu		2-1-1-	D		
										-Exempted and					
	ocation of			Loca				Description		Amou		Aba	teme	ent i	ype
	tos-Contain terial (ACM		Norr	nally				Asbestos-Con Material (A		(Spec SF or I				т	_
	BE ABATE		Main					(i.e., thermal sy		0. 0.	,	Re	Z,	nce	Enc
	n Facility	_	Cust					insulation, surfac	ing, VAT			Removal	Repair	Encapsulate	Enclosure
100	(13)		100000000000000000000000000000000000000	(12				or other miscella				val.	=	lat	ure
			Yes	No)	N/A								(D	
"H" Roof				X			Tran	site Deck Pane	els	2,400 SF		\boxtimes			
"H" Roof	•			X			Roof	Field	12-26	17,400 SF					
			I		1										
			П		1										

Name of Registere	d Waste Ha	auler		I	ND.	EP \	Vaste	Cubic Yards	Name of	Registered Lan	dfill				
	1500			H			O No.	of Waste							
Horizon Disposa	al				- 1	226	12	30	United Street Burgin	Landfill					
City, State								Disposal Date	City, Stat						
Trenton, NJ				Te-	itle			10/31/13	Morrisv	ille, PA	- 1.	D-1:			
	ompleted By (Print or Type)							Sighature 1				Date	140		
Kim Trumbett	CI			-	-un	nin.		MALL		_		10/4	113		
I								I WWW.A.A. W	/						

Date of Notification (1)					Name	of Building	Owner/Operator (2	2)						
	8 / _	13	_		Oce	an Bay D	Developers		/ Job # 131	0-1814	ł C	hk. a	#334	8
Agencies Notified	Type Notificat	tion	1,001		Street	Address		R		. !				
					140	0 Grand	Central Avenue							
☑ DOLWD	Amended				City, S	tate, Zip C	ode	1	0010	114				
☑ DHSS	Amendme Emergence	-			Lav	alette, N.	J 08735	OCT 11	2013	4				
DCA (NJAC 5:23-8)	justificatio		iuuiiig		Name	of Contact			Telephone N	umber				
	☐ Cancellati				Gre	g Hewett								
					FAC	CILITY IN	FORMATION					i taman	11/200	
Name of Facility Where Al	batement is Ta	aking	Place	(3)				Type of Facility ((4)					
Residential Property	/							School (K-12						
Street Address								Subchapter 8			hui	Idina	e	
249 West Mont Aver	nue							homes, etc.)		moroiai	Dui	iumg	3,	
City (5)								Square Feet	# of Floors		Bld	g. Ag	je	
Lavallette								2000	2		4	0		
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being dem	olished)			
Ocean								Vacant Resi	dential					
Name of Monitoring Firm	Hired by Build	ing O	wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
Tiger Environmenta	1						Asbestos an	d Mold Service	s, Corp.					
Street Address							Street Address				1.7.			
16 West Elizabeth A	venue						3859 Sylon B	Boulevard						
City, State, Zip Code							City, State, Zip C							
Linden, NJ 07036							Hainesport, I	NJ 08036						
Project Manager for Monit	toring Firm				phone		Telephone No.		License No	•				
Kelly Walton					08-862	a practical and	609-702-0400		00862					
Start Date (10)				•	tion Da		Name of OSHA N							
10 /21 / .	13	10	0_ /	_ 22	<u>.</u> / -	13_	EMSL Analyt	ical, Inc.						
Occupancy Status During							Street Address	TOTAL DESCRIPTION OF THE STATE OF THE STATE OF						
☐ Facility Closed/Vacate							200 U.S. Rou							
☐ Abatement Performed Time of Abatement:							City, State, Zip C							
Scope of Work (Check all	that apply)		-	7- 7-17			Cililainiisoi	1, 145 00077						
The second of th			M Da				☐ Full Con ☐ Mini-End	tainment with Neg	gative Pressure	9				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			⊠ Re □ De					g Procedure						
							Non-Exe Non-Exe	empted (*) and No	n-Friable Proce					
100 600	20			Loca			West W. A. 10				Aba	atem	ent T	уре
Location of Asbestos-Containing M	730	,		Norma	ely by	Asha	Description of stos Containing Ma		Amount		Re	Re	En	En
TO BE ABA		'		intena			, thermal systems		(Specify		Remova	Repair	cap	Enclosure
IN Facilit	у		Cus	odiai (12)	Staff?		surfacing, VAT other miscellane		SF or LF)		ía		Encapsulate	ure
(13)		Ì	Yes	No	N/A	1	other miscellane	ous)					te	
Exterior						transite	shingles		1740 SF		XI			
Exterior						LIAIISILE	simgles		1740 31		_			
2007-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1										L			Ц	
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										[
Name of Registered Wast	e Hauler			IN	JDEP 1	Waste	Cubic Yards of	Name of Regis	stered Landfill					
Freehold Cartage, Ir				H	lauler II		Waste	GROWS L						
City, State					0226		5 Disposal Date	City, State					S-10-1	
Freehold, NJ							10/22/13	F (5787)	, PA 19067					
Completed By (Print or Ty	me)	Title					Signature	^		Date		.75.00		-
Kimberly A. Trumbe		2111111111111		Coor	dinato	r					-	8-1	7	
Minberry A. Trumbe	wed					•	JAN.	Y			į.	0 1	ノ	

ASB-41 MAY 11

Date of Notification (1)					Name	of Building	Owner/Operator (2)						
10/	8 / _	13	_		Ree	d Rosen	berg & Kristen	Solanik	/ Job # 13	307-1786	C	hk. #	334	9
Agencies Notified	Type Notificat	tion			Street	Address						7]		
□ EPA					411	Park Ave	enue			7 6				
□ DOLWD	☐ Amended				City, S	tate, Zip C	ode					7		-
□ DHSS	Amendme	100000			- 5		d, NJ 08108	OCT	1 1 20	110		1		1
DCA (NJAC 5:23-8)	☐ Emergeno justificatio		uding			of Contact			Telephone			1		
(NJAC 5.25-6)	☐ Cancellati	500				d Rosen						it one		
					FAC	ILITY IN	FORMATION		N,	x2		i i		
Name of Facility Where A	Abatement is Ta	aking F	Place	(3)		- Consider		Type of Facility (4	•)		P	4		
Residential Propert	ty							School (K-12)						
Street Address								- ☐ Subchapter 8 ☐ Other (i.e., priv	(Other than	K-12)	hui	Idina		
411 Park Avenue								homes, etc.)	vate and co	minercial	Dui	iding	э,	
City (5)								Square Feet	# of Floor	s	Blo	g. Ag	je	
Collingswood								1963	3		9	3		
County (6)	3000				Coun	ty Code (7)(STATE USE ONLY)	Current Use (Prio	r if being de	emolished	i)			
Camden								Residential						
Name of Monitoring Firm	Hired by Build	ing Ow	vner (8	3)	ASCM	No.	Name of Abatem	ent Contractor (9)		0.0000000000000000000000000000000000000				
Tiger Environment	al						Asbestos an	d Mold Services	, Corp.					
Street Address							Street Address							
16 West Elizabeth	Avenue						3859 Sylon I	Boulevard						
City, State, Zip Code							City, State, Zip C						1100	
Linden, NJ 07036				+:			Hainesport,							
Project Manager for Mon	itoring Firm			Tele	phone	No.	Telephone No.		License I	No.				
Kelly Walton				90	8-862	-4301	609-702-040	0	00862					
Start Date (10)	S	chedul	led Co	omple	tion Da	te (11)	Name of OSHA	Monitor	-			ū		
10 /23 /	13	10	_ /	_23	_ / _	13	EMSL Analy	tical, Inc.						
Occupancy Status During	Abatement (C	Check o	only o	ne)			Street Address							
☐ Facility Closed/Vacate	ed During Entir	e Perio	od of	Abate	ment		200 U.S. Rot	ite 130 North						
☐ Abatement Performed							City, State, Zip C	ode				-		
Time of Abatement: _	AM	PM/		_PM-		AM	Cinnaminso	n, NJ 08077						
Scope of Work (Check a	I that apply)						□ Full Cor	stainment with Nega	ative Dress	IFA				
≥3 sf or ≥3 lf		0	⊠ Rei	novati	on		☐ Mini-En	ntainment with Nega closure	alive Fiessi	uie.				
☐ ≥160 sf or ≥260 lf		Ī	Der	molitio	on		⊠ Gloveba	g Procedure		and the second of the second				
							∐ Non-Ex	empted (*) and Non	-Friable Pri			350	V-150	
	¥			Locat Iorma							Aba	ateme	ent T	ype
Location Asbestos-Containing		,		d Sole		Ashe	Description stos Containing M		Amou	nt	Re	Repair	En	Ē
TO BE ABA		'		ntena			., thermal systems		(Speci	fy	Removal	oair	cap	Enclosure
IN Facil	ity		Cust	odiai (12)	Staff?		surfacing, VA		SF or L	.F)	<u>a</u>		Encapsulate	ure
(13)			Yes	No	N/A	1	other miscelland	eous)					fe	
Crawlspace		_				Pine In	sulation		20 LI	=	\boxtimes		П	
o.a.v.opass						1 1,00 111				-	7			
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Name of Registered Was				1.00	IJDEP \ lauler II		Cubic Yards of Waste	Name of Regist		II				
Freehold Cartage, I	nc.				02265		5	GROWS La	ndfill					
City, State							Disposal Date	City, State	5.2200 (200) 0.000 (400 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0	400				
Freehold, NJ							10/23/13	Morrisville,	PA 19067	7				
Completed By (Print or T	ype)	Title		3000	, 17 mg		Signature	2 0		Date	2			
Kimberly A. Trumb	etti	Off	fice C	coord	dinato	r		1 1		1 10-	8-	13		

ASB-41 MAY 11

Date of Notification (1)	7		Name	of Buildin	g Owner/Operator (2)	0				_
10 / 4 / 13	2_		1156	3-k	haleword	Main	KOST UH	iat	177	1.	
Agencies Notified Type Notification			Street	Address	, ,						
□ EPA □ Nnitial			17	Enc		ST.				83	
DOLWD Amended Amendment #	ŧ		City, 5	state, Zip (Pode		, OCT 11	2013	1	i	
DCA Emergency (i		-	IDN	ally	JAN. NOT	6763	1 001	7 170.00		1	
(NJAC 5:23-8) justification)	recount	9	Name	of Contac	t		Telephone Nu	mber	-	1	- 0
☐ Cancellation			810	K . K	onnet	£ 000				No. of Concession, Name of Street, or other Persons, Name of Street, or ot	
1			FA	CILITY IN	FORMATION	1 1			24	en name	-11
Name of Facility Where Abatement is Takin	g Place	(3)	Dan	[[Type of Facility					
	m(Ł	102	011	(E	School (K-1		101			
Street/Address						Subchapter	8 (Other than K-1 private and comm	(2) ercial ha	ilding	ıc	
177 LIVALE 21						7 homes, etc.)	Or Glar De	an dan re	٠,	
City (5)						Square Feet	# of Floors		đg. A	ge	
I (malpharel, NT 67	123	1				8,031	1 Stori	1			
County (6)	00		Cour	ty Code (7	()(STATE USE ONLY)		rior if being demo				-
1 BRAIN						2		154			
Name of Monitoring Firm Hired by Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)		_		
9:1.4					LEA GUI		amacin	1	1101	0	
Street Address					Street Address	and 1	CHICACAC	(2)	111	. 1	
					1970 00	MURT F	>i				
City, State, Zip Code					City, State, Zip Co						
					1/12/16		TIMZO	7			
Project Manager for Monitoring Firm		Tele	phone	No	Telephone No.	LH1, 10.	License No.			-	
, reject manager for the morning rath		100	priorio	10.	017 11210	-2720	Licerise IVO.				
Start Date (10) Sche	duled C	omnia	tion De	to (11)	Name of OSHA M	O /O			_		
State Date (10)	uuleu C	OHIDIE	uon Da I	le (11)	Name of OSDA W	IOHROI					
			_ ′ -								
Occupancy Status During Abatement (Chec					Street Address						
☐ Facility Closed/Vacated During Entire Pe ☐ Abatement Performed Outside of Normal				cribo							
Time of AbatementAMP	M/	PM-	3 - De3	AM	City, State, Zip Co	ode					
0								.,			
Scope of Work (Check all that apply)					☐ Full Cont	tainment with Ne	native Pressure				
≥3 sf or ≥3 If	₽ Re	enovati	on		☐ Mini-Enc		gauve i lessule				l
☐ ≥160 sf or ≥260 lf	″□ De	molitic	n		Glovebag	g Procedure	FJ-N- B	Č			
	1 10	Loopt	ion		☐ Noti-Exe	mpted (*) and No	on-Friable Proced	17/08/55/5-			
Location of	2000	Locat Norma			Description of			Ab	atem	ent Ty	/pe
Asbestos-Containing Material (ACM)	Use	ed Sole	ly by	Asbe	Description o stos Containing Ma		Amount	Rei	Repair	Enc	E
TO BE ABATED	2000	intena todial s			, thermal systems	insulation,	(Specify	Removal	oair	ар	Enclosure
IN Facility (13)	Cus	(12)	otali (surfacing, VAT, other miscellane		SF or LF)	<u>a</u>		Encapsulate	ue u
(10)	Yes	No	N/A		oulei Ilasceadile	ous)				te	
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KOOT HIEA (+)		B		MW	THUAD	IE	412 LP	Ø		Ц	Ш
		П							П	П	П
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Name of Registered Waste Hauler		14.	JDEP V	Manta	Cubia Varia	TNon-10			Ш	Ц	Ц
A COLUZIO LI VACAT		H	auler II		Cubic Yards of Waste	Name of Regi	1 - 16	-1			-
CHILLI WOLE		12	370	17	1 10	1 Chow:	5 Landt	1	30 6565		
City, State				_	Disposal Date	City, State					
1025 David AVE 1/1	301	HH	1,15	TMZC	,	MILLONDI	1110 . Pf	+			
Completed By (Print or Type)	e'		^	`	Signature L	11		Date	, 1	10000000000000000000000000000000000000	\neg
GENELLAN DIOUPHUS 1	MOVO	tim	11/1	kinac	mal /	\mathcal{M}		101	41	13	
ASB-41	1	CIVA	011							_	
JAN 13 *	Do not	use th	is form	for asbesi	os licensure exemp	ted activities					

May Drade

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)		- 1	5.3	
10/4/13	_		45	P5 -	Phillipsb	uia		. 1		
Agencies Notified			Ble	Address	implial f	KWY	OCT 1 1	2013	}	
DOH Amendment #			City, S	itate, Zip C		- ,00	65			ACCESSES.
DCA Emergency (in justification)	cluding		Nome	of Contac	burg, K	1) (100	C 5 LTolophone Numb			
(NJAC 5:23-8) justification) Cancellation			Vio	V 101	nort		CA DIABORDA MIRIT	nar		4
			FAI	O ITY IN	FORMATION		The second second		te state	
Name of Facility Where Abatement is Taking	Place	(3)	170	#ELI 1 114	OKMATION	Type of Facility	(4)			
Phillipslaug - Main	105	Sì	Uth	TE		School (K-1	2)			
Street Address SUL MONOPINE PK	, 1/2	1				☐ Subchapter ☑ Other (i.e., phomes, etc.)	8 (Other than K-12) private and commen	i cial buil	dings,	
City (5)						Square Feet	# of Floors	Bldg	g. Age	
County (6)			Coun	fv Code (7)(STATE USE ONLY)		F 15trry	hod)		
Marken							3	ileu)		
Name of Monitoring Firm Hired by Building C	Owner (8)	ASCM	No.	Name of Abateme	ent Contractor (9	TRACTORS	100	0	
Street Address					Street Address	wal ten	1100CH2	CERC	<u> </u>	
Street Address ,					1980 01	hart	P1.			
City, State, Zip Code					City, State, Zip Co	ode,	,		1 100	
					KIRADE	th INT	C7202	/ 		
Project Manager for Monitoring Firm		Tele	phone I	No.	Telephone No.	-3.339	License No.			
			tion Dat		Name of OSHA M	Ionitor				
			_ / -							
Occupancy Status During Abatement (Chec	721	- 20	mant		Street Address					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Time of Abatement: AM- PI				cribe AM	City, State, Zip Co	ode				
Scope of Work (Check all that apply)								-		
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf	Re ☐ De				☐ Mini-Enc ☐ Gloveba	Procedure	gative Pressure on-Friable Procedur	e		THE PROPERTY OF THE PROPERTY O
	Is	Locat	ion						temen	t Type
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Use Ma	lorma d Sole intena odial: (12)	ly by nce/		Description of stos Containing Ma , thermal systems surfacing, VAT other miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)			Enclosure
(10)	Yes	No	N/A		ouler miscondine	ousy			1	ō
ROCK ANEA D		区		NON	-FRIABN		500 SF	Ø		
										ום כ
Name of Registered Waste Hauler			JDEP V		Cubic Yards of Waste	Name of Regi		-		
MEMULY Waste		2	279	70.	1014.	Chous.	Landfill			
City_State					Disposal Date	City, State				
Completed By (Print - True)					Loissatura	Imans	ville, PA		_	
Completed By (Print or Type) Title		1/10	Ma	Maaj	Signature	91	Da	,) , ı	1.0	
ASB-41	UU	141	SIIL	ucu	CKI /	JC)	110	114	11	,]

40 July

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

Date of Notification (1)	2		Name	of Building	Owner/Operator (A				
10 1 4 1 1	5_		Pla	infil	d-Muhle	nberg	USPSCT	1 1	201	3	1
Agencies Notified Type Notification				Address		ot -					N
EPA SInitial			108	30 AV	Clirkten	ME					
☐ DOLWD ☐ Amended ☐ DOH Amendment#			City, S	State, Zip C	Code, U	50116	1 - 1	7.5	s to	: 10	Œ.
□ DCA □ Emergency (ir		,	VIa	inte	CL, NO	Mules			Υ		···A4
(NJAC 5:23-8) justification)		'		of Contac			Telephone Namb	Ef	10 A 100		
☐ Cancellation			Nik	ek in	ennet		1			1	7
·			FA	CILITY IN	FORMATION						
Name of Eacility Where Abatement is Takin			(7		Type of Facility	(4)				
Paintield-Illuntenbu	10	405	T UT	TICE		School (K-1					
Street Address	1					☐ Subchapter	8 (Other than K-12) private and commerce	rial hu	ilding	ıc	
1080 Activator ALE						homes, etc.		Jui De	anun iç	15,	
Vainfield						Square Feet	# of Floors	Bl	dg. A	ge	
County (6)			Cour	ntv Code (7	(STATE USE ONLY)	-	rior if being demolish	hed)			
Lanich				, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	g domeno	,,,,			
Name of Monitoring Firm Hired by Building	Owner	(8)	ASCM	No.	Name of Abateme						
L)/A		-			145H CLER	eial Ca	macrus	(1	Kf),	
Street Address					Street Address	MET PI			-,		
City, State, Zip Code	- 557 12 . 1 . 5				City, State, Zip Co		·		-	-	
					Huzabe		T UTZUZ	_			
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No.	21.77 10	License No.	7			
					(100) 436-	3739					
				te (11)	Name of OSHA M	Ionitor					
/			_ / -								
Occupancy Status During Abatement (Chec					Street Address			10000000			
☐ Facility Closed/Vacated During Entire Pe											
Tabatement Performed Outside of Norma Time of Abatement:AM2P	l Facilit M/	y Hour: PM_	s - Des	cribe AM	City, State, Zip Co	ode					
Scope of Work (Check all that apply)					☐ Full Cont	ainment with Ne	gative Pressure				
≥3 sf or ≥3 If		novatio			☐ Mini-Enci		gauve Fressure				
□X≥160 sf or ≥260 lf	De De	molitio	n		☐ Glovebag		on Criable December				
	Is	Locati	on	Г	☐ Idoil-Exe	impled () and No	on-Friable Procedure	-	atam	ent To	ma
Location of	1	Vormal	у		Description o	f				ent Ty	
Asbestos-Containing Material (ACM)		d Sole		Asbe	stos Containing Ma	terial (ACM)	Amount	Removal	Repair	Enc	Enclosure
TO BE ABATED IN Facility	100000000000000000000000000000000000000	intena todial S		(i.e	 thermal systems i surfacing, VAT. 		(Specify	NOL	air	aps	lost
(13)		(12)			other miscellane		SF or LF)	1 2		Encapsulate	10
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KOCH ATEA D		M		WN	-HCIABIE		1154 SF	M			
Roof AdC		B		NOW.	FLIABIE		339 ST	B			
		П	П					П	П	П	П
Name of Registered Waste Hauler			JDEP V		Cubic Yards of	Name of Regi	Lstered Landfill	1			
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City, State				. ,	Disposal Date	City, State	Contraction of the second				\dashv
Elizabeth						Munisi	illo, PA				
Completed By (Print or Type) Title			Λ	2	Signature	1. 1011	Dat	e			\dashv
Granky Leronatas C	RUC	ther	cll	runcic	1000	4	1,	0)	اب	12	
ASB-41)	KUL	VIII	111	MILY	hu -		1 (-	-11	1)	

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

Date of Notification (1)	3	-	Name	of Building	Owner/Operator (2) 1.10×00 V	/				
Agencies Notified Type Notification			Street	Address	S. Hack	unach	00	T 1	1 0	010	_
图 EPA Initial			50	O 1	FIMER	3T.	00	1 1	1 2	013	,
☐ DOLWD ☐ Amended Amendment #			City, S	State, Zip C	Code	D7(00	10				
DCA Emergency (in justification)	cluding		Name	of Contac	HULLIN)	0/100	Juliophone Mur	nhor	-		٠,٨
Cancellation			Kik	I D	serina						E.
1			FA	CILITY IN	FORMATION						
Name of Facility Where Abatement is Takin	g Place	(3)	('KT	- rafahi	σ	Type of Facility School (K-1					
Street Address,	7-	1 (101	ULLI	Œ	☐ Subchapter	8 (Other than K-1	2)	71.45		
Soo Huyler ST.						homes, etc.					
City (5) HOUCOSOCK						Square Feet 21070	# of Floors	332	đg. Ag	ge	
County (6)	187 188		Cour	ity Code (7	(STATE USE ONLY)		rior if being demol			115-155	
Name of Monitoring Firm Hired by Building	Owner ((8)	ASCM	No.	Name of Abateme	L ent Contractor (9)	1			\dashv
$\mathcal{N}\mathcal{H}$					WH Chei	wal (t	HOOUS	1586).		
Street Address					Street Address	VIPT PI		1			
City, State, Zip Code		City, State, Zip Co	ode								
Drainet Manageria Manifesia Cier		17-1-		K 1-	Juzahl.	In, W	07202				
Project Manager for Monitoring Firm		Tele	phone	NO.	Telephone No.	0-3739	License No.				
# MOTO TO PARE - CONTROL OF THE PARE OF TH	duled C				Name of OSHA M	1onitor					\dashv
	/		_ / _								
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire Pe		2000	nent		Street Address						
Abatement Performed Outside of Norma Time of Abatement: AM-) P				cribe AM	City, State, Zip Co	ode					And a
Scope of Work (Check all that apply)					<u></u>					-	$\overline{}$
,≥3 sf or ≥3 lf		novati			☐ Mini-End		egative Pressure				
☑ ≥160 sf or ≥260 if	∕□ De	molitio	n			g Procedure impted (*) and N	on-Friable Proced	are			
		Locat						Ab	ateme	ent Ty	ре
Location of Asbestos-Containing Material (ACM)	Use	d Sole	ly by	Asbe	Description o stos Containing Ma	iterial (ACM)	Amount	Ren	Repair	Enc	Enc
TO BE ABATED IN Facility		intena todial S		(i.e	, thermal systems surfacing, VAT		(Specify SF or LF)	Removal	air	Encapsulate	Enclosure
(13)	Yes	(12) No	N/A	s:	other miscellane	eous)				ate	e
KONF AVEA F		区		MON	-FRIADIE		4345F.	E			
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Name of Registered Waste Hauler	•		JDEP I		Cubic Yards of Waste	Name of Reg	istered Landfill				
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Offic State					I DISDUSAL Date	City, State					
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City, State U.25 David Avt 1120 Completed By (Print or Type) Tit	bel	h,	NI	0720 Canaly	Signature /	Moms	ulle, Pf	ate /		13	

JAN 13

Date of Notification (1)			Name	of Buildin	g Owner/Operator (2)	15] 1	-			
10 / 11 / 13			USH	5 1	XT LEE	Post offi	IE !			1	- [
Agencies Notified Type Notification			Street	Address							
☐ EPA ☐ Initial ☐ Amended			77	9 111	un ST.		OCT	1 1	2011)	-
DOH Amendment#			City, S	state, Zip (Code			100000	4010)	, ,
□ DCA □ Emergency (ir		g	tol	I Le	e. ATT C	7024					
(NJAC 5:23-8) justification)			Name	of Contac	1		dillujunts over More	PATAL STREET			
☐ Cancellation			LIK	IL B	ennet						-
			FAC	CILITY IN	FORMATION					alva.	+-0
Name of Facility Where Abatement is Taking						Type of Facility					
FORT LEE Main of	ICF		200 22-00			School (K-1)					1
Street Address	5000		5557			Other (i.e., r	8 (Other than K-12 private and comme	() rcial bu	illding	15	1
229 Main ST						7 homes, etc.)			101	
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HOFT LEE						1,649	1 STORY	The same of the sa			
County (6)			Cour	ty Code (7	(STATE USE ONLY)	Current Use (Pi	nor if being demoli	shed)			
DALEN											
Name of Monitoring Firm Hired by Building (Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9))	Λ.	~		
WIA					LIDHELL	wal co	macras	(OX	P.		
Street Address /					Street Address	25:2- 01			1		
					920 De		•				
City, State, Zip Code					City, State, Zip Co						
					Mizabe	th, NJ	01202	-			
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No.	,	License No.				
					1900 430						
Start Date (10) Sched	tuled C	omple	ion Da	te (11)	Name of OSHA M	lonitor					
	/	-	_ ' -								
Occupancy Status During Abatement (Chec					Street Address						
☐ Facility Closed/Vacated During Entire Pe											
Abatement Performed Outside of Normal Time of Abatement: AM- Pl	Facilit M	y Hour	s - Des	cribe AM	City, State, Zip Co	ode				- 311150	
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Scope of Work (Check all that apply)					TI Eull Cont	ainment with Ne	goting Droopure				
≥3 sf or ≥3 lf	ØR€	novati	חכ		☐ Mini-Enc		gative Plessure				
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	le	Locati	on	1	☐ Non-Exe	mpted (*) and No	on-Friable Procedu				-
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(13)		(12)			surfacing, VAT, other miscellane		SF or LF)	=		Encapsulate	ē
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Name of Registered Waste Hauler	- VEC-12		JDEP V		Cubic Yards of	Name of Regis	stered Landfill				
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Date of Notification (1)	3		Name	of Buildin	g Owner/Operator (TOTOWA P	2) 38+187h					F		
Agencies Notified Type Notification ☐ EPA ☐ Initial	1		Street	Address	WS ST.	THE !	OCT	OCT 1 1 2013					
☐ DOLWD ☐ Amended ☐ DOH Amendment:	4		City, S	State, Zip (Code	8 0 12							
□ DCA □ Emergency (3	170	MULLY	TU, F	57512							
(NJAC 5:23-8) justification)		-	Name	of Contac	AND DESCRIPTION OF THE PARTY OF		Telephone Num	DOLLAR	ANT 195		7		
☐ Cancellation			KIK	IL 101	mut								
			FA	CILITY IN	FORMATION		he in the Million of Action	Market P.					
Name of Facility Where Abatement is Takin	ng Place	(3)				Type of Facility	(4)						
TOTOWA POST GHIC	E					School (K-1	2)						
Street Address			WITH BUTTER			Subchapter	8 (Other than K-12 private and comme)	ildina				
20 CALLUS ST						homes, etc.		ICIAI DE	THORK	js,			
City (5)	-					Square Feet	The state of the s	B	đg. A	ge			
TOTOMA, NIT 1075	510					11125	15tory		87	ō			
County (6)			Cour	nty Code (7	()(STATE USE ONLY)		rior if being demoli:	shed)					
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Name of Monitoring Firm Hired by Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9	mouncs	n	^		7.000		
NIA					11507 (301)	WAY 1101	Mayarra	('OK	$^{\prime}\rho$.				
Street Address					Street Address	VIET PI							
City, State, Zip Code					Çity, State, Zip Co	ode							
P.					Mizabal	h.It	(17202						
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No.	111/00 1	License No.	-					
			•		1907/11210	-3739							
Start Date (10) Sche	duled C	omple	tion Da	te (11)	Name of OSHA M	lonitor			4543		_		
/	1		1										
Occupancy Status During Abatement (Che					Street Address								
☐ Facility Closed/Vacated During Entire P			ment		Street / Idaless								
Abatement Performed Outside of Norma				cribe	City, State, Zip Co	ndo					-		
Time of AbatementAMF	M/	_PM-		AM	old, State, Zip ot	740							
Scope of Work (Check all that apply)									-				
	-					tainment with Ne	gative Pressure						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		novati molitic			☐ Mini-Enc	losure p Procedure					1		
		1110000	<i>7</i> 11				on-Friable Procedu	re					
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(13)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(12)	1		other miscellane	ous)				ate	e		
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Name of Registered Waste Hauler			JDEP I Jauler II		Cubic Yards of Waster	Name of Regi	stered Landfill						
CHITCHY LUIDTE			ラブブ	77	1070.	Cinu-	slantill						
City, State					Disposal Date	City, State			V-10100				
luzallen, NJ						Imanisi	alle, AA						
Completed By (Print or Type) Tit	le		55 SS	^	Signature	100	1 1 1 1 1	ite i	. 1				
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)			Name		Owner/Operator (-	12		1.1		
10 1 4 1	<u></u>		40	05 K	Poselle B	anch				- 100			
Agencies Notified Type Notification ☐ EPA ☑ Initial			Street	Address	Snut ST		OCT 1	1 1	2013		,		
DOLWD Amended Amendment #			City, 5	tate, Zip C	Code					- 102			
DOH Amendment #		,	DI	arebe	thiNJ	67203							
(NJAC 5:23-8) justification)			Name	of Contac			Telephone Num	per 4	e palete	na disabilita			
☐ Cancellation			LIK	TIM	ennett				THE REAL PROPERTY.	Till .			
		***	FAC	CILITY IN	FORMATION	T							
Name of Facility Where Abatement is Takin						Type of Facility ☐ School (K-1							
Street Address	11 (AT [(☐ Subchapter	8 (Other than K-12)	201001				
Jai Chesnut ST.						homes, etc.	private and comment)	rcial bu	ilding	IS,			
City (5)						Square Feet		Blo	ig. A	ge			
County (6)		-	Cour	tv Code (7)(STATE USE ONLY)	4,497	ISTORY rior if being demolis	(bod)			_		
lunion			Cour	ity Code (i	MOTATE GOT ONE!)	Current 03e (F	nor it being demons	neu)					
Name of Monitoring Firm Hired by Building	Owner ((8)	ASCM	No.	Name of Abateme	ent Contractor (9)	0 .	0				
NIF	<u> </u>				USA GUI	ual (V)	mactues	Cor	P				
Street Address /					Street Address	MIRT D)						
City, State, Zip Code			-		Gity, State, Zip Code								
					Illizabeth, NT 07202								
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No.		License No.						
	Date (10) Scheduled Completion Date (11) Name of OSHA N												
Start Date (10) Scher	duled C	omple	tion Da /	te (11)	Name of OSHA M	ioniior							
Occupancy Status During Abatement (Chec			_ ' -		Street Address								
☐ Facility Closed/Vacated During Entire Pe			nent		Oli oct / Ida coo								
Abatement Performed Outside of Norma Time of AbatementAMP	l Facilit M/	y Hour _PM-	s - Des	cribe AM	City, State, Zip Co	ode							
Scope of Work (Check all that apply)	-												
≥3 sf or ≥3 If	⊠ Re	novati	חס		☐ Full Cont	tainment with Ne losure	gative Pressure						
☐ ≥160 sf or ≥260 lf	De De	molitic	n			g Procedure	on-Friable Procedu	re					
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Location of		Normal ed Sole			Description o								
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intena	nce/	, Asbe	stos Containing Ma ., thermal systems	insulation,	Amount (Specify	Removal	Repair	сар	Enclosure		
IN Facility (13)	Cus	todial ((12)	Stair?		surfacing, VAT, other miscellane		SF or LF)	/al		Encapsulate	ure		
(10)	Yes	No	N/A							9			
ROOF AVEA H		內		NON	FLIABLE		296e	Ø					
Name of Registered Waste Hauler			JDEP V		Cubic Yards of	Name of Regi	1 101	-					
ICHTURY WOSTE		12	3270	17	Waste 10 d.	CHÓUS .	Landfill						
City, State					Disposal Date	City, State	· Ha OA				-		
Completed By (Print or Type) Titl					Cinnotero	Momis							
		hin	cm	cunada	Signature	4	De	-111	2				
CAVEGURY SOVENERS 10	all	1141)	Lyry	(K) I	フン	19	111		.0210			



Date of Notification (1) 10/10/2013					Building (ern Jerse				al Centers,	Inc.							
Agencies Notified	Type Notification			Street A	ddress e Horse	Centre)				OCT 1	1 201	12				
DEP DOL	Initial Amended Amendment	<u>‡1</u>			te, Zip Co		37				11.3	1 - 20	- 5	1 . 'z	,		
DOH DCA	Emergency (i justification) Cancellation	ncluding		Name of Linda	Contact Flake					Tele	ephone N	umber		<u>.</u>			
				FACI	LITY INFO	RMATIO	ON			-					-		
Name of Facility Where)					Ту	pe of Facility (4)							
Southern Jersey Fa	mily Medical Ce	enter							School (K-1	2)							
Street Address 651 High Street				23				×	Subchapter Other (i.e. p etc.)				dings,	home	es,		
City (5) Burlington	and the second s								uare Feet	# of	Floors	B 6	ldg. A	ge			
County (6)				County (Code (7) USE ONLY)				rrent Use (Pri		ng demoli	shed)					
Burlington Name of Monitoring Firm	Hired by Building C	wner (8)		ASCM		1	Name		edical Facil		(9)						
Cardno ATC					.500000000		ecos	erv	ices, LLC		•						
Street Address 3 Terri Lane							Street 407		iress st Lincoln H	lighwa	ay, Suite	500					
City, State, Zip Code Burlington, NJ 080	16								, Zip Code PA 19341								
Project Manager for Mor John Lutz	itoring Firm			Telepho	ne No. 71-7522		Teleph 484-		No. 2-8884		License 01161	ense No. 161					
Start Date (10)		mpletion	Date (11)		Name EMS		SHA Monitor					.,					
10/01/13 Occupancy Status Durin	g Abatement (Checl	10/10/			11/2-11		Street		iress								
Facility Closed/Vac	ated During Entire P	eriod of	Abaten	nent			100000000000000000000000000000000000000		ite 130 Nor	th							
Abatement Perform Other – Describe:		al Facility	Hours	S 		_	1.5		, Zip Code inson, NJ(08077							
Scope of Work (Check A	II That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×		Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure				9			
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t and a second s			Locat Normal			D							Ту	ре			
Location Asbestos-Containing		Use	d Sole	ely by		tos Cont		Mate	rial (ACM)	Α	mount			ш	_		
TO BE AB		10 20 20 20	intena todial S		(i.e.		system: cing, VA		sulation,		Specify or LF)	Ren	Re	ncar	Encl		
(13)			(12)				niscellar			O.	OI LI)	Remova	Repair	Encapsulate	Enclosure		
		Yes	No	N/A										ate	e.		
2nd Flo	oor		Х		Linoleu				ed mastic		30 SF	Х					
1st Floor, old kitcher	n/electrical room		X				oor Til				16 SF	X					
1st and 2nd	d Floor		X		Bla	ick Cov	e Bas	se N	Mastic	29	90 SF	X					
Name of Registered Was	ste Hauler		l N	JDEP W	/aste	Cubic	Yards		Name of	Registe	red Land	<u> </u> fill					
ecoservices, LLC	20000x191075750755		H	lauler ID		of Was			Minerva								
City, State Exton, PA						Dispos	al Date	9	City, Stat Wayne		ОН						
Completed by		Title					gnature	e	201			Date					
Dave Ogletree		Proje	ct Ma	anager		<i>j</i> d	bu		Gleti	لك		10/10/1	13				

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

U/C	19/12					Owner/Operator (D)] W	- 1	<u> </u>	-1			
Date of Notification (1)	1/13		Name of Building Owner/Operator (2) Jersey Central Power & Light/First Energy												
	_ /		4	Jers	ey Centr	ai Fower & Ligh	iuriisi Lileigy	OCT 11	201	3		- 1			
Agencies Notified Type ⊠ EPA ☑ Jr	Notification				Address Box 1911	- 300 Madison	Ave	001 11	201	J	1	- Annual Park			
☑ DEP ☑ A	mended		-		ate, Zip C				y 8.		. 41	4			
	mendment #_ mergency (inc	luding				NJ 07962			٧.	187	`	4 99			
☐ DCA jı	ustification)	Jamy		Name o	of Contact	*		Telephone Numbe	r						
(NJAC 5:23-8)	Cancellation			Keni	neth Seb	orowski						6			
			2	FAC	ILITY IN	FORMATION					U	100			
Name of Facility Where Abater	ment is Taking	Place	(3)				Type of Facility	(4)							
,							School (K-12)							
Street Address							Subchapter 8	(Other than K-12) rivate & commercial	buildi	nas					
801 St John's Street							homes, etc.)		Dana	.,90,					
City (5)				157	*.		Square Feet	# of Floors		g. Ag	е				
Cape May							2,500	2	1	0÷					
County (6)				Count	y Code (7)	(STATE USE ONLY)	Current Use (Pr	ior if being demolishe	ed)	ņ	10				
Cape May							residence	P 2							
Name of Monitoring Firm Hired	d by Building O	wner (8	3) /	ASCM N	No.	Name of Abateme									
Health & Safety Service	s, Inc			117		Controlled E	nvironmental S	Systems							
Street Address				1000		Street Address									
318 12th Street					y 1.		lehem Pike - S	uite 60							
City, State, Zip Code					- 1	City, State, Zip C									
Hammonton, NJ 08037				Spring House, PA 19477											
Project Manager for Monitoring	g Firm			phone 1 9-704-		Telephone No.									
Jim Proctor						215-542-7000		00847							
Start Date (10) 70/23/ 10 / 15 / 13			8 29	tion Dat	e (11) 13_	Name of OSHA N	Monitor	200							
Occupancy Status During Aba	tement (Check	only o	ne)			Street Address		-	25						
☐ Facility Closed/Vacated Du				ment		1121 N. Beth	lehem Pike - S	uite^60							
☐ Abatement Performed Outs	side of Normal	Facility	Hour	s - Des	cribe	City, State, Zip C		v v							
Time of Abatement: 7:00A	M- <u>5:00</u> PM/	P	VI	AM		Spring Hous	e, PA 19477					0=			
Scope of Work (Check all that	apply).		-									12			
T-2-625		☐ Re	novoti	on		⊠ Full Con ☐ Mini-End	tainment with Ne	gative Pressure		() (1)					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		☑ De				☐ Gloveba	a Procedure		46 A						
						⊠ Non-Exe	empted (*) and No	on-Friable Procedure		atem	ant T	mo			
ac acomp		177534	Locat Norma						AD		SHE I				
Location of Asbestos-Containing Mate	arial (ACM)		d Sole		Asbe	Description estos Containing Ma		Amount	Rer	Repair	Enc	Enclosure			
TO BE ABATED			intena todial			rmal systems insul		(Specify SF or LF)	Removal	air	aps	losu			
IN Facility	+ 4.7	Cus	(12)	Otali:		VAT, or other miscellane	eous)	SF 01 LF)	=	-	Encapsulate	II e			
(13)	19	Yes	No	N/A			3.50				Œ				
thru out building	28 28				Floor ti	le 9"x 9"	8.4	260 SF	\boxtimes						
Ceilings and walls thru o	out			×	Joint C	ompound		3310 SF							
Exterior					Exterio	r Transite		1500 SF							
Exterior north west door	1 4			\boxtimes	Window	w Glazing		25 LF				12			
Kitchen	Kitchen			\boxtimes	Sink			1		Ш	Ш	_			
Name of Registered Waste H	auler		1 3 3	JDEP \		Cubic Yards of Waste	The state of the s	stered Landfill	65 86	357					
STG			. 1	lauier II 20900		30	Minerva L	andtiii							
City, State				7.		Disposal Date	City, State	011 11000							
New Castle, DE						10/29/13	Waynesb	urg, OH 44688				P			
Completed By (Print or Type)	Title	9		1,000		Signature	- (7) Da	te	1	i				
Patricia Visco		ffice	Mana	ger	6.	Data	ucina (Maco	0	13	11	3			
ASB-41			_	-		DN	+1111	1/11-	11	/_/	1,				
JUL 01	*	Do not	use t	his form	for asbes	tos licensure exem	ipted activities.	mucer 1	0/	7/	13				

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

Date of Notification (1)				uilding Owner/Op			M	1 to 1.		1116	-	-
10-3-13		IE	Y YGY	Middil	£	NVITA	MI	PATE C) (1)	HL	(\mathcal{L})	41
Agencies Notified Type Notification		Str	eet Ade	ress PACHAM	STI	eit		<u>, </u>		υ :	-!	A STATE OF THE PARTY OF THE PAR
EPA DEP DEP Amended		Cit	v. State	, Zip Code			1 1 1					
□ DEP □ Amended □ DOL Amendment #		15	1814		1	7149		OCT	1 1 2	013	1	4
Emergency (in	cluding	Na	me of C	7 1	()		1	Telephone Nu	mber	270000		
□ DOH justification) □ DCA □ Cancellation		1 /	10	W. Erri	11/1		!		L.			
□ DCA □ Cancellation		1/1	FACILI	TY INFORMATIO	ON		+ -	et in the			. OI	
Name of Facility Where Abatement is Taking	Place (3)				T	Type of Fa	cility (4)					
Name of Facility Where Abatement is Taking Former Britaine Lubrica Street Address_U	100/1	VIFO	2 , 1	IGNT	-	□ Scho	ol (K-12))				
Street Address //	NIOV I	V	2 / /	-	-	☐ Subc	haoter 8	(Other than K-1	2)	145000 1 450	2022	
1 Ale. J							(i.e. pri	vate & commerc	ial buildi	ngs, n	omes,	0
		-			-	etc.) Square Fe	et	# of Floors	Ble	ig. Ag	e	\neg
City (5)						MA	•	MIA	1 ,	Vis	}	
BAYORNE		10	ounty C	ada (7)		Current Us	se (Prior	if being demolis	shed)	- /-		\dashv
County (6)		l (S	TATE U	SEONLY)				nh	,			1
Hudson					Mana	of Abateme				-		\dashv
Name of Monitoring Firm Hired by Building O		1	ASCM	No.	Name	Abateme	Tod	12/2 6/11	Wen.	41	.	
ASSET Inspection Technol.	1516 U	P	181)		7011	a HOU	M Cray	UNI SIVI	as)	"		-
0	- ,				Street	Address	- 1,	Ariv	1			- 1
123 N Fea RA POR	2008	50!	5		5/	1 010	30111	in Driv	9		-	
City Chata Zin Code					City, S	ate, Zip Co	ode	M1, 45	3009	7		
Duth Hampton NY	1196	5			LAC	AMA I	10.	111.				_
Duth Hampton Ny Project Manager for Monitoring Firm		Te	elephon	e No.					No.			- 1
Retur Fllams					269-	375.	7570					
Start Date (10)	Scheduled		letion E	Date (11)	Name	of OSHA N	1onitor_	-4. 11	<u> </u>	1.	(1
10-21-13	9:30	15			MARC	4TICA	£ 18	stingtle	カメイ	112	301	1118
Occupancy Status During Abatement (Check						Address	,	na		-		
			ent		1468	5 DO	Ster	Kd.				
☐ Abatement Performed Outside of Norm	al Facility H	lours			City, S	tate, Zip C	ode		10			
Other – Describe:					PR	mula	1,1	71.490	80			
Scope of Work (Check All That Apply)					1		7					
NO 2008 March 2000 March	□ Re	novati	OD.		Ò	E Full Co	ntainme	ent with Negative	e Pressu	re		
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		molitic			Ĺ] Mini-E	nclosure	E				- 1
-	•				×	Glovet	ag Proc	edure I (*) and Non-Fri	iable Pro	cedur	e	
						1 NOITE	xemple c	() and item			ment	
		ocatio			77		1		1	Ту	pe	
Location of		rmally Solely			escription		CAA	Amount			_	
Asbestos-Containing Material (ACM)		tenan		Asbestos Con (i.e. therma	itaining i	viateriai (A) s insulatio	n.	Amount (Specify	20	B	ing:	Ē
TO BE ABATED In Facility	Custo		taff?		acing, V/			SF or LF)	Remova	Repair	aps	Enclosure
(13)		(12)		other	miscella	neous)			va	=	Encapsulate	ure
	Yes	No	N/A				- 1				0	
	+	615		11 10	9 /	7	11-	51000	101	1		
Outdoor Diping			X	theimal S	yster	المساسا	ation	51,893	<u>"</u>	-	-	
Wavehouse			X	theimal S	isten !	Lucula	fice ?	2,397	KAX	1		_
			V	Floorfile	-Mac	12 - Car	IN	35.755	CAX			
Wasehouse	+-+		1	1-1002TILE	- /*(K2)	ic off	LIL	00, 123	8	T		
		-11	IDEE:	1	- V1-		lame of	Registered Lan	dfill			
Name of Registered Waste Hauler	/	1	JDEP V auler ID		c Yards aste	"	HICH	ACIES L	and	1/11	1	
HAZMAT Environmental	61000	1000	665	1.6	172	1	177	1101252			58	- 500
City, State	U	1 /	000		osal Dat	e , (City, Sta	te`	111		Company of the Compan	25-25-25-73
Riffela Mis				Oct:	2013-5	Aptions -	FA18	- por /	1			
Completed by	Title				Signatu	re /			Date	,	,	,
Completed by		foral	Ahm	tomat Saul	45 /	XIII		D.Mor	7	/30	1/3	5
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