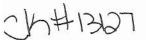
Jh#22582

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

Date of Notification (1)				Name	of Building	Own	er/Operator (2	2)					1	; ;	
10/16/	13	_		Burl	ington C	ount	ty Bridge C	on	nmission	OCT 2	2 4	2013			
Agencies Notified Type Notifi	cation			Street	Address				1						
☑ EPA ☑ Initial				1300	Route 7	'3 No	orth, PO Bo	x e	6 l i				ું.		
DOLWD Amend			1	City, S	tate, Zip C	ode						h.	- L		
□ DHSS Amenda		33 100		Paln	nyra, NJ	0806	55		<u>~</u>					1.	1
DCA Emerge (NJAC 5:23-8)		ciuaing	t	Name	of Contact					·r-		-	- Approximately		
☐ Cancell				Stev	e Renzi				The state of the s						
		7		FAC	ILITY INI	FOR	MATION			(			0-1-0		
Name of Facility Where Abatement is	Taking	Place	(3)					T	ype of Facility (	4)					
Burlington Bristol Bridge									School (K-12)		14.40				
Street Address									Subchapter 8 Other (i.e., pr				ildina		
Route 413								2	homes, etc.)				9853		
City (5)								C. Acces	quare Feet	# of Floo	rs		ig. Ag	e	
Burlington									1,100	1			30		
County (6)				Coun	ty Code (7)	(STAT	TE USE ONLY)	C	urrent Use (Pric	or if being d	lemolis	shed)			
Burlington							19/11/5/20		Bridge Mach	nine Roon	n				
Name of Monitoring Firm Hired by Bu	ilding C	wner (	8) /	ASCM I	No.	Nam	ne of Abateme	ent	Contractor (9)						
ETC						U	SA Environ	ıme	ental Manage	ement, Inc	<b>).</b>				
Street Address						Stre	et Address		1000						
1 Mall Drive, Suite 404						84	436 Enterpr	rise	e Avenue						
City, State, Zip Code						City,	, State, Zip Co	ode	Э				7,41,4		
Cherry Hill, NJ 08002							hiladelphia,	, P.	A 19153	1					
Project Manager for Monitoring Firm				phone I	0.88633		phone No.			License	No.				
James Madden			1	6-482			15-365-5810			1156					
Start Date (10)				tion Dat		- 9	ne of OSHA M			mant In					
10 / 30 / 13		1_/		_ / _	13_			ıme	ental Manage	ement, inc	•				
Occupancy Status During Abatemen						12757100	et Address								
<ul> <li>☑ Facility Closed/Vacated During English</li> <li>☑ Abatement Performed Outside of</li> </ul>					cribe		436 Enterpr								
Time of Abatement: 7:00 AM-3:3							, State, Zip Co hiladelphia,								
Scope of Work (Check all that apply)							D Full Care		nmont with Noo	estivo Proce	uro				
⊠ >3 sf or ≥3 lf		⊠ Re	novati	on			☐ Mini-End		nment with Neg sure	Jauve Fress	uie				
≥160 sf or ≥260 lf			molitic				Gloveba	ag F	Procedure	# · · · · 5	-	0000			
							⊠ Non-Exe	emp	pted (*) and No	n-Friable P	roceau				
2		3.72	Locat Norma				8					Ab	ateme	ent T	ype
Location of Asbestos-Containing Material (A)	(NA)	77.55	d Sole	•	Ashe	etne (	Description of Containing Ma		rial (ACM)	Amou	ınt	Re	Repair	Enc	En
TO BE ABATED	, ivi)		intena				rmal systems			(Spec	ify	Removal	oair	Encapsulate	Enclosure
IN Facility		Cus	todial ( (12)	Staff?			urfacing, VAT			SF or	LF)	a		sula	ure
(13)		Yes	No.	N/A		otr	ner miscellane	eou	is)					fe	
Machine Room Windows					Windov	v Gla	azina			940	LF				
Macrimic Room Windows					- William		9								
			1											-	
					-								_		
			Ц		<u> </u>									П	П
Name of Registered Waste Hauler Service Transport Group/US	\ Env	Mam	11	IJDEP I lauler II		Was	oic Yards of ste		Name of Regis		TIII				
City, State		w.g	•	20990	0/32610		CY posal Date	+	City, State						_
New Castle, DE/Philadelphia	PA						1/30/2013		Waynesbu	ırg, OH					
Completed By (Print or Type)	Titl	e					Signature		20.72			ate			
Dilip Kumar	m Ma	nager			Low	L,	pkua	V	1	10-1	16-	13			

ASB-41 MAY 11

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



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

Date of Notification (1) OCT. 18, 2013			Building O			(2)									
Agencies Notified	Type Notification		S	Street Ad	dress		2								
□ EPA	Initial				X 19063		W.						A		
DEP DOL	Amended Amendment #	2			e, Zip Cod , PA 190										
process.	Emergency (in		200	lame of	1 1/18 200				-	T-1-		h		_	_
DOH DCA	justification) Cancellation		(	CORT	NEY WR	IGHT									15
			- 11	FACIL	ITY INFO	RMATIC	ON								
Name of Facility Where A		Place (3)						s	f Facility (4) chool (K-12)	)					
Street Address 911-919 ROUTE 35	NORTH								ubchapter 8 ther (i.e. pri tc.)				dings	home	es,
City (5) OCEAN			11112340					Square 13,00	Feet	# of 1	Floors	0.0	ldg. /	lge YRS	
County (6) MONMOUTH				County C	code (7) ISE ONLY)				t Use (Prior MER RET						
Name of Monitoring Firm	Hired by Building C	wner (8)		ASCM	No.				ement Contr				•	1	
N/A									ouch Asb	esto	s Abate	ment (	Corp	., Inc	
Street Address							17 Th	100	on Street						
City, State, Zip Code					11 (22/20)			tate, Zip Long	Code Branch, N	NJ 07	7764				
Project Manager for Mon	itoring Firm		-	Γelephor	ne No.			one No 222-83			License 00040	No.			0.77
Start Date (10) 10/28/13		Schedule		pletion [	Date (11)		Name N/A	of OSH	A Monitor						
Occupancy Status Durin	g Abatement (Check	Only On	e)				Street	Addres	S						
Facility Closed/Vac Abatement Perform Other – Describe:	eriod of A	batem	ent		_	City, S	tate, Zip	o Code			-				
Scope of Work (Check A	II That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		and the same of th	enova emoliti				×	Min Glo	Containmer i-Enclosure vebag Proce	edure	-				
			20 W.				<u>_</u> _	Nor	-Exempted	( ) an	d Non-Fri	able Pro		emen	ıt
		1375	Locati Iormall	200		20	1000	2						уре	
Asbestos-Containing TO BE AB	Location of  Asbestos-Containing Material (ACM)  TO BE ABATED In Facility					os Cont thermal surfac		Material s insula T, or	(ACM)	(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes													te	
BUILDIN		Х			VAT			10	25 SF	Х					
BUILDIN		Х		RC	OOFIN	G		46	00 SF	x					
BUILDIN		Х	CEII	LING T	TILE &	CEM	ENT	24	00 SF	Х					
BUILDIN		Х		RC	OOFIN	G			00 SF	Х					
Name of Registered Wa		JDEP W		Cubic of Was			Name of F								
SAKOUTIS BROTH	ERS DISPOSA	_		1243	140.	10 C			GROWS City, State		RTH LA	NDFI			
City, State COLTS NECK, NJ		Title				11/25	5/13/		MORRIS			D-4			
Completed by JOSEPH P. MILLER	SIDE	NT		S	Signature	my h	PM	_		Date 10/18	13				

Do not use this form for asbestos licensure exempted activities.

Jh#22581

Date of Notification (1)				-	Name	of Building	7 () 1/2	ner/Operator (	(2)	· · ·	OCT	2 4	2013		
10 / _	16 /	13							pment Authori	ty (	001	2 .	513		
Agencies Notified ⊠ EPA	Type Notifica	ation				Address	tree	t .		À			۷,	- 64	<u>.</u>
☑ DOLWD	☐ Amended	i				State, Zip C		<u> </u>	S Aug.			······ Ų			-
☑ DHSS	Amendme				200	nton, NJ									
DCA	☐ Emergen		cluding	9		of Contac		23	-	· · ·	kl,,,		Ja.		
(NJAC 5:23-8)	justification				1131005123007	∕e Benfer	7					- mar			
				11 50000								<u>+</u> - 0	7 - 1		
Name of Facility Valley A				(5)	FA	CILITY IN	FOF	RMATION							
Name of Facility Where A	spatement is 1	akıng	Place	(3)					Type of Facility (						
1.0						-no-			School (K-12) Subchapter 8		nan K₋1	2)			
Street Address 11 22 <sup>nd</sup> Avenue									Other (i.e., pr homes, etc.)				uilding	js,	
City (5)						- Albert			Square Feet	# of FI	oors	В	ldg. A	ge	
Paterson									24500	2			+/-10	0	
County (6)					Cour	nty Code (7	)(STA	TE USE ONLY)	Current Use (Pri	or if being	demo	lished)			
Passaic									Vacant						
Name of Monitoring Firm	Hired by Build	ding O	wner (	(8)	ASCM	No.	Nai	me of Abatem	ent Contractor (9)		_				
WCD Group							L	JSA Environ	mental Manage	ment, I	nc.				
Street Address							Stre	eet Address							
23 Route 31 North,	Suite B26						8	436 Enterpr	ise Avenue						
City, State, Zip Code							City	, State, Zip C	ode						
Pennington, NJ 085	34						P	hiladelphia	PA 19153						
Project Manager for Monit		Tele	phone	No.	Tel	ephone No.		Licens	e No.						
Michael Garambone		6	9-730	-0007	2	15-365-5810	)	001	156						
Start Date (10)	S	Schedi	uled C	omple	tion Da	te (11)	Nar	me of OSHA N	Nonitor	.1					
_10/_30/	13	1	1_ /	30	_ / _	13	U	ISA Environ	mental Manage	ment, I	nc.				
Occupancy Status During	Abatement (0	Check	only o	one)			Stre	eet Address							
☐ Facility Closed/Vacate							8	436 Entperp	rise Avenue						
☐ Abatement Performed								, State, Zip Co			_				
Time of Abatement: 7:	:00 AM-3:30	PM/	P	PM	AM		-	hiladelphia,							
Scope of Work (Check all	that apply)								tainment with Neg	ativo Bro	couro				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			☐ Re					☐ Mini-Enc	losure	alive Pie	ssure				
≥160 sf or ≥260 lf			□ De	moliti	on			⊠ Gloveba             □             □	g Procedure						
			le.	Loca	ion		-	Mon-Exe	mpted (*) and Nor	i-Friable	Proced				
Location	of			Norma				Description of	of.			At	atem		T
Asbestos-Containing N	Material (ACM	)		d Sol	, ,			Containing Ma	iterial (ACM)	Am	ount	Removal	Repair	Encapsulate	Enclosure
TO BE ABA				intena todial	ince/ Staff?	(i.e		rmal systems			ecify	Von	ai.	aps	losu
(13)	У			(12)				surfacing, VAT her miscellane		SFC	r LF)	<u>m</u>		ulat	le le
			Yes	No	N/A				Stockhoo!					Ф	
Exterior Windows						Glazing				103	EA				
Exterior Roof						Flashin	g			790	SF	$\boxtimes$			
First and Second Floo	or					Floor til	le ar	nd Mastic		3,30	0 SF	$\boxtimes$			
Basement					$\boxtimes$	Pipe Ins	sula	tion		300	LF	$\boxtimes$			
Name of Registered Wast	te Hauler				JDEP \		Cub	oic Yards of	Name of Regist	ered Lar	dfill				
	sport	Gro	up/US	SA F	lauler II		Wa		Minerva La	ndfill					
City, State					20990	)/32610		00 posal Date	City, State		-		-	-	_
New Castle, DE/Phil	adelphia, P	Α					-	1/30/2013	Lisbon, OH						
Completed By (Print or Type) Title								Signature			1-	ato			
Dilip Kumar	P6)	2000000		m Ma	nager			Signature	rpliner	7		ate	in		
Dilip Kulliai	III IVIO	nager			1 when	your			10/26/	3					

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

Agencies Notified  EPA DEP DCA (NJAC 5:16) DHSS DCA (NJAC 5:23-8)  Name of Facility Where Abatement is Taking Platest Address 801 St John's Street  City (5) Cape May  Name of Monitoring Firm Hired by Building Own Health & Safety Services, Inc  Street Address 318 12th Street  City, State, Zip Code Hammonton, NJ 08037  Project Manager for Monitoring Firm	lace (	20	Street PO City, S Mor Name Ken	Address Box 1911 tate, Zip C ristown, of Contact neth Set CILITY IN	NJ 07962  porowski  FORMATION  (STATE USE ONLY)  Name of Abateme	Type of Facility ( School (K-12) Subchapter 8 Other (i.e., pronomes, etc.) Square Feet 2,500 Current Use (Proresidence		buildi Bld			-
DEP □ DCA (NJAC 5:16) □ DHSS □ DCA (NJAC 5:23-8) □ Cancellation □	lace (	20	City, S Mor Name Ken FAC	tate, Zip C ristown, of Contact neth Sel CILITY IN	ode NJ 07962  porowski FORMATION  (STATE USE ONLY)  Name of Abateme	Type of Facility ( School (K-12) Subchapter 8 Other (i.e., pr homes, etc.) Square Feet 2,500 Current Use (Pric residence	4) ) (Other than K-12) ivate & commercial # of Floors	buildi Bld	ngs,		
DCA (NJAC 5:23-8)  Name of Facility Where Abatement is Taking Platest Address 801 St John's Street  City (5) Cape May  County (6) Cape May  Name of Monitoring Firm Hired by Building Own Health & Safety Services, Inc  Street Address 318 12th Street  City, State, Zip Code Hammonton, NJ 08037	lace (	20	Name Ken FAC	of Contact neth Set CILITY IN	PORMATION  STATE USE ONLY)  Name of Abateme	School (K-12) Subchapter 8 Other (i.e., pr homes, etc.) Square Feet 2,500 Current Use (Pric residence	(Other than K-12) ivate & commercial # of Floors	Blo	g. Ag	e	
Name of Facility Where Abatement is Taking Pla Street Address 801 St John's Street. City (5) Cape May County (6) Cape May Name of Monitoring Firm Hired by Building Own Health & Safety Services, Inc Street Address 318 12th Street City, State, Zip Code Hammonton, NJ 08037		20	Coun	ty Code (7	S(STATE USE ONLY)  Name of Abateme	School (K-12) Subchapter 8 Other (i.e., pr homes, etc.) Square Feet 2,500 Current Use (Pric residence	(Other than K-12) ivate & commercial # of Floors	Blo	g. Ag	e	
Street Address 801 St John's Street City (5) Cape May County (6) Cape May Name of Monitoring Firm Hired by Building Own Health & Safety Services, Inc Street Address 318 12th Street City, State, Zip Code Hammonton, NJ 08037		20	Coun	ty Code (7	)(STATE USE ONLY)  Name of Abateme	School (K-12) Subchapter 8 Other (i.e., pr homes, etc.) Square Feet 2,500 Current Use (Pric residence	(Other than K-12) ivate & commercial # of Floors	Blo	g. Ag	e	
Street Address 801 St John's Street City (5) Cape May County (6) Cape May Name of Monitoring Firm Hired by Building Own Health & Safety Services, Inc Street Address 318 12th Street City, State, Zip Code Hammonton, NJ 08037		20	ASCM		Name of Abateme	School (K-12) Subchapter 8 Other (i.e., pr homes, etc.) Square Feet 2,500 Current Use (Pric residence	(Other than K-12) ivate & commercial # of Floors	Blo	g. Ag	е	
801 St John's Street  City (5) Cape May  County (6) Cape May  Name of Monitoring Firm Hired by Building Own Health & Safety Services, Inc  Street Address 318 12th Street  City, State, Zip Code Hammonton, NJ 08037	ner (8	3)	ASCM		Name of Abateme	homes, etc.) Square Feet 2,500 Current Use (Prioresidence	# of Floors	Blo	g. Ag	e	
Cape May County (6) Cape May Name of Monitoring Firm Hired by Building Own Health & Safety Services, Inc Street Address 318 12th Street City, State, Zip Code Hammonton, NJ 08037	ner (8	3)	ASCM		Name of Abateme	2,500 Current Use (Prioresidence	2	- 5		e	
County (6) Cape May Name of Monitoring Firm Hired by Building Own Health & Safety Services, Inc Street Address 318 12th Street City, State, Zip Code Hammonton, NJ 08037	ner (8	3)	ASCM		Name of Abateme	Current Use (Prioresidence	1 7		, G :,	-	
Cape May  Name of Monitoring Firm Hired by Building Own Health & Safety Services, Inc  Street Address 318 12th Street  City, State, Zip Code Hammonton, NJ 08037	ner (8	3)	ASCM		Name of Abateme	residence					
Name of Monitoring Firm Hired by Building Own Health & Safety Services, Inc Street Address 318 12th Street City, State, Zip Code Hammonton, NJ 08037	ner (8	3)		No.	Commence of the second	nt Contractor (9)				15	
Health & Safety Services, Inc Street Address 318 12th Street City, State, Zip Code Hammonton, NJ 08037			117		Controlled Er				-		-
318 12th Street City, State, Zip Code Hammonton, NJ 08037	•					nvironmental S	ystems	11			
City, State, Zip Code Hammonton, NJ 08037					Street Address	12	*				
Hammonton, NJ 08037				1 11		ehem Pike - Su	uite 60				
					City, State, Zip Co						
Project Manager for Monitoring Firm		Tala		Na.	Spring House Telephone No.	, FA 13477	License No.				
			phone I 19-704		215-542-7000		00847	(3)			
Jim Proctor     ON     Hold       Start Date (10)     10     83/13     Scheduler       10     15     13     10		mple			Name of OSHA M						
Occupancy Status During Abatement (Check on	nly or	ne)		*	Street Address			1 18			
☐ Facility Closed/Vacated During Entire Period			ment		1121 N. Bethi	ehem Pike - Su	uite^60				
Abatement Performed Outside of Normal Fac Time of Abatement: 7:00AM-5:00PM/				cribe	City, State, Zip Co Spring House	74 Thank Black and His Land 194			4 6 2 7 . e .		
Scope of Work (Check all that apply).		-3000	18.1		El = "0	· · · · · · · · · · · · · · · · · · ·	ativo Progruso		11		1
	Ren				☐ Mini-Enci	Procedure	n-Friable Procedure	15 <b>-</b>		15	
8 0 1	ls.	Locat	ion		23 11011 23.01		· .		ateme	ent T	/pe
Aspestos-Containing Material (ACM)	Used Mair	ntena	ely by ince/ Staff?	Asbe (i.e., the	Description o stos Containing Ma rmal systems insula VAT, or other miscellane	terial (ACM) ition, surfacing,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Y	Yes	No	N/A				260 SF			П	
	_	느			le 9"x 9"		3310 SF			_	Г
Ceilings and walls thru out	=-				ompound		1500 SF		П	7	
Exterior	_	<u>Ц</u>			r Transite					금	F
Exterior north west door				·	Glazing		25 LF				
Kitchen		LI-	IJDEP V	Sink	Cubic Yards of	Name of Regis			ш.		_
Name of Registered Waste Hauler STG		15000	130EP (10 20900	No.	Waste 30	Minerva La					1000
City, State New Castle, DE	:# <sup>*</sup>				Disposal Date 10/29/13	City, State Waynesbu	rg, OH 44688				
Completed By (Print or Type) Title	-		N E		Signature	1	) Dat	е	1	;	
가게 하면 하면 하면 사람들이 가는 아니는 하는 것이 되었다. 그렇게 하면 하다는 사람들이 되었다면 하는 것이다.	ice N	lana	ger	2 #	Patr	icia C	laco 1	0/	13/	/ /	3
ASB-41 JUL 01 * Do					os ligens pre sem	rucio 7	1100-	101	10	1,-	

3000 #)

Date of Notification (1)	118/13		1	^	LANDS	(2): ONSTRUCT		`	
Agencies Notified	Type Notification	1		Address	CAP 25 C		2 4 2013		
	[X] Initial			300	フファナ	14 ST,		•	i
₩ BPA ₩ DEP	☐ Amended	<b>.</b>		tate, Zip	100000000 PM 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		100 N 113		No.
Ø DOF	Amendment   Emergency (			SEA	Tyle CI	ry , N , J ,	08243		
□ 00H □ 824	justification)		_	of Contac		<u>.</u> :			
				1000					
1 L			FAC	HUTY INF	ORMATION	Type of Facility	(4)		
Name of Facility Where	Abatement is Takir	ng Place (3)				School (K-1)			
Street Address	SIDERC	3				Subchapter	8 (Other than K-12	) N burileti	205
	5 57TH &	TREET				homes, etc.	nvate & commercial		g. Age
City (5) Se	sa Isle	CITY						-	
County (6) CAPE	MAY			ty Code ( ONLY)	) (STATE	Current Use (Pr	ior if being demotis	hed)	
Name of Monitoring Firm		Owner	ASCM I	<del>1</del> 0.	Name of Abaten	nent Contractor (9	)		
(8) Name of Monitoring Firm	/A				- Ku	EMCO IN	JE,		
Street Address					Street Address	C C 0.	- 100		
	*				City, State, Zip C	S,SPRUC	£ 20 0 c .		
City, State, Zip Code						PLE SHO-	2 - 1 - 1 -	080	52
Project Manager for Mon	iloring Firm	,.Tele	phone i	¥0	Telephone No.	9-0472	License No.	74	
	I Sche	duled Comple	tion Dat	e (11)	Name of OSHA	Monitor	1		
Start Date (10)	1	/	13		795	GPH KL	Enm		=
Occupancy Status During	a Abatement (Che	ck only one)			Street Address	CCAA	/ -		
M Facility ClosedVacate	ed During Entire Po	eriod of Abate	ment		369		· u = 1 v c.		==
Abatement Performed	Outside of Norma	al Facility Hou	rs		City, State, Zip C	20de	IDDE, N.	J. (	080
Other - Describe:					1412	<u> </u>	12.7		
Scope of Work (Check a	II that apply)					ntainment with Ne	gative Pressure		
>3 s1 or ≥3 lf		Renovat Demotition	ion		Cloud	closure ag Procedure		22	
≥160 s1 or ≥260 H	-	& Cell Kalk	^··		Non-Ex	empted (*) and N	on-Friable Procedu	A	batem
		Is Localis Normali						A II	Туре
Location of	of	Used Sole	y by	Achas	Description of tos Containing Ma	of Iterial (ACM)	Amount		
Asbestos-Containing M	latenal (ACM)	Maintenar Custodi		(i.e.	thermal systems	insulation.	(Specify SF or LF)	Ren	Repair
TO BE ABAT IN Facility		Staff?			surfacing, VAT other miscellane	, or ous)	SP & Cr)	Removal	Da.
(13)	M W	(12)						-	
>		Yes No	N/A		0.1.15		20004	X	_
SIDIA	104		X		RANSITE			+	_
									_
			1					+-	
			UDEP V	Vacte	Cubic Yards	Name of Reg	istered Landfill		
Name of Registered Was	te Hauler		tauter ID	No.	of Waste	C. N	, C, M.U. A	7.	
KLGMCO	J-Ne,	<del></del> -	1790	7	Disposal Date	City. State	0.416	1.7	
City. State	= 51-00		, 5		Signature	1_000	Date	1.0	/
Completed By  JOSEPN K	LEM M	· //	P		Joen	en Kolin	m 10/	18/	<u></u>
					V				



te of Notification (1	118/13		· ( ),	nnp	EN ST	170	= Dr	2576/	Na			_
encies Notified	Type Notification		Sveel Ad	dress	0×782	- 8	F Ci	En OCH	<del>-2</del>	47	かった	,
₽A	initial Amended	ļ	City, State							-		=
0 <del>0</del> 0	Amendment #_		City, State	100	ano.	NDO	= , N,	5,082	10		<b>—</b>	_
000	Emergency (Incl	wing	Name of					Talanhora III.		191		7
DOH .	justification)  Cancellation		Talledi	m/	15MINO	·WA	14					
`					RHATION					- 1000		
		51 /51	FACILI	11114	- CHATTOIL	Type	of Facility (4	)	-100 EV			
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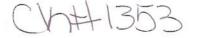
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NO)!	Name of Bu	JACO	POTIC	perator (2	2)	NDO ASSOCIATION	<u></u>	: :	4	7
	T Name of Bu	ilding C	MINBE	RCRE	KUU			1 1		
original	VILLAGE	OF			400		4 201	3		1
Date of Notification (1)	Street Add	ress	ROA	TINU D	100	- T.J. je		i		
Date of Notification 10/18/2013 Type Notification	1 1801 1	UKE	- 1 (c		<u> </u>	Tolonhono	Number		4	
Notified	City, State	, Zip	LN U	08021		Tolonius				
	1 1 1 1 1 1 1 1 1	4.				E.				
EPA Amendment # Amendment # Amendment #	Name of	Conta	iccl							
DOL  X Emergency (	Name of JANE	MEN	NEORI	NATION	TTV	e of Facility (4)	220			
Justilication Gancellation		ILITY	NI C.		1	-1 (K-12)	an K-12)	buildings,	homes	S,
IX Do.	(3)				4	Subchapter of e. private & co	mmercia	Tolder A	# W	
LI Namere Abatement is Taking 1201	3 202			2.	10	d atc) That H	oors	40	i Ge	
Name of Facility Where Abatement is Taking Place of VILLAGE OF TIMBER CREEK Unit 201					-15	- LOPI		ind)		
VILLAGE					1.	Square Feet 1800 P/UNIT 2	demolis	neu)		
Street Address 1801 LAUREL ROAD					-+	Square POUNIT 2 1800 P/UNIT 2 Current Use (Prior if being				
	-T CO	unty Co	ode (7)	n	- 1	CONDO of Abatement Contractor SURED ENVIRONME	(9)	SERVICE	SINC	<b>)</b> .
City (5) LINDENWOLD	(\$1	ATE US	SE ONL)		Name	of Abatement ONME	NIAL			
LINDENVO		ASCM	No.		ASS	SURED LIV				
County (6) CAMDEN  Name of Monitoring Firm Hired by Building Own OTRATEGIC ENVIRONMENTAL	ner (8)	,			Stree	Address Code				
CAMDEN GAMBENTAL					570	CLEIVIO	-0			
Name of Monitoring Firm Hired by Building STRATEGIC ENVIRONMENTAL					City	State, Zip Code ULLICA HILL NJ 080	02	nse No.		
SIRA					INA I	ILLIUM	011	45		
Street Address						Sephone No. 10-304-4676				
City, State, Zip Code  City, State, Zip Code  NJ 08066		Telep	hone N	io. =711	6	ame of OSHA Monitor				
City, State, Zip Code PAULSBORO NJ 08066 PAULSBORO NJ 08066		056	A/3~	J	IN	ame of OSI EMSL				
- Managel Ioi	Scheduled C	omplet	ion Dat	e(11)	7	Street Address 130 NORTH	1			
ED KEEGAN	11/18/201	3					<u>`</u>			
Cont Date (10)	I nel One)				1	City, State, Zip Code	08077	100 000 000 000		
10/21/2019 the atement (Cr	eck Offig or	atemer	nt		- 1					
Occupancy Status During Abatematic During Entity Closed/Vacated During Entity Closed/Vacated Outside of Nabatement Performed Outside O	re Period of Au	Hours	CATED			Ones	ith	Negative Pres	ssure	
Facility Closed/Vacated Outside of N	ESIDENTIAL F	IKLIV				X Full Contains	ueur Mirr.			
Abatement Perior EMERGENO						Full Contains Mini-Enclose Classebag P	ocedure	Non-Friable	Proced	ure
Other - Describe. Scope of Work (Check All That Apply)		Sugar-	tion			Non-Exemp	ted (*) at	d Non-Friable	Aba	ateı
Scope of Work (Chest		Demolif	BOLL				1		1	Tyr
	14 <del>-0</del> 3			T			1	Amount	1 - 1	1
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		Is Loc	ation	1		Description of Containing Material (ACM emal systems insulation,	'	(Specify SF or LF)	Removal	Repair
				, \ As	bestos	Containing Material (recommand systems insulation, surfacing, VAT, or surfacing, managers)	1	SPOILI	OVA	oair
-		Jsed S	olely by enancel	1	(i.e. the	ermal systems into surfacing, VAT, or other miscellaneous)	1		1-1	
Location of Asbestos-Containing Material (A	(CM)	Doto	Ial Ola	ls.	0	ther miscellar		-000 SE	x	
Asbestos-Containing Maiorist TO BE ABATED TO BE ABATED	. \	(	12)	$\overline{}$		DOLIND		2000 SF	-	
TO BE TO In Facility (13)	F.	Yes	No	NIA	10	DINT COMPOUND	-	2000 SF	X	_
(10)			-	x \_		OINT COMPOUND	-+		1	
TIDE I	INIT			X	J	Olivi				1
UNIT 201 / ENTIRE I	UNIT			+				Registered La	ndfill	
UNIT 201 / ENTIRE	UNIT		١	1-1		10	Name of	D WASTE IN	MPERIA	u.L
UNIT 202		-	1		locte	Cubic Yards of Waste	ALLIE	D WASTE !!		_
		1	1	NJDEP W Hauler ID	No.	100	City, Si	tate		
Waste H	auler		1	Haulei		- whate	IMPE	RIAL, PA		
Name of Registered Waste H						111111111111	4	101211	Date 10/18	
NETS						Signature //	M	Luner!	10/10	
							W		liconeure	avez.
City, State HAZLETON, PA		T	oBUJE Me	ECT CO	OKUII	17	e this for	m for asbestos	ii Cerisure e	ACH
Completed by	p. 24.00.				2020	V * Do not u				
Completed by RON SWANSON							s see A			
110.										

NOT	IFICATION (Pursuant	LO		nd 12:120	(2)	UV					1		
:a al	Name (	of Building	g Owner	Operator D METH	HODIS	T CHUR	CH				1		1
original	WEN	ONAH	UNITE	DIVICIO					1020		1		
Date of Notification (1)	Street	Address		N CTRE	FT		<del>OCT</del>	24-21	<del>013</del>	ا 'يسيا			
10/18/2013	105	EAST V	VILLO	N STRE			001	_			- 1		
Agencies Notified			Code			37	400000		-	7			
X Initial	City,	State, ZIP NONAH	80 LN P	3090			Telenho	ne Numbe	el	4	1		
EPA Initial Amended Amendment #	-										4		
Emergency (Incidents	Nam	e of Cont RILYN	CAR	SON						-	7		
inetification)	MA	KILTIN	TEOPI	MATION		pe of Facilit	v (4)			**	1		
DOH DCA Cancellation		ACILITY	INFORM	NATION	Typ						1		
Diago (	3)				ᆜ딤	School (	K-12) oter 8 (Other t	han K-12)	) I building	s, home	es,		
Name of Facility Where Abatement is Taking Place (3 WENONAH UNITED METHODIST CHUR	CH						K-12) oter 8 (Other t .e. private & c	ommercia					
Name of Pacific					X	etc.)	T . 5 E	loors	Dies				
WENOWATT			3 2114 222-2		S	quare Feet	2	100.0	125	5		4	
Street Address 105 EAST WILLOW STREET					5	0000	12	demolish	hed)			1	
105 EAST WILLOW					-10	current Use	(Prior if bein	g aemons				1	
City (5)		ounty Co	de (7)			ALLI IDI F	4						
WENONAH	6	STATE US	E ONLY)			( Abatemel	nt Contractor	(9)	ERVIC	ES IN	C.	1	
	1	ASCM		T	Name o	IDED EN	nt Contractor IVIRONME	NIALS			3 10 10 10	7	
GLOUCESTER  Name of Monitoring Firm Hired by Building Owner  Name OF ENVIRONMENTAL	(8)	ASCIVI	140.	1	ASSU	JALD C.						1	
- Firm Filled by					Street	Address	NI IN					-	
Name of Monitoring Fill Manager MDG ENVIRONMENTAL				1	570	CLEMS F							
					City, S	State, Zip C	ode 1 N I 0806	52				$\dashv$	
Street Address 1000 MAPLEWOOD DRIVE					MUL	LICA HI	LL NJ 0806	Licens	e No.			1	
					Talon	hone No.		0114	5			-	
City, State, Zip Code MAPLE SHADE NJ 08052		Telepho	one No.		1 610	-304-401	'6			Vi		- 1	
MAPLE SHADE		609-7	60-154	10	Nom	e of OSHA	Monitor					$\rightarrow$	
MAPLE SHADE TO MONITORING Firm  Project Manager for Monitoring Firm	cheduled C	empletion	n Date (1	11)	EM	ISL				della-e-C		1	
TONY ESPOSIT	cheduled C	Ollibion											
Start Date (10)	1/2/2013				Stre	n RT 13	0 NORTH						1
11/1/2013	Only One)												1
Occupancy Status During Abatement	rind of Aba	tement			City	y, State, Zij	SON NJ 0	8077					1
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						☐ Fu	Il Containmer	II AAITTI					1
Scope of Work (Check All That Apply)	[2] Do	enovation				Mi Mi	ni-Endosure lovebag Procon-Exempted	edure	- Eriahl	e Proce	dure		$\dashv$
Scope of Work (	¥ Re	emolition				XX	on-Exempted	(*) and N	OII-F Hab	TA	batem	ent	1
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≥160 st of 2200 to			$\overline{}$				- 1				1	m I .	_
	Is	Location			Desc	cription of	· · (ACM)	Amo	ount	2	- T	200	nc
		Vilamally	- 1	Achesto	s Conta	cription of ining Mater systems ins	nai (ACM)	(Spe	ecify or LF)	Removal	Repair	Encapsulate	Enclosure
Location of (ACM)	Use	ed Solely aintenance	el \	(i.e. th	nermal s	ining Malei systems ins ing, VAT, o	or or	SF	J1 L1 /	OVA	쁙	lat	re
a staining Malerial (1.5	Cus	stodial St	aff?	10.75	surfac	niscellaneou	us)			1-	1 1	· /	
Asbestos-Containing TO BE ABATED	00	(12)	1		Office			\		-	1		(Fietal
In Facility (13)	-	Т.,	NA		100		* OTIC	50	0 SF	X	1-	1	-
(13)	Yes	No	1	EI /	OORT	TILE & M	ASTIC	1					1
	-+	1	X	1 1							1	T	
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ELECTRIC			+	+	-56	Silvering Section		+	N-1000		1	1_	1
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		$\perp$	NJDEP	Waste	Cub	oic Yards Vaste	ALL	of Regis	SIEI	AIL FIX			_
Lauler		- 1	Hauler I	ID No.	3	*40.0	1						
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL	SERVIC	ES			13	sposal Date	City	State PERIAL,	PA				
ACCURED ENVIRONMENTAL					DIS	1412013	/ IMI	ENIAL		Date			
				50-12 or 54-10-10-10-10-10-10-10-10-10-10-10-10-10-		Signatur	re 🔨	4	· m	1 10/	18/20	)13	
City, State						V /.	1. 1 IN 1	wa	NOV				
MULLICA HILL NO		Title	CT CC	ORDIN	ATOR	IA	nunce			nonei ire	exem	pted a	ctiv
Completed by RON SWANSON		PKOJE					not use this f	orm for as	bestos II	CHOULC		100	
DONI SIMANSUN						U*D0	HOL GOO -						

Ch#10577

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

GAC Hoject # 000-13											
Date of Notification (1)	16 20	112			Name of Building Owner/ RUTGERS, THE ST			SITV OF	AI I		
October Agencies Notified	10, 20		Tuna		<del></del>	AIEUN	VERS	III UF	147		
		Notification		-t'	Street Address		0 CA	EETV D	COT		
□ EPA		☑ Initial			ENVIRONMENTAL						
□ DCA		☐ Amende			27 ROAD 1, BLDG	4086, LIV	INGS	TON CA	MPUS	5	
⊠ DOL		□ Emerg	ency (i	including	City, State, Zip Code		f .		5 E	i	
☑ DEP- No Longer REQUIRE	D	justific	ation)		PISCATAWAY, NJ	08854			5 E	1	
<b>☒</b> DOH		☐ Cance			Name of Contact						•
					MICHAEL SMITH, E	NV.					
					<b>HEALTH &amp; SAFETY</b>		1	0.0	T 2	A	11.4
				FACILITY INF			-	- Ut	+-2	4	
Name of Facility Where Abateme	nt is Tak	ing Place (3)			Type of Facility (4)						
RECORDS HALL, BLDG	# 308	0			☐ School (K-12)						- 4
	-0.001.001.001.001.001.001.001				Subchapter 8 (other th	an K-12)		Au. 3	Š	X.	- 14
Street Address					Other (i.e. private & co		Idinas	homessetc	\	5	
COLLEGE AVENUE CA	MPUS					of Floors:				are	
City (5)	ounty (6)	· · · · · · · · · · · · · · · · · · ·	County	/ Code (7)	SQ. T CCL.	011 10013.	Z Dide	J. Age.	or yea	ais	
NEW BRUNSWICK		LESEX		Use Only)	Current Use (prior if being	demolishe	4). AC	ADEMIC			
NEW BRONSWICK	INITIO	LLJLA	15.15.15	330 3.11/1	Current ose (prior ii being	y demonstre	ار. من	ADEMIC			
Name of Mark 2 Fig. 15 at 1	DLI- C	(0)	10011		1 (0)						
Name of Monitoring Firm Hired by	Blag. C	Jwner (8)	ASCM		Name of Contractor (9)						
Cardno ATC			0098	5	CREENWOOD ARAT	CERSENIT (	ONC	III TANT	e inc		
Chroat Address		<del></del>	L		GREENWOOD ABAT	EINIEIN I	ONS	ULIANI	3, INC	•	
Street Address					Street Address						
3 TERRI LANE					268 MAIN STREET						
City, State, Zip Code					City State, ZipCode						
BURLINGTON, NJ 080	16				BUTLER, NJ 07405						
Project Manager for Monitoring Fi	m	Telephone N	Number		Telephone Number		Lice	nse Numbe	ŗ		
BRIAN KEARNY		609-386	-8800		India workers and a state of the state of th						
		- 150			973-492-0477		008	40			
Scheduled Start Date (10)		Scheduled C		on Date (11)	Name of OSHA Monitor						
10/25/13		10/28/13			1 1	2					
					ENVIROVISION, INC	)					
Occupancy Status During Abate					Street Address						
☐Facility Closed/Vacated Durir				nt	00 04 10/4 70 4 7 4 10/						1
☐Abatement Performed Outsid	e of No	rmal Facility	Hours -		20-21 WARGARAW	RUAD				New yorks and the	
Describe					City, State, Zip Code						
☑Other - Describe: Shift Ho	urs: 5	5:00 PM -	5:00 A	M							- 1
					FAIRLAWN, NJ						
					I Allacavit, 145	450					
Scope of Work (Check all that app	oly)			1 1 1 1 Trap					V.311.11		
						Full Contai	nment	with Negat	ive Pres	ssure	- 1
≥ 3 sf or ≥ 3 lf				▼Renovation	X						
□ ≥ 160 sf or > 26	80			Demolition		Glovebag	Proced	lure			
						Non-Exempt			iable Pr	ocedu	re
Location of Asbestos-Containing	Is Lo	cation Normal	ly Used	Description of Ast	pestos Containing Material	Amou		Abateme			
Material (ACM) in Facility (13)		y by Maint./Cu			al systems insulation, surfaci		ify SF				
		? (12)		VAT, or other mis		or LF	)	Remove	Repair E	encap E	Enclose
	YES		NA								
Room 139		X		CEILING TIL	ES	24 S	F	X			
	1							1			$\vdash$
Name of Reg. Waste Hauler	1	NJDEP Was	te Haulai	ID#	0 11 14 14 14	E CV	Nam	e of Registe	ored I or	l dfill	
See Hauler Below #1 & 2		See Below		15 п	Cubic Yards of Waste:	5 CY		.O.W.S. N			in 1
See Hauler Delow #1 & Z		See Delow	V				J		.o.u. L	-andi	
Hauler #1) Greenwood Abatemen	it Consu	ultants, Inc. –	Butler, 1	NJ 07405		Disposal D			ity, State		
NJDEP # 12561						10/28/13		1.0	00 New		12 (A)
Hauler #2) S TG – 58 Pyles Lane	New C	astle, De 1972	0					25.53	d. Morri 9067	sville,	ra
NJ DEP # SW2117									15-736-1	700	
Completed by (Print or Type)	T	itle			Signature		Date				
RAYMOND C. PEDALING		ENIOR PI	ROJEC	T	The state of the s	11.	_	October	16. 2	013	
		MANAGER		227	Raymand C. Ped	raturo					
	1 20		-				40.00				





Date of Notification (1)					Name	of Building	Owi	ner/Operator (2	2)						
10/	21 /	13			Est	ling Villa	ge, l	LLC							
Agencies Notified	Type Notifica	tion			Street	Address	-						7		
☐ EPA					54 I	lorse Hil	l Ro	ad					1		
☑ DOLWD	☐ Amended				City, S	State, Zip C	ode					- 1			
<b>⊠</b> DOH	Amendme	100			- constant	lar Knoll		J 07927	0.020	20 00 00					A.
DCA (NJAC 5:23-8)	☐ Emergeno justificatio		luding			of Contact				Telenh	one Num	ber	÷		
(140/10 0.20-0)	☐ Cancellati				Joe	Forgion	е								
					FAG	CILITY IN	FOR	RMATION							
Name of Facility Where	Abatement is T	aking	Place	(3)	1188 1180		3		Type of Facility (	4)	Α,				
Estling Village War	ehouse								School (K-12)						
Street Address								2	☐ Subchapter 8  ☐ Other (i.e., pri	(Other t	than K-12	2) rcial bu	ildina		
30 Estling Lake Ro	ad								homes, etc.)	vale an	u comme	iciai bu	nung	5,	
City (5)				- 0/1965					Square Feet	# of F	loors	Blo	dg. Ag	ge	
Denville															
County (6)					Cour	ty Code (7	)(STA	TE USE ONLY)	Current Use (Price	or if bein	g demoli	shed)			
Morris														The Company of the Co	
Name of Monitoring Firm	Hired by Build	ling O	wner (	8)	ASCM	No.	Nar	me of Abateme	ent Contractor (9)						
Bio Terra Solutions	5						A	LL PRO MA	NAGEMENT LI	_C					
Street Address							Stre	eet Address							
P.O. Box 1224							1	7 Outwater							
City, State, Zip Code							City	y, State, Zip Co	ode						
Union, NJ							G	Sarfield, NJ	07026				October 1		
Project Manager for Mon	itoring Firm			Tele	ephone	No.	Tel	ephone No.		Licen	se No.				
Rick Eustaquio	·							73-928-4888		118	88				
Start Date (10)					tion Da		113700	me of OSHA M							
10 /30 /	13	12	2_/	13	3_/.	13	Α	ALL PRO MA	NAGEMENT LI	.c	8		12.00		
Occupancy Status During	70.			150	0.10.240.240		Stre	eet Address							
☐ Facility Closed/Vacate	1000						4	7 Outwater						¥.	
☐ Abatement Performed Time of Abatement: _								y, State, Zip Co							
							G	Sarfield, NJ	07026						
Scope of Work (Check al	II that apply)							⊠ Full Con	tainment with Neg	ative Pr	essure				
≥3 sf or ≥3 lf		0.0	☐ Re					Mini-Enc	losure						
≥160 sf or ≥260 lf			⊠ De	molitic	on				g Procedure mpted (*) and Nor	n-Friable	Procedu	ıre			
	*	T	Is	Loca	tion	1			7				ateme	ent T	vpe
Location	of			Norma				Description of				0.000			T
Asbestos-Containing		)		intena	ely by ance/			Containing Ma ermal systems			nount pecify	Removal	Repair	Encapsulate	Enclosure
TO BE ABA				todial	Staff?	(1.6		surfacing, VAT			or LF)	ova a	=	psu	) E
(13)	0.500	-	.,	(12)		-	ot	her miscellane	ous)			8236		late	9
			Yes	No	Ņ/A					40.0		-		67	+
Roof					×			d Flashing			000 SF			×	
Boiler Room					×	Tank In	sula	ation		15	0 SF		Ш	×	
Boiler Room			. 🗆		×	Pipe In:	sula	tion		10	0 LF	Ø		×	
								9			133				
Name of Registered Was			22	1 2	NJDEP I		Cul	bic Yards of	Name of Regis		ındfill				
ALL PRO MANAGE	MENT LLC			,	00348		1	As Needed	IESI Landfi	11					
City, State Garfield, NJ						18	1 8	posal Date	City, State Bethlehem	. PA					
	logi	Tial					Ι.				15	ate			
Completed By (Print or T Zvonko Veskov	ype)	Title Pr	eside	ent		- 42 - 32		Signature	1/1/			o – e	21-	-1	3
		00 80		50113800E		5.50		110	wy		3 L		9_61	15, 3	

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:120-7) CONTINUATION SHEET

						Abatemen	t Type		
Location of Asbestos- Containing Material (ACM) TO BE ABATED In Faculty (13)	Norr Si Maint	Locationally Uolely benance	Jsed Y e/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	<sup>∰</sup> Removal	R e p a i r	E n c a p s u l	E n c l o s u r e
	Yes	No	N/A		750 LF	X	-	-	
Warehouse			Х	Thermal Insulation		X	-	1	
Floor Tile			Х	VAT	2000 SF	X	-	-	
Caulking			X	Other miscellaneous	2000 LF	<u> </u>	-	+	$\vdash$
0							-	+-	+
	+	-						-	-
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	16								1

2 / Wacks	Title: Pma. dent	Signature:	Date: /0-21-13
Zvonko Veskov	The dent	J. was	

Uh#23332

Agencies Nuffled	Date of Notification (1)	***************************************				Name	of Building	Owner/Operator (	2)	- , h							
DOLWO	10/	21 /	13			Ste	ven Posp	oishil						•			
□ EPA	Agencies Notified	Type Notifica	tion		===9;	Street	Address										
Discount   County						96 [	Mayfair D	rive	1	8100CI 2	420	0	0 10				
DrSs										2100 h G	1000	.)		1			
Country (See   Country													1	1			
				cluding	1	Name of Contact											
Name of Facility Where Abatement is Taking Place (3)   Sehoul (K-12)   School (K-12)   Schoo	(143/10/3.23-6)		0.000			1 24											
School (K-12)   Street Address   Stree						FAG	CILITY IN	FORMATION						-			
Subchalpter 6 (Cipher tank 1-12)	Name of Facility Where A	batement is T	aking	Place	(3)	10,107,000			Type of Facility (4	1)							
Softer (Jac., private and commercial buildings, homes, etc.)	96 Mayfair Drive Re	sidence															
36 Mayfair Drive	Street Address											ildina					
County (6)	96 Mayfair Drive									vale and comin	ilerciai bu	liuling	٥,				
County (6)   Essex	City (5)								Square Feet	# of Floors	Blo	dg. Ag	ge				
Residential House   Name of Monitoring Firm Hired by Building Owner (8)   ASCM No.   Name of Abatement Contractor (9)   Superior Abatement Inc   Street Address   318 12th Street   Street Address   2 Henderson Drive   City, State, Zip Code   Harmonton NJ 08037   Telephone No.   (609) 704-8850   (973) 808-1616   (00411   (005) 1	West Orange								2500	2	!	53					
Name of Monitoring Firm Hired by Building Owner (8)   ASCM No.   00117   Superior Abatement Contractor (9)   Superior Abatement Inc	County (6)					Cour	ity Code (7	)(STATE USE ONLY)	Current Use (Price	or if being demo	olished)						
Health & Safety Services, Inc   Street Address   Street Address   2 Henderson Drive	Essex							•	Residential H	louse							
Street Address   318 12th Street   2 Henderson Drive   City, State, Zip Code   Hammonton NJ 08037   Telephone No.   G09) 704-8850   G09411   Manager for Monitoring Firm   Telephone No.   G09) 704-8850   G09411   Manager for Monitoring Firm   Telephone No.   G09) 704-8850   G09411   Manager for Monitoring Firm   Telephone No.   G093 704-8850   G09411   Manager for Monitoring Firm   Telephone No.   G093 704-8850   G09411   Manager for Monitoring Firm   Telephone No.   G093 704-8850   G09411   Manager for Monitoring Firm   Telephone No.   G093 704-8850   G09411   Manager for Monitoring Firm   G09414   Manager for Monitoring Firm   G094	Name of Monitoring Firm	Hired by Build	ling C	wner (	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)								
2 Henderson Drive	Health & Safety Ser	vices, Inc				0011	7	Superior Aba	atement Inc								
City, State, Zip Code	Street Address							Street Address									
Hammonton NJ 08037	318 12th Street							2 Henderson	Drive								
Project Manager for Monitoring Firm   Telephone No.	City, State, Zip Code		65					City, State, Zip C	ode								
Start Date (10)	Hammonton NJ 080	37						West Caldwell, NJ 07006									
Start Date (10)	Project Manager for Moni	toring Firm			Tele	phone	No.	1 2		License No.							
10	Jim Proctor									00411							
Occupancy Status During Abatement (Check only one)  ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe ☐ Time of Abatement: _AMPM/PMAM ☐ City, State, Zip Code ☐ West Caldwell, NJ 07006 ☐ City, State, Zip Code ☐ West Caldwell, NJ 07006 ☐ City, State, Zip Code ☐ West Caldwell, NJ 07006 ☐ City, State, Zip Code ☐ West Caldwell, NJ 07006 ☐ City, State, Zip Code ☐ West Caldwell, NJ 07006 ☐ City, State, Zip Code ☐ West Caldwell, NJ 07006 ☐ City, State, Zip Code ☐ West Caldwell, NJ 07006 ☐ City, State, Zip Code ☐ West Caldwell, NJ 07006 ☐ City, State, Zip Code ☐ Mini-Enclosure ☐ Mini-Enclosure ☐ Mini-Enclosure ☐ Mini-Enclosure ☐ Mini-Enclosure ☐ Mini-Enclosure ☐ City Non-Exempted (*) and Non-Friable Procedure ☐ Secription of ☐ Asbestos Containing Material (ACM) ☐ Specify ☐ Speci		2500			,			TOTAL THE STORE SERVICE TO ANY									
Facility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _AMPM/AM	//	13	1	1_ /	01	_ / -	13	Superior Aba	atement Inc								
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _AMPM/AM		500		- 23	437			Street Address									
Time of Abatement: _AMPM/PMAM								2 Henderson	Drive								
Scope of Work (Check all that apply)    3 s f or ≥3 if							cribe	City, State, Zip C	ode								
≥3 sf or ≥3 lf   Demolition	Time of Abatement.	Alviriv	"					West Caldwe	ell, NJ 07006								
Saf or ≥3 If   Demolition	Scope of Work (Check all	that apply)						M Eull Con	tainment with Near	ative Pressure							
Secondarion of Asbestos-Containing Material (ACM)   Amount (Specify SF or LF)   Secondarion of Asbestos-Containing Material (ACM)   Amount (Specify SF or LF)   Secondarion of Asbestos-Containing Material (ACM)   Amount (Specify SF or LF)   Secondarion of Asbestos-Containing Material (ACM)   Amount (Specify SF or LF)   Secondarion of Asbestos-Containing Material (ACM)   Amount (Specify SF or LF)   Secondarion of Asbestos-Containing Material (ACM)   Amount (Specify SF or LF)   Secondarion of Asbestos-Containing Material (ACM)   Amount (Specify SF or LF)   Secondarion of Asbestos-Containing Material (ACM)   Amount (Specify SF or LF)   Secondarion of Asbestos-Containing Material (ACM)   Amount (Specify SF or LF)   Secondarion of Asbestos-Containing Material (ACM)   Amount (Specify SF or LF)   Secondarion of Asbestos-Containing Material (ACM)   Amount (Specify SF or LF)   Secondarion of Asbestos-Containing Material (ACM)   Amount (Specify SF or LF)   Secondarion of Asbestos-Containing Material (ACM)   Amount (Specify SF or LF)   Secondarion of Asbestos-Containing Material (ACM)   Amount (Specify SF or LF)   Secondarion of Asbestos-Containing Material (ACM)   Amount (Specify SF or LF)   Secondarion of Asbestos-Containing Material (ACM)   Amount (Specify SF or LF)   Secondarion of Asbestos-Containing Material (ACM)   Amount (Specify SF or LF)   Secondarion of Asbestos-Containing Material (ACM)   Amount (Specify SF or LF)   Secondarion of Asbestos-Containing Material (ACM)   Amount (Specify SF or LF)   Secondarion of Asbestos-Containing Material (ACM)   Amount (Specify SF or LF)   Secondarion of Asbestos-Containing Material (ACM)   Amount (Specify SF or LF)	☐ >3 sf or >3 If			⊠ Re	enovati	on				auve Pressure							
Secretion of Asbestos-Containing Material (ACM)   Used Solely by Maintenance/ Custodial Staff? (12)   Yes   No   N/A	≥160 sf or ≥260 lf			☐ De	emolitio	on		Gloveba	g Procedure	Evalla Davas	are said						
Normally Used Solely by Maintenance/Custodial Staff? (12)   Yes   No   N/A			_	le	Locat	ion	Г	☐ Non-Exe	empted (*) and Non	-Friable Proce							
Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Bedroom    Custodial Staff? (12)   Yes   No   N/A	Location	of			Norma	lly		Description	of		-	_		T			
SF or LF	Asbestos-Containing	Material (ACM	1)					stos Containing Ma	aterial (ACM)		₹em	Rep	nc	nc			
(13)   (12)   (14)   (13)   (12)   (14)   (14)   (14)   (14)   (15)   (14)   (14)   (14)   (15)   (14)   (14)   (15)   (14)   (15)   (14)   (15)   (14)   (15)   (14)   (15)   (14)   (15)				32723			(i.e				lova	air	apsı	uso			
Yes   No   N/A		9			T .	т	-			o. o ,	=		late	<u>-</u>			
Name of Registered Waste Hauler Service Transport Group, Inc  City, State New Castle, DE    Disposal Date   11/01/13   Name of Registered Landfill   Name of				Yes	No	N/A							w	_			
Name of Registered Waste Hauler Service Transport Group, Inc  City, State New Castle, DE  NJDEP Waste Hauler ID No. SW2117  Disposal Date 11/01/13  Name of Registered Landfill Minerva Landfill Waynesburgh, OH  Completed By (Print or Type)  Title  Signature  Date	Bedroom	1.32			$\boxtimes$		VAT			225 SF							
Name of Registered Waste Hauler Service Transport Group, Inc  City, State New Castle, DE  NJDEP Waste Hauler ID No. SW2117  City, State Disposal Date 11/01/13  Name of Registered Landfill Waste Signature  Cubic Yards of Waste Waste Signature  City, State Waynesburgh, OH  Date																	
Name of Registered Waste Hauler Service Transport Group, Inc  City, State New Castle, DE  NJDEP Waste Hauler ID No. SW2117  City, State Disposal Date 11/01/13  Name of Registered Landfill Waste Signature  Cubic Yards of Waste Waste Signature  City, State Waynesburgh, OH  Date				П	П	П						П	П	$\Box$			
Name of Registered Waste Hauler  Service Transport Group, Inc  City, State  New Castle, DE  NJDEP Waste Hauler ID No. SW2117  Disposal Date 11/01/13  Name of Registered Landfill Waste Disposal Date 11/01/13  Waynesburgh, OH  Date				NOTICE OF	<del> </del>	+=-						_		+			
Service Transport Group, Inc  Hauler ID No. SW2117  City, State New Castle, DE  Completed By (Print or Type)  Hauler ID No. SW2117  Disposal Date 11/01/13  City, State Waynesburgh, OH  Date	Name of Registered Was	te Hauler		Ш_	1-			Cubic Yards of	Name of Regist	ered Landfill		_	_				
City, State  New Castle, DE  Completed By (Print or Type)  Disposal Date  11/01/13  City, State  Waynesburgh, OH  Date						lauler II	O No.	Waste									
New Castle, DE  Completed By (Print or Type)  Title  Signature  Date	CARLON CONTROL MANAGEMENT CONTROL CONT	• • • • • • • • • • • • • • • • • • • •		-		SW21	11/		City, State								
Completed By (Print or Type) Title Signature Date								and the reason are consistent	1	gh, OH							
		vpe)	Title	)				Signature		//	Date	900000	_				
		E. ₱. (* (* )	1000000		ent			11	//h	Same	10	2	1-1	13			

Check # 8290

				to NIAC 8:60 at				Lange	0011 6 E21					
Date of Notification (1)		-,-				3.50	APPROVED							
10/18/13			1000	f Building Owner			N. Depk of Health & Senior							
Agencies Natified Type Notification		-	Street A		9	resyz		(Gignature)						
	6				- 5A	STREET				14	A 5 9			
EPA Minifial Amended Amendmen		-		o Owen	-1122- [	, 3,,,,,,,,,	Date: 7 Se		- 31	ne: #	_			
DOL Amendmen	t#		PA	SIACC	NI	07055	· • P							
Emergency justification		-		f Contact		70-1-1	1	**						
DON justification) DCA Cancellation		1	20	gray										
			FAC	LITY INFORMAT	ION									
Name of Facility Where Abatement is Takir	ng Place (	3)				Type of Facility (4					•			
F-RYZ						School (K-12	)	nci	2	Λ	2013			
Street Address	298772235					Subchapter 8	(Other than K-12	hr		4				
88 Jammar ST.						Other (i.e. pri	vale & commercia	il bull	dings	ham	<b>95,</b>			
CHYPASS ALC		-				Square Feet	# of Floors	E	lidg. A	ge				
						1850	2		5					
County (6)			County	Code (7) USE ONLY		Current Use (Prior	if being demolish	ed)						
MASSAIC			(SIAIE)	JSE UNLT		100	2							
Name of Monitoring Firm Hired by Building	Owner (8)	)	ASCN	f No.		of Abatement Conti				-				
		_	}.		A.N	Rac Contracting	Inc.		*0					
Street Address						Address				-				
					1	Lowell Road								
City, State, Zip Code			,			State, Zip Code								
						n Rock, N.J. 074	52			-0444666				
Project Manager for Monitoring Firm			Telepho	ne No.		none No.	License No	).		,,,,,,,,,				
Chart Date (dD) (	Delevio	- 10	-1-17			201-262-5841 00156 eme of OSHA Monitor								
Start Date (10)		ا مح		Date (11)		of OSHA Monitor ega Environmen	tal Sandone In	_						
Occupancy Status During Abalement (Cher			10		-		rai actaices ili	٠.						
The same was some arranged and the same		- 100 P				Address Huyler Street								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Period of	Abaten	nent											
Other - Describe:	1741 1 320144	y rious				itate, Zip Code kensack, NJ 076	ins							
Scope of Work (Check All That Apply)					1 1440	inchedor, for or	700			_				
	1		0		F	7								
≥3 sfor≥3 if ≥160 sfor≥260 if		Ryphaf BomaC			E	Full Containmer Mini-Enclosure	t with Negative P	ressu	re					
					C	Glovebag Proce								
	7					Non-Exempled	*) and Non-Friabl	e Pro	-	-				
		Locati Normal								emant 'pe				
Location of Asbestos-Containing Material (ACM)		ed Sale			scription			-	T-13					
TO BE ABATED		intena				faterial (ADM)	Amount (Specify	70		띩	T,			
In Facility (15)	Cus	tođiai S (12)	PERITE		acing, VA		SF or UF)	Removal	Repair	Erwapsvlate	Endosure			
(13)	-		T	Cynics	MSCHIA	(Subst	·	12	1 =		Tra-			
	Yes	No	N/A		7									
PASEMENT			_&	1	ile		1504	1						
THE COLUMN TWO IS NOT		-						-			-			
	-													
Marrie of Designators & Clarks & Contra			Improved to		W									
Name of Registered Waste Hauter			JDEP W		Yards		gistered Landfill		_		10%			
Rovic Transport			0785	-, ,,,,	, 7.	IESIPA	Bethlehem La	ndlil	Cor	p.				
City, State				Dispo	hai Cysje	City, State	Valence securic ex-			_	-			
Riverdale, New Jersey 07457				10/	18/1-	Bethlehe	m, PA 18015			1	1			
Completed by	• • •		13	Signature (n 4) Date					17					
R. McDonald	Pres	ident			125	11/1/11/1	10/18/0							
						Charles		-		-				

State of New Jersey

Oct 21 2013 03:22pm P001/001

Check # 8290

	ħ		CATION	to of New Jorsi Of ASBESTOS to NJAC 8:60 ar	ABATE		Γ	A (DID)	ROV			
Date of Notification (1)	3			Building Owner			N. Dept. of	Heat	th &		Ser	
Agencies Natified Type Notific		-	Street Ac		MER	د بر		(pi	gnature	1)	-	
☐ EPA ☑ Initial			18-		LERY	STREET	Date: 10	4//	7	ime;	7:5	
DEP		7	City, Stal	e, Zip Code		-2:/			- Control of the Cont			
DG Emerge	ment# ency (including		5 16 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Loques	N J	01410						
☑ DOH justifica	llion)	1	vame of	Contact			Telenhana Num	her				
El pox	HALLON			ITY INFORMAT	TION							
Name of Facility Where Abatement is		0				Type of Facility (4	)					
FC INVESTMEN	7.5					School (K-12	n					
Street Address	, ,					Subchapter (	3 (Other than K-12) ivale & commercia	GUI	linos.	home	213	
18-26 1710000	37					etc.)						
18-26 HULERY City (5) FAIR LAWN						Square Feet	# of Floors	B	idg, A	yge 7		
County (8)			County C			1	r if being demolishe	3d)		N/	_	
BERGEN		14	STATE	ISE ONLY)	-	RES				•		
Name of Monitoring Firm Hired by Bull	ding Owner (8)		ASCM	No.		of Abatement Cont			,			
			L			Aac Contracting	inc.					
Street Address				122	Street Address 105 Lowell Road							
City, State, Zip Code					1	City, State, Zip Code						
						n Rack, N.J. 074	452					
Project Manager for Monitoring Firm		T	Telephor	e No.		hone No.	License No	,			-	
		_				-262-5841	00156					
Start Date (10)	Schedule		•	Date (11)		ega Environmer	tal Seniose In	c.		50 J - 80 -		
10/≥-1/13   Occupancy Status During Abatement	(Chank Only Or		13			Address	Ital Oct VIDES III	·			_	
	Bar samenas vas	1086 135	arved.			Huyler Street	••					
Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe:	Normal Facility	Hours	CHIL	,		State, Zip Code skensack, NJ 07	606	•				
Scope of Wark (Check All That Apply)		***						-				
⊠ ≥3 sfor≥3 II	De F	Renoval	tion		Į	Full Containma	nt with Negative Pr	ėssu	ſ <b>€</b>			
23 sfor≥3 17 ≥160 sfor≥260 lf		emoliti	noi		<u>}</u>	Mini-Enclosure						
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[		(*) and Non-Friable	e Pro	bedut	탁		
1		Locati							0.22	ement /pc		
Location of	1.00-	Vormali d Sole			escriptio	n of			<del></del> ,	İ	$\Box$	
Asbestos-Containing Material (AC TO BE ABATED	Ma Ma	intenar	ricel	(i.e. tharm	al system	Material (ACM) is insulation,	Amount (Specify	R	1 20	55	5	
In Facility (13)	Cus	(12)	nau:	SUC	facing, V	AT, or	SF or LF)	Removal	Reput	Encapsulate	Enclosure	
,,	Yes	No	N/A			1		=	1	918	6	
LAWREN ROUM	-	140	*		pin	٤	BOLP	X				
							, <u> </u>					
			-						T			
Name of Registered Waste Hauter			JDEP W		ic Yards	Name of E	Registered Landfill					
Rovic Transport			auter ID 0785	No. of V	laste 	IESI PA	Bethlehem La	ndfi	Co	p.		
City, State Riverdale, New Jersey 07457				Disp	posa) Det	Dathiala	em, PA 18015				_	
Completed by	Title	Slopetitie   Dat					pate / /					
R. McDonald		ident			116	WESLA	. 14	2/0	H /L	}	j (24)	



	т	Non	of Duile	ding Owner	/Operator (	2)					1	7.3 12.1	1
e of Notification (1) $i0/21/13$			JON	ATHA	n Co	4 E 10							-
encies Notified Type Notification		Street Address  555 NORTH AVE, UNIT 15 N  City, State, Zip Code  FORT LEE NJ 07074  Telephone Number									201	}	1
DEP Initial Amended Amendment #		City, State, Zip Code FORT LSE NJ 07024 Telephone Number											*
DOH Emergency (inclination)	uding	Na	me of Cor	ntact TITAL				I Alan	AANA MITTONIA				1
DCA Cancellation				Y INFORM		Type of F	ocility (A)			-			1
me of Facility Where Abatement is Taking P  COITE   reet Address		,,				Scho	ool (K-12)	(Other	than K-12) commercial bu	ilding	ıs, hor	nes,	
555 Noiett AUE, UNI	715	<i>D</i>				Square F	eet	# of F			. Age		7
FORT LEE				W (20) - 100 S. (20) - 100 S. (10)		88	000	3	- demolished				$\dashv$
ounty (6) BERG-52 W		Co (S	ounty Coo	de (7) E ONLY)		AP	75		g demolished)				
ame of Monitoring Firm Hired by Building Ov	vner (8)	1	ASCM N	lo.	A. I	of Abatem Viac Cont	nent Contr tracting	ractor ( Inc.	9)				
treet Address					Stree 105	et Address 5 Lowell F	Road						
ity, State, Zip Code					City.	State, Zip on Rock,	Code N.J. 074	452					
Project Manager for Monitoring Firm		T	elephone	No.	Tele 20	phone No. 1-262-58	41		License No. 00156				
Start Date (10)	Scheduled	Com	pletion Da	ate (11)	Nam	ne of OSHA	Monitor	ntal S	ervices Inc				
/ 0 / 3 c / 13 Occupancy Status During Abatement (Check	I		-		Stre	et Address 0 Huyler							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of Ab	atem	ent		City	, State, Zip ackensac	Code	7606					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova				Mini	-Enclosur	e cedure	h Negative Pr e nd Non-Friable			·	
ν	Isl	Locat	ion			NorPexemples				Abatement Type			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	orma d Sole ntena	lly ely by ince/ Staff?	Asbesto (i.e. t	os Containir hermal syst	Description of ontaining Material (ACM) mal systems insulation, urfacing, VAT, or er miscellaneous)			Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Elicioania
	Yes	No	N/A	-		.,		-	1100 SF	X		-	
CEILING-	-		×	H	or-cire			-	11003.				
	-		+-							_	_	_	-
								-(	stored Landfil	1_	1_		1
Name of Registered Waste Hauler		1	NJDEP \		Cubic Ya	rds	Name	of Regi	stered Landfil ethlehem L	andf	ill Co	rp.	٠
Rovic Transport			Hauler II 20785	) NO.	of Waste		City S	tate					
City, State Riverdale, New Jersey 07457					10/30	1300	Beth	lehen	n, PA 1801	ate	<i>i</i>	<del>-</del>	-10.0
Completed by R. McDonald	Title Pres	side	nt		Sign	12-M	Jona	20		10/	21/	13	



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

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20		Nan	ne of B	uilding	Owner/Operator (2)	1	Job # 1	310-1	816 Chk. #3	3377	
of Notification (1)	42	N	ls. Ga	il McK	eon			44.1 (84.)		-51	
10 /	21 / 13	Chris	eet Ado	iress		1,4					
-ina Notified	Type Notification	311	ANG N	oreen	Drive					,	
ncies Notified EPA	Initial	0.4	Ctate	e, Zip C	ode						
DOLWD	☐ Amended	CII	y, Stati	aton.	NJ 08016		OCT	o A	ne Number		
DHSS	Amendment #  Emergency (including		Dui IIII	Contac	t		00116	elepiio.			
DCA	justification)	N	ame or	AcKeo	n						Wer
(NJAC 5:23-8)	☐ Cancellation		Gall	norce o	NFORMATION		200		¥'		
			FACI	LITY	NFORWATTO	Type of Fa	acility (4)		* G State		1
	Abatement is Taking Place	(3)				☐ Schoo	(K-12)	Other t	han K-12) d commercial		1
ame of Facility Where	Abatemon					☐ Subch	(i.e., priv	ate and	han K-12) d commercial	buildings,	
Residential Prope	erty		540000000000000000000000000000000000000			home	s, etc.)			Bldg. Age	
treet Address						Square F	eet	# of F	-\00rs	47	
1409 Noreen Driv	e					4700		4	- light	1000	
City (5)					TO TATE USE ONLY	Current	Use (Prio	r if bei	ng demolishe	;u)	
Burlington			Coun	ty Cod	e (7)(STATE USE ONLY)	Resid	dential				
County (6)					Name of Abater	mont Contr	actor (9)	-27.			
	Lind by Building Owne	r (8)	ASCM	No.	Name of Abates Asbestos a	nd Mold	Service	s, Col	rp.		
Name of Monitoring F	Firm Hired by Building Owne			<u> </u>	Aspesius				W 12-70-08-70-76		
Tiger Environme	ental			00.000	Street Address 3859 Sylor	Bouleva	ırd				
Ctroot Address					3859 Sylor	Code					
16 West Elizabe	eth Avenue				City, State, Zip	+ N.I 080	36				
City, State, Zip Code					Hainespoi	t, 140 cc			cense No.		
1 : don N.1 070	36	Te	lephon	e No.	Telephone No	400			00862		
Project Manager for	Monitoring Firm	1	908-80	62-430		A Monitor					
Kelly Walton	- La hadule	ed Comp	oletion	Date (1	1) Name of OSF	1A Monto					
						abdical l	nc.				
Start Date (10)		1	5	/ _13		alytical, l	nc.				
Start Date (10)	/ 13 11	_	5	/ _13	Ctroot Addre	SS					
	/ 13 11  During Abatement (Check of	only one	5 )	1	Street Addre	ss Route 13					
Occupancy Status	/ 13 11  During Abatement (Check of Vacated During Entire Period	only one	) atemen	nt Describ	Street Addre 200 U.S. De City, State, 2	ss Route 13 Zip Code	0 North				
Occupancy Status	/ 13 11  During Abatement (Check of Vacated During Entire Period	only one	) atemen	nt Describ	Street Addre 200 U.S. City, State, 4 Cinnami	ss Route 13 Zip Code nson, NJ	0 North				
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	During Abatement (Check of Vacated During Entire Period formed Outside of Normal Franch:AMPM.  Theck all that apply)	only one od of Aba	atementours - PM	ot Describ	Street Addre 200 U.S. City, State, 2 Cinnami	Route 13 Zip Code nson, NJ	0 North 08077	Negati		dure	
	During Abatement (Check of Vacated During Entire Period formed Outside of Normal Franch:AMPM.	only one od of Aba	atementours - PM	ot Describ	Street Addre 200 U.S. City, State, 2 Cinnami	Route 13 Zip Code nson, NJ	0 North 08077	Negati	ve Pressure Friable Proce	dure Aba	tement T
	During Abatement (Check of Vacated During Entire Period formed Outside of Normal Franch:AMPM.	only one od of Abordary H	) atemen lours - PM ovation nolition	nt Describ	Street Addre 200 U.S.  City, State, A Cinnami  Fu  Gi  No	Route 13 Zip Code nson, NJ Il Containm ni-Enclosur ovebag Pron-Exempte	0 North 08077	Negati	Friable Proce		
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	During Abatement (Check of Vacated During Entire Period formed Outside of Normal Franct:AMPM.  Sheck all that apply)  Location of Intaining Material (ACM)	only one od of Abordary Harmonian Control of Abordary Harmonian Co	atemen lours - PM ovation location location ormally Solely	DescribAM	Street Addre 200 U.S.  City, State, 2 Cinnami  Fu Gi Signami  Description  Asbestos Contain (i.e., thermal state)	Route 13 Zip Code nson, NJ Il Containm ni-Enclosur ovebag Pro on-Exempte ciption of ning Materi yestems insu	0 North 08077 nent with re occdure ed (*) and al (ACM) ulation,	Negati	Friable Proce	Remov	
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	During Abatement (Check of Vacated During Entire Period Formed Outside of Normal Finent:AMPM.  Sheck all that apply)  Location of Intaining Material (ACM)  BE ABATED  IN Facility  (13)  & Bathroom 1 <sup>st</sup> Fl	Is I N User Mail Cust	ovation nolition  Locatio ormally Solely ntenan codial S (12)  No	n / Describ AM	Street Addre 200 U.S.  City, State, Z Cinnami  Gim Mi Gim Mi Surfacir other mis  Floor Tile and M  Waste  Cubic Y	Route 13 Zip Code nson, NJ Il Containm ni-Enclosur ovebag Pro on-Exempte iption of ning Materi ystems insu ng, VAT, or scellaneous	0 North 08077 nent with re occedure ed (*) and al (ACM) ulation, s)	Negation Non-F	Amount (Specify SF or LF)  140 SF	Removal	Repair
	During Abatement (Check of Vacated During Entire Period Formed Outside of Normal Finent:AMPM.  Sheck all that apply)  Location of Intaining Material (ACM)  BE ABATED  IN Facility  (13)  & Bathroom 1 <sup>st</sup> Fl	only one od of Aboracility H	ovation nolition  Locatio ormally Solely ntenan codial S (12)  No	n / Describ AM	Street Addre 200 U.S.  City, State, Z Cinnami  Giant Mi  Descr  Asbestos Contair (i.e., thermal s' surfacir other mis  Floor Tile and M  Waste ID No.  City, State, Z Cinnami  Fu  Giant Mi  Cubic Y Waste Waste	Route 13 Zip Code nson, NJ Il Containm ni-Enclosur ovebag Pro on-Exempte iption of ning Materi ystems insu ng, VAT, or scellaneous	0 North 08077 nent with re ocedure ed (*) and al (ACM) ulation, s)	Negation Non-Financial Non-Financia Non-Fi	Amount (Specify SF or LF)	Removal	Repair
	During Abatement (Check of Vacated During Entire Period Formed Outside of Normal Figure 1 and 1	only one od of Aboracility H	ovation nolition  Locatio ormally Solely ntenan codial S (12)  No	n / Describ AM	Street Addre 200 U.S. City, State, Z Cinnami  GI Mi GI No  Descr Asbestos Contair (i.e., thermal s' surfacir other mir  Floor Tile and M  Waste ID No.  Vaste Vaste Vaste Vaste	Route 13 Zip Code nson, NJ II Containm ni-Enclosur ovebag Pro n-Exempte iption of ning Materi ystems insi ng, VAT, or scellaneous astic	0 North 08077 nent with re occdure ed (*) and al (ACM) ulation, s) Name of GRC	Negation Non-Financial Non-Financia Non-F	Amount (Specify SF or LF)  140 SF	Removal	Repair
	During Abatement (Check of Vacated During Entire Period Formed Outside of Normal Finent:AMPM.  Sheck all that apply)  Location of Intaining Material (ACM)  BE ABATED  IN Facility  (13)  & Bathroom 1 <sup>st</sup> Fl	only one od of Aboracility H	ovation nolition  Locatio ormally Solely ntenan codial S (12)  No	n / Describ AM	Street Addre 200 U.S. City, State, Z Cinnami  Fu  Ging Gine City, State, Z Cinnami  Fu  Ging Gine Gine Gine Gine Gine Gine Gine Gine	Route 13 Zip Code nson, NJ Il Containm ni-Enclosur ovebag Pro pn-Exempte iption of ning Materi ystems insu g, VAT, or scellaneous astic ards of	0 North 08077 nent with re occdure ed (*) and al (ACM) ulation, s) Name of GRC	Negation Non-Financial Non-Financia Non-F	Amount (Specify SF or LF)  140 SF	Removal 🛛 🖺	Repair
11	During Abatement (Check of Vacated During Entire Period Formed Outside of Normal Figure 1 (ACM)  Theck all that apply)  So If  Location of Intaining Material (ACM)  IN Facility (13)  & Bathroom 1 <sup>st</sup> Fl  stered Waste Hauler  Cartage, Inc.	only one od of Aboracility H	ovation nolition  Locatio ormally Solely ntenan codial S (12)  No	n / Describ AM	Street Addre 200 U.S.  City, State, Z Cinnami  Giant  Descr  Asbestos Contair (i.e., thermal s' surfacir other mis  Floor Tile and M  Waste ID No.  Dispose 11/5	Route 13 Zip Code nson, NJ II Containm ni-Enclosur ovebag Pro n-Exempte iption of ning Materi ystems inst ng, VAT, or scellaneous astic ards of	0 North 08077 nent with re occdure ed (*) and al (ACM) ulation, s) Name of GRC	Negation Non-Financial Non-Financia Non-F	Amount (Specify SF or LF)  140 SF	Removal	Encapsulate
	During Abatement (Check of Vacated During Entire Period Formed Outside of Normal Figure 1 (ACM)  So If  Location of Intaining Material (ACM)  IN Facility (13)  & Bathroom 1st Fl  Stered Waste Hauler  Cartage, Inc.	Is I N Used Mai Cust	atemen lours - PM	n DescribAM  n / / by by ce/ ttaff?  N/A  NJDEP Hauler 0226	Street Addre 200 U.S.  City, State, Z Cinnami  Fu  Gi  No  Asbestos Contain (i.e., thermal s' surfacir other mis  Floor Tile and M  Waste ID No.  S  Dispose 11/5	Route 13 Zip Code nson, NJ Il Containm ni-Enclosur ovebag Pro pn-Exempte iption of ning Materi ystems insu g, VAT, or scellaneous astic ards of	0 North 08077 nent with re occdure ed (*) and al (ACM) ulation, s) Name of GRC	Negation Non-Financial Non-Financia Non-F	Amount (Specify SF or LF)  140 SF	Removal	Repair
11	During Abatement (Check of Vacated During Entire Period Formed Outside of Normal Figure 1 (ACM)  Theck all that apply)  So If  Location of Intaining Material (ACM)  IN Facility (13)  & Bathroom 1 <sup>st</sup> Fl  stered Waste Hauler  Cartage, Inc.	Is I N Used Mai Cust Yes	atementours - PM	n Describer AM  n / y by ce/ taff?  N/A   NJDEP Hauler 0226	Street Addre 200 U.S.  City, State, Z Cinnami  Fu  Gi  No  Asbestos Contain (i.e., thermal s' surfacir other mis  Floor Tile and M  Waste ID No.  S  Dispose 11/5	Route 13 Zip Code nson, NJ II Containm ni-Enclosur ovebag Pro n-Exempte iption of ning Materi ystems insi ng, VAT, or scellaneous astic  ards of lignature	0 North 08077 nent with re occdure ed (*) and al (ACM) ulation, s)  Name of GRO City, Si	Negation of Region of Regi	Amount (Specify SF or LF)  140 SF	Removal	Encapsulate

ASB-41 MAY 11

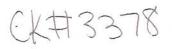
CK# 3379

# 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	2)						
	13			Ms. Marian Bobyak / Job # 1310-1820 Chk. #3379									
Agencies Notified Type Not	ification			Street	Address					*		. 1	
☐ EPA ☐ Initial				19 C	Priental A	Avenue						5.1	
☑ DOLWD ☐ Amer			İ	City, S	tate, Zip C		_		- 1				
2	dment #_			Had	don Tow	vnship, NJ 08108	B # #	OCT 2	4 201	3			
	gency (incation)	cluaing	ŀ	Name	of Contact			Talank	•	77.75		1	
Cano				Mar	ian Boby	/ak	1					+	
	1.00			FAC	ILITY IN	FORMATION			V			<del>ز</del> اور دور	
Name of Facility Where Abatement	is Taking	Place	(3)				Type of Facility	(4)					
Residential Property	•		3.03			×	School (K-12						
Street Address							Subchapter 8	Other than K-12	2)	سر سالما:			
19 Oriental Avenue							homes, etc.)	rivate and comme	erciai bu	llaing	S,		
City (5)				***			Square Feet	# of Floors	Blo	dg. Ag	ge		
Camden							1800	2 4	1	B5	,		
County (6)	-			Coun	tv Code (7	)(STATE USE ONLY)	Current Use (Pri	ior if being demol	ished)				
Burlington				201000000000		,	Residential	-					
Name of Monitoring Firm Hired by	Building (	)wner (	8)	ASCM I	No	Name of Abateme	ent Contractor (9)						
Tiger Environmental	Julium 9	, ion	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			d Mold Service						
Street Address						Street Address	u 11101a 001 1100	ю, сс.р.					
16 West Elizabeth Avenue						3859 Sylon B	oulevard						
City, State, Zip Code						City, State, Zip Co							
Linden, NJ 07036						Hainesport, I	NJ 08036						
Project Manager for Monitoring Fire	n .		Tele	phone I	No.	Telephone No.		License No.					
Kelly Walton				8-862		609-702-0400		00862					
Start Date (10)	100000000000000000000000000000000000000			tion Da		Name of OSHA N							
11 / 5 / 13				_ / -	13_	EMSL Analyt Street Address	icai, inc.						
Occupancy Status During Abatemed Status During Abatemed Pacility Closed/Vacated During				ment		200 U.S. Rou	te 130 North						
☐ Abatement Performed Outside					cribe	City, State, Zip Co							
Time of Abatement:AM-						Cinnaminsor							
Scope of Work (Check all that appl	y)					П		- ti- D					
≥3 sf or ≥3 lf		⊠ Re	novati	on		☐ Full Con	tainment with Neg	gative Pressure					
☐ ≥160 sf or ≥260 lf		☐ De				☐ Gloveba	g Procedure						
						⊠ Non-Exe	empted (*) and No	n-Friable Proced					
		7/2	Locat						Ab	atem	ent T	ype	
Location of Asbestos-Containing Material (	ACM)		Norma		Acho	Description of estos Containing Ma		Amount	Re	Repair	En	Ē	
TO BE ABATED	ACIVI)	Ma	intena	ince/		e., thermal systems		(Specify	Removal	pair	cap	Enclosure	
IN Facility		Cus	todial (12)	Staff?	85	surfacing, VAT	, or	SF or LF)	<u>/a</u>		Encapsulate	ure	
(13)		Yes	No	N/A	1	other miscellane	eous)				ē		
Basement				$\boxtimes$	Duct be	oots with asb. pa	aper wrap	4 each	$\boxtimes$				
Middle Bedroom			П		Duct B		* * * * * * * * * * * * * * * * * * *	1 each					
Middle Bedroom		П			Ductwo			2 LF		ī			
Wildule Deal Colli			-		Ductive	OIK				늄	H	H	
Name of Registered Waste Hauler				JDEP /	Maste	Cubic Yards of	Name of Regis	stered Landfill					
Freehold Cartage, Inc.			1.35	lauler II	O No.	Waste	GROWS L						
City, State				02265	<u> </u>	5 Disposal Date	City, State				-		
Freehold, NJ						11/6/13	Morrisville, PA 19067						
Completed By (Print or Type)	Title	Δ	-			Signature	<u> </u>		Date	-			
Kimberly A. Trumbetti			Coor	dinato	r	GKI,	V		0-21	-1	b		
Tamberry A. Trambeta						I YM	$\sqrt{}$		0-61	- 1	/_		

ASB-41 MAY 11

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



Date of Notification (1)							Owner/Operator (2			4040	Oh!	- 40	270			
10/	21 / _	13		- 1	CHOC II, LP c/o Needleman Mt. Co., Inc. / Job # 1310-1819 Chk. #3378											
Agencies Notified	Type Notificat	tion		1	Street A		ings Highway S	uite 250		1.7	2	>				
⊠ DOLWD	☐ Amended			- 1		ate, Zip Co					_		;			
☑ DHSS	Amendme	nt #			manus Saulin access			(	DCT 24 9	010			1			
☐ DCA	☐ Emergence		luding	-	Cherry Hill, NJ 08034 UC 1 2 4 2013											
(NJAC 5:23-8)	justificatio				Kelly Hubs											
		. 22%			FAC	ILITY INF	ORMATION		·Ų.		4					
Name of Facility Where A	batement is T	aking	Place	(3)				Type of Facility (	4)			ere si				
Commercial Proper				2.50				School (K-12)								
Street Address	•							☐ Subchapter 8 ☐ Other (i.e., pri	Other than K-	12) nercial	buile	dinas	8			
1050 North Kings H	lighway							homes, etc.)	vate and comm	11010101	24	9-	,			
City (5)	3	_						Square Feet	# of Floors		Bldg	J. Ag	е			
Cherry Hill								20,000	2		38	3				
County (6)					Count	v Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demo	olished	1)					
Camden						, , ,		Commercial								
Name of Monitoring Firm	Hired by Ruilo	ling O	wner (	8)	ASCM N	No.	Name of Abateme	ent Contractor (9)						- 25-		
Horizon Environme		inig O	Willow (	,				d Mold Service	s, Corp.							
	illai				-		Street Address		, , , , , , , , , , , , , , , , , , , ,		-					
Street Address							3859 Sylon B	oulevard								
PO Box 336							City, State, Zip Co				-					
City, State, Zip Code	•						Hainesport, I									
Thorofare, NJ 0808				Terri				40 00000	License No.		-	_		-		
Project Manager for Mon Dave Flanigan	itoring Firm			0.0000000	phone 1 56-848-		Telephone No. License No. 00862									
Start Date (10)		Schedi	uled C	omple	tion Dat	e (11)	Name of OSHA Monitor									
	- AND				_ / _	- 10 May 1990	EMSL Analyt	ical, Inc.								
Occupancy Status Durin	g Abatement (	Check	only o	one)			Street Address									
□ Facility Closed/Vacate	ed During Enti	re Per	iod of	Abate	ment		200 U.S. Rou	te 130 North								
☐ Abatement Performed							City, State, Zip C	ode								
Time of Abatement:	AM	PN	Λ/	_PM		AM	Cinnaminsor	n, NJ 08077				53				
Scope of Work (Check a	Il that apply)															
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			⊠ Re		2772.97		Mini-End     Gloveba	tainment with Neg closure g Procedure empted (*) and No	•							
		_	Is	Loca	tion						Aba	teme	ent Ty	уре		
Location	of		1	Norma	ally		Description	of		- 1		_	-			
Asbestos-Containing		<b>/</b> I)	0.50003560	ed Sol	ely by		stos Containing Ma		Amount (Specify		Remova	Repair	Encapsulate	Enclosure		
TO BE AB			1,323		Staff?	(ı.e	., thermal systems surfacing, VAT		SF or LF)		ova	Ξ.	nsd	Sur		
(13)				(12)			other miscellane						ate	(D		
20.53			Yes	No	5 1870000000			1202		-	_	_	_	<del> </del>		
Basement							tion of boiler									
	0.00					& abate	ement of interna	l materials	50 SF		$\boxtimes$					
1							7010000									
Name of Registered Wa	ste Hauler			1	NJDEP	Waste	Cubic Yards of	Name of Regis	stered Landfill							
Freehold Cartage,				ŀ	Hauler II 0226		Waste 5	GROWS L	andfill							
City, State					0220		Disposal Date	City, State								
Freehold, NJ							10/8/13 ,	Morrisville	e, PA 19067							
Completed By (Print or	Tyne)	Title	<u> </u>				Signature	Λ		Date	1					
Kimberly A. Trumb			-	Coor	dinato	r	XM	V		111-	21-	12	)			
ASB-41		78.0		2000								-				
MAY 11		*	Do no	t use t	this form	for asbes	tos licensure exem	ipiea activities.								