CK 3420

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

Date of Marifestine III		1 11	a al District	0 0 m c 10 c	(2)			
Date of Notification (1)	(* < 3.	Nam	O Buildin	O S GR	A DINI G	E EXCLAUR	ATIMI	I-
Agencies Notifica to	n s	Stree	Address	0.13	E 14 3E	-5 14 2	00	<u> </u>
□ BPA ☑ Jinital .			10	9 FULL	iNG M	ILL RIP	<u>.</u>	
☐ OD ☐ Amended Amendment		City.	State, Zip (
Emernancy	including		71			<u> </u>		
DOH justification		Nam	e of Contact			Telephone Winnbe	ti.	
		J	- 01					
		FA	CILITY INF	ORMATION	7	71		
Name of Facility Where Abatement is Tak	ng Place (3)				Type of Facility (
PESIDENCE					School (K-12) Subchapter 8	(Other than K-12)		
Street Address 2 7 W. Y	OUNG	SI	AUE		Diner (i.e., pri	vate & commercial	bulangs.	
City (5)				-	Square Fee!	# of Floors	Bldg Ag	
WILDWOOD)				1000	1	1-40	
County (6)		Cou	nty Code () (STATE	the comment of the state of the	or If being demolish	ned)	
CAPE MAY			ONLY)			DNT		
Name of Maritaring Firm Hired by Building	Owner	ASCH	No.	Name of Abatem	nent Convactor (9)	c,		
(8)								
Street Address				369 5	S. SPRUC	E AVE.		
				Ciry. State, Zip C	ode			5.0
City State Zip Code				MAR	L? SHPD	E, NJO	823 -	
Project Manager for Monitoring Firm	[.16	lephone	No	Telephone No.	20 0//22	License No	14	
*					<u> 19-0472</u>	1 -001		 -
Stan Date (10) , Sch	eduled Comp	o naisk	ale (11)	Name of OSHA	PKALEM	M		
9/16/14	1/23/	14			10/K/4 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-			==
Occupancy Status During Abatement (Ch	eck only one)		Sueel Address	SPILULE	=10= 0		6
Facility Closed Vacated During Entire F	eri∞ of Aba	tement					-	
Abatement Performed Outside of Norm	al Facility Ho	ours		City, State, Xip	E SHADO	E, P, J,	08057	2
Other - Describe:							•==	
Scope of Work (Check all that apply)					ntainment with Ne	gative Pressure	-	
23 51 01 23 11 21 60 51 01 2260 11	Renov Demod		50	7 01-1-1	Drocedure	x-Friable, Procedu	ري ري	
1 3 1 60 \$1 61 22 00 11			т	None	tempted () and its	1	ADair	men.
	Is Loca Norma	ally		2		•	17	22
- Location of	Used So Mainten	lely by	Asbes	Description of the control of the co	stenal (ACM)	Amount	-	5 .
Aspesios Containing Material (ACM) TO BE ABATED	Cusio	dial	(i.e	inormal systems	insulation.	(Specity	Remov	1 6
IN FACILITY	Stat (12			sudading, VAI	(acs)		Removal	Encapsulate
(13)		1	\dashv		**		-	§ .
*	YES N	O NIA				1600\$	X	1
SIDING		X		TRANS	116	1000 2	1/-	1
JIUING	-							+
		_	1===					-
		-	-					
Name of Registered Waste Hauler		NOE	Waste .	Cubic Yards	Name of Reg	pistered Landfill	Δ,	
KLEMCO INC.		Hauler	D No.	01 Waste		, C , M , U		
		-	- V	Disposal Date	City, State		U,J.	
MAPLE SHADE, NI	5,080	052			Woo	2/3/1001		
	ide			Signature	21 160	Date (7-7	-14
TOSEPH KLEMM -	000	NER			ayr. o			_

Date of Notification (1)			THE PERSON	Name of I	Building (Owner/O	perator (2)							
Septen	nber 03, 2014		Ortho Diagnostic / Johnson & Johnson Street Address 2114 SEP -5 Fig. 3: 17										_,_		
Agencies Notified	Type Notification			Street Ad	dress					2014 SI	د- ۲	. 1	11	5	1
EPA	Initial		9	920 / 100		to the same of the	РО Во	x 300							
DEP DOL	Amended	"3		City, Stat						4-0	÷				a .
⊠ DOL	Amendment Emergency	includina	— F	Raritan,		69			170 16		LICE	43.	الماب	ij	11.36
□ DOH	justification)			Name of					Tel	ephone	Number				
L DCA	Cancellation	8	F	Project N		The second section is the second	1		16						
Name of Facility Where	Abatement is Takin	n Place (3)		FACIL	ITY INFO	ORMATI		Type of Fac	ility (4)			_			
			,					_							
Ortho Diagnostic / Jo Street Address	onnson & Johns	ion							l (K-12) apter 8 (Oth	er than k	(-12)				
									(i.e. private			ildir	ngs,	home	s,
920 / 1001 Route 20	2							etc.)		f Cloors		DIA	α Λ		
City (5)								Square Fee	# 0	f Floors		Diu	g. A	ye	
Raritan, NJ				County C	ada (7)			Current Hon	(Dries if he	3	lichod)		300 m		
County (6)				(STATE U				Current Use	(Pilot ii be						1
Somerset	- I II d b. D. II dine	O (0)		ACCM	No		Nome	of Abatemen	t Contractor	Facility	/				
Name of Monitoring Firm		Owner (8)		ASCM	NO.		\$15,000 (A) 100 (C)			(9)					
Bulava Environment	al, Inc.							ACK Grou	ip, LLC.			-	_		
Street Address							2000		/N CTE	200					
12 Kilmer Drive			- 1			YN, STE	209								
City, State, Zip Code	244 2020			Cherry Hill N I 08034											
Hillsborough, NJ 088			- T	Tolophon	Cherry Hill, NJ 08034 lephone No. Telephone No. License No.							_	-		
Project Manager for Mor	illoring Firm		,						,	00781					
Edward J. Bulava Start Date (10)		Schodule		908-874 mpletion D			1	59 - 5000 of OSHA Mo		00761					
		Scriedule	su C01												
5/17/1 Occupancy Status Durin		ck Only On	ne)	5/17/15)			ACK Grou	ip, LLC.			1000	_		
							V-12-20-00-00-00-00-00-00-00-00-00-00-00-00	ings HW	VN STE	200					
Facility Closed/Vac Abatement Perform	cated During Entire						-	ate, Zip Cod		203					
Other - Describe:	Tou outside of Hori	nar r domity	. 1001				July 1549	Hill, NJ 0							
Scope of Work (Check A	All That Apply)						Cherry	11111, 140 0	10034			-			
53	an indivippiy						Б	7 Cant	alamant wit	h Nogativ	o Proce				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				Ź	Mini-Encl	ainment wit losure	n Negatii	ve riess	suie			
									g Procedure		-LI- D				
				1				Non-Exer	mpted (*) and	Non-Fria	able Prod			ement	
		100	Loca	556								,		pe	
Locatio		The second second second	Norma d Sol	ely by	Anhan		scription	of aterial (ACM	1)	Amount					
Asbestos-Containing TO BE AE		Ma	intena	ance/				insulation,		Specify	7	,	-	Enc	m
In Fac	ility	Cus	todial (12)	Staff?		surfa	cing, VA	Γ, or	S	F or LF)	Kemova		Repair	aps	Enclosure
(13)			, ,	_		other	miscellan	eous)			Va		<u>a</u> .	Encapsulate	ure
		Yes	No	N/A				m ser course						CD	
Bld 1003 Mech		fit	tinas 8	asbes	tos pipe		35 If	\rightarrow							
		-/-	V				CASE AND ASSESSMENT	- P.P.		26	Ś	2			
Bld 1003 1st F		17	\wedge	-		A	fittings				-	\rangle	-		
OCD Tur	nnel #1	X			fit	ttings 8	asbes	tos pipe		773 l/f	_/	>			
OCD Basemer	nt A Building	X				asb	estos p	ipe		200 l/f					
Name of Registered Wa				NJ DEP W		140000000000000000000000000000000000000	Yards	Nan	ne of Regist	ered Lan	dfill		=		
F				Hauler ID		of Wa		DEI	Imperial I	andfill					
Freehold Cartage City, State				222	J.S	Dispo	10.3 sal Date		, State	_anuilli					
In a William Committee of the Committee							5/17/15		erial, PA	15126					
Freehold, NJ Completed by		Title			-		Signature		Chal, FA	10120	Date	-			
		1	dont				- Aller	15/			9/3/14				
Michael Cooper		Presid	uent			-	8 30				3/3/14		1910		

 $[\]ensuremath{^{\star}}$ Do not use this form for asbestos licensure exempted activities.

Date of Notification (1)				Name of	Building C	wner/C	perator (2)					
May 08, 20	14		Ortho Diagnostic / Johnson & Johnson										
Agencies Notified Type N	otification			Street Ad	idress								
⊠ EPA ⊠ Ini	tial		9	20 / 10	01 Route	e 202,	PO Bo	x 300					
DEP Ar	nended			City, Sta	te, Zip Cod	ie	,,,,,	E-1-1-1					
	nendment #_	aliidia a	- R	aritan,	NJ 0886	59							
	nergency (in stification)	cluding		Name of	Contact				Telephonel	Number			
DCA Ca	incellation		P	roject	Manager	-			/				
				FACI	ITY INFO	RMATI							
Name of Facility Where Abateme)					Type of Facility (4)				-
Ortho Diagnostic / Johnson	& Johnso	n			WW 0			School (K-12		5 828	~5		
Street Address									3 (Other than har ivate & comme		linos	home	96
920 / 1001 Route 202							1	Other (i.e. pr etc.)	wate a commit	oroidi baix	c/		!
City (5)								Square Feet	# of Floors	Ç B	ldg. 🎜	ge	۰
Raritan, NJ									3	5		in	
County (6)	Ì.	QU.		County C			9111	Current Use (Prio	r if being demo	olished)			
Somerset				(SIAIE C	ISE ONLY)	-			Facility	y		-12	1
Name of Monitoring Firm Hired b	Building O	wner (8)		ASCM	No.		Name o	of Abatement Cont	ractor (9)			(5)	1
Bulava Environmental, Inc.							The MA	ACK Group, Ll	.C.	V.		100	*
Street Address							Street A	Address			1		
12 Kilmer Drive				Libertonia del Mestro	7,		1500 K	ings HWY N,	STE 209	IIIDV2 I	794		
City, State, Zip Code							City, St	ate, Zip Code					
Hillsborough, NJ 08844-383							Cherry	Hill, NJ 08034					
Project Manager for Monitoring F	rm		Telephone No. Telephone No. License No.										
Edward J. Bulava			9	08-874	-6207		(973) 7	59 - 5000	00781				
Start Date (10)		Schedule	ed Com	pletion l	Date (11)		Name o	of OSHA Monitor					
5/17/14				5/17/15	5		The M	ACK Group, LI	₋C.	12-2			
Occupancy Status During Abater	nent (Check	Only On	ie)				Street A	Address					
Facility Closed/Vacated Dur								ings HWY N,	STE 209				
Abatement Performed Outsi Other - Describe:	de of Norma	I Facility	Hours	·			City, St	ate, Zip Code					
Ctrier - Describe.							Cherry	Hill, NJ 08034					
Scope of Work (Check All That A	pply)							_					
≥3 sf or ≥3 lf		Contract Con	Renova					Full Containme	nt with Negativ	ve Pressu	re		
≥160 sf or ≥260 If		X	emolit	ion			K	Mini-Enclosure Glovebag Proc	oduro				
							Ź	Non-Exempted		able Proce	dure		
		ls	Locati	on								ement	t
Location of		1	Normal	ly		De	scription	of			Ty	/pe	
Asbestos-Containing Materia	(ACM)		d Sole intena			os Con	taining M	aterial (ACM)	Amount			ш	_
TO BE ABATED		(((((((((((((((((((todial S		(i.e.		I systems icing, VA	insulation,	(Specify SF or LF)	Rer	Z.	nca	Encl
In Facility (13)			(12)				miscellan		Sr Oi Lir)	Remova	Repair	Encapsulate	Enclosure
										'a	=	ate	ē
		Yes	No	N/A				, p			-		-
Bld 1003 Mechanical Room					fitt	ings 8	asbes	tos pipe	35 lf	-X			
Bld 1003 1st Fl. Bathroom							fittings		26	\perp			
OCD Tunnel #1		X			fitt	ings 8	asbes	tos pipe	773 l/f	\times			
				 	0.000								
Name of Registered Waste Haule	er		N	IJ DEP W	/aste	Cubic	Yards	Name of F	Registered Lan	dfill	-		
870 No. 10 10 10 10 10 10 10 10 10 10 10 10 10			H	lauler ID		of Wa							
Freehold Cartage				222	53		8.3	The second secon	rial Landfill		2		
City, State						10000001000	sal Date	City, State					
Freehold, NJ		T					5/17/15	Imperial,	PA 15126	D-1			
Completed by		Title				1	Signature	19/-	0	Date			
Michael Cooper		Presid	lent			12.00				5/8/14			

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

Date of Notification (1)	NE NINE I			Name of	Building	Owner/Ope	erator (2	2)			14	TABA I			
Jun	e 06, 2014		Ortho Diagnostic / Johnson & Johnson												
Agencies Notified	Type Notification			Street Ad	ddress				7						
⊠ EPA	Initial		9	20 / 10	01 Rou	ite 202, F	O Box	x 300	LEN						
DEP	Amended	1		City, Sta	te, Zip Co	ode									
DOL	Amendment Emergency (— [F		NJ 088	369									
□ DOH	justification)			Name of	Contact					Tel	ephoneN	umber			
L DCA	Cancellation		F		Manage	- The state of the									
Name of Facility Where	Abatement is Takin	n Place /3	1)	FACI	LITY INF	ORMATION		Type o	f Facility (4	1					
			")				-	_							
Ortho Diagnostic / Jo Street Address	onnson & Johns	on							chool (K-12 ubchapter (er than K-	.12)			
									ther (i.e. pr				dings	home	es,
920 / 1001 Route 20 City (5)	12								.c.)	1	f []		11-1-		
								Square	e Feet	# 0	f Floors	1	Bldg. A	\ge	
Raritan, NJ County (6)			-	County C	Codo (7)			C	1 U (D=-	- :	3				
					Jode (7) ISE ONLY,)		Curren	t Use (Prio	r IT be	CONTRACTOR OF THE PARTY	isnea)			
Somerset	a Uirad bu Duildina	Ours (0)					Name a	f Abata			Facility		=		
Name of Monitoring Firm		Owner (8)		ASCM	INO.				ement Cont		(9)				
Bulava Environment	al, Inc.					Contract of the Contract of th			Group, LL	₋C.					
						100	Street A			OT-	000				
12 Kilmer Drive									HWY N, S	SIE	209				
City, State, Zip Code	244 2222						City, Sta								
Hillsborough, NJ 088 Project Manager for Mor	THE PERSON OF TH			Talanhar	Cherry Hill, NJ 08034 sphone No. Telephone No. Licen						Linanaa	Nla			
Edward J. Bulava	intorning Film											NO.			8
Start Date (10)		Schedul			Date (11)	5207 (973) 759 - 5000 00781 ste (11) Name of OSHA Monitor									
5/17/1		ochedul	ed Coi			5.0				C					
Occupancy Status Durin	The second secon	k Only Or	ne)	5/17/15		- Committee Contract	Street A		Group, LL	<u>.</u> C.					_
									, HWY N, S	STE	200				
	cated During Entire I ned Outside of Norm					-	City, Sta			SIL	209				
Other - Describe:								error dell'errore							
Scope of Work (Check A	All That Apply)						лепу	1 1111, 1	NJ 08034	<u></u>	_				
≥3 sf or ≥3 lf		\square					X	1	01-1						
≥160 sf or ≥260 lf		The second second	Renova Demolit				X		Containme -Enclosure	nt witi	n Negative	Pressu	re		
							X	Glov	ebag Proc	edure					
-								Non-	-Exempted ((*) and	Non-Friat	ole Proce	55,65		
		2.5	Locat											emen ype	ı
Locatio Asbestos-Containing		3,000	Norma ed Sole		Ashan		ription o		(ACM)		mount		T	Ī	T
TO BE AB		- ALDEROS	intena			stos Contai . thermal s					mount Specify	Z	_	Encapsulate	m
In Faci		Cus	todial ((12)	staπ?		surfacir	ng, VAT	, or		S	F or LF)	Remova	Repair	aps	Enclosure
(13)		-		1		other mis	scenane	ous)				ova	음.	ulat	ure
		Yes	No	N/A										O	
Bld 1003 Mecha			fit	ttings & a	asbesto	nia so	oe		35 If	X			-		
Bld 1003 1st F	I Bathroom		X				tings				26	X		-	
OCD Tun		X			fit	ttings & a		ne nir	20		73 l/f	$ \langle \rangle$	+	1	1
1904 France 1900	Detroine par de la	$+ \Diamond$			111							$\rightarrow \Diamond$	-		
OCD Basemen Name of Registered Wa				J DEP W	lacto	Cubic Y	stos pi	pe	Name of R	0.71	200 I/f	fill /			
Name of Registered Wa	ole Haulel		200	lauler ID		of Waste			Name of P	cyist	red Land				
Freehold Cartage				222	53	1	10.3		BFI Impe	rial L	andfill.				
City, State						Disposa	I Date		City, State						
Freehold, NJ						5/	17/15		mperial,	PA 1	5126				
Completed by		Title				Sįig	mature	1	7/	0		Date		8	
Michael Cooper		Presid	dent				1/1/2-	//			6	/6/14			

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

NO CK

August 01, 2014 Apencies Notified Type Notification Project Manager FACILITY INFORMATION Name of Facility Where Abstement is Taking Place (3) Tho Diagnostic / Johnson & Johnson FACILITY INFORMATION Name of Facility Where Abstement is Taking Place (3) Tho Diagnostic / Johnson & Johnson FACILITY INFORMATION Name of Facility Where Abstement is Taking Place (3) Tho Diagnostic / Johnson & Johnson FACILITY INFORMATION Type of Facility (4) Subchaster & (0ther than K.12) Other (1.e. private & commercial buildings, homes, etc.) Type (1.e. private & c	Date of Notification (1)				Name of	Building (Owner/Op	perator	(2)				- 1.	L	
PA	August 01, 2	014		C	Ortho Di	agnosti	c / Johr	nson 8	Johnson						
DDP	Agencies Notified Type No.	tification		13	Street Ad	Idress	10			21	14 SEP .	-5 Fi	3:	3	
DEP	⊠ EPA ☐ Initi	al		9	20 / 10	01 Rout	te 202,	PO Bo	ox 300		372 M M	H m			
DOH	☐ DEP ☐ Am	ended	2		City, Stat	e, Zip Co	de		HER TEL	16,					
DOH				— F	Raritan,	NJ 088	69		4-375		LI LI	ا سن سام	, (j	0000 17.	
Name of Facility Where Abatement is Taking Place (3) FACILITY INFORMATION Type of Facility (4) Type of Facility (5) Type of Facility (6) Street Address Subchapter 8 (Other than K-12) Subchapter 9 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 9 (Other than K-12)	☑ DOH ☐ just		Cidding		Name of	Contact					Telephone	Number			
Name of Facility (Noner Abatement is Taking Place (3) Type of Facility (4)	DCA Car	ncellation		F							74,6				
Dritho Diagnostic / Johnson & Johnson Street Address School (K-12) Subchapter 8 (Other than K-12) Street Address Subchapter 8 (Other than K-12) Subchapter 9 (Other than K-12) Subcha	Name of Cariffe Markets	tia Talijaa	Diese (2)		FACIL	ITY INFO	DRMATIC	N	Tune of Fo	ailib. (4)					
Street Address Subchalapter 6 (Other than K-12) etc.) Subchalapter 6 (Other than K-12) etc.) Survive 8 commercial buildings, homes, etc.) Survive 8 compercial buildings, homes, etc.) Survive 8 commercial buildings, homes, etc.) Survive 8 compercial buildings, homes, etc. Survive 8 compercial policy Survive 8 comp		150	08.80	AT					_						60
County (5) Square Feet		& Jonnso	n								Other than I	K-12\			
Square Feet									10000000				lding	s, hon	nes,
County (6) County Code (7) Current Use (Prior if bring demolished)						W. MO			etc.)		# - f = l		Dida	A ===	UF.L
County (6) County Code (7) Facility Facility	23, 360								Square Fe	et			Blag.	Age	
Same of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)					0) - d - (7)	2.5.2		0	- (D-ii-		-0-6-20			
Name of Monitoring Firm Hired by Building Owner (8)								071.0.1	Current Us	se (Prior it					
Street Address Stre		Duilding O			TACCM	No		Nama	of Abatama	nt Control		У		-	
Street Address Street Address Street Address Street Address Street Address Stook Kings HWY N, STE 209 City, State, Zip Code Cherry Hill, NJ 08034 Cherry Hil	for an agent of the second of	Building O	wner (8)		ASCIVI	NO.	mer								TIG!
12 Kilmer Drive City, State, Zip Code Cherry Hill, NJ 08844-3830 Project Manager for Monitoring Firm Edward J. Bulava Start Date (10) Start Date (10) Start Date (10) Start Date (10) Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Hours Other - Describe: Cherry Hill, NJ 08034 Project Manager for Monitoring Firm Telephone No. Telephone No. (973) 759 - 5000 00781 Name of OSHA Monitor The MACK Group, LLC. Occupancy Status During Abatement (Check Only One) Street Address 1500 Kings HWY N, STE 209 City, State, Zip Code Cherry Hill, NJ 08034 Scope of Work (Check All That Apply) 23 st or ≥3 if ≥160 st or ≥260 if Renovation Demolition Pack BAATED In Facility (13) Pes No N/A Bid 1003 Mechanical Room Bid 1003 1st Fl. Bathroom OCD Tunnel #1 OCD Basement A Building Name of Registered Waste Hauler No DEP Waste No DEP Waste Haulier ID No. 22253 10.3 BFI Imperial, PA 15126										up, LLC					
City, State, Zip Code										N/N CT	T 200				mA
Cherry Hill, NJ 08034						-		-			E 209				
Telephone No.		2													
Start Date (10)					Telephor	ne No				00034	Licens	se No			
Scheduled Completion Date (11) Scheduled Completion Date (11) Shame of OSHA Monitor	La 201 - 10 10 10 10 10 10 10 10 10 10 10 10 10									in					
5/17/14 5/17/15 The MACK Group, LLC. Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 lf Renovation Demolition Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted			Schedule	100		and the state of t		1 /			100701				
Scope of Work (Check All That Apply) ≥ 3 sf or ≥ 3 if ≥ 160 sf or ≥ 260 if Location of Asbestos-Containing Material (ACM) (13) In Facility (13) Bld 1003 Mechanical Room Bld 1003 1st Fl. Bathroom OCD Tunnel #1 OCD Basement A Building Name of Registered Waste Hauler No Batility (13) No Batility (13) Street Address 1500 Kings HWY N, STE 209 City, State, Zip Code Cherry Hill, NJ 08034 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-	Committee Annother Committee Committ		501100011												
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Cherry Hill, NJ 08034		ent (Check	Only On		3/1//10					up, LLO	•			775	
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Cherry Hill, NJ 08034 City, State City, State Cherry Hill, NJ 08034 Cherry Hill, NJ 08034 City, State Cherry Hill, NJ 08034 Cherry Hill, NJ 08034 Cherry Hill, NJ 08034 City, State Cherry Hill, NJ 08034 City, State Cherry Hill, NJ 08034 City, State Cherry Hill, NJ 08034 Cherry Hill, NJ 08034 City, State Cherry Hill, NJ 08034 Cherry Hill, NJ 08034 City, State Cherry Hill, NJ 08034 City, State Cherry Hill, NJ 08034 City State Cherry Hill Mini-Enclosure Glovebag Procedure Abatement Type Abatement Typ										YN ST	F 209				
Cherry Hill, NJ 08034 Scope of Work (Check All That Apply) 23 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Procedure Procedur							1	Very very series of the							-
Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf Renovation Demolition Secope of Work (Check All That Apply)								- Table 1 - Table 1	name Backback						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Scope of Work (Check All That Ap	ply)						Onchi	7 1111, 7 40	00001					
Demolition Solid period Procedure	53		M F	Panova	ation				N Full Cor	ntainment	with Negati	ve Press	ure		
Non-Exempted (*) and Non-Friable Procedure Abatement Type			The same of the sa						Mini-En	closure		VC 1 1000	uic		
Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Pes No N/A Pes No N	_							ŀ				able Proc	odure		
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Bld 1003 Mechanical Room Bld 1003 1st Fl. Bathroom OCD Tunnel #1 OCD Basement A Building Name of Registered Waste Hauler NJ DEP Waste Hauler ID No. Room Normally Used Solely by Maintenance/ Custodial Staff? (12) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Fittings & asbestos pipe Type Type Type Abbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Fittings & asbestos pipe Type T					Sec.		-23	<u>k</u>	NOII-LAG	inpled ()	and Non-in	able i Toc			nt
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Bld 1003 Mechanical Room Bld 1003 1st Fl. Bathroom OCD Tunnel #1 OCD Basement A Building Name of Registered Waste Hauler NJ DEP Waste Hauler ID No. Freehold Cartage City, State Freehold, NJ Used Solely by Maintenance/ Custodial Staff? (12) Used Solely by Maintenance/ Custodial Staff? (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Affiltings & asbestos pipe 35 lf Freehold Cartage OCD Tunnel #1 NJ DEP Waste Hauler ID No. Freehold, NJ Disposal Date Sity, State Freehold, NJ Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) From Dougle Freehold, NJ Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Freehold Cartage 10.3 BFI Imperial Landfill Disposal Date City, State Freehold, NJ					500								100	уре	
TO BE ABATED In Facility (13)		(ACM)	Use	d Sole	ely by	Asbes				M)	Amount			m	
Bld 1003 Mechanical Room Bld 1003 Ist FI. Bathroom OCD Tunnel #1 OCD Basement A Building Name of Registered Waste Hauler Freehold Cartage City, State Preehold, NJ Pressor No N/A fittings & asbestos pipe fittings & asbestos pipe 773 l/f Asbestos pipe Cubic Yards of Waste Hauler ID No. Disposal Date City, State Freehold, NJ Disposal Date State State Freehold, NJ Disposal Date State State Freehold, NJ Disposal Date State State State State State Freehold, NJ Disposal Date State	TO BE ABATED	No. of the control of	3000cc		0.000		. thermal	systems	s insulation,			76	Z	nca	Enc
Bld 1003 Mechanical Room Bld 1003 Ist FI. Bathroom OCD Tunnel #1 OCD Basement A Building Name of Registered Waste Hauler Freehold Cartage City, State Preehold, NJ Pressor No N/A fittings & asbestos pipe Trittings & asbestos pi											SF or LF)	mo	epa	psu	losu
Bld 1003 Mechanical Room Bld 1003 1st Fl. Bathroom OCD Tunnel #1 OCD Basement A Building Name of Registered Waste Hauler Freehold Cartage City, State Freehold, NJ Bld 1003 Mechanical Room fittings & asbestos pipe 773 l/f asbestos pipe 200 l/f Name of Registered Landfill Oisposal Date 5/17/15 Disposal Date 5/17/15 Imperial, PA 15126	,,,,,				T		67		,			Va	=	ate	Гe
Bid 1003 1st Fl. Bathroom OCD Tunnel #1 OCD Basement A Building Name of Registered Waste Hauler Freehold Cartage City, State Freehold, NJ Bid 1003 1st Fl. Bathroom fittings fittings asbestos pipe 773 l/f Cubic Yards of Waste Hauler ID No. 22253 10.3 BFI Imperial Landfill City, State Freehold, NJ Disposal Date 5/17/15 Imperial, PA 15126		Yes N													_
OCD Tunnel #1 fittings & asbestos pipe 773 l/f OCD Basement A Building asbestos pipe 200 l/f Name of Registered Waste Hauler NJ DEP Waste Hauler ID No. Freehold Cartage 22253 10.3 BFI Imperial Landfill City, State Disposal Date City, State Freehold, NJ Imperial, PA 15126	Bld 1003 Mechanical R	Bld 1003 Mechanical Room					tings &	asbes	tos pipe		35 lf	>			
OCD Basement A Building Name of Registered Waste Hauler NJ DEP Waste Hauler ID No. City, State Freehold, NJ DEP Waste Hauler ID No. 22253 Disposal Date Sylvary State Sylvary State Disposal Date Sylvary State Sylvary State Disposal Date Sylvary State Sylvary State Disposal Date Sylvary State Sylvary	Bid 1003 1st Fl. Bathro	om		\times			f	fittings	9		26	\rightarrow			
Name of Registered Waste Hauler NJ DEP Waste Hauler ID No. Freehold Cartage City, State Freehold, NJ Name of Registered Landfill Disposal Date State Disposal Date State Disposal Date State State Disposal Date State State Disposal Date State Disposal Date State Disposal Date State State Disposal Date Disposal Date State Disposal Date Disposal Date State Disposal Date	OCD Tunnel #1		X			fit	tings &	asbes	tos pipe		773 l/f	\rightarrow			
Hauler ID No. of Waste	OCD Basement A Build	ding	X				asbe	estos p	oipe		200 l/f	\rightarrow			
Freehold Cartage 22253 10.3 BFI Imperial Landfill City, State Disposal Date City, State Freehold, NJ 5/17/15 Imperial, PA 15126				1999			Cubic	Yards		me of Reg	gistered Lar	ndfill		-	
City, State Disposal Date City, State Freehold, NJ 5/17/15 Imperial, PA 15126	Franhold Cortons						of Was		DE	l Import	al Londen				
Freehold, NJ 5/17/15 Imperial, PA 15126					222	23	Disnos				a Lanuill				
										20.1 12 12.0	Δ 15126				
			Title	- 5/50	-		1000		S	Derial, P	7	Date			
	Michael Cooper		5000E00E0	lent			سعدا	1/2	-15/	/					

Location of	1	Location Normall	у	Description of				emen ype	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Solel intenar todial S (12)	ice/	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
81 C K E - F38)	Yes	No	N/A		STEELING			te	· CD
OCD Tunnel #2	X			asbestos pipe	300 l/f	X			
Bldg 1003 Facilities Department		X		pipe insulation	119 l/f	$\perp \times$			_
11		X		fittings	13	X			
							1		
	L B	105	80	nedmatge2				61	
				GLM .					
				2					
	1	1 0		The MACK C				mo	
	mmi	anii		kahaam A		. 1	5.0	id	
				(E1) 4 ms	ti noteation it	oИl	eb	ner	10
- 1									
2									
									Γ
									T
									Γ
									1
					t				
	-	100							
					····	+			
ALL SAMPLES AND ALL OF A CO.									

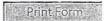
						_	-	-	

NOCF

Date of Notification (1) 09/02/2014				N	lame of l	Building O EANECK	wner/Op ROAD,	perator LLC	(2)			,					
Agencies Notified	Type Notific	ation			treet Ad 73 BR	dress IDGE PL	AZA N	ORTH		20	TH SE	P-5) [:	13:	52	6	
☑ EPA □ DEP ☑ DOL ☑ DOH		dment #_ ency (incation)		- h	lame of	e, Zip Cod EE, NJ Contact		1		I.	23	phone I	Numb	er			
₩ DCA	Li Cance	ellation			FACIL	ITY INFO	RMATIC	ON			<u> </u>						-
Name of Facility Where	Abatement is	Taking F	Place (3)						□ Sc	Facility (4 hool (K-12	2)			27			
Street Address 1500 TEANECK ROA	VD.								Ď Otl etc		ivate &	comme					s,
City (5) TEANECK							1000		Square 100,0	00	3	Floors			dg. Ag 50+	je 	
County (6) BERGEN					County C STATE U	ode (7) SE ONLY)	_NJ	_		Use (Prio T (PRI					٦)		
Name of Monitoring Firm CONSULTING & TEST	n Hired by Bu FING SERV	ilding Ov ICES,	vner (8) INC (0	CTSI)	ASCM 0010	No. 9				ment Cont			3				
Street Address 237 WEST 35TH S	TREET SUI	TE 805	5						Address 2 QUEE	NS PLA	ZA SC	DUTH					
City, State, Zip Code NEW YORK, NY 10	001								state, Zip ISLAN	Code ID CITY	, NY	1110	1				
Project Manager for Mo FARHOOD SELAMIE	nitoring Firm				Felephon 212-92	ne No. 29-3451			none No. 349-09	00		Licens 0085					
Start Date (10) 09/16/2014		12000	Schedule 12/16/		· meditores solutions	Date (11)			of OSHA								
Occupancy Status Durin	ng Abatement	(Check	Only One	=)					Address								
□ Facility Closed/Vac □ Abatement Perfort □ Other – Describe:	ned Outside of	Entire Pe	eriod of A I Facility	batem Hours	ent			City, S	State, Zip	Code	2						
Scope of Work (Check	All That Apply	r)											9				
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf				enovat emoliti				<u> </u>	Mini-	Containme Enclosure ebag Proc Exempted	edure					9	
	1155		T 10	Locati				-	2 11011		1/2				Abate	ment	
Location Asbestos-Containin TO BE Af In Fac (13	g Material (A0 BATED illity	CM)	Used Mai	ormall d Sole ntenar odial S (12)	y ly by nce/	Asbest (i.e.	tos Cont thermal surfa	scription taining N system cing, VA niscella	Material (, is insulati AT, or	ACM) on,	(5	mount Specify or LF)		Removal	Ty Repair	e Encapsulate	Enclosure
			Yes	No	N/A												
SEE ATTACHED I	IST	-								-					-		
														-			
													-				
Name of Registered W	aste Hauler	-		N	JDEP W	/aste	Cubic	Yards	T	Name of	Registe	ered La	ndfill				
ATC/TST		×		179500	auler ID 4310/:		of Wa			MINER		TERPR	RISES	5			
City, State SHIRLEY, NY 119	67/BRONX,	NY 1	0464				9/20	sal Date /2014 Signatur		City, Stat		, он					
Completed by ANN ALI	completed by Title								X				Date 09/		2014		

Date of Notification (1) 08/27/2014			N 1	lame of E L500 T	Building C EANECK	wner/O ROAD	perator (2 , LLC	2)	2.4		3					
Agencies Notified	Type Notification			treet Add	dress IDGE PI	AZA N	ORTH		2014 3	SEP	-5	[1]	3: 6	3		
EFA DEP EFDOL	□ Initial	<u>į</u> 1	C	ity, State	e, Zip Coo EE, NJ	ie 07024	4	× ×		-	-			50000		
☑ DOH	☐ Emergency (in justification)	ncluding		lame of (Contact SLEPI	AN					phone	.Numb	4			
₩ DCA	☐ Cancellation					38,8500										
Name of Facility Where	Abatament is Taking	Place (3)	-	FACIL	ITY INFO	RMATIC		Type of Fa	acility (4)							
Name of Facility Where	Abatement is raking	r lace (o)						□ Scho	ol (K-12)							
Street Address 1500 TEANECK ROA	/D	7.						☑ Othe	hapter 8 r (i.e. priv				build	ings,	home	s,
City (5) TEANECK								etc.) Square Fe 100,00	eet	# of 3	Floors		ВІ	dg. A 50+	ge	11
County (6)				County C	ode (7) SE ONLY)	NJ		Current U						1		
BERGEN												MMER	CIA	٦)		
-Name of Monitoring Fire CONSULTING & TEST	TING SERVICES,	INC (C	TSI)	ASCM	No.			of Abateme NVIRONI				S				
Street Address 237 WEST 35TH S	TREET SUITE 80	5					Street A	Address QUEEN	S PLAZ	A SC	UTH					
City, State, Zip Code NEW YORK, NY 10	001	(DECEMBER)						ate, Zip C		NY	1110	1				
Project Manager for Mo	2027/02/03/03/03/03/03/03/03/03/03/03/03/03/03/	Suc		elephon 212-92	e No. 29-3451		Telepho 718-3	one No. 49-090	0		Licen:	se No				
Start Date (10) 09/16/2014	Darling 2	Scheduled			ate (11)	30045		of OSHA N							- 3000	
Occupancy Status Durin	ng Abatamant (Chaol	DESTRUCTION,			-		Street	Address			_					
3 0 17		15 P	599 	a an agra			-	ENNEDY	BLVD							
	cated During Entire F med Outside of Norm					_		ate, Zip C INE,NJ		A A A				28 - 10		
Scope of Work (Check	All That Apply)								-							
□ ≥3 sf or ≥3 lf ၨ ≥160 sf or ≥260 lf			novat				<u>8</u>	Mini-Er Gloveb	ntainment nclosure pag Proce kempted	edure	Ĭ				9	.8
		T						INOH-E	kempted	() and	1 14011-	Habit	3110		ement	t
			ocation												ре	
Location Asbestos-Containin TO BE AI In Fact (13	g Material (ACM) BATED cility	Used Mair Custo	Solel tenar	y by nce/		tos Con thermal surfa		aterial (A0 insulation F, or		(5	mount Specify or LF		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A											te	
SEE ATTACHED I	IST															
		1														
								-			-					
Name of Registered Wa	aste Hauler		TN	JDEP W	aste	Cubic	Yards	N	ame of R	egiste	ered La	ndfill		L		
ATC/TST			1973	auler ID 4310/1		of Wa	ste		MINERV				3			
City, State SHIRLEY, NY 119	67/BRONX, NY :	10464					sal Date /2014	00 10 2000	ity, State		, OH	4468	38			
Completed by ANN ALI		Title ADMIN	ISTR	ATIVE			Signature					Dat 08/		2014		
							- 6									

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



Emergency

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

CK 4329

Date of Notification (1) 9/3/14					Building O											
Agencies Notified	Type Notification		11 1323	Street Ad 32 Mar	idress in Lane				2014	SEI	-5	Til	3:	23		
EPA DEP DOL DOH	Initial Amended Amendment # Emergency (i		^	Manah	e, Zip Cod awkin No Contact)50		- à	63.3	ohone		, () er	,,,,		
DCA	Cancellation		5	Scott						J.		0000				
Name of Facility Where	Abatement is Taking	Place (3)		FACIL	LITY INFO	RMAT	TON	Type	of Facility (4)					-		
Scott Wallace priva		1 1406 (5)						TOWARD !	School (K-12)							
Street Address 32 Marin Lane								□ ×	Subchapter 8 Other (i.e. pri	(Othe			build	ings,	home	es,
City (5) Manahawkin NJ 08	050								e Feet	# of	Floors		35.60	dg. A	ge	
County (6) Ocean					Code (7) ISE ONLY)			Curren	nt Use (Prior e	if bei	ng dem	olishe	d)			
Name of Monitoring Firm	Hired by Building C	wner (8)		ASCM	No.			of Abat	ement Contr	actor	(9)					
Street Address								Addres								
City, State, Zip Code							City, S	State, Zi	20.50	11						
Project Manager for Mor	nitoring Firm		T	Telephor	ne No.		Telepi	hone No 753-9).	-	Licen	se No.				
Start Date (10)	T	Scheduled	d Com	pletion [Date (11)		Name	of OSH	A Monitor		0072					
9/4/14	- Ab-tt (Cb	9/8/14					sam	e Addres			_					
Abatement Perform	cated During Entire F ned Outside of Norm	Period of At	oatem	ent					p Code							
Scope of Work (Check A	All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti					Mir Glo	l Containmei ni-Enclosure ovebag Proce n-Exempted	edure	, J				a	
		le l	ocatio	on.		-		110	- Exempled	1 / 41.	4 14011	· Hubic		Abate	ement	t
Locatio	n of	No	ormall	ý		D	escription	n of	162					Ту	ре	_
Asbestos-Containing TO BE AB In Fact (13)	BATED	Mair Custo	Solel ntenan odial S (12)	ice/		herm sur	ntaining I al system facing, V/ miscella	ns insula AT, or		(3	mount Specify F or LF		Removal	Repair	Encapsulate	Enclosure
	Yes							-l'			200 S					-
exterior	exterior siding					ex	terior si	aing			200 3		x			-
								-			-					
Name of Registered Wa	neto Haulor		I NI	JDEP W	Vacto	Cub	ic Yards		Name of F	Paniet	ered I s	ndfill				
United Containers	acte i laulei		Н	auler ID 2459			/aste		G.R.O.V		J. VO LC	., ramil				
City, State Elm NJ					Disp 9/8/	osal Date	е	City, State Morrisvi		À 190	67					
Completed by Anthony T Perna		dent				Signatui	e (_	Date 9/3	e /14				

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

Date of Notificatio	n (1)	1 1		lding Owner/Opera	ator (2)					
8-27-14			Ann Ma	lara	10000 to 100					
Agencies Notified	Type Notifica	ation	Street Addr	ess	•	¥. 1. 1. 1. 1.	1			
[]EPA	[]Initial		162 Ce	ntral Ave.						
[]DEP	Notific	ation	City, State	, Zip Code	2014	SEP -5 1:1	3.50		- 72	
[X]DOL	[]Amended			aldwell, NJ,	07006					
[X] DOH	Notific	William Control of the Control of th	Name of Cor	tact	Telen	none Number	1,-			
	[X]EMERGEN	1.1	Ann Ma		Terep		1			
[]DCA	[]Cancella	tion								
			FAC	LITY INFORMATION						10000
Name of Facility Wh		is Takin	ng Place (3		Type of Fac	cility (4)	1	- 100 - 12 100		
Same as above	•				10.70	ol (K-12)		8	2.0	
Street Addres						apter 8 (Oth : (i.e., priv				
001000 1100100						buildings,				
					Square Feet	# of Flo	ors E	Bldg.	Age	-
City (5		County (6) Essex	County Code (
				(STATE USE ON	Current Use	(Prior if b	eing d	emoli	shed	.)
Name of Monitoring Owner (8)	Firm hired by	Building	ASCM No.	100000000000000000000000000000000000000	oatement Contrac					
N/A				AZTEC	H MANAGEMEN	NT, Inc.				
Street Address	1,1-2,000			Street Add		• •				
					ristopher S	St.				
City, State, Zip Co	ode	1111-00-11111-101-2		5,925	te, Zip Code					
				Montc.	lair, NJ 07	7042				
Project Manager for	Monitoring Fi		ephone Numb	[[1000-2015	Licens		ber	
		N/	A	(973)	744-8800		003	71		
Scheduled Start Dat	ce (10) Sche		etion Date		SHA Monitor					
8-28-14		8-29-		N/A						
Month Day Occupancy Status Du			only one)	Street Add	iress					
[X] Facility Cl		uring En	tire Period							
of Abatement Po		de of No:	rmal Facili	ty City, Stat	te, Zip Code		+			
	cribe: «OffHour		-		707. 6. (70.1. * 0. (70.7.1.1.1.)					
[]other - Des			Descript»							
Scope of Work (Chec	k all that app	oly)		[]F	ull Containment	with Negativ	e Pres	sure		
[X]≥3 sf or		1	K]Renovatio	n [X]	Mini-Enclosure					
[] <u>></u> 160 sf	or ≥260 lf	1]Demolitio		ovebag Procedure on-Friable Proce					
Description of the second of t		T .	Is ocation				A	oatem	ent '	
Locatio Asbestos-Co			ormally		ption of -Containing	Amount		R	E	E
Material			Used Solely		al (ACM)	(Specif	1	E	CA	C
TO BE A			y Main- enance/		rmal systems	SF or		A	P	0
In Faci (13		Cu	stodial aff (12)		surfacing, VAT, iscellaneous)	LF)	2	R	TT	UR
		Yes	No N/A							E
Basement			X	Boiler	114041111	35 SF	X			1
Name of Registered		1114	DEP Waste	Cubic Yards		egistered Lan	dfill			
AZTECH MANAC	SEMENT, IN		uler ID No	of Waste 1.5	G.R.O.1	W.S.				
City, State				Disposal Date				0000		
Montclair, No	07042			9-2-14	Morris	ville, PA	190	67		
Completed By (Print	or Time) mi	tle		Signa	ture		Dat			
Constantine \		ceside	nt	\)	V		100000000000000000000000000000000000000	e 7-14		
					Yillian					

Ch# 1096

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

(Pursuant to NJAC 8:50 and 12:120) 2014 SEP -5 [14 3: 26) Name of Building Owner/Operator (2) Date of Notification (1) MAHONE Hichael Street Address 2698 Type N Agency Notified LIV Indial City, State, Zip Code N.D. 0709 EPA **D** Amended WEST HE Aumendment# MOOL Emergency (including Name of Contact HAHONEY justification) DOCA Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) C School (K-12) D Subchapter 8 (Other than K-12) 2 Other (i.e. private & commercial buildings, Street Address nomes, etc.) DUE HYShip Bldg. Age Square Feet #of Floors 60 3 3000 **CAY (5)** Current Use (Prior if being dam County Code (7) (STATE USE HOUSE ONEX County (6) 00101 Name of Abatement Contractor (9) Name of Musicing Firm Hired by Building Owner ASCM No. INL NOVATECH Shreat Address (30X Street Address City, Sizite, Zip Code 08857. N.J. BRIDGE CVID City, State, Zip Code License No. 00806 732 238×7500 Telephone No. Project Manager for Manifolding Firm-Name of OSHA Monitor Scheduled Completion Date (17) INL NOUTIEC Start Date (10) Occupancy Status During Abatament (Chack only one) 130x Facility Closed/Vensied During Entire Period of Abetement & Abetement Performed Outside of Normal Pacifity Hours 02257 City, State, Zip Code NO BRIDGE O Pull Containment with Negative Pressure XI Mini-Enclosuse D Other - Describe: Scope of World (Check all their apply) D Renovation Procession D Clovebag Procedure & Non-Exempted (*) and Non-Prioble Procedure D≥160507≥2601 Abatement Type is Location Enclosure Description of Nonneily - Parapuni Astrestos Conteining Material (ACM) Used Solely by (Specify CT Location of (Le., themal systems insulation. Ashestos-Containing Meterial (ACM) Maintenancel SFORLF) suifacing, VAT, or Custodial TO BE ABATED other miscalinneous) Stall? -IN Facility (12) (13) NZA No Yes 5/4 Floca TILE BASEMENI Name of Registered Landid Cubic Yards of NJDEP Waste Hauter GR.OWS. Name of Registered Waste Hauter 10 18501 1100 NOVATECH Disposal Data corrasi 08857 CIN BRIDGE 010: Completed by RESIDEN Do not use this form for asbestos licensure exempted activities. MEIOP CARlos

ASB-41



Check# 0804

Date of Notification (1)				Name o	f Building	Owner/C	Operator	(2)				-	1_		0 0	- 1
9/2/14					Constr		oporato.	(-/								
Agencies Notified	Type Notification		-	Street A					201	IN SEP	-5	1 3	٥.	65.	3	
П	191			75 Ric	dge Ave	9					U	1 11	٠ن.	دڻ		
EPA DEP			-		ate, Zip C							-				
DEP X DOL	Amendment		_		aic, NJ (٠.,		
DOH.	Emergency justification)		+	2	f Contact					Tel	ephone	Num	ber			
DCA	Cancellation			David						1						
				FACI	LITY INF	ORMATI	ION		-			+	-			-
Name of Facility Where		g Place (3)					Туре	of Facility	(4)						- 1
Residential Prope	rty			-0.000					School (K-	12)						
Street Address									Subchapte						20	
91 Amsterdam Av	е								Other (i.e. etc.)	private 8	s comm	егсіа	i buil	dings	hom	es,
City (5)									re Feet	# 0	Floors	1	E	ldg. A	\ge	
Passaic								250	0	2			1	5 0+		
County (6)					Code (7)			Curre	ent Use (Pr	ior if bei	ng demo	olishe	ed)			
Passaic				(STATE	USE ONLY	n	_	Res	sidential I	House						
Name of Monitoring Fire	m Hired by Building	Owner (8)		ASCN	l No.		Name	of Aba	atement Co	ntractor	(9)	-				-
n/a				n/a			Loz	nica N	/lanagem	ent Co	orp					
Street Address							Street	Addre	SS			\top			-	
n/a				F)			22 7	Γroy L	.n							
City, State, Zip Code							City, S	State, Z	ip Code							
n/a							Lino	oln P	ark, NJ 0	7035						
Project Manager for Mo	nitoring Firm			Telepho	ne No.		Telepi	hone N	0.		Licens	e No	١.			
n/a				n/a			973	-706-7	7950		0119	3				
Start Date (10)		npletion	Date (11)		Name	of OSH	HA Monitor									
9/12/14		9/16/14	2	40			Lozi	nica N	/lanagem	ent Co	orp					
Occupancy Status Durin	ng Abatement (Chec	k Only On	e)				Street	Addres	ss							
Facility Closed/Vac	cated During Entire	Period of A	baten	nent				roy L								
Abatement Perform Other – Describe:	ned Outside of Norm	nal Facility	Hours	5			City, S	State, Z	ip Code							
				10. 32. 32.			Line	oln P	ark, NJ 0	7035						
Scope of Work (Check /	All That Apply)	1000														
≥3 sf or ≥3 lf			enova	0					II Containm		Negativ	ve Pr	essu	re		
≥160 sf or ≥260 lf		X D	emolit	ion			H		ni-Enclosur ovebag Pro	- T						
							>	No	n-Exempte	d (*) and	Non-F	riable	Pro	cedur	е	
		ls	Locati	ion.										Abate	ement	:
Locatio			lormal			De	scription	n of						Ту	ре	,
Asbestos-Containing			d Sole ntena			stos Cont	taining N	Material		7.5	mount				m	_
TO BE AB			odial S		(i.e	. thermal	system cing, VA		ation,		pecify or LF)		Ren	Re	ncar	ind
(13)			(12)				niscellar			O.	O. L. ,		Removal	Repair	Encapsulate	Enclosure
	Yes							1					=		ate	G.
Exteri	ior			x		Trans	ite Shi	naloo		20	00.05			-	-	
Extori	101	+		^		ITAIIS	ile Sili	rigies		20	00 SF	-	K			
							300									
4.																
			-17572													
Name of Registered Wa	ste Hauler		N	JDEP W	aste	Cubic	Yards		Name of	Registe	red Lan	dfill				
Loznica Manageme	ent Corp		11 283	auler ID		of Was			GROW							
			0	033137		TBD			10.000.000.000.000.000	STATE SHEETS	- Cini					
City, State Lincoln Park, NJ							sal Date		City, Stat							
		T:AL-				TBD			Morris	ville, P	A		W			
Completed by		Title	otor.				Signature					Date				
E. OITOVIC	Cirovic Secret						3, a	2000	1			9/2	2/14			

Check#1986

5			NOT	State of New Jersey IFICATION OF ASBESTOS ABATEMEN (Pursuant to NJAC 8:60 and 5:16)	NT
cation (1))			Name of Building Owner/Operator (2)	
9	01		14	Christopher Kinch	Born ora
ified	Тур	e Notifi	cation	Street Address	2014 SEP -5 [1] 3: 79

Date of Notification (1)		Name	of Building	g Owner/(Operator (2	2)			4					
	01 ,	14			Christ	opher Ki	nch			ent sentitiving vento				
Agencies Notified	Type Notifica	ation				Address			201	SEP -5	F# 3:	7.3		
☐ EPA					557 O	ritani Pla	ice							
⊠ DOLWD	☐ Amended			1		State, Zip (72 72	-			
□ DHSS	Amendme				6000	ck, NJ 07			AT THE	a Libba.	, , '			
DCA (NJAC 5:23-8)	Emergen justificati		ding			of Contac				Telephone N				
(110/10/0.20-0)	Cancellat	100								1.5.5	4.1.007			
						opher Ki		TION			-			
Name of Facility 18th	6:1	T-11. D		(0)	FA	CILITY IN	NFORMA	HON	- := :::					
Name of Facility Where	Abatement is	laking Pi	ace	(3)					Type of Facility					
Private home							1000		School (K-1)	2) 8 (Other than K-	.1 21			
Street Address									Other (i.e., p	private and com	mercial b	uildin	as.	
557 Oritani Place									homes, etc.				J .	
City (5)									Square Feet	# of Floors	E	Bidg. A	\ge	
Teaneck, NJ 07666														
County (6)					Coun	ity Code (7)	(STATE U	SE ONLY)	Current Use (Pr	ior if being dem	nolished)	-		
Bergen														
Name of Monitoring Fir	m Hired by Buil	ding Owr	ner (8	3)	ASCM	No.	Name	of Abateme	ent Contractor (9)	-			
State of the state							Gr Tec	h LLC						
Street Address						9-96-5		Address						
							576 Va	lley Rd#	1283					
City, State, Zip Code							ate, Zip Ci							
						and the second	NJ 0747							
Project Manager for Mo	nitorina Firm			Tele	phone	No	Telepho		70	License No.	3		_	
				1010	priorie	110.			(4)		•			
Start Date (10)		Schedule	d C	mala	tion De	to (11)	973-63	8-1/// of OSHA N	4 12	01127				
09 /10						14	Name (I USHA IV	ionitor					
						14	Enviro	vision Co	nsultants,Inc					
Occupancy Status Duri							Street /	Address						-
Facility Closed/Vaca	ated During Enti	ire Perio	d of A	Abate	ment		20-21	Wagaraw	Road, Bldg .#	35 E				
Abatement Performer Time of Abatement:	ed Outside of N AM-	ormal Fa	cility	Hour	s - Des	scribe		ate, Zip Co		-				
			_			_A/M	Fair La	wn, NJ 0	7410					
Scope of Work (Check	all that apply)								and decontamin			sure		
▼ >3 sf or >3 if		∇	Dar	novati	on		Н	Full Con: Mini-Enc	tainment with Ne	gative Pressure				
>3 sf or >3 if 2 160 sf or 2260 If		Ê		nolitic			Н		g Procedure	Tent with Nega	itive Pres	sure		
							\boxtimes	Non-Exe	mpted (*) and No	n-Friable Proce	edure			
				Locat							A	baten	ent T	vpe
Locatio				orma	lly ely by			scription o			-		1	T
Asbestos-Containing TO BE AB		⁽¹⁾		ntena		Asbe	stos Con	aining Ma I systems i	terial (ACM)	Amount	Remova	Repair	nce	Enclosure
IN Fac		1	Custo		Staff?	(1.6		cing, VAT,		(Specify SIF or LF)	NO.	a:	sde	uso
(13)				(12)		1		niscellane		Oil Oi Ei y	<u>n</u>		Encapsulate	ē
		Y	es	No	N/A								cu	
Porch-first floor		1			X	Transite	siding			120 SF	X	П	П	
			7		-	114110110	Jianis	_		120 01	1	12		
		<u>L</u>			Щ_	-						Ш		
] [
		T	7	П									In	F
Name of Registered Wa	ste Hauler		-	N/F	FP Weets	e Hauler ID No	Cubic V	rds of Wast	Name of Drain	stored Landell		لال	Ш	Ш
	oto Hadiei									stereo Landfill				
Gr Tech LLC	-			(003378	35	TB		T.R.R.F. Inc					
City, State							Disposa	I Date	City, State		and services and a service and)	oteen###
Wayne, NJ 07470		<u>., </u>					TBI)	Tullytown, P.	A				
Completed By (Print or	Type)	Title						nature /	11 . 1	1	Date			
N.Jevtic		Owner						No	who wer	rad	09/01/2	014		
ASB-41											03/01/2	014		_
MAY 11		* Do	not	use il	his form	for asbes	tos licens	ure ekemp	ted activities.					

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

CK 1314

Second Second Part Second	Date of Notification (1) 8-28-14	- 1	Name of the Ok				(2)		2014	SEP -5		3:	ć .)			
Amendment #			9					-85,			+ ‡			٠.		
Emergency (including Cancellation Richard M Telephone Number Richard M Type of Facility (4) Shool (Kr.12) Subchaptor 6 (Other than Kr.12) Stochaptor 6 (Other than Kr.12) Other Number (Patrick) Stochaptor 6 (Other than Kr.12) Other Number (Patrick) Stochaptor 6 (Other than Kr.12) Other Number (Patrick) Richard Number (Pat	× DEP × DOL	Amended Amendment		- 1	2700	20	ode				N	+ 10C.	و في المسادة	ij		
Name of Facility When Abatement is Taking Place (3)	DOH DCA	justification)									Tel	ephone Nur	nber			
The Okonite Company Street Address 95 Market 5t Courty (5) Paterson NJ County (6) Passaic Name of Monitoring Firm Hired by Building Owner (8) SKY Environmental Services Street Address ASCM No Name of Abatement Contractor (9) DYV Enterprises LLC Street Address 254 Cumberland ave 255 Code Paterson NJ 07502 Project Manager for Monitoring Firm Leo nid Shereshvsky Project Manager for Monitoring Firm Street Address ASCM No Name of Abatement Contractor (9) DVY Enterprises LLC Street Address 169, State, Zip Code Paterson NJ 07502 Project Manager for Monitoring Firm Project Manager for Monitoring Firm Start Date (10) Scheduled Completion: Date (11) 9-11-14 Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Street Address City, State, Zip Code Other - Describe: Street Address City, State, Zip Code The Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Street Address City, State, Zip Code The Cocupancy Status During Abatement (Check Only One) Full Containing Material (ACM) (I.e. thermal systems insulation Abatement Type Ababestos-Containing Material (ACM) (I.e. thermal systems insulation Abatement Type Ababestos-Containing Material (ACM) (I.e. thermal systems insulation Full Contained Adams Ababestos-Containing Material (ACM) (I.e. thermal systems insulation Full Counting Counting Control of Abatement Ababestos-Containing Material (ACM) (I.e. thermal systems insulation Full Contained Counting C					FAICIL	ITY INFO	ORMATI	NC							1772.2	
Other (i.e. private & commercial buildings, homes, etc.) Other (i.e. private & commercial buildings, homes, etc.) Paterson NJ County (6) Passaic County (6) Passaic County (7) Passaic Street Address Street Address Street Address Street Address Street Address Street Address City, State, Zip Code Mountain Lakes Project Manager for Monitoring Firm Leonid Shereshvsky Start Date (10) 9-11-14 Occupancy Status During Abatement (Check Only One) Fascillary (Clased/Vacated During Entire Perod of Abatement Abatement Performed Outside of Normal Facility Hours Occupancy Status During Abatement (Check Only One) Fascillary (Clased/Vacated During Entire Perod of Abatement Abatement Performed Outside of Normal Facility Hours Occupancy Status During Abatement (Check Only One) Asbestos-Containing Material (ACM) I DE ABATED In Facility (13) Main valve connection Main valve connection Name of Registered Waste Hauler DY Enterprises LLC Octive Thermal Systems Insulation Octi	- 1.1.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		ig Place (3)						Ту							
Square Feet # of Floors Bidg. Age 52									×	Other (i.e. p	8 (Oth private	er than K-12 & commerci	2) al build	lings,	home	es,
Passaic Name of Monitoring Firm Hired by Building Owner (8) SKY Environmental Services Street Address 140 Boulevard ave Street Address Street Address 140 Boulevard ave 140 Boulevard Ave Street Address 140 Boulevard Ave 140 Boul	Washington and the second second						d			uare Feet		f Floors			ge	
Name of Monitoring Firm Hired by Building Owner (8) SKY Environmental Services ASCUMO DYV Enterprises LLC Street Address 140 Bouldevard ave City, State, Zip Code Mountain Lakes Project Manager for Monitoring Firm Leonid Shereshvsky Scheduled Completion Date (11) 9-11-14 Street Address City, State, Zip Code City, State, Zip Code Street Address City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Scheduled Containing Material (ACM) To BE ABATED In Facility (13) Maintenance Custodial Staff? (13) Full Containment with Negative Pressure Mini-Enclosure Scheduled Containing Material (ACM) Scheduled Con	177.2)		CL	rrent Use (Pri	or if be	ing demolish	ned)			
Street Address 140 Boulevard ave 254 Cumberland ave City, State, Zip Code Mountain Lakes Project Manager for Monitoring Firm Leonid Shereshvsky State (10) 9-11-14 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code P73-942-6924 01129 Start Date (10) 9-11-14 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code Street Address Street Address License No. Eleophone No. 973-942-6924 01129 Street Address Street Address Street Address Street Address City, State, Zip Code City, State Street Address City, State, Zip Code City, State Abatement Adatement With Negative Pressure In Facility (13) Street Address City, State Full Containment with Negative Pressure Abatement Type Abatement (ACM) (i.e. thermal systems insulation (Specify (i.e. thermal systems insulation) (Specify (i.e. thermal systems insulation) (i.e. thermal systems insulation	Name of Monitoring Firm		Owner (8)		ASCOM	No.						(9)				
City, State, Zip Code Mountain Lakes Project Manager for Monitoring Firm Leonid Shereshvsky Scheduled Completion Date (11) 9-11-14 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Offier — Describe: Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Offier — Describe: Steet Address Gity, State, Zip Code	Street Address							Street	Add	dress		7 X 300 X 300				
Project Manager for Monitoring Firm Leonid Shereshvsky 973-7596946 973-942-6924 973-942-	City, State, Zip Code	ty, State, Zip Code ountain Lakes				11755		City, S	State	, Zip Code						
Start Date (10) 9-11-14 9-24-14 9-24-14 9-24-14 Scheduled Completion Date (11) 9-11-14 Occupancy Status During Abatement (Check Only One) Street Address Street Address Street Address Street Address City, State, Zip Code Ci	Project Manager for Monitoring Firm							Teleph	hone	No.			0.		110	
Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours	Start Date (10)	Leonid Shereshvsky Start Date (10) Schedule				EDITOR STORY		7.11.7	5 33			01129				
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code City, State Tullitown PA Completed by Title City, State Tullitown PA			JA. 0. B. J. S.													
Abatement Performed Outside of Normal Facility Hours Other - Describe: City, State, Zip Code	➤ Facility Closed/Vac	ated During Entire	Period of A	oaten	nent			Street	Add	iress						
≥3 sf or ≥3 if	Abatement Perform		nal Facility	Hours				City, S	State	, Zip Code						
≥160 sf or ≥260 lf	Scope of Work (Check A	III That Apply)	10.500 April 1				,									
S Location of Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	[1] [1] [2] [2] [2] [3] [3] [3] [3] [3] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4		A 1000					×	<	Mini-Enclosure Glovebag Pro-	e cedure		•		0	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Main valve connection Name of Registered Waste Hauler DYV Enterprises LLC City, State Paterson NJ Completed by Title Normally Used Solely by Maintenance/ Custodial Staff? (12) Ves No N/A To Bescription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Type Amount (Specify SF or LF) Repair Type Type Type Amount (Specify SF or LF) Repair Type Custodial Staff? (12) Yes No N/A Thermal systems insulation 6LF x Name of Registered Landfill Waste Management Disposal Date City, State Tullitown PA Completed by Title Signature Date						7				NOII-Exemple	u () an	u Noir- Hau				,
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Name of Registered Waste Hauler DYV Enterprises LLC City, State Paterson NJ Used Solely by Maintenance/ Custodial Staff? (12) Vash No N/A Used Solely by Maintenance/ Custodial Staff? (12) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation (i.e. thermal systems insulation (i.e. thermal systems in			32013		100000000 U.S.											`
Main valve connection X Thermal systems insulation A Thermal systems insulation Name of Registered Waste Hauler DYV Enterprises LLC City, State Paterson NJ Completed by Title No N/A Thermal systems insulation Cubic Yards of Waste Cubic Yards of Waste Syrd Disposal Date City, State Tullitown PA Date	Asbestos-Containing <u>TO BE AB</u> In Faci	Material (ACM) <u>ATED</u> lity	Used Mair	Sole ntenar odial S	ly by nce/		tos Cont thermal surfac	aining N systems sing, VA	Mate is ins	sulation, or	(Specify	Removal	Repair	Encapsula	Enclosure
Name of Registered Waste Hauler DYV Enterprises LLC City, State Paterson NJ Completed by NJDEP Waste Hauler DNo. 00341:40 Disposal Date City, State Tullitown PA Date			Yes	No	N/A3							01.5			6	"
DYV Enterprises LLC City, State Paterson NJ Completed by Hauler DNo. 00341:40 of Waste 5yrd Disposal Date City, State Tullitown PA Signature Date	Main valve co	onnection		X	-	The	rmal sy	stems	sins	sulation		6LF	X			
DYV Enterprises LLC City, State Paterson NJ Completed by Hauler DNo. 00341:40 of Waste 5yrd Disposal Date City, State Tullitown PA Signature Date					900											
DYV Enterprises LLC City, State Paterson NJ Completed by Hauler DNo. 00341:40 of Waste 5yrd Disposal Date City, State Tullitown PA Signature Date				×												
DYV Enterprises LLC O0341:40 Syrd Waste Management Disposal Date City, State Paterson NJ Completed by Title Signature Date	Name of Registered Wa	ste Hauler		888			100000000000000000000000000000000000000			Name of	Regist	ered Landfill				
Paterson NJ Completed by Title Signature Date				555			5yrd					gement				
Collibieted by								A								
	- Cumpicine - 1						S			W (Ci	425	-0.		1		

CK 68963

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

Date of Notification (1) 08/29/2014			_	Name (of Buildin	g Owner/0	Operato				and a			
Agencies Notified	Type Notification	1		Street	Address			ZU14	SEP -	-5 Fit	3: 5	J		
D EPA	☐ Initial			7 WES	ST 7TH	STREET		Į,						
DEP DOL	☐ Amended Amendmen			11700	ate, Zip (Code I, OH 4	5202		I LI	ورسيت	ز.	-		
☑ DOH ☑ DCA	☐ Emergency justification ☐ Cancellation)			of Contac	t L FIORV	/ANTI		Te	lephone N	lumber			
Name of English Whose	Ab -1 - 1: T 1:			FAC	ILITY IN	FORMAT	ON						-	-
Name of Facility Where BLOOMINGDALES DE	PARTMENT STO	ng Place (RE	3)					Type of Facilit	y (4)					
Street Address 1200 MORRIS TURN	PIKE SHORT H	ILLS M	ALL					Other (i.e.)	ter 8 (Oth	er than K- & commer	·12) cial bui	ldings	, hon	nes,
City (5) SHORT HILLS								etc.) Square Feet 100,000	# 0	f Floors		Bldg. 50	Age YEAR	
County (6) ESSEX					Code (7) USE ONL			Current Use (F BLOOMINGDA	Prior if be	ing demoli	shed) T STO	RE		
Name of Monitoring Firm BUREAU VERTIAS NO	Hired by Building ORTH AMERICA	Owner (8)	ASCI	M No.		Name PAL	of Abatement C	ontractor	(9) RVICES				
Street Address RARITAN CENTER P	LAZA-1 110 F	IELDCRE	ST A	AVENUE				Address 2 QUEENS P	LAZA S	OUTH	- 100 - 100			
City, State, Zip Code EDISON, NJ 08837	DISON, NJ 08837					-	City, S LONG	tate, Zip Code ISLAND CI	ry, ny	11101				
Project Manager for Mon KIRIT H. VORA		Telepho 732-22	ne No. 25-6040)	Teleph 718-	one No. 349-0900		License 00853	No.			_		
Start Date (10) 09/15/2014		Schedul 03/15/	ed Co 2015	mpletion	Date (11))		of OSHA Monito	or				- 10 H = -	
Occupancy Status During	g Abatement (Chec	k Only Or	ne)				Street	Address				-		
☐ Facility Closed/Vaca ☐ Abatement Perform ☐ Other — Describe:	ed Outside of Nom	nal Facility	Hour	S				KENNEDY BLV tate, Zip Code	'D					
		NOT OC	CUPE	TED				NNE, NJ 070	02					
Scope of Work (Check Al	Il That Apply)													
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			lenova emoli				23 23 23	Mini-Enclosu Glovebag Pr	re ocedure					
		ls	Locat	ion				140H-Exempt	T and	ı Non-Fila	Die Pic		emen	t
Location			lorma d Sole			Des	cription	of	1		_	Ty	ре	
Asbestos-Containing TO BE ABA In Facilii (13)	TED	Ma Cust	intena odial ((12)	nce/ Staff?	Asbes (i.e.	. thermal	systems ing, VA	aterial (ACM) insulation, Γ, or eous)	(S	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
PENTHOUSE		Yes	No	N/A	ann a								e	
PENTHOUSE						Y-ON FI		OFING		00 SF	X			
PENTHOUSE X					TANK	INSULA	TION		2	00 SF	Х			
Name of Registered Wast	te Hauler		IN	JDEP W	aste	Cubic Y	/ards	Name o	Pagisto	red Landfi				
2					No. .9551	of Wast	te		_	ERPRISE				
City, State SHIRLEY, NY 11967	//BRONX, NY 1	.0464				Disposa 09/19		Oty, Sta		OH 44	588			
Completed by Title ADMINISTE				ATIVE			mature				ate /02/2	014		\neg

this form for asbestos licensure exempted activities.

QK#5579

Date of Notification (1)		Name o	f Building O G	wner/Op	perato	207	9					
Agencies Notified Type Notification		Street A		51			114 OF	7-5-(46:	د	_	
☐ EPA ☑ Initial	N.	The second of th	HADLEY				0.5					
DEP Amended Amendment			ate, Zip Cod H PLAIN		N.I	07080			رن	. ~ .		
Emergency (i	ncluding		f Contact	A 4		0.000	Tel	ephone No	umber	,,		
DCA Gancellation		SF	7L A	46	ES	331	-		A 16 -			
Name of Facility Where Abatement is Taking	Place (3)	FAC	ILITY INFO	RWATIO	N	Type of Facility	(4)					
PSE4 G	(-)					School (K	50.05					
Street Address	o			,~		Subchapt	er 8 (Oth	er than K- & commen		dinas.	home	25.
MH28-700.	SOUTH	A	VE.			etc.)		f Floors		ldg. A		
CRAN FORD						N/A	10000000	NIA		A 100 TO	/A	
County (6)			Code (7)			Current Use (P			shed)		11.	
Name of Monitoring Firm Hired by Building C		I ASCI	USE ONLY)		<u> </u>	-5.01-1	NI	A			2	
ENVIRONMENTAL TACTICS	wilei (8)	00	장맛이 가득하			of Abatement C QUE SYSTEM			CA			
Street Address			****			Address						
64 BROAD STREET City, State, Zip Code			~			WHITEHEAD	AVE.					
MATAWAN, NJ 07747						State, Zip Code JTH RIVER, N	IJ 0888	2				
Project Manager for Monitoring Firm TOM GEIGER		Telepho 732-29	ne No. 92-2217			hone No. 432-8350		License 011				
Start Date (10)	Scheduled Com	pletion	Date (11)	1		of OSHA Monito						
Occupancy Status Dufing Abatement (Check	(0 / /	3/	14			QUE SYSTEA	IS OF	AMERIC	;A			
Facility Closed/Vacated During Entire P	12% W	ent				WHITEHEAD	AVE.					
Abatement Performed Outside of Normal Other – Describe:	al Facility Hours	CH				State, Zip Code						
Scope of Work (Check All That Apply)					SOL	JTH RIVER, N	IJ 0888	32	-			
≥3 sf or ≥3 If	Renova	tion			Γ	Full Contains	nent with	Menative	Dracein	-		
☐ ≥160 sf or ≥260 lf	Demoliti				F	Mini-Enclosu	re	rvegative	ricssui	C		
	η				1	Glovebag Pro Non-Exempto		d Non-Fria	ble Pro	cedur	9	
	Is Location										ment	
Location of Asbestos-Containing Material (ACM)	Used Solel	y by	Asbesto		ription ining N	i of Naterial (ACM)	A	mount				
TO BE ABATED In Facility	Maintenar Custodial S				ystem	s insulation,		pecify or LF)	Remova	Repair	ncap	Enclosure
(13)	(12)			other mi				3	oval	oalr	Encapsulate	sure
	Yes No	N/A						,,	eri .		o o	
out doors	X		ACM	P:p	3	Somestic	1	LF	×			
				1.50								
			1									
Name of Registered Waste Hauler		JDEP W	/aste	Cubic Y	ards	l Name o	f Registe	red Landfi				-
WASTE MANAGEMENT	H	auler ID	No.	of Wast	e a		VS NO					l
City, State				PP≤ Disposa	I Date	City, Sta	ate					-
ELIZABETH, NJ				18	1	ł	RISVILL					
Completed by CAROL RAIMO	Title OFFICE M	GR.		Sig	nature	A .	oun		ate 9	/2	1,0	1
	1				-	KIGH N	0	1	-	21	-01	

CK 5578

11	_	
OPEN	NOTI	FICATION

Date of Notification (1)		Name o	of Building Owner/	Operator	r (2)					÷ 1	
Agencies Notified Type Notification			Address				UK SEP) f.,	1 1	C	
☐ EPA ※ Initial			HADLEY ROA	D		۲	014 OL1	- J	tti	0.	(i)
DEP Amended			ate, Zip Code			1					
DOL Amendment Emergency (TH PLAINFIEL), NJ.	07080	1		خبذ		3.	
≥ DOH justification) DCA Cancellation		Name of	of Contact	65	si	-	ephone Nu	- /	,	1.	2
		FAC	ILITY INFORMAT			Or	11-1	15		•	
Name of Facility Where Abatement is Taking	g Place (3)		<u> </u>		Type of Facility	(4)					
Street Address					School (K- Subchapte		er than K-1	12)			
MH27-691	WEST	. 15	T AVE		Other (i.e.				dings	, hom	es,
City (5)			11.0,		etc.) Square Feet	# 01	Floors	E	Bldg. /	\ge	
CRANFORD					NA		NIA		N	A	
County (6) UNION			Code (7) USE ONLY)		Current Use (Pr	ior if bei ا ۱	ng demolis	shed)			
Name of Monitoring Firm Hired by Building O	Owner (8)	ASCI	M No.	Name	of Abatement Co	ontractor	[] (9)				
ENVIRONMENTAL TACTICS			45		QUE SYSTEM			A			
Street Address 64 BROAD STREET					Address	۸)/⊏		<i>3</i> % to 3			
City, State, Zip Code		•			WHITEHEAD State, Zip Code	AVE.					
MATAWAN, NJ 07747					ITH RIVER, N	J 0888	2				
Project Manager for Monitoring Firm TOM GEIGER		Telepho 732-2	one No. 92-2217		none No. 432-8350		License N				
Start Date (19)	Scheduled Co	mpletion	Date (11)		of OSHA Monitor						
Occupancy Status During Abatement (Check	(Ophy Ope)	113	114		QUE SYSTEM	S OF A	AMERIC	A 			
Facility Closed/Vacated During Entire P			85		Address WHITEHEAD	AVE.					
Abatement Performed Outside of Norm	al Facility Hou	ment rs			state, Zip Code						
Other - Describe: _@uTbee&	2			SOU	ITH RIVER, N	J 0888	2				
Scope of Work (Check All That Apply)	1			_	1						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov Demoi				Full Containm Mini-Enclosur		Negative F	Pressu	e		
				134	Glovebag Pro Non-Exempte		Non Frish	ole Pro	-adur		
	Is Loca	tion			Non-Exemple	u () and	NOIN HOL			ement	
Location of	Norma Used Sol	ally		scription			7.		Ту	pe	
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>	Maintena	ance/	Asbestos Cont (i.e. thermal			0 7000	nount pecify	Z.	_	Enc	臣
In Facility (13)	Custodial (12)			cing, VA		SF	or LF)	Removal	Repair	Encapsulate	Enclosure
* *	Yes No	N/A		iiio oo ii a	10003)			/al	=	ilate	ıre
out doors	X	-	ACM P	0-	C . To	14	LF	×			
34,00002			ACM I	PC_	Ja masi ic	-	上台!				
										-1	
Name of Registered Waste Hauler		NJDEP W		Yards	Name of	Register	ed Landfill			1	-+
WASTE MANAGEMENT		Hauler ID 1125	No. of Was	9	GROW	S NOF	RTH				
City, State			Dispos	sal Date							\dashv
ELIZABETH, NJ	T		76	3 D	MORR						
Completed by CAROL RAIMO	OFFICE I	MGR.	S	ignature	and L	1.	Da	ate 9	/2	1,0	/
	1			6	ere x	- OR	-21	1	1,1	.1 -1	-

CR 45577

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

Date of Notification (1)	11			Name o	f Building	Owner/C	perato	r (2)							
	ype Notification			Street A						2014	CED -		- C	į.	
_ _			1.3		HADLE)	/ ROAL)					· 1.	Ů,	70	
EPA DEP	Initial Amended		F	City, Sta	ate, Zip Co	ode								1.	
Ĭ DOL	Amendment #		_	SOUT	H PLAI	NFIELD), NJ.	07080)		= Liu.		Ų.		
₩ DOH	 Emergency (in justification) 	nciuaing		Name o	f Contact	A 1	_			Tele	phone N	umber	01	100	
☐ DGA ☐	Cancellation			SF	71	HL		351			, ,		_ " '	160	, ,
Name of Facility Where Abo	atement is Taking	Place (3	3)	FAC	LITY INFO	ORMATI	ON	Type	of Facility	(4)					
PSET	G		,						School (K-1						
Street Address	,								Subchapter	r 8 (Othe					
MH26.	617 L	Doc	ZAS	DE	AV	E.			Other (i.e. p etc.)	private &	comme	cial buil	dings,	home	es,
City (5) - 0 - 11						-		Squa	re Feet	# of	Floors	E	Bldg. A		
ROSEI	E PA	RK	•					1	NA		NIA		N	/A	
County (6)	(AE				Code (7) USE ONLY			Curre	ent Use (Pri	or if beir	ng demol	ished)			
Name of Monitoring Firm Hi		wner (8)		ASC	A No.		Name	of Aba	tement Cor	ntractor	(9)				
ENVIRONMENTAL T	ACTICS			00	45				SYSTEM			CA			
Street Address 64 BROAD STREET		34						t Addre: WHIT	ss EHEAD /	AVE.					
City, State, Zip Code	7			,					ip Code						
MATAWAN, NJ 0774			- 1	Telepho	ne No			JIHR hone N	IVER, N.	0888	2 License	No			
TOM GEIGER	, ing 1 ii ii				92-2217			432-8			011				
Start Date (10)	4	Schedule	ed Corr	npletion	Date (11)				HA Monitor		MERIC	CA.			
Occupancy Status During A	batement (Check	Only On	ie)	5/	17			Addres			tivital (ic				-
Facility Closed/Vacate	d During Entire Pe	eriod of A	Abatem	ent					EHEAD A	AVE.					
Abatement Performed Other – Describe:	Outside of Norma	I Facility	Hours			Ī			ip Code						
							SOL	JTH R	IVER, N.	J 08882	2				
Scope of Work (Check All T	nat Apply)						г	7							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti				F		l Containme ni-Enclosure		Negative	Pressu	re		
			oo.iii	o.i.				Glo	vebag Prod	cedure					
							<u>ظ</u>	No	n-Exempted	d (*) and	Non-Fria	able Pro	cedun Abate		
1			Location			1	72 (20)			72	-			pe	
Location of Asbestos-Containing Ma		Use	d Solel	y by	Asbesi	Des os Conta	cription ainina N		(ACM)	An	nount			m	
TO BE ABATE			intenan odial S		(i.e.	thermal:	system	s insula	ition,	(Sp	pecify	Re	R	nos	Enc
In Facility (13)			(12)			other m	ing, VA		1	SF	or LF)	Remova	Repair	Encapsulate	Enclosure
-72		Yes	No	N/A								<u>a</u>	_	late	ire
OUTDOOR	5		$\overline{}$		BAN	2 D.	0-	6.	nasTie	14	LF				
041 000 K	2		\triangle		MCI	1 0	PE	~a □	nasi ic	# 1	Egl	-	5		
								-				+			
				į .								+-			
Name of Registered Waste	Hauler		N.	JDEP W	/aste	Cubic `	Yards		Name of	Reaister	ed Landf	1			
WASTE MANAGEME			H	auler ID 125		of Was	te g		GROW						
City, State			'	120		Dispos			City, State	е					
ELIZABETH, NJ						76			MORRI						
Completed by				Si	gnatur		/	1.		Date 9	/	/			
CAROL RAIMO	CE M	GR.			2	I RO	e Le	BLAK	2	1	3,/	15	1		

CK # 5576

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

Date of Notification (1)	A 100 A	ame of Building .S.E.G.	Owner/Operator		L SEP -5 [1 C.			
Agencies Notified Type Notification	100	treet Address	/ ROAD	ZIII	17 255 - 23 1	<u> 1 D.</u>			
EPA	: S	ity, State, Zip Co		07080	u Liuz				
Emergency (ii DOH DGA Emergency (ii justification) Cancellation	ncluding	ame of Contact	ALES	351	Telephone Nu	mber	s arps	tery an	
Name of Facility Where Abatement is Taking	Place (3)	FACILITY INFO	ORMATION	Type of Facility	(4)				
PSEY G	. 1250 (0)			School (K-	12)				
Street Address MH 25 - 292	S. N	1ic Hig	AN AVE		r 8 (Other than K-1 private & commerc		dings,	home	es,
City (5) KEN; LWORT		1.011.0	1110 1110.	Square Feet	# of Floors	В	ldg. A	ge /A	
County (6)	Co	ounty Code (7)	,		ior if being demolis	hed)		1/1	
UNION Name of Monitoring Firm Hired by Building O		ASCM No.	10/2000 PM	e of Abatement Co	N/A				
ENVIRONMENTAL TACTICS	When (o)	0045			S OF AMERIC	A			
Street Address 64 BROAD STREET		8	- 1	t Address WHITEHEAD	AVE.				
City, State, Zip Code MATAWAN, NJ 07747	***			State, Zip Code JTH RIVER, N	J 08882				
Project Manager for Monitoring Firm TOM GEIGER		elephone No. 32-292-2217		hone No. -432-8350	License N				
Start Date (10)9/15/14	Scheduled Compl	letion Date (11)		of OSHA Monitor	S OF AMERIC	Α			
Occupancy Status During Abatement (Check	Only One)	2/17	Street	Address					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma	eriod of Abatemer	nt		WHITEHEAD A	AVE.				-
Other - Describe:	2		\$1000000000000000000000000000000000000	JTH RIVER, N.	J 08882	t			
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf	Renovatio	nn		Full Containm	ent with Negative F	Pressiir	·e		
\ \(\geq \geq 160 \) sf or ≥260 If	Demolition		F	Mini-Enclosur Glovebag Pro	e	103301	0		9
		1	قِ		d (*) and Non-Friat		700000000000000000000000000000000000000		
Location of	Is Location Normally	1	Description		~		Abate Ty		Į.
Asbestos-Containing Material (ACM) TO BE ABATED	Used Solely I Maintenance	, Asbes	Description tos Containing N	viaterial (ACM)	Amount			E	Е
In Facility (13)	Custodial Star (12)	ff? (i.e.	thermal system surfacing, VA	AT, or	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(10)	Yes No	N/A	other miscellar	neous)		val	=	ulate	ure
OUTDOORS	X		7 PipE	Somestic	14 LF	×			
Name of Registered Waste Hauler	C. C	DEP Waste	Cubic Yards	Name of	Registered Landfill				
WASTE MANAGEMENT		iler ID No. 25	of Waste		'S NORTH				
City, State ELIZABETH, NJ			Disposal Date ナ B D		ISVILLE, PA				
Completed by CAROL RAIMO	Title OFFICE MG	SR.	Signature	gard for	De De	ite 9	/3/	/,	1

CK# 5575

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

Date of Notification (1)		of Building Owner	Operator (2)					
9/3/14	P.S.E	E.G.			BOST OFF	m r			
Agencies Notified Type Notification EPA Initial		Address HADLEY ROA	AD		ZUIN OLI "	0 1	er C	* 194	J
DEP Amended Amendment		tate, Zip Code TH PLAINFIEL	D. NJ. 07	080					
□ Emergency (iustification)	including	of Contact A			Telephone No	umber	.,,,	<u> </u>	-
DGA Gancellation		91 A	LESS	5 1	1	a./	A .	· -	- Test
	FAC	CILITY INFORMA	TION				Ė		
Name of Facility Where Abatement is Taking	g Place (3)		T	ype of Facility (4)				
Street Address			F	School (K-1	2) 8 (Other than K-	12)			
MH24-13	N. MicH	(ican) A	1/5	Other (i.e. p	rivate & commercial		dings	hom	es,
City (5)		IGAIO /I	, S	etc.) Square Feet	# of Floors	E	Bldg. /	ige	
KENILWORT	-H			NA	NIA		N	18	
County (6) UNION		Code (7) USE ONLY)		urrent Use (Pric	or if being demolis	shed)	10		
Name of Monitoring Firm Hired by Building (CM No.		Abatement Con	tractor (9)				•
ENVIRONMENTAL TACTICS	00	045 			S OF AMERIC	A			
Street Address 64 BROAD STREET	¥	8	Street Ad 396 WI	ldress HITEHEAD <i>A</i>	AVE.				
City, State, Zip Code MATAWAN, NJ 07747				e, Zip Code H RIVER, NJ	08882				
Project Manager for Monitoring Firm TOM GEIGER		one No.	Telephon	ie No.	License				
Start Date (19)		292-2217		2-8350	011	11			
9/15/14	Scheduled Completion	1 Vale (11)		OSHA Monitor E SYSTEMS	OF AMERIC	A			
Occupancy Status During Abatement (Check	k Only One)	1	Street Ad						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	eriod of Abatement			HITEHEAD A	VE.				
Other - Describe: <u>BUTDOOK</u>	S Tacility Hours			e, Zip Code H RIVER, NJ	08882				
Scope of Work (Check All That Apply)			1 000	11111 211, 110	00002			10.02	
≥3 sf or ≥3 lf	Renovation			Full Containme	ent with Negative	Pressu	re		
≥160 sf or ≥260 lf	Demolition			Mini-Enclosure Glovebag Proc	-				
			A		(*) and Non-Fria	ble Pro	cedur	е	
	Is Location				-		Abate	ement pe	t
Location of Asbestos-Containing Material (ACM)	Normally Used Solely by	Asbestos Cor	escription of		Amount		.,		
TO BE ABATED	Maintenance/ Custodial Staff?	(i.e. therma	d systems in	sulation,	(Specify	Re	χ,	Ence	Enc
In Facility (13)	(12)		acing, VAT, miscellaneo		SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes No N/A					<u>m</u>		ate	re
out doors	X	ACM P	:0 = S	a maeTie.	14 LF	×			
		7,07,		e in this	<i>y</i> , es.		,		
			11706			1			
Name of Registered Waste Hauler	NJDEP V		Yards	Name of F	Registered Landfi	II '			
WASTE MANAGEMENT	Hauler III 1125		aste 2	GROWS	NORTH				
City, State ELIZABETH, NJ		Dispo	Sal Date	City, State	SVILLE, PA				
Completed by	Title		Signature,			ate 🚜	/	/	-
CAROL RAIMO	OFFICE MGR.		10	ral La	Emes	ate 9	3,1	15	1

CK # 5574

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT OPEN NoT. F. CAT.ON 49
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)		Name o	of Building Ov .G.	wner/Opera	tor (2)							
Agencies Notified Type Notification		Street A		70 A D		2014	SEP -	-5 (il	G: to	<u> </u>		
□ EPA □ Initial □ Amended □ Amendment	#	City, St	HADLEY F ate, Zip Code 'H PLAINF		1. 070	180			31.0			
☐ Emergency justification) ☐ DCA ☐ Cancellation	(including		Contact	A 1	SS		Tele	ephone Nu	mber		,	
Name of Facility Where Abatement is Takin	n Place (3)	FAC	ILITY INFOR			pe of Facility	(4)			_		
PSE4 G Street Address	- 31	/1				School (K- Subchapte Other (i.e.	12) г 8 (Othe			dinge	hom	00
MH23-422		2Hil	SAN	AVE.	N Sc	etc.)	•	f Floors		Ildg. /		
KENILWOR	TH					NA		NIA			/A	
County (6) UNION			Code (7) USE ONLY)		Cu	rrent Use (Pri	ior if bei	ng demolis	hed)			
Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS	Owner (8)	ASCI 00		10 (0.00)		batement Co SYSTEM			A			
Street Address 64 BROAD STREET			.s-	*3	et Add 6 WH	Iress ITEHEAD	AVE.					
City, State, Zip Code MATAWAN, NJ 07747						, Zip Code RIVER, N	J 0888	2	11			
Project Manager for Monitoring Firm TOM GEIGER		Telepho 732-2	ne No. 92-2217	11	ephone 2-432	No. !-8350		License N 0111				
Start Date (10) 9/15/14	Scheduled Co	mpletion 2 /	Date (11)			SHA Monitor SYSTEM		AMERIC	Α			
Occupancy Status During Abatement (Chec	k Only One)	3/1	/	3 223	et Add		^ \					_
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm	nal Facility Hour	ment rs				TEHEAD . Zip Code	AVE.					
Scope of Work (Check All That Apply)	2.3			- SC	HTUC	RIVER, N.	J 0888	2				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov Demoi					Full Containm Mini-Enclosur Glovebag Pro	e cedure	-				
	ls Loca	tion				Non-Exempte	u (*) and	i Non-Friat		Abate	emen	t
Location of Asbestos-Containing Material (ACM)	Norma Used Sol		Anhantas	Descripti		ial (ACM)		mount	-	1 3	ре	
TO BE ABATED In Facility (13)	Maintena Custodial (12)	Staff?	(i.e. th	s Containing ermal syste surfacing, ' other miscel	ems insi VAT, or	ulation,	(S	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes No	N/A	0 =	- A			. 6	11	100		0	
out Doors	X	-	ACM	P:PE	JE	masTic	16	LF	×			-
Name of Registered Waste Hauler		NJDEP W	/aste (Subic Yards		l Name of	Peniste	red Landfil				
WASTE MANAGEMENT		Hauler ID 1125	No.	of Waste		GROW	au Branc					
City, State ELIZABETH, NJ			1	Disposal Da	ite)	City, Stat	ISVILL	(a)				
Completed by CAROL RAIMO	Title OFFICE I	MGR.		Signat	ure di he	ed to	pen	Da La	ate 9	/3,	1,5	4

CKH 5460

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

Date of Notification (1)	,			of Building Own	er/Operato	or (2)						
	14		P.S.E	E.G.		201	4 SFP	-5 FH	· -	: ^		
Agencies Notified	Type Notification			Address					U.	1.3		
☐ EPA	× Initial			HADLEY RO	DAU	I.						
DEP DOL	Amended Amended	#		tate, Zip Code	וא מי	07000	11		٠.	-		
	Amendment Emergency (TH PLAINFIE	LD, NJ.	07080			, U			
DOH DGA	justification)	ereneza arenz a n	Name	of Contact	1 -	a e '	Tel	ephone Nu	mber		1 -	
	☐ Cancellation		1.3/	+LH		ssi	_	-		5		
Name of Facility Where	Abatement is Taking	Place (3)	. FAL	CILITY INFORM	AHON	Type of Facility	(4)					
PSET						School (K-						
Street Address			7/20			Subchapte	r 8 (Oth	er than K-1	2)			
MH21	- 2421	LOF	Rio	57.		Other (i.e. etc.)	private	& commerci	al buil	dings	, hom	es,
City (5)	-			01.		Square Feet	# 0	f Floors	TE	Bldg. /	Age	
UNIO	N					NIA		NIA	1	277	IA	
County (6)	• • •	10.70		Code (7)		Current Use (Pr	ior if be	ng demolis	hed)			
UN			STATE	USE ONLY)			NI	A				
Name of Monitoring Firm ENVIRONMENTAL		Owner (8)		M No.		e of Abatement Co			_		100	
	TACTICS		1 00)45		QUE SYSTEM	IS OF	AMERIC	٩			
Street Address 64 BROAD STREE	т				100 NO.	t Address	A) (F					
City, State, Zip Code	.1					WHITEHEAD	AVE.					
MATAWAN, NJ 07	747				U. 10000000000	State, Zip Code JTH RIVER, N	1 0888	2				
Project Manager for Mor	2. 1935		Talenh	one No.		phone No.	0000					
TOM GEIGER	incorning runni			92-2217	U/ (5500 (500 5 0	-432-8350		License N 0111				
Start Date (10)	, 1	Scheduled (e of OSHA Monitor						
9/15/1	4	10	/13	114	41 11 11 11 11 11 11 11 11	QUE SYSTEM		AMERICA	Ą			1
Occupancy Status Durin	g Abatement (Check	Only One)	1101	/	Stree	t Address						=
Facility Closed/Vac	ated During Entire P	eriod of Aba	tement		396	WHITEHEAD .	AVE.					1
Abatement Perform Other – Describe:	ed Outside of Norma	al Facility Ho	ours			State, Zip Code						
					SOL	JTH RIVER, N.	J 0888	2				
Scope of Work (Check A	II That Apply)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			ovation		}-	Full Containm		Negative P	ressu	re		
2100 St 01 2200 II		Dem	olition		Ė	Mini-Enclosure Glovebag Pro						
					نل	Non-Exempte		Non-Friab	le Pro	cedur	e	
			cation					-			ement	
Location			nally olely by		Description				-	ıy	pe	_
Asbestos-Containing TO BE ABA		Mainte	nance/			viaterial (ACM) s insulation,		nount pecify	73	222	9	m l
în Facîli	ity		al Staff? 2)	sui	facing, VA	AT, or		or LF)	Removal	Repair	Sabs	Enclosure
(13)		-		othe	r miscella	neous)			val	air	Encapsulate	sure
		Yes N	o N/A									
OUT DOO	RS			ACM 1	BipE	SamasTie	16	LF	×			
					e e							
												-
Name of Registered Was	te Hauler		NJDEP V	Vaste Cub	ic Yards	Name of	Registe	red Landfill				\dashv
WASTE MANAGEN			Hauler ID		laste A	GROW	**************************************					
			1125		8 2			X 1 1 1				
City, State ELIZABETH, NJ					osal Date	City, Stat		E DA				
Completed by		Title		17	Signatur		AVILL				,	
CAROL RAIMO		OFFICE	MGR.		Signature	and to	2000	Dai	e 9	2	1,6	1
					/ /	ENGLY NG	000	121		1,6	.01	1

Date of Notification (1)		Name o	of Building O .G.	wner/Op	erator	(2)				2		
Agencies Notified Type Notification	aV		Address HADLEY	ROAD			ZUIA SEI	-5 [1 6:	4.		
EPA Initial Amended Amendment Emergency (SOUT	ate, Zip Cod H PLAIN		NJ.	07080	l	ر	ا (درن			
DOH justification) DGA Gancellation		SI	of Contact			Si	Te	ephone Nu	mber			
Name of Facility Where Abatement is Taking PSE4G Street Address MH 20B-1131 City (5)	11		ELA		10	Subc	ol (K-12) hapter 8 (Oth (i.e. private	& commerc	ial buil	Bldg. A	ge	es,
County (6)			Code (7)			Current Us	se (Prior if be	N A	hed)	N	/A	
UNIAN Name of Monitoring Firm Hired by Building (Jumer (8)		USE ONLY)		— Name	of Abateme	nt Contractor	A				
ENVIRONMENTAL TACTICS Street Address			45		UNI	QUE SYS	TEMS OF		A			
64 BROAD STREET					396	Address WHITEHE						
City, State, Zip Code MATAWAN, NJ 07747						State, Zip Co TH RIVE	de R, NJ 0888	32				
Project Manager for Monitoring Firm TOM GEIGER		Telepho 732-2	ne No. 92-2217	10		none No. 432-8350		License N				
Start Date (10)	Scheduled C	ompletion	Date (11)			of OSHA M	onitor TEMS OF	AMERIC	—— А			
Occupancy Status During Abatement (Check				1,000		Address WHITEHE	AD AVE					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	al Facility Hou	ement irs		(City, S	tate, Zip Co		32				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf			******		Г	1						
≥160 sf or ≥260 lf	Demo	vation lition				Mini-End Gloveba	tainment with dosure g Procedure empted (*) an				e	
	Is Loca							-	Ī	Abate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used So Mainten Custodia (12	lely by ance/ I Staff?)	(i.e. th	s Contair	stems	laterial (ACN s insulation, T, or	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
out doors	×		ACM	P:p	E	Somesi	Tie 1	# LF	×			
Name of Registered Waste Hauler		NJDEP W	/aste	Cubic Ya	ards	l Nar	ne of Registe	ered I andfill				
WASTE MANAGEMENT	Hauler ID 1125	No.	of Waste	9	0.000	ROWS NO						
City, State ELIZABETH, NJ		7.		Disposal T B	Date	MC	, State ORRISVILL					
Completed by CAROL RAIMO	Title OFFICE	MGR.		Sign	nature	ERA	Low	Da	ite 9	/3,1	1,5	1

Agencies Notified Type Notification Display Displa	Date of Notification (1)						Owner/O			40				. }			
DEP City State, Zip Code Jamendand # 3 Emergency (including) Cancellation Cancellati		_		198			Plaza			2014	SEP	-5	[if	6: t	(. 		
DOH	DEP X DOL	Amended Amendment	# 3		Jamaic	a, NY				í.	1			, i .			
Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bidg. Age 40 years Square Feet # of Floors Bidg. Age 40 years Square Feet # of Floors Bidg. Age 40 years Square Feet # of Floors Bidg. Age 40 years Square Feet # of Floors Square Feet # of Floors Bidg. Age 40 years Square Feet # of Floors Bidg. Age 40 years Square Feet # of Floors Bidg. Age 40 years Square Feet # of Floors Bidg. Age 40 years Square Feet # of Floors Bidg. Age 40 years Square Feet # of Floors Bidg. Age 40 years Square Feet # of Floors Bidg. Age 40 years Square Feet # of Floors Bidg. Age 40 years Square Feet # of Floors Bidg. Age 40 years Square Feet # of Floors Bidg. Age 40 years Square Feet # of Floors Bidg. Age 40 years Square Feet # of Floors Bidg. Age 40 years Square Feet # of Floors Bidg. Age 40 years Square Feet # of Floors Bidg. Age 40 years Square Feet # of Floors Square Feet \$ of Floors \$ of Flo		justification)					an					Š.	ne Nui	mber			
School (K-12) School (K-12	11 (5)				FACIL	ITY INFO	ORMATIC										
Street Address 225 Fred Wehran Drive Subchapter 8 (Other than K-12) Subchapter 8 (Other than K	Teterboro Air Traffic	Control Tower	g Place (3)								500						
City (5) County (6) Bergen	Street Address						-		S ×	ubchapter 8 other (i.e. pr	Othe				dings,	home	es,
Bergen STATE USE ONLY) Control Tower				9					Square	e Feet	4 N 33	Flo	ors			100	
Street Address 28 N. Pennell Road City, State, Zip Code Media, PA 19063 Project Manager for Monitoring Firm Eric Houseknecht Start Date (10) 9/3/14 Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Exton, PA 19341 Telephone No. 610-891-0114 484-872-884 Cocupancy Status During Abatement (Check Only One) Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 Scope of Work (Check All That Apply) 23 sf or ≥3 lf 23 sf or ≥3 lf 21 Se Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Cinnaminson, NJ 08077 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type To BE ABATED In Facility (13) Yes No N/A Floor tile and mastic 138 SF X Floor tile and mastic 138 SF X Floor tile and mastic 138 SF X	A CONTRACTOR OF THE PROPERTY O)					ng d	emolis	hed)			
28 N. Pennell Road City, State, Zip Code Media, PA 19063 Project Manager for Monitoring Firm Eric Houseknecht Telephone No. 610-891-0114 Scheduled Completion Date (11) 12-31 1-1 Coccupancy Status During Abatement (Check Only One) Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Exton, PA 19341 Name of OSHA Monitor EMSL City, State, Zip Code Exton, PA 19341 Name of OSHA Monitor EMSL City, State, Zip Code Cinnaminson, NJ 08077 Start Date (10) 9/3/14 City, State, Zip Code Cinnaminson, NJ 08077 Scope of Work (Check All That Apply) 23 sf or ≥3 lf 23 sf or ≥3 lf 2160 sf or ≥250 lf Location of Asbestos-Containing Material (ACM) In Facility (13) Elevator Machine Room X Floor tile and mastic 138 SF X Floor tile and mastic 138 SF X Floor tile and mastic 138 SF X		Hired by Building (Owner (8)		ASCM	No.					ractor	(9)					
City, State, Zip Code Media, PA 19063 Project Manager for Monitoring Firm Eric Houseknecht Start Date (10) 9/3/14 Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Exton, PA 19341 Telephone No. 610-891-0114 484-872-8884 01161 Name of OSHA Monitor EMSL Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 Scope of Work (Check All That Apply) 23 sf or ≥3 lf 2160 sf or ≥260 lf Project Manager for Monitoring Firm Exitity Consequence Location of Asbestos-Containing Material (ACM) 10 BE ABATED In Facility (13) Elevator Machine Room X Floor tile and mastic City, State, Zip Code Cinnaminson, NJ 08077 Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 Full Containment with Negative Pressure Mini-Enclosure Mini-Enclosure Mini-Enclosure Solvebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Page Page Sullation (Specify SF or LF) To other miscellaneous) For LF To other miscellaneous Find Gode The Color of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF To other miscellaneous Find Gode The Color of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF To other miscellaneous Find Gode The Color of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF To other miscellaneous Find Gode The Color of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Find Gode The Color of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)				1	9						way.	Su	ite 50	0			
Project Manager for Monitoring Firm Telephone No. 610-891-0114 484-872-8884 01161								City, St	ate, Zip	Code							
Start Date (10) 9/3/14 Occupancy Status During Abatement (Check Only One) Facility Closed/Acated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: After midnight Scope of Work (Check All That Apply) 3 sf or ≥3 if ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Elevator Machine Room X Floor tile and mastic Name of OSHA Monitor EMSL Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 Stope of Work (Check All That Apply) Stope of Work (Check All That Apply) Scope of Work (Check All That Apply) Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 Full Containment with Negative Pressure Mini-Enclosure Slove approach of the Mini-Enclosure Slove approac		Eric Houseknecht						Teleph	one No					10.			
Street Address 200 Route 130 North Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: After midnight Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) ITO BE ABATED In Facility (13) Elevator Machine Room X Floor tile and mastic Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Abatement Type Find Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exem		Scheduled	Comp	oletion D			Name o	of OSH									
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Cinnaminson, NJ 08077 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exe	Occupancy Status During	Abatement (Chec				- 35		1 200001.506.500.00		S			-			2-1	-
Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Security (12) Popular (Specify SF or LF) Popular (*)	Abatement Performe	d Outside of Norm	eriod of Aba al Facility H	ateme	ent				10.3600000000000000000000000000000000000		h						
Elevator Machine Room Endition Endition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted (*) a	N 1000			N-				Cinna	amins	on, NJ 0	8077	B)					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Elevator Machine Room Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Floor tile and mastic Abatement Type Abatement Type Abatement Type Amount (Specify SF or LF) Regular in Covering in the properties of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Regular in Covering in the properties of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Floor tile and mastic 138 SF X	≥3 sf or ≥3 lf	тпат Арріу)	-					×	Mini Glov	-Enclosure vebag Proce	edure					-0	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Elevator Machine Room Normally Used Solely by Maintenance/ Custodial Staff? (12) Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Floor tile and mastic Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Floor tile and mastic 138 SF X			ls l o	cation	<u> </u>			0,000	-Exempled	() all	u ive	ni-i riai		Abat	ement		
Flevator Machine Room X Floor tile and mastic 138 SF X	Asbestos-Containing M TO BE ABA In Facility	Material (ACM) FED	Non Used S Mainte Custodi	mally Solely enancial States	by ce/		tos Conta thermal s surfac	aining M systems ing, VAT	aterial insulat T, or		(5	Spec	ify	Remo	Γ		Enclos
	(13)				N/A		other m							val	=	ulate	ure
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill	Elevator Machin						loor tile	e and r	nastio		13	38 5	SF	X			
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill		+								_		+	-				
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill			+								-						
	Name of Registered Waste	Hauler		NJDEP Waste Cu					ds Name of Registered Landfill						1		
ecoservices, LLC Hauler ID No. of Waste 3 GROWS Landfill	ecoservices, LLC	Hauler ID No. of W				f Waste GROWS Landfill											
City, State Exton, PA Disposal Date TBD City, State Morrisville, PA																	
Completed by Jack Bally Sr. Project Manager Signature Oach Bally OPHIY		le Signature Date															

Date of Notification (1)	_				Owner/Operator (072		0.2			
8 / 25 /	14		Nev	vark Com	nmunity Health (Centers, Inc.	Job #1206-4	508 Che	ck#		
Agencies Notified Type Notification	in		Street	Address		91114	SEP -5 [4 6:1	3		
⊠ EPA ☐ Initial			741	Broadwa	ay	22.1	02, 01	11 0			
☐ DOLWD ☐ ☐ Amended	" -	1	City, S	state, Zip C	ode	í.		20			
□ DHSS Amendment	(100 0000)	.)	Nev	vark, NJ	07107	. i	. 1111	13.10	-		
DCA Emergency (NJAC 5:23-8) justification)			Name	of Contact			Telephone Nu	mber			
☐ Cancellation			Bus	iness Of	fice						
			FΔC	II ITY IN	FORMATION						
Name of Facility Where Abatement is Tak	ing Place	(3)	1735	J.E	· Ortini (1101)	Type of Facility ((4)				
Newark Community Health Center	970	(-)				School (K-12					
Street Address							(Other than K-				
741 Broadway						Other (i.e., pr homes, etc.)	ivate and comr	nerciai bi	illaing	S,	
City (5)		-				Square Feet	# of Floors	BI	dg. Ag	ie .	
Newark										•	
County (6)			Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being dem	olished)			-
Essex			Journ	.ty	,(0.7.7.2 002 07.2.7)	Health Cent	and the second second	/			
Name of Monitoring Firm Hired by Building	o Owner	(8)	ASCM	No	Name of Abateme				-		
Environmental Connection, Inc.	g Owner	(0)	NO OW	140.	AbateTech, I	7005					
Street Address		05.055			Street Address						
120 North Warren Street					30 Maple Ave	PO Boy 25					
City, State, Zip Code					City, State, Zip Co						
Trenton, NJ 08608					Lumberton, I						
Project Manager for Monitoring Firm		Tolo	phone	No	Telephone No.	40 00040	License No.				
Ryan Broadwater			9-392		609-265-2107		00529				
	neduled C	1	-	-	Name of OSHA N		00323				
5 / 27 / 14	9 /	Or Control			EMSL Analyt						
Occupancy Status During Abatement (Ch	eck only	one)			Street Address						27.01.00
☐ Facility Closed/Vacated During Entire	Period of	Abate	ment-		200 Route 13	0 North					
Abatement Performed Outside of Norm				cribe	City, State, Zip Co	ode		-			
Time of Abatement: 7:00AM-3:30PM	/P	M	AM		Cinnaminsor	, NJ 08077					
Scope of Work (Check all that apply)						2 22 22 22 22 22 22	az 7000				
☐ >3 sf or >3 lf	MD	novati	on		☐ Full Con	tainment with Neg	ative Pressure				
\(\sigma \geq 160 \text{ sf or \geq 260 lf}\)		molitic				g Procedure					
				_	Non-Exe Non-Exe	mpted (*) and No	n-Friable Proce	dure			
		Locat						Ab	atem	ent T	ype
Location of Asbestos-Containing Material (ACM)		Norma ed Sole		Ache	Description o stos Containing Ma		Amount	Re	Repair	En	E
TO BE ABATED	Ma	intena	nce/		., thermal systems	insulation,	(Specify	Remova	pair	caps	Enclosure
IN Facility	Cus	todial ((12)	Statt?		surfacing, VAT other miscellane		SF or LF)	<u>a</u>		Encapsulate	ure
(13)	Yes	No	N/A	1	other miscellane	ous)				é	
1 st Floor				Elear T	ile & Mastic		2,720 SF	\boxtimes		П	П
i Floor	\sqcup	-	1	FIOOI	ile & Iviastic		2,7 20 31			=	
										Ц	Ш
		П			- 5 - W. (S. 44 - Sec. 2004 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -			П	П	П	П
Name of Registered Waste Hauler		1-	JDEP \	Naste	Cubic Yards of	Name of Regis	tered Landfill			-	
AbateTech, Inc.		1000	auler II	O No.	Waste	G.R.O.W.S					
24 (2000)			18750)	_20	City, State				-	
City, State					Disposal Date		DΛ				
Lumberton, NJ				(9/30/14	Tullytown,	гА				
, , , , , , , , , , , , , , , , , , ,	itle	•		_		2 1.	Jec. 9.5	Date	r-1	ú	
Jennifer Piraine	Operat	ions (Coordi	inator	KAM	per fual	ne	8/2	2/1	4	
ASB-41 MAY 11	* Do no	1100 #	io form	for anhant	os licensure exemp	nted activition			- 80		

Date of Notification (1)				Name	of Building	g Owner/Operator (2)					
	14			Set	on Hall L	Iniversity /	Job #1408-47	91,Check #6539	1.4 6)	
Agencies Notified Type Notif	fication			Street	Address					•)	
☐ EPA ☐ Initial				400	South C	range Ave.		tu.				
☑ DOLWD ☑ Amend				City, S	State, Zip C	Code		u Lide	, 5	٠٠٠.	•	
□ DHSS Amend □ Emerge	lment # <u>2</u>	150 HOUSE	~	Sou	uth Orang	ge, NJ 07079			-16.			
(NJAC 5:23-8) justification		Ciuum	9	Name	of Contac	t		Telephone Num	ber			
☐ Cance				Lec	n Vande	meulebroeke						
			- 0	FA	CILITY IN	IFORMATION						
Name of Facility Where Abatement is			(3)				Type of Facility	20.00				
Seton Hall University - Corrig	gan Ha	11					School (K-12					
Street Address								3 (Other than K-12 rivate and comme		ilding	15	
400 South Orange Ave.							homes, etc.)		olai be	anding	,5,	
City (5)							Square Feet	# of Floors	BI	dg. A	ge	
South Orange							10,000	2	- 1	91	.T.	
County (6)				Cour	ntv Code (7)(STATE USE ONLY)	2000	ior if being demolis	shed)			
Essex					., (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	University	ioi ii boilig dollioiii				
Name of Monitoring Firm Hired by Bo	uildina C)wner	(8)	ASCM	No	Name of Abateme						
Omega Environmental	ananig c	,,,,,	(0)	0012		AbateTech, I						
Street Address				0012	20	Street Address	110.					
280 Huyler Street							DO Day 25					
City, State, Zip Code						30 Maple Ave						
						City, State, Zip Co						
South Hackensack, NJ 07606			1-			Lumberton, N	NJ U8U48					
Project Manager for Monitoring Firm Geiser Fajardo				phone		Telephone No.	Y.	License No.				
Start Date (10)	Cabad	lula al C		01-489		609-265-2107		00529				
_8 / _11 / _14	1000 - 1000 1200 1200				te (11) 14	Name of OSHA M EMSL Analyt	97.070757					
Occupancy Status During Abatemen	t (Check	only	one)		- 8	Street Address						
☐ Facility Closed/Vacated During E	ntire Per	riod of	Abate	ment		200 Route 13	0 North					
Abatement Performed Outside of						City, State, Zip Co	ode					
Time of Abatement:AM-3	:00PM/	11:30	PM	AN	Л	Cinnaminsor						
Scope of Work (Check all that apply)	77.77											
☐ ≥3 sf or ≥3 lf		M D.					tainment with Neg	ative Pressure				
\(\simeg \geq 160 \) sf or ≥260 lf			enovati emolitic			☐ Mini-Enc	osure Procedure					
								n-Friable Procedu	re			
			s Locat						Ab	atem	ent T	уре
Location of			Norma			Description of			R	R	т	m
Asbestos-Containing Material (AC TO BE ABATED	CM)		aintena			stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility		Cus	todial	Staff?	(1.6	surfacing, VAT		SF or LF)	Ova	=,	nsd	Sur
(13)			(12)	T	-	other miscellane					late	0
		Yes	No	N/A								1000000
Rooms 65 and 66					Plaster	White Coat		1,400 SF			Ш	Ш
			П						П	П	П	П
			П	To-								
Name of Degistered Wests Haules		ш			Masta	10 Li- V1f	N	111160		Ш		Ш
Name of Registered Waste Hauler AbateTech, Inc.			1 523	JDEP I		Cubic Yards of Waste	Name of Regis					
A CONTROL OF THE PROPERTY OF T				18750		40	G.R.O.W.S	. Lanunii				
City, State						Disposal Date	City, State					
Lumberton, NJ						08/26/14	Tullytown,	PA				
Completed By (Print or Type)	Title	1				Signature)	1/ 11	/ Da	ate	/	1	-
Jimmy Mullarkey	S	ales				XII	hellarn	Red	1/1	21	///	
ASB-41				920 800		11		1	12	1/	7	
MAY 11	* !	Do not	use th	is form	for asbest	tos licensure exemp	ted activities.	//	000	0.583		

MAY 11

Date of Notification (1)	1 /	14			100000000000000000000000000000000000000		ng Owner/Operator (University /	2) Job #1408/47 <u>9</u>	9 Check_#6	539				
I see	ype Notific	ation			Stree	t Address			J 1.1 5:6)				
	Initial				40	South (Orange Ave.	Maria .						
☑ DOLWD ☑ DHSS	Amende Amendm	-			City,	State, Zip	Code	- LIV						
1000	Emerger		-	~	So	uth Oran	ige, NJ 07079							
(NJAC 5:23-8)	justificat		Ciuum	y	Name	of Conta	ct	The second	Telephone N	lumber				
33 Value 1950 1950] Cancella				Le	on Vande	emeulebroeke							
					FA	CILITY II	NFORMATION							
Name of Facility Where Aba				e (3)				Type of Facility	500.5					
Seton Hall University	 Corriga 	an Ha	H					School (K-12						
Street Address				217000				Subchapter 8			build	dina		
400 South Orange Ave	е.							homes, etc.)		mercial	Duin	aniga	٥,	
City (5)								Square Feet	# of Floors		Bldg	J. Ag	e	
South Orange								10,000	2		91			
County (6)					Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being dem	nolished)			
Essex						153		University	J		X			
Name of Monitoring Firm Hir	ed by Buil	ding C	wner	(8)	ASCM	No.	Name of Abateme	-						_
Omega Environmenta					001	20	AbateTech, In							
Street Address	-						Street Address							
280 Huyler Street							30 Maple Ave	PO Box 25						
City, State, Zip Code							City, State, Zip Co							
South Hackensack, N.	J 07606				*		Lumberton, N							
Project Manager for Monitori		-		Te	lephone	No	Telephone No.	10 00040	License No			_		_
Geiser Fajardo					201-489		609-265-2107	Y	00529					
Start Date (10) 8 / 11 /	(4/515)		uled C		etion Da		Name of OSHA M						-	
				- 1	26 /		EMSL Analyt	ıcaı						
Occupancy Status During Ab							Street Address				15001-			
Facility Closed/Vacated D							200 Route 13	the contract of the second						
Abatement Performed Ou Time of Abatement:	Itside of N AM-3:0	Ormai	Facilit	y Hot PM-	irs - De: ۱۵	scribe	City, State, Zip Co							
5-54		<u>O</u> 1 101/	11.00	1 IVI	^	VI	Cinnaminson	, NJ 08077						
Scope of Work (Check all that	at apply)													
☐ ≥3 sf or >3 lf			⊠ R∈	enova	tion			ainment with Neg	ative Pressure	1				
≥160 sf or ≥260 lf			De					Procedure						
							☐ Non-Exe	mpted (*) and No	n-Friable Proce	edure				
				Loca							Abat	eme	nt Ty	уре
Location of Asbestos-Containing Mat	erial (ACA	/ /		Normed So	ally lely by	Ash	Description o			7	g	Re	щ	Щ
TO BE ABATE		n)	Ma	inten	ance/		estos Containing Ma e., thermal systems i		Amount (Specify	0	3	Repair	cap	clo
IN Facility			Cus	todial (12	Staff?	1	surfacing, VAT,	or	SF or LF)	Š	5	٦	Encapsulate	Enclosure
(13)			Yes	No	1	1	other miscellane	ous)					ate	
Rooms 65 and 66						Plaster	Brown Coat		1,400 SF		7 [7	П	
			_	_	-	1 laster	Diowii Coat		1,400 3F		-			
						-					7 [Ц	Ш
] [
Name of Registered Waste F AbateTech, Inc.	łauler			0.00	NJDEP Hauler I		Cubic Yards of Waste	Name of Regis						
					1875		40	G.R.O.W.S.	Landill			60		
City, State Lumberton, NJ							Disposal Date 08/26/14	City, State Tullytown,	PΔ					
Completed By (Print or Type)		Title	- 449		24			. any town,		D-1-				
Jennifer Piraine				ione	Const	inate-	Signature	1 0		Date	~	1.	11	
			berat	IONS	Coord	mator	Denny	su tua	m	8	91	1	4	
ASB-41 MAY 11		* [Do not	use t	his form	for asbes	tos licensure exemp	ted activities.		,		8		

Date of Notification (1)		-	Nam	e of Buildin	g Owner/Operator (2)			100		
	14		Ro	bbinsvill	e Board of Educ	ation / Job #1	1408-4800 Che				
Agencies Notified Type Notific	ation		Stree	et Address			ZIIK SEP	5 [16	ξ,	ì
☑ EPA ☐ Initial ☐			15	5 Robbin	sville-Edingburg	Road	2				
☑ DOLWD ☑ Amende		\mathcal{L}	-	State, Zip					-	-	
☑ DHSS Amendm			100000000000000000000000000000000000000	The second section of the second section of the second section	e, NJ 08691		a Llo		· . ; '		
DCA Emerger (NJAC 5:23-8) Ustificati	ncy (includ	ing		e of Contac			Telephone Nun		P. St. Ingel	-	
Cancella	0.000			mberly A.			relephone Nun	inei			
				•		2	1				
Name of Facility Where Abatement is	Taking Pla	ce (3)	FF	CILITY	FORMATION	Type of Facility	(4)				
Sharon Elementary School	raking r ic	00 (0)				School (K-12					
Street Address							8 (Other than K-1	2)			
234 Sharon Road						Other (i.e., p	rivate and comme		uilding	gs,	
						homes, etc.)					
City (5)						Square Feet	# of Floors	BI	ldg. A	ge	
Robbinsville					WALL AND THE WALL						
County (6)			Cou	inty Code (7)(STATE USE ONLY)		ior if being demol	ished)			
Mercer						Elementary					
Name of Monitoring Firm Hired by Buil	ding Owne	er (8)	ASCM	l No.	Name of Abateme	10.0%					
PARS Environmental					AbateTech, I	nc.					
Street Address					Street Address						
500 Horizon Drive, Suite 540					30 Maple Ave	. PO Box 25					
City, State, Zip Code	***************************************				City, State, Zip Co	ode					
Robbinsville, NJ 08691					Lumberton, N	J 08048					
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No.		License No.				
Rafael L. Torres		6	09-890	0-7277	609-265-2107		00529				
Start Date (10)	Scheduled	Comple	etion Da	ate (11)	Name of OSHA M	lonitor			0.000		
08 /15 /14	08	/ 2	5 /-	14	EMSL Analyti	ical					
Occupancy Status During Abatement (Check onl	y one)			Street Address	111111111111111111111111111111111111111		***************************************			
☐ Facility Closed/Vacated During Enti					200 Route 13	0 North					
☐ Abatement Performed Outside of No	ormal Fac	lity Hou	rs - De	scribe	City, State, Zip Co				-		_
Time of Abatement:AM	PM/	PM		_AM	Cinnaminson						
Scope of Work (Check all that apply)					Oli il dilli il oli	, 110 00077					_
	5000000					ainment with Neg	ative Pressure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		Renovat			☐ Mini-Encl	osure		387.0			
⊠ ≥100 St 01 ≥200 II		Demoliti	on			Procedure	n-Friable Procedu	ire			
		Is Loca	tion		ZZ ITOII ZXOI	inpica () una 110	THE HADIC T TOCCUL		otom	ant T	ima
Location of		Norma	ally		Description of	f		-	ateme		T
Asbestos-Containing Material (ACM		sed Sol Iaintena			stos Containing Mat	terial (ACM)	Amount	Remova	Repair	Enc	Enclosure
TO BE ABATED IN Facility		ıstodial		(i.e	 thermal systems i surfacing, VAT, 		(Specify	NOU	a:	aps	lost
(13)		(12)			other miscellane		SF or LF)	<u>m</u>		Encapsulate	ē
	Ye	s No	N/A							Ф	
Old building - Wings A, B, C & D		\boxtimes		Clean a	nd Decontamina	te Surfaces	45,000 SF				
								П			
		-	+=-					ᆛᆜ			
*				117							
Name of Registered Waste Hauler		I	JDEP 1	Waste	Cubic Yards of	Name of Regis	tered Landfill		- 7		
AbateTech, Inc.		F	lauler II	경영 선생님의 기계	Waste	G.R.O.W.S.					
City, State			18750	J	40 Disposal Date	City, State			-		-
Lumberton, NJ					8/25/14	Tullytown,	ΡΔ				
A CONTRACTOR OF THE CONTRACTOR	Title					I dilytowit,					
Completed By (Print or Type)	Title	A1	<u> </u>		Signature	0 0.		ate	. 1	7	
Gwendolyn Trumbetti	Opera	tions	oord	inator	Chiny	Bes PLIAL	ne 18	SION	116	-	-
SB-41 IAY 11	* Do n	of use th	is form	for achort	os licensure exempt	1					
0.000	2011	. 000 11	101111	101 000000	o nochouse exempl	ou douvilles.					

NO CH

Date of Notification (1)			Name	of Buildin	g Owner/Operator (2)			100		
	14		PS	E&G /J	ob #1310-4703(Check#					
Agencies Notified Type Notified	cation		Street	t Address			ZUIG SEP	-5 [36	• į,	3
⊠ EPA □-InitiaL			80	Park Plaz	za				•		-
☑ DOLWD ☑ Amende)	City, S	State, Zip C	Code		•				
☐ DCA ☐ Emerge	nent # <u>1</u> ncy (Includin	_	Ne	wark, NJ	07101						
(NJAC 5:23-8) justificat		g	Name	of Contac	t		Telephone Nui	mber	115		
☐ Cancella	(0)		Dre	w Shuda	L.			328			
			FA	CILITY IN	IFORMATION		1				
Name of Facility Where Abatement is	Taking Place	€ (3)				Type of Facility					
PSE&G Camden Switch Yard						School (K-12		12)			
Street Address							3 (Other than K-1 rivate and comm		uilding	is.	
7272 N. Crescent Blvd.						homes, etc.)				,-1	
City (5)						Square Feet	# of Floors	BI	dg. A	ge	
Pennsauken						792 1					
County (6)			Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demo	lished)			
Camden					16	Substation					
Name of Monitoring Firm Hired by Bui	Iding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)	6				
Health & Safety Services					AbateTech, li	4 (2000 TO 400 CO TO TOTAL STATE OF THE TOTAL STATE					
Street Address					Street Address						
318 12 th Street					30 Maple Ave	PO Boy 25					
City, State, Zip Code					City, State, Zip Co					_	
Hammonton, NJ 08037					Lumberton, N						
Project Manager for Monitoring Firm		Tala	phone	NIa		10 00040	License No.				
Jim Proctor			79	-8830	Telephone No.						
	Cabadal I d	-			609-265-2107		00529				
	Scheduled C		in a service of the second		Name of OSHA M EMSL Analyti						
Occupancy Status During Abatement	(Check only	one)			Street Address					_	
☐ Facility Closed/Vacated During Ent		77	ment_		200 Route 13	0 North					
☐ Abatement Performed Outside of N	lormal Facilit	y Hour	s - Des	scribe	City, State, Zip Co	ode					
Time of Abatement:AM	PM/	PM-		AM	Cinnaminson						
Scope of Work (Check all that apply)			7.125.5			,		-			-
					☐ Full Cont	ainment with Neg	ative Pressure				
≥3 sf or ≥3 lf □ >100 of =>> 200 lf		enovati			☐ Mini-Enc						
☐ ≥160 sf or ≥260 lf	□ De	emolitic	n		☐ Glovebag	g Procedure mpted (*) and No	n-Friable Proced	lure			
	Is	Locat	ion		Z Non Exo	inploa () and its	ii i iidbio i rooca		atem	ont T	·mo
Location of	V 533	Norma			Description o	f		1000000			T
Asbestos-Containing Material (ACI		ed Sole		Asbe	stos Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABATED	10000000	intena todial 3		(i.e	., thermal systems i		(Specify	JOV	a:	aps	losu
IN Facility (13)		(12)			surfacing, VAT, other miscellane		SF or LF)	<u>m</u>		ulat	ē
	Yes	No	N/A			/				Ф	
Transformer 132-3				Transite	e Conduit		150 LF				
	П							一一			$\overline{\Box}$
		The second	and the same								
						-		ᆜᆜ		ᆜ	
		Ш									
Name of Registered Waste Hauler		3,297	JDEP \		Cubic Yards of	Name of Regis		All Processing	SCILL COLOR		
Waste Management			auler II 17273		Waste 5	G.R.O.W.S	. Landfill				
City, State			11210		Disposal Date	City, State					
Camden, NJ				(8/29/14	Morrisville	PA				
Completed By (Print or Type)	Title	-17			Signature		TOTAL CONTROL OF THE PARTY OF T	Date (V	1	
Jennifer Piraine	Operat	ions (Coordi	inator	CAN I	her Din	1	01	20	11	4
ASB-41		35	Jordi		Spicios	er final	ng I	01		1'	1_
MAY 11	* Do not	use th	is form	for asbest	os licensure exemp	ted activities.					

Date of Notification (1)			Name	e of Buildir	ng Owner/Operator (50.0		
8//	14		Tru	ustees of	f Princeton	/ Job #14	108-4807 Ch	eck #65	61 1 C·	: >	
Agencies Notified Type Notifica	ation		Stree	t Address				0 11	. 0.	5 J	
⊠ EPA □ Initial			Tru	ustees of	f Princeton Unive	rsity E.A. Mac	Millan Bldg.				
□ DOLWD			City,	State, Zip	Code		1. 1.1	الدارية			
DHSS Amendme		ling	Pri	nceton,	NJ 08544		L1	ا ساء اسان	1,0		
(NJAC 5:23-8) Justification		ilig	Name	e of Conta	ct		Telephone N	umber			
☐ Cancellat			Ro	bert Orte	ego, P.E.						
		40	FA	CILITY II	NFORMATION	-					
Name of Facility Where Abatement is T	aking Pla	ace (3)				Type of Facility	(4)				
Princeton University - Pyne Ha		(-/				☐ School (K-12	3.33				
Street Address						☐ Subchapter 8	(Other than K				
Washington Road						Other (i.e., p homes, etc.)		mercial bu	ıilding	ıs,	
City (5)				3.5		Square Feet	# of Floors	BI	dg. A	ne en	
Princeton						Oquare i eet	# 01 1 10013		ug. 7 t	90	
County (6)			TCou	nty Codo /	(7)(STATE USE ONLY)	Current Use (Pr	ior if boing dom	olichod)			_
Mercer			Cou	nty Code ((1)(STATE USE UNLT)	University	ior ir being derri	iolisileu)			
	li O	(0)	LACCIV	I NI-	NI==== = # A h = #====						
Name of Monitoring Firm Hired by Build	ing Own	er (8)	ASCN		Name of Abateme	7.00					
ATC Associates	3-		000	98	AbateTech, I	nc.	11		-		
Street Address					Street Address						
3 Terri Lane					30 Maple Ave						
City, State, Zip Code					City, State, Zip Co						
Burlington, NJ 08016					Lumberton, P	NJ 08048					
Project Manager for Monitoring Firm		Te	lephone	No.	Telephone No.		License No.				
Michael R. Keehn		(609-38	6-8800	609-265-2107		00529				
Start Date (10)	Scheduled	Comp	etion D	ate (11)	Name of OSHA N	lonitor					
9 / 2 / 14	9	. /:	2/	14	EMSL Analyt	ical					
Occupancy Status During Abatement (0	Check on	ly one)		No. 22 Control	Street Address						
☐ Facility Closed/Vacated During Entir			ement		200 Route 13	0 North					
☐ Abatement Performed Outside of No	ormal Fac	ility Ho	urs - De		City, State, Zip Co	ode					
Time of Abatement:AM	PM/	PN	1	_AM	Cinnaminson						
Scope of Work (Check all that apply)					- Carridanii Cor	.,					
(S)					☐ Full Conf	tainment with Neg	gative Pressure				
⊠ ≥3 sf or ≥3 lf		Renova			☐ Mini-Enc						
☐ ≥160 sf or ≥260 lf		Demolit	noi			g Procedure mpted (*) and No	n-Friable Proce	edure			5
	- T	Is Loc	ation		Z Non Exc	Inplod () did No	11 1 11000 1 1000		atem	ent T	vne
Location of		Norm			Description of	ıf.			_	T	1
Asbestos-Containing Material (ACM		Jsed So			estos Containing Ma	terial (ACM)	Amount	Remova	Repair	Encapsulate	Enclosure
TO BE ABATED IN Facility		Mainten ustodia		(i.	e., thermal systems surfacing, VAT		(Specify SF or LF)	3008	a:	sde	uso
(13)		(12)		other miscellane		SF OI LF)	<u> </u>		ulat	ਰ
(,	Ye	es No	N/A							Ф	
Room 602			In	Floor t	tile		15 SF		П	П	П
		_	$+\equiv$						1	1	
					2007-2007-2007-2007-2007-2007-2007-2007	10			Ш	Ш	П
		П						П	П	П	П
Name of Registered Waste Hauler			NJDEP	Waste	Cubic Yards of	Name of Regis	stered Landfill				
AbateTech, Inc.			Hauler I		Waste	G.R.O.W.S					
202730000000000000000000000000000000000			1875	0	1	Weekle Mark Park Park Park Park Park Park Park P	. Eurium			-//	
City, State					Disposal Date	City, State	D.4				
Lumberton, NJ					9/2/14	Tullytown,	PA				
Completed By (Print or Type)	Title				Signature	4		Date	00		
Gwendolyn Trumbetti	Oper	ations	Coord	linator	(U		8/	29/	14	
ASB-41				- 22 11-1-	71.						
MAY 11	* Do r	not use	this forn	n for asbes	stos licensure exemp	ted activities.					

CK 4569

Date of Notification (1) 09/02/2014		Name of Building Owner/Operator (2) Ramapo College of NJ Street Address 505 Remand Volley Read														
Agencies Notified	Type Notification			Street A	ddress				2014 SE	P -5	111	6: 4,)			
EPA	× Initial				amapo \		Road									
X DEP X DOL	Amended Amendment		_		ite, Zip Co ah, NJ C			2	· il	i		hil	_			
ĭ DOH	Emergency (justification)	Si Carrie Si	100		f Contact						ephone N	lumber				_
DCA	Cancellation				ny Mazz			-		1						
Name of Facility Where	Abatement is Takin	g Place (3	3)	FACI	LITY INFO	ORMATI	ON	Type of	Facility (4))					-	
Academic Building,			,					<u>. </u>	hool (K-12	33						
Street Address			2000					Su	bchapter 8	(Othe	er than K	-12)				
505 Ramapo Valley	y Rd.			2002				× Oth	ner (i.e. pri)	ivate 8	k comme	rcial bu	ilding	ıs, r	nome	es,
City (5) Mahwah								Square	Feet	# of	Floors		Bldg	. Ag	je	
County (6)				County (Cada (7)			0		1						
Bergen					Code (7) USE ONLY			Univer	Use (Prior sity	t beir	ng demol	ished)				
Name of Monitoring Firm USA Environmenta		Owner (8)		ASCN	I No.				nent Contrary, Inc.		(9)		-			
Street Address								Address	arry, irro.				_	_	-	
344 West State Str	eet							Piaget A	√ve.							
City, State, Zip Code Trenton, NJ 08618								tate, Zip								
Project Manager for Mor			Telepho			Teleph	one No.			License	No.					
William Waisgarber Start Date (10)	r			6-8101			253-882			00704						
09/15/2014		10/03/2		npletion	Date (11)			of OSHA Co. Inc								
Occupancy Status Durin	g Abatement (Chec	k Only Or	ne)	Street Address								- 1 - 7		-		
Abatement Perform	ated During Entire F ned Outside of Norn	Period of A	Abaten Hours	nent			City S	tate, Zip (^ode			_				
X Other – Describe:	occupid by other cor	tractors					Oity, O	tate, Zip i	Joue:							
Scope of Work (Check A	All That Apply)								***************************************							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		_	Renova Pemolit					ontainmer	nt with	Negative	e Press	ure				
			Zerrioni	1011			Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Eriable Procedure									
		1					Non-Exempted () and Non-Friable Proce									
Location	o of		Locati Vormal										ater Typ	nent e		
Asbestos-Containing	Material (ACM)	Use	d Sole	ly by	Asbes		scription aining M	ot 1aterial (A	CM)	Αr	mount		T	T	m	
TO BE AB In Faci			todial S		(i.e.		systems	s insulatio	on,		pecify or LF)	Reg	1 2		nca	Enc
(13)			(12)				niscellan			01.	OI LI)	Remova	Kepaii		Encapsulate	Enclosure
		Yes	No	N/A											ate	ro
1st & 2nd	Х				site bo			24	3 SF	x						
1st & 2nd	Х			Trans	site pa	nels		2,0	00 SF	x						
1st & 2nd			Х			Fir	e Door	rs		12	2 EA	x				
Exteri	55000			Х			dow ca	ıulk		306 v	vindow	s x				
Name of Registered Was			1 000	JDEP W	COUNTY TO THE	Cubic of Was			Name of R		red Land	fill				
Freehold Cartage, Ir	nc			Hauler ID No. of Waste 15939				IESI Landfill								
City, State Freehold, NJ			Disposal Date City, State Bethlehe													
Completed by						ignatúre		٠ .	ì		Date					
Voytek Roszkowski		Presi														

(K9445

Date of Notification (1)			94	Name	of Building	Owner/Operator (2	2)					
9 / 2	14			Ame	erican Co	ontinental Prope	erties, LLC	4 SEP -5	C'4 6:	: 53		
Agencies Notified Type Not	ification			Street	Address		20	14 SEP -3	1110			
☑ EPA ☐ Initial				460	Park Ave	e., 11 th Floor						
☑ DOLWD ☑ Amer	ded				tate, Zip C		(3-		i	110	6	
□ DHSS Amen	dment #0				York, N			LICE.	6			
	gency (ind	cluding				600 HOXHOMENIA		T				
And the state of t	cation)				of Contact			Telephone Nu	mber			
☐ Cano	ellation			0 52726500	Morton				•			
			751	FAC	ILITY IN	FORMATION						
Name of Facility Where Abatement	is Taking	Place	(3)				Type of Facility (0.00				
Former KMart Plaza							School (K-12		10\			
Street Address							☐ Subchapter 8 ☑ Other (i.e., pr			ilding	2	- 1
1817 Mount Holley Rd.							homes, etc.)	Ivate and comm	1010101	21101115	, σ,	
City (5)	-						Square Feet	# of Floors	IB	ldg. A	ae	
Burlington, NJ 08016							90,000÷	1		45÷	3-	
				1.0		VOT. 1 TO TO 1 1 1 1 1				70.		
County (6)				Coun	ty Code (/)(STATE USE ONLY)	Current Use (Pri	or it being demo	olisnea)			
Burlington							Retail		2			
Name of Monitoring Firm Hired by I	Building C	wner (8)	ASCM I	No.	Name of Abateme	ent Contractor (9)					
VERTEX			1	NA		Alliance Env	ironmental Sys	tems				
Street Address						Street Address						
700 Turner Way						550 East Uni	on St					
									-			
City, State, Zip Code						City, State, Zip C						
Aston, PA 19014						West Cheste	r, PA 19382					
Project Manager for Monitoring Fire	n		Tele	phone l	No.	Telephone No.		License No.				Ø
Don Heim			6	0-558	-8902	610-701-9000)	00508				
Start Date (10)	Sched	uled C	omple	tion Da	te (11)	Name of OSHA N	Monitor					
9 / 17 / 14	Section States			/ _		AET						
Occupancy Status During Abateme	nt (Check	only o	one)			Street Address						
☐ Facility Closed/Vacated During	Entire Pe	riod of	Abate	ment		28 N. Pennel	Road					
☐ Abatement Performed Outside					cribe	City, State, Zip C						-77500-
Time of Abatement: 7AM						Media, PA 19						
Scope of Work (Check all that appl	v)					Inodia, 170 ic						
Coope of trom (chook an include app.	,						tainment with Neg	gative Pressure				
≥3 sf or ≥3 If			novat			☐ Mini-End	closure					
⊠ ≥160 sf or ≥260 lf		∐ De	molitic	on			g Procedure	n Friehle Dress	dura			
			. Was (5.65)		т	☑ Non-Exe	empted (*) and No	n-Friable Proce				
1920		1	Loca Norma						Α	batem	ent T	ype
Location of	A () A ()			ely by	Asha	Description (Amount	Re	Re	E	Ē
Asbestos-Containing Material (TO BE ABATED	ACIVI)		intena			stos Containing Ma ., thermal systems		(Specify	Remova	Repair	Encapsulate	Enclosure
IN Facility		Cus		Staff?	,,,,	surfacing, VAT	, or	SF or LF)	val		lus(Sura
(13)			(12)	1000000	-	other miscellane	eous)				ate	(U
		Yes	No	N/A						_		
Space #4				\boxtimes	VAT/Ma	astic		1400 SF				
Space #6				\boxtimes	VAT/Ma	astic		2000 SF				
			П							ПП	П	П
			1=	-					-=	+=	+=	=
												Ш
Name of Registered Waste Hauler		1.	19-202	NJDEP I		Cubic Yards of	Name of Regis	stered Landfill				
N.E.T.S.			F	fauler II		Waste	Allied BFI	Imperial				
City, State				18947		150 Disposal Date	City, State					
Hazelton, PA						TBD	Imperial, F	PA				
	1						importal, r		D.:			
Completed By (Print or Type)	Title					Signature	M		Date	_		11
Mark Griffin	E	stima	tor				118		9-	. 2	-	4
ASB-41	-	2000					///					
MAY 11	*	Do not	use t	his form	for asbes	tos licensure exem	pted activities.					

CK1736

JAN 13

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

Date of Notification (1) 09 /	02 /	14		Court State Court		g Owner/Operator (of Princeton	. 10							
Agencies Notified	Type Notification		Street Address 400 Witherspoon Street											
⊠ EPA	☑ Initial	0.10		00000000		noon Street		0	40					
☑ DOLWD	☐ Amended				State, Zip (• *************************************	*40	1						
☑ DOH	Amendment					J, 08540	۵Ì	Joznan, d'	· L _					
DCA	☐ Emergency		,	65 343	of Contac				L					
(NJAC 5:23-8)	justification)			CONTRACTOR S		τ		Telephone Num	ber					
	Cancellation				line									
				FA	CILITY IN	IFORMATION								
Name of Facility Where	Abatement is Tak	ing Place	(3)				Type of Facility	. ,		-M				
DPW Garage							School (K-12		ν.					
Street Address								3 (Other than K-12 rivate and comme		ilding	IS.			
Valley Road						- 70 200 000	homes, etc.)				6728a			
City (5)							Square Feet	# of Floors	Ble	dg. Ag	ge			
Princeton		3												
County (6)				Cour	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)					
Mercer				1										
Name of Monitoring Firm	Hired by Building	g Owner ((8)	ASCM	No.	Name of Abateme	ent Contractor (9)							
Bio Terra Solutions	5					ALL PRO MA	NAGEMENT L	LC						
Street Address			1	- 6		Street Address								
P.O. Box 1224						27 Outwater	Lane							
City, State, Zip Code						City, State, Zip Co	ode							
Union, NJ	2.7					Garfield, NJ								
Project Manager for Mon	itorina Firm		Tele	phone	No	Telephone No.		License No.			55 15	9		
Rick Eustaguio			500000	73-494		973-928-4888		1188						
Start Date (10)	Sch	eduled C	1			Name of OSHA M		1100						
09 /15 /							NAGEMENT L	I C						
Occupancy Status During							TO CIVILITY L							
☐ Facility Closed/Vacate			300 Sept. 1	mont		Street Address								
☐ Abatement Performed					cribe	27 Outwater								
Time of Abatement:						City, State, Zip Co								
			-			Garfield, NJ	0/026							
Scope of Work (Check al	that apply)	19				⊠ Full Cont	ainment with Neg	ative Pressure						
≥3 sf or ≥3 If			novati			☐ Mini-Enc	losure	jan va i raadana						
☐ ≥160 sf or ≥260 lf		☑ De	molitic	on		☐ Glovebag	Procedure	n-Friable Procedu						
		l ls	Local	ion		☐ Non-Exe	mpted (*) and No	n-Friable Procedu	1			and seed		
Location	of		Norma			Description o	f		-	atem				
Asbestos-Containing			d Sole		Asbe	stos Containing Ma		Amount	Reg	Repair	Ä	E C		
TO BE ABA		0.00	intena todial	nce/ Staff?	(i.e	., thermal systems		(Specify	Remova	a i	pg	Enclosure		
IN Facili (13)	ity		(12)	J		surfacing, VAT, other miscellane		SF or LF)	<u>m</u>		Encapsulate	J.G		
(/		Yes	No	N/A		92					0			
Boiler Room					Transit	e Ceiling		100 SF	Ø		Ø	Ø		
Boiler Room				\boxtimes	Pipe In	sulation		12 LF			\boxtimes	\boxtimes		
		П	П					74		П	П			
Name of Registered Was	to Haular			JDEP \	Nacto	Cubic Yards of	Name of Regis	tored Landfill		Ч				
ALL PRO MANAGE			1000	lauler I		Waste	IESI Landf							
	INITIAL LEG			00348	860	As Needed								
City, State						Disposal Date	City, State							
Garfield, NJ						TBD	Bethlehem	, PA						
Completed By (Print or T	ype) T	itle				9tgrature V		Da	地上	1	80,000			
Allen Monchik		PM				100	L Mon		II.) C	IL	1		
ASB-41			_						16	1	_	-		

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