NOTE	ursuar	nt to NJ	AC 0.0	,	10			905	٥٥٥			1	
CK 300 1916110	ursur	6 Duil	ding O	wner/C	perator (2 Corporati) on		2619	SEPT	8 期 5: 8	10		
1 000 191011	Name	of Dui	contai	ner C	Corporati							4	
is action (1)	Exp	ress v	988					· · · · · · · · · · · · · · · · · · ·	5470	à CONTRI	11		
Date of Notification (1)	Stree	et Addres	2090)					& LICH	TEUNTAL KSING		4	
9/16/15 Type Notification	P.0	, State,	7in Co	de					phone Nu	imber			
Agencies Notified Agencies Notified Initial	City	, State,	NJ (38602	2-0209			Tele	phone			-	
M EPA H Amended	- Tr	me of	ontact					1				-	
- Francency (Inc.	Na				4MM							1	
- Cotification		oleine	ITY IN	FORM	ATION	TTV	pe of	Facility (4)					
DOH Cancellation		FACIL	1111			-	1 50	hool (K-12) ubchapter 8 (Ot ther (i.e. private	her than h	(-12)	home	s,	
Name of Facility Where Abatement is Taking Place (3)					\dashv \models	SI	bchapter 8 (Ot	& comm	ercial bullulings			+
of Facility Where Abatement is							<u> </u>	tc.)	of Floors		Age		
						-+	Squar	e Feet	4	1,0		_	-
Street Address 105 Avenue L, a.k.a. 183-205 Avenue L						1	250	ent Use (Prior if	l ing det	molished)			
Street Address Avenue L, a.k.a. 183-2037						-+	Curre	ent Use (Prior if	being do.				-
		2	y Code	(7)									1
City (5) Newark, NJ 07105		(STAT	E USE	ONLY)		Inmo			actor (a)	W 32			\rightarrow
			SCM No			Ahs	cope	Environmen	ıtai, iiie				\
County (6) Essex Name of Monitoring Firm Hired by Building Owner	(8)	A	50141			AUS	t Add	ess	Cuite B				-
ESSEX of Monitoring Firm Hired by Building						000	55 SE	INICK DIT	Suite				\
ARCADIS US													
Street Address Path Road, Box 66						City	krida	e, MD 2107	5 — TI	icense No.			1
2723 TOW Paul						1-	-nhon	e No.	\ \	01194			
			elephor	e No.		1	10 70	16-1200					
a macrise IV		1 -	22-51	10-10	12	1		COLINA MOITILU	100				
Syracuse, NY 1321 Project Manager for Monitoring Firm Project Manager for Monitoring Firm	chedule	ئےلے۔	oletion	Date (11)	1 F	MSL	Analytical	Inc				
	chedule	ed Com	picare			1				12			
Start Date (10)	10/3/1	5				1	ann I	Sollie 130	Olui				
	Only O	ne)				H	City, S	tate, Zip Code	1 0807	7 _			
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P	eriod of	Abater	nent			1	Cinr	naminsuit, "					
- Closed Value - Laida Of North	al Facili	ty Hour					,		19000	ith Negative Pr	essure		
Abatement Performed Outside of Abatement Persoribe:							1	Full Conta	ainment w	(6111-3			
Abatement Other - Describe:								Mini-Encl	Procedu	re	le Proc	edur	e mont
Scope of Work (Check All That Apply)		Reno	olition					Non-Exe	mpted (*)	re and Non-Friab	\ A	Abate	ement ype
-2 lf	区	Dem							1		-	<u> </u>	T
≥3 sf or ≥3 11 ≥ 160 sf or ≥260 lf									1	Amount	1_		Enc
		Is Lo	cation	1		D	escrip	ition of ng Material (AC stems insulation	(M;	(Specify	Removal	Repair	aps
	\		rmally Solely	by \	Asbest	os Co	ntaini	ng Material () stems insulation to VAT, or	١,	SF or LF)	love)all	Encapsulate
Location of Material (ACM)	. \		tonally	01	(i.e.	MIGH.		1/4/ 01	1		1 =		0
-ining Water		Custo	dial Sta (12)	an:	1	othe	er mis	cellaneous)	1		-+-	+	1
Asbestos-Containing TO BE ABATED In Facility			(12)		+					30LF	X	+	-+
(13)	t	Yes	No	NIA			ine i	nsulation					
			X				ipo .				-		
Ling exposed	t		1-	+-							-+	-	
underground pipe exposed				4-	+								
		1							I Name (of Registered L	andfill		
		+-	1				Cubic	Yards	Name	rva Enterpri	ses		
			1	NJDE	P Waste		of Wa	aste					
L Waste Hauler			- 1	Halle	er ID No. 2117		40	IDate	City, S	State	Н		
Name of Registered Waste Hauler				SW	2111		Disp	osal Date	Way	rnesboro, O	TD:	ate	1000000
Name of Register Services Transport Group							as	needed		_	6	3/16	115
								Signature	12				
City, State New Castle, DE 19720		TT	itle		namer			1/200			licens	ure e	xempt
1 to d h)/		/ 1	projec	t Mai	nager			+ Do not I	ise this fo	rm for asbesto			
Completed by Eddie Waskiewicz								* D0 1101 c					
Eddle Maon													

CK 00527570

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

O. P. O.				(Pursua	nt to N.J.A.C	ame o	of Building Owner	er/Operat	or (2)		=			
of Notification (1)					4.77		t Chamber Worl		Waste 2			,-		-
of Notification (1)					D	uPon'	Address	10 (2.13		SER. I		i)		- 1
15		Notificatio	n Type		1									-
cies Notified		(X) Initial			R	oute	130 & Canal Ro)au						
PA	1	() Amen	ded Cer	rtification			State, Zip Code							
P		() Cance	elled)eepv	water, NJ 08023	3	l Tel.	Number	r			
OL OH					1	Vame	of Contact		1 -		_			
CA					CILITY INFO	David	Campbell							
				FA		Type	of Facility (4)							
e of Facility Where Abat	ement is T	aking Plac	ce (3)			() 50	chool (K-12)	ner than k	(-12)		at c			
						NIC	ther (i.e. Drivate	a commi		nomes, e	eic.			
ont Chamber Works Pla	nt (Bullull)	g 140/				(X) C	Feet3,000		# of Floors	1_				
et Address						Sq. F	Feet3,000		- "					
ite 130 South	oh. (6)		C	County Code ((7)	Blda	g. Age58_ rent Use (prior if		-sliched) CO	mmercia	al / Offic	е -		
(5)	County (6)	i.	(3	State Use On	ily)	Curr	rent Use (prior if	being de	ame of Contra	ctor (9)				
onwater	Salem		(0) 4	ASCM No.							Casico	Compan	V	
epwater me of Monitoring Firm H	ired by Blo	lg. Owner ((0)	10011111				Е	Brandenburg In	dustrial	Service	Compa		
						Stre	eet Address							
reet Address														
eel Address						221	17 Spillman Dr y State, Zip Coo	le						
					100				2015					
ty, State, Zip Code						Ве	thlehem Penns	ylvania	<u> </u>	icense l	Number			
		Telen	hone N	umber		Te	lephone Number	<u> </u>		00721				
roject Manager for Monit	toring Fifti	1000				61	0-691-1800			00121				
			Julad C	Completion Da	ate (11)	-	ame of OSHA M							
Scheduled Start Date (10)	Sche	duled C	Ompletion		B	randenburg Indi	ustrial Se	rvice Co.					
		10/15	5/15			S	treet Address							
0/5/15 Occupancy Status During	Abateme	nt (Check	only on	<u>e)</u> Abatement		1	217 Spillman D	rive						
Occupancy Status During (x) Facility Closed/Vaca () Abatement Performed	ted During	of Normal	Facility	Hours -		2	City, State, Zip C	ode						
() Abatement Perionne	u Outoio-					=	nty, Otom							
Describe Other - Describe_Work I	201.1	ha Man – F	ri 07:00	am- 03:30 p	om	-	Bethlehem, PA	18015						
Other - Describe_Work	hours Will I	De Mon - 1					Settlierieri, i 71							
Source of Work (Check														
Source of Work (Officer						-000	IEACM) (Minor P	roj. (<25 SF or	<10 LF	ACM)	3.4		
(x) Demolition () R () Large Proj. (>160 SI () Full Containment w	enovation	LF ACM) () SM F	Proj. (>25<160	0 SF or >10	Glove	ebag Procedure		(Specify SF or		Abate	ment Ty	ре	
() Large Proj. (>160 Si	ith Negativ	ve Pressure	e ()	Mini-Enclus	Description	of A	CM (i.e.	Amount	(Specify Or or					
Ition of Ashestos-	100	Is Location Solely by N	Maint./C	ustodial	thermal sys	stems	s insulation,				Rem.	Rep.	Encap	End
Containing Material (At	CIVI) In	Staff? (12)			miscell.)	ν Λ ι,	01 04						-	+
Facility (13)		YES	NO	INA				2000 S	F		X		+	+
					Miscellane	ous		2500 5			-			
Roofing Paper					-	-				Nam	e of Reg	. Landfil	Ī	
			IDED !!	Vaste Hauler	ID#		Cubic Yards o	f Waste		1000		aste Mar		ent
Name of Reg. Waste	Hauler	- 1					45				mical VV	City. St	ate	
STATE OF THE PARTY		N	JD0716	629976		_			Disp. Date	2				
SJ Transportation Co City, State	, 1110								10-7-2015	5		Emelle	, AL	
A STATE OF THE STA							Signature			Date	<u>e</u>			
Woodstown, NJ	or Type)	17	Title				Signature	1		09/	16/15			
Completed by (Print	OI TADET	1 -		t Administrate	or		XX							
Jennifer Strobel			Contrac	A Mullimatian			1 11			0.11	MORDIA	NYDOCS	ASBE	STC
V					6630		1/			9/18	3/00			
Mail to: NJDEP-D	SHW-BRR		Telepho	one 609-984-6	0020					45019010				
ANA E Sta	ate St. PU) 414												
Trenton, N	NJ 08625-0	J4 I 4												

CX 2026

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

Date of Notification (1)					Name	of Building	Owner/Oper	rator (2)					
9 /	15 /	15	Six Flags Great Adventure SEP 1 3 2315											
Agencies Notified	Type Notificat	ion			Street	Address								
⊠ EPA	☑ Initial				1 S	ix Flags I	Blvd, P.O.	Box 1	20					
⊠ DOLWD	Amended	#			City, S	tate, Zip C	ode						X 4 5 5 5 5	
☑ DOH ☐ DCA	Amendmer Emergency		ıdina		Jacl	kson, NJ	08527							
(NJAC 5:23-8)	justification		aum ig		Name	of Contact				Telephone Numb	er			
W	☐ Cancellation	on			And	Irew Whe	eler							
					FAC	ILITY IN	FORMATIC	N						
Name of Facility Where A	Abatement is Ta	king P	Place	(3)			. 4.		Type of Facility (4	1)				
Six Flags Great Adv	venture								School (K-12)	(Other than K-12)				
Street Address										vate and commer		lding	s,	
1 Six Flags Blvd	76								homes, etc.)					
City (5)									Square Feet	# of Floors	Blo	lg. Ag	je	
Jackson, NJ 08527														
County (6)					Coun	ty Code (7)	(STATE USE (ONLY)	Current Use (Price	or if being demolis	hed)			
Middlesex														
Name of Monitoring Firm	8	ng Ow	ner (8)	ASCM	No.	and the second s		nt Contractor (9)	_				
Bio Terra Solutions	5								NAGEMENT LL	.C				
Street Address							Street Addr							
P.O. Box 1224							27 Outw							
City, State, Zip Code							City, State,							
Union, NJ							Garfield	30	07026					
Project Manager for Mon	itoring Firm				phone		Telephone			License No.				
Rick Eustaquio	10				3-494		973-928			1188				
Start Date (10)09 /16 /				7.5	tion Da		Name of O		onitor NAGEMENT LL	.c				
Occupancy Status During	g Abatement (C	heck o	only o	ne)	100		Street Addr	ess						
☐ Facility Closed/Vacate	ed During Entire	e Perio	d of	Abate	ment		27 Outv	vater L	ane					
☐ Abatement Performed							City, State,	Zip Co	ode					
Time of Abatement: _	AM	PM/_		_PM-		AM	Garfield	I, NJ (07026					
Scope of Work (Check al	Il that apply)						D -							
□ >3 sf or >3 lf		Б	₹ Re	novati	on			III Cont ini-Encl	ainment with Neg losure	ative Pressure				
≥160 sf or ≥260 lf			11000000	molitic			ΠGI	ovebac	Procedure					
			- 6				⊠ No	on-Exer	mpted (*) and Nor	n-Friable Procedu				
Location	of			Locat Norma			Descri	ption o	f			atem		1
Asbestos-Containing	1.74		Use	d Sole	ely by	Asbe			terial (ACM)	Amount	Remova	Repair	Encapsulate	Enclosure
TO BE ABA				intena todial	nce/ Staff?	(i.e	, thermal sy surfacing			(Specify SF or LF)	nova	a:	aps	losu
IN Facili	ity			(12)			other misc			Si oi Li j	1 20		ulat	le le
			Yes	No	N/A				400				O	
Exterior					Transit	e Pipes			30 LF	\boxtimes				
		1												
		1	П	П										
												П	П	П
Name of Registered Was	ste Hauler	1,			JDEP '	Waste	Cubic Yard	s of	Name of Regis	tered Landfill		_	_	
All Pro Managemen				1 1	lauler II	D No.	Waste As Nee		IESI Landfi					
City, State					00340	500	Disposal D		City, State					
Garfield, NJ							TBD		Bethlehem	, PA				
Completed By (Print or T	ype)	Title					Signa	ture /	1 14 4		ate /	Unite	1.,	
Allen Monchik		Pro	oject	Man	ager		1		: 111		9/	15/	10)

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

Date of Notification (1)				Name	of Building	Owner/Operator (2	2)	A REF SERVE FOR		The state of the s	-		
7/29	15		Lou Meuller / Job #1506-1986 Chk. #4073										
Agencies Notified Type No	tification			Street	Address			QTT 13	i-v i	J			
☑ EPA ☐ Initia				88 9	South La	keview Drive							
☑ DOLWD ☑ Ame				City. S	tate, Zip C	ode							
	ndment #2	-				NJ 08026							
	gency (in	cluding			of Contact			Telephone Numb	er			100000	
(NJAC 5:23-8) justif	cation)				Randy W			releptione (valid	CI				
Li Gano	Cilation				•								
Name of Facility Where Abatemen	is Takino	Place	(3)	FAC	ALLIT IN	FORMATION	Type of Facility	(4)	93.00.000				
Residential Property	. IS Taking	1 1000	(3)				School (K-12	5.5					
Street Address								(Other than K-12)					
27 North Exter Avenue								rivate and commerc	cial bu	ilding	S,		
							homes, etc.)		D1				
City (5)							Square Feet	# of Floors		dg. Ag			
Margate				-			1140	1		1960			
County (6)				Coun	ty Code (/)(STATE USE ONLY)		ior if being demolis	ned)				
Atlantic							Vacant				200100200		
Name of Monitoring Firm Hired by	Building (Owner (8)	ASCM	No.	Name of Abateme	(-)						
Horizon Environmental						Asbestos an	d Mold Service	es, Corp.					
Street Address						Street Address							
PO Box 316						3859 Sylon B	oulevard						
City, State, Zip Code	115					City, State, Zip Co	ode						
Thorofare, NJ 08086						Hainesport, I	NJ 08036						
Project Manager for Monitoring Fir	m		Tele	phone l	No.	Telephone No.		License No.					
Dave Flanigan			85	6-848	-0800	609-702-0400		00862					
Start Date (10)	Sched	luled C	omple	tion Da	te (11)	Name of OSHA N	lonitor						
9 / 29 / 15	1	10_ /	_ 05	_ / _	15	EMSL Analyt	ical, Inc.						
Occupancy Status During Abateme	ent (Check	k only o	ne)			Street Address	X =						
□ Facility Closed/Vacated During	Entire Pe	riod of	Abate	ment		200 U.S. Rou	te 130 North						
☐ Abatement Performed Outside						City, State, Zip Co	ode						
Time of Abatement:AM	PI	M/	_PM-		AM	Cinnaminsor	n, NJ 08077						
Scope of Work (Check all that app	y)												
☐ >3 sf or >3 lf		⊠ Re	novati	on			tainment with Neg	gative Pressure					
⊠ ≥160 sf or ≥260 lf		10000000	molitic				g Procedure						
								n-Friable Procedur	е				
		7-7-6	Locat						Ab	atem	ent T	уре	
Location of			Norma d Sole			Description of		1	Re	Re	П	Щ	
Asbestos-Containing Material (TO BE ABATED	ACIVI)		intena			stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	ıcar	ıclo	
IN Facility		Cus		Staff?	(surfacing, VAT		SF or LF)	val	-	Encapsulate	Enclosure	
(13)		Yes	(12) No	N/A	-	other miscellane	ous)				ate	U	
Exterior				N/A	Transit	e Siding		1250 SF					
Garage					Door C			20 LF		H			
Laundry Room					Linoleu	7000000		20 LF 220 SF					
-		H		120,30								<u> </u>	
Bathrooms (2)			Ц.			ompound	TM	618 SF			Ш	Ш	
Name of Registered Waste Hauler			12.6	JDEP \ lauler I[Cubic Yards of Waste	Name of Regis						
Freehold Cartage, Inc.				02265		5	GROWS L	andīlii					
City, State						Disposal Date	City, State	Name of State of Stat			122		
Freehold, NJ						10/5/15	Morrisville	, PA 19067					
Completed By (Print or Type)	Title	9				Signature		Da					
Kimberly A. Trumbetti	C	ffice (Coord	dinato	r	LE CATE OF	V /		0-	(1-1	5		
ASB-41						7	\sim						

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

MAY 11

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

Date of Notification (1)				Name	of Building	Owner/Operator (2	2)		100000	a seeding.		
9 / 16 /	15	4		MFC	Real Es	tate Developme	ent / Jol	b #1509-2017	Chk	#40	74	
Agencies Notified Type Notifie	ation	C 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Street	Address			ULI	-	.010		
☐ EPA ☐ Initial				9 W	ester Dri	ve						
☑ DOLWD ☐ Amende ☑ DHSS Amendr				City, S	tate, Zip C	ode					+:	
☑ DHSS Amendr ☐ DCA ☐ Emerge	1	ding		Colf	ts Neck,	NJ 07722						
(NJAC 5:23-8) justifica		umg		Name	of Contact	Š.		Telephone Nun	nber			
☐ Cancell	ition			Chr	is Cleme	nte						
				FAC	CILITY IN	FORMATION						
Name of Facility Where Abatement is	Taking P	lace	(3)				Type of Facility					
Residential Property							School (K-12	2) 8 (Other than K-1	2)			
Street Address							Other (i.e., p	rivate and comme	ercial bu	ilding	s,	
232 Coleman Avenue							homes, etc.					
City (5)							Square Feet	# of Floors		dg. Ag	je	
Long Branch							1500	1		60	-1-3-34	
County (6)				Coun	ty Code (7)(STATE USE ONLY)	N	ior if being demol	ished)			
Monmouth							Vacant					
Name of Monitoring Firm Hired by Bu	lding Ow	ner (8	3)	ASCM	No.	Name of Abatem						
NA							d Mold Service	es, Corp.				
Street Address						Street Address						
						3859 Sylon E						
City, State, Zip Code						City, State, Zip C						
						Hainesport,	NJ 08036					
Project Manager for Monitoring Firm			Tele	phone	No.	Telephone No.		License No.				
**						609-702-0400	20	00862				
Start Date (10) 9 / 25 / 15	Schedule		57			Name of OSHA						
				/ _	15	EMSL Analyt	iicai, inc.					
Occupancy Status During Abatement						Street Address						
 ☒ Facility Closed/Vacated During Er ☒ Abatement Performed Outside of 					cribe		ite 130 North					
Time of Abatement:AM				s - Des		City, State, Zip C						
verhady and weekend	WOYN					Cinnaminsor	n, NJ 08077					
Scope of Work (Check all that apply)						☐ Full Con	tainment with Ne	gative Pressure				
≥3 sf or ≥3 If	-		novati			☐ Mini-End	closure	gaarorrootaro				
≥160 sf or ≥260 lf] Der	nolitic	on			g Procedure	on-Friable Proced	lura			
		le	Locat	ion	T	⊠ NO∏-Exc	stripted () and 14	Thable 1 10000		atem	ant T	VDA
Location of			lorma			Description	of			_		1
Asbestos-Containing Material (AC	M)			ely by		stos Containing Ma	aterial (ACM)	Amount	Removal	Repair	nca	Enclosure
TO BE ABATED IN Facility			ntena odial:	Staff?	(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)	lova	ai-	apsu	uso
(13)			(12)			other miscellane		31 01 21)	_		Encapsulate	Ге
	,	Yes	No	N/A		120000000000000000000000000000000000000						
Exterior				\boxtimes	Transit	e Shingles		1200 SF	\boxtimes			
	[
	1		П									
Name of Registered Waste Hauler			N	JDEP \	Waste	Cubic Yards of	Name of Reg	stered Landfill				- CT
Freehold Cartage, Inc.			Н	02265		Waste 5	GROWS L					
City, State				J		Disposal Date	City, State					
Freehold, NJ						9/29/15	Morrisvill	e, PA 19067				
Completed By (Print or Type)	Title					Signature	^]	Date		2 -	
Kimberly A. Trumbetti	Off	ice C	coord	dinato	r	DX.			9-16	-15	-	

ASB-41 MAY 11

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

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

Date of Notification (1)				Name	of Building	Owner/C	perator (2)		5 U			- 1	1
9 / 16 /	15			Way	ne Senio	or Citize	ns Runi	nymede Cor	p // Job #1502	2-1959	CI	ık.#	4075	5
Agencies Notified Type Notifica	tion			Street	Address				SEP	18	201	5		
				100	Runnym	ede Driv	ve .		0.55	-			100	0 - 1
□ DOLWD □ Amended				City, S	tate, Zip C	ode		1		1			1	
□ DHSS Amendment □ DCA □ Emergence	30 M (20 M)	ling		Way	ne, NJ 0	7470			70484Q			-		
(NJAC 5:23-8) justification		illig		Name	of Contact				Talanhana N	ımhar		1000		- 6
☐ Cancellati	on			Vino	y Bruno					ě				
				FAC	ILITY IN	FORMA	TION							
Name of Facility Where Abatement is T	aking Pla	ace (3)	5	- 1				Type of Facil	ity (4)					
Edward Sisco Sr. Citizens Villa	ge							School (K						
Street Address									er 8 (Other than K ., private and com		l bui	ildina	s	
100 Runnymede Drive								homes, e					500	
City (5)								Square Feet	# of Floors		Blo	lg. Ag	ge	
Wayne								9000	1		4	10		
County (6)				Coun	ty Code (7	(STATE U	SE ONLY)	Current Use	(Prior if being dem	nolishe	d)			
Passaic								R-2						
Name of Monitoring Firm Hired by Build	ling Own	er (8)	A	ASCM	No.	Name o	f Abatem	ent Contractor	(9)					
Criterion Laboratories						Asbe	stos an	d Mold Serv	ices, Corp.					
Street Address						Street A	ddress							
3370 Progress Drive, Suite J						3859	Sylon E	Boulevard						
City, State, Zip Code						5	ate, Zip C							
Bensalem, PA						Hain	esport,	NJ 08036						
Project Manager for Monitoring Firm		Т		ohone I		Telepho			License No).				
Mike Panepresso				5-244		609-7	702-0400)	00862					
The state of the s	Schedule						f OSHA N							
9 / 25 / 15	9_	- / -	28	_ / _	15	EMS	L Analy	ical, Inc.						
Occupancy Status During Abatement (Check or	nly one)			Street A	ddress							
☐ Facility Closed/Vacated During Entir						200 l	J.S. Rou	ite 130 North	า					
							ate, Zip C							
			141-		A LIVI	Cinn	aminso	n, NJ 08077						
Scope of Work (Check all that apply)							Ĭ		Negative Pressure	ENA	100	1410		
≥3 sf or ≥3 lf		Reno					Mini-End	closure	regative i ressure	LIC	100	VOIS		
☐ ≥160 sf or ≥260 lf		Demo	litio	n				g Procedure	Non-Friable Proc	adura				
		Is Lo	cati	on		3.	I NOTI-LA	inpled () and	TAOI-I Hable I Too	Caulo	Δh	atem	ent T	Vne
Location of		Nor				De	scription	of		+				
Asbestos-Containing Material (ACM		Used S Mainte				stos Cont	aining Ma	aterial (ACM)	Amount		₹em	Repair	nca	ncl
TO BE ABATED IN Facility		Custod			(i.e		systems	insulation,	(Specify SF or LF)		Removal	air	Encapsulate	Enclosure
(13)	1	- 1	12)				niscellane		0.0.2.				llate	9
	Y	es l	No	N/A							2000		2000	
Unit 601,701,602,702,603,703,604	, []_	\boxtimes	VAT				600 SF pe	er	\boxtimes			
704,605,705,606,706					No.									
] []			.								
Name of Registered Waste Hauler				JDEP \		Cubic Y	ards of	Name of R	egistered Landfill	-				leann in the same
Freehold Cartage, Inc.			100000	auler II 02265		Waste 5		GROWS	S Landfill					
City, State				J		Disposa	l Date	City, State			51			
Freehold, NJ						9/28/	15	Morrisv	ille, PA 19067					
Completed By (Print or Type)	Title					Sig	nature	ń		Date				
Kimberly A. Trumbetti	Offic	ce Co	Coordinator 9-16-15											

ASB-41 MAY 11

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



ASB-41

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

								1	2 2/2	ann rawn			
Date of Notification (1)	Na	me of Build	ding Owne	r/Operator (2	2)	31			rn sh	0015			
0 9 / 2 2 / 1 5		REWSTI	ER REAI	LTY				8	EP 13	0			Mary
Agencies Notified Type Notification Type N	on Stre	eet Addres	S				1						A11 1000440
_	6	35 WEST	TFIELD .	AVENUE									
DEP LAIAEITEITIER	Cit	y, State, Zi	p Code										
□ Emergency	— II ,	ELIZABE	ETH. NJ	07202									
DOH (including		me of Cont						Telepho	ne Numbe	r			
justification)		DITTII D	DEWICT	70									
Cancellation		RUTH B						1					_
			FACII	LITY INFOR	MOITAM	1							
Name of facility where abatement is	taking plac	e (3)					Type	of Facility	(4) ool (K - 12))			
RESIDENTIAL HOME								=	hapter 8 (0		an K-	12)	
Street Address								Othe	r (Private/C	Comme			
59 PALISADES ROAD							Sau	are Feet	# of Floo		Blo	g. Ag	ge
City (5)	Count	v (6)			Col	inty Code (7)	-	.,					ž
Oity (0)		, (-)				ate use only)	Cur	rent Use (Prior if beir	ng dem	olishe	d)	
ELIZABETH	UNI	070700				scort.							
Name of Monitoring Firm Hired by I	3ldg. Owner	(8)		ASCM No.		Name of Abateme							
						D & S RESTO	RATIO	N, INC.					
Street Address						Street Address							
4						20 California	(397/97/37/30/0						
City, State, Zip Code						City, State, Zip Coo							
						Paterson, NJ			Fire	. N.L			
Project Manager for Monitoring Firm		Pho	one Numb	er		Telephone Number 973-345-80				e Numb 01169	er		
						Name of OSHA M				01102		_	
Start Date (10)	Sched.	Completio	n Date (11)		D & S Restor		c					
09/22/15	10/14/	/15			- 1	Street Address	ation, in	-					
Occupancy Status During Abatemer						20 California	Avenue						
Facility closed/vacated during	entire perio	d of abater	ment.			City, State, Zip Co							
Abatement performed outside	of normal fa	acility hour	S-										
Describe: NORMAL H	OURS					Paterson, NJ	07503						
Scope of Work (check all that appl							☐ Full Co	ntainmen	t w/negativ	e press	ure		
$\boxtimes > \underline{3} \text{ sf or } > \underline{3} \text{ lf}$	Renovation	1				Ī	=	nclosure		•			
≥160 sf or ≥260 lf	Demolition					Į.		ag proced		61.1.1.	101102		
<u> </u>	The committee of the control of	normally u	rod coloh	,			Non-E	xempted	(*) and Nor	1-mable	R	E	, T
Location of asbestos-containing		nance/cust				achastas containing	.	Amount		е	е	n	E n
material (acm) to be	staff(12)				al (ACM	asbestos-containing)	1	(Specify		m	p a	c a	C
abated in facility (13)	Yes	No	N/A		•	•		LF)		V	i	p	L
Dagament			1	Pipe Insu	lation		2	01 linear	feet	e	Γ	П	
Basement				1 ipe msu	i i i i i i i i i i i i i i i i i i i						H	H	一
				1					0.60	+	H	H	H
				1						╡	H	片	H
]]]]						-	H	H	H
Registered Waste Hauler	N.IDF	P Hauler I] L D# C	ubic Yards o	of Waste	Name of Registe	ered Landf	ill		_			
D & S RESTORATION, INC.	135	06		2 yards		TULLYTOW	N, RES	OURCE !	RECOVE	RY			
City, State			Disposal D			City, State	10) 00000000000000000000000000000000000						
PATERSON, NJ 07503			09/2	3/15		TULLYTOW	VN, PA						
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDI	ENT		Signature	30	61-120	DI.		Date 9/11	2015			
ASB-41			for asbest	os licensure	exempt	ed activities.				2010			
(CD T I						9/							

CK 006132

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

D&S Proj. #: 2015-322

2013-322			(1 0100	ant to 140710	0.00	4114 12.120)				= [
Date of Notification (1)	TIN:	ame of Bu	ildina Own	er/Operator (2))			* **	- 8 1 150	1.			
10 19 / 12 11 / 11 15 1			honbraun	o,, operator (2)				SEP 13	2015				
Agencies Notified Type Notificati	-	reet Addre											
EPA Initial		30 Lake	Road										
DEP Amended #:		ty, State, 2											
□ Emergency	-	Short Hi	lls, NJ 07	078									
DOH (including	Na	me of Cor						Telephone	e Number			150	
DCA justification)		David S	chonbrau	n				ı					
		David 5		LITY INFORM	IATION	·							
Nome of facility where obstances is	a talijas pla	22 (2)	FAC	LITTINIONIV	ATION		LIT	pe of Facility (4	1)				
Name of facility where abatement is	s taking pia	ce (3)					' '		+) (K - 12)				
David Schonbraun								Subcha	apter 8 (O	ther th	nan K	-12)	
Street Address									Private/Co Homes, e		rcial		
30 Lake Road							S		# of Floor		BI	dg. Ag	je
City (5)	Coun	ty (6)			0.0000000000000000000000000000000000000	nty Code (7)							
Short Hills	Esse	v			(Sta	te use only)		Current Use (Pr	ior if bein	g dem	olish	ed)	
Name of Monitoring Firm Hired by I		17.71	1	ASCM No.	<u> </u>	Name of Abateme	nt Con	tractor (9)					
						D & S RESTO	RATI	ON, INC.					
Street Address						Street Address							
						20 California	Ave.						
City, State, Zip Code						City, State, Zip Coo	de						
						Paterson, NJ							
Project Manager for Monitoring Firm		Ph	one Numb	er		Telephone Numbe			License	Numb 1169	er		
						973-345-802 Name of OSHA M	5178			1109			
Start Date (10)	Sched.	Completion	on Date (1	1)		D & S Restor		Inc.					
9/21/15	10/13	/15				Street Address							
Occupancy Status During Abatemer						20 California	Avenu	ie					
Facility closed/vacated during Abatement performed outside						City, State, Zip Coo	de						
Describe:		acility flou	15-										
Other-Describe: NORMAL H					-	Paterson, NJ							_
Scope of Work (check all that apply >3 sf or >3 If	1.5					Ĺ	=	Containment w -enclosure	/negative	press	ure		
	Renovation							ebag procedur	e				
≥160 sf or ≥260 lf	Demolition						Non	-Exempted (*)	and Non-		_	edure	
Location of	Is location by mainte		used solely todial							R	R	E n	E
asbestos-containing material (acm) to be	staff(12)		-	Descripti material		sbestos-containing		Amount (Specify S	For	m o	р	С	n c
abated in facility (13)	Yes	No	N/A	- material	(/ (0111)			ĹF)		v	i	a p	L
Basement		X		Pipe Insula	ition			35 linear fee	t	e	r		
			i	1									盲
2													
Registered Waste Hauler D & S RESTORATION, INC.	NJDE 135	P Hauler	1000000	ubic Yards of		Name of Register			COVER	v			
City, State		00	Disposal D	Cubic Yard	18	City, State	N, KE	SOURCE KE	CUVER	I	-	-	
PATERSON, NJ 07503				2/15		TULLYTOW	N, PA						
Completed by (Print or Type)	Title			Signature		1 0 ds			Date				

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

09/11/2015

BOGDAN JOLDZIC

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

CE# 2870

Date of Notification							er / Operator		(2)			1/	,	- 1				
A	9/15		4*	_					101	1107 110143	_			6.77	, ~	-	_	
Agencies Notified	Type I	Votifica	ation	1			ddre	20000						SEP	13	201)	
								e Ave	0.0000000000000000000000000000000000000									
☐ DEP	\boxtimes	Initial						Zip C						¥				
□ DOL		Amer	nded	1	Ton	is l	Rive	r New	v Je	ersey				4	N.			
□ DOH		Emer	gency		Nam	e o	f Cor	ntact						Te	lepho	ne N	umb	er
☐ DCA			ellation	1	Alex	B	aylo	r						19				
					F	ACI	LIT	/ INF	OR	MATION	-							
Name of Facility Wh	nere Al	nateme	ent is Taking Pl	ace (_	Type of Facili	itv	(4)						
Toms River Gara				acc (.	٥,				- li	School (
	ige w	OIK C	enter						-1			r 8 (Other tha	n K 1	2)				
Street Address									- !								١-١	
58 Terrance Ave	nue											private & com					(C.)	
									_ 5	Square Feet		# of Floo	rs	Blo	ig. Ag			
City (5)			County (6)	Co	unty	Co	ode (7)		6100	_		1			80		
Toms River			Ocean						10	Current Use ((Pi	rior if being de	emolis	hed)				
										COMMUNIC	CA	TIONS						
Name of Monitoring	Firm F	lired b	y Building Own	er (8))		ASC	M No.				ment Contrac						
TTI ENVIRONME				1.5								VIRONMEN	TAL I	NC				
Street Address									123	Street Addres								
1253 NORTH CH		STR	EET							1123 BEAV								
City, State & Zip Co									100	City, State &		### 50 M (
MOORESTOWN,	NJ 08	3057								BRISTOL, F								
Project Manager for	r Monit	oring F	irm	Tele	phor	ne N	lumb	er		Telephone N	un	nber	1	License Nu				
Harold Baldwin									12	215-788-604	40	1			0050	9		
Scheduled Start Da	te (10)		Scheduled Con	npleti	on D	ate	(11)			Name of OSH				e Belletina				
9/30/15				10/2					_			VIRONMEN	TAL	INC				
Occupancy Status I									- 1	Street Addres								
			During Entire P						-	1123 BEAV							_	
			utside of Norma	al Ho	urs -	- /8	am to	3pm		City, State &								
Describe:									- 1	BRISTOL, F	PA	19007						
Facility Occ	4			-0.535			n-ca-			4211								
Scope of Work (Ch	eck all	that ap	oply)								_	7 - "0				D		
52-151				2							Ļ			ent with Ne	gative	Pres	ssure	•
≥3 sf or ≥3 l	lf			\boxtimes	R	eno	vatio	n			2	Mini-End						
≥160 sf ≥26	60 If				D	emo	olition	1				Glove Ba						
														d and Non-				
L	ocation	of		Is	Loc	atio	n			Description	n	of	F	Amount	Ab	atem	ent T	уре
Asbes	tos-Co	ntainin	g	Nor	mall	y U	sed		Α	sbestos-Con	nta	ining		Specify				
	terial (A		~	5	Solel	y by	/			Material (A	CI	M)	S	F or LF)			E	ш
TO I	BE AB	ATED		Mair						.e., thermal s					Remova	Repair	Encapsulate	Enclsoure
i	n Facil	ity		Cust			aff?			ulation, surfac					VOL	pai	nsc	Sou
	(13)				(12	_			or	other miscell	lar	neous)			<u>a</u>	~	late	ē
				Yes	No	0	N/A											
Office Area				\boxtimes						Pipe insula	ati	ion		20 If				
			7															
		T	1	\sqcap														
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Name of Registered	d Mact	a Haul	er		1-	7 1	FP \	Naste	Cu	ibic Yards	1	Name of Regi	steren	d Landfill				
Name of Registered	u vvasi	e naui	CI					No.		Waste	1	rianic or regi	010100	Lariaiiii				
SERVICE TRANS	SPOR	TGRO	OUP, INC.		1.0	209			1		1	MINERVA L	AND	FILL	/			
City, State			,						127	sposal Date	- 10	City, State			/			
NEW CASTLE, D	E 197	20								//		WAYNESBL	JRG,	OH 44688	3			
Completed By (Prin					-	Fitle			Sic	gnature	1	761		/	Date			
PATRICK T. DeC		100			VIGR.	1	W 1 1/4	1	1 Mel	11		9/15						
		- [1	1 allust	/ «	0 10 9	un								

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification	(1) 9/15/15						Owner / Operator			4		-		
Agencies Notified EPA	Type Notifica	ation	5	Street	Addre	ess	a Avenue		II	SEP 1	3 20	15		
☐ DEP			(City, S	state 8	Zip C	ode		1				17	
□ DOL	Amer Amer						New Jersey				200			
□ DOH □ DCA		gency			of Co					Te	lepho	ne N	umb	er
	☐ Cand	ellation	F	ALEX	BAY	LOR				577				
					CILIT	Y INF	ORMATION				102000			
Name of Facility WI			ace (3	5)			Type of Facilit							
Egg Harbor City Street Address	Central Off	ice					School (K	(-12) ter 8 (Other	than K	12)				
301 Philadelphia	Λνοπιιο									iz) cial buildings	hom	AS A	tc)	
3011 Illiadelpilla	Aveilue						Square Feet		loors		g. Ag		το.,	
City (5)		County (6)	Co	untv (Code (7)	6400	,, ,,	1	5.0	9.7.9	75		
Egg Harbor City		Atlantic		•	,		Current Use (Prior if being	demol	ished)				
							COMMUNIC							
Name of Monitoring USA ENVIRONM			er (8)		ASC	M No.	Name of Abat BRISTOL E							
Street Address		WOLINEIVI			-		Street Addres	S						
City, State & Zip Co	SCHOOL STORY OF THE SECOND						1123 BEAVE		1					
PHILADELPHIA I							City, State & Z BRISTOL, P							
Project Manager for		irm	Telep	hone	Numb	per	Telephone Nu			License Nu	mber			
MARK JENKINS			215-				215-788-604	10			0050	9		
Scheduled Start Da		Scheduled Con			te (11))	Name of OSH							
9/28/15			9/30				BRISTOL EI		ENTAL	INC				
Occupancy Status I		nent (Check or During Entire P			ateme	nt	Street Addres 1123 BEAVE		Т	20				
		utside of Norma					City, State & 2							
Francis Co.	5 PM - 1 A					•	BRISTOL, P	1.75	M.					
- November	upied During							was westerned as a						
Scope of Work (Ch	eck all that ap	ply)							`antainn	ant with No.	a a tive	Dros	01150	
☐ ≥3 sf or ≥3	f		\boxtimes	Ren	ovatio	n			Enclosu	nent with Ne	galive	ries	Suie	123
≥160 sf ≥26			H		nolition					ocedures				
									•	ed and Non-l	riable	Pro	cedu	re
1000	ocation of			Locat			Description			Amount	Aba	atem	ent T	ype
	tos-Containin	g		nally l			Asbestos-Cont			(Specify SF or LF)			ш	
	erial (ACM) BE ABATED	6	Main	olely l tenan			Material (AC (i.e., thermal sy		,	SF UI LF)	Re	æ	nce	Enc
	n Facility		Custo			i i	nsulation, surfac	ing, VAT			Remova	Repair	Encapsulate	Enclsoure
	(13)		\/	(12)	B1/A		or other miscella	aneous)			<u>a</u>	_	late	ıre
			Yes	No	N/A		D: 000		_	45.05				
AC Unit 2-2					Ш		Pipe fittin	gs	-	15 SF		Ш	Ш	ш
									-		-			
							·		_					
											-			
									-					
Name of Registered	Waste Haul	er		N.I	DEP V	Naste.	Cubic Yards	Name of R	eaistere	d Landfill				
Trame of registered	a vvasto i laul	OI.		A 5.2505	uler ID		of Waste	Traine or re	ogiotoro	a <u></u>				
SERVICE TRANS	SPORT GRO	UP, INC.		20	990		20	MINERVA	LAND	FILL				
City, State	E 10720					æ	Disposal Date	City, State	BIIDO	OH 44688				
NEW CASTLE, D Completed By (Prin				Tit	0		Signature	AAWINES	DUNG,	J11 44000	Date			
PATRICK T. DeC				11000		MGR.	Oignature				9/15/	15		