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

Gordana Luna

Secretary/Treasurer

2014-169

B & G proj. #: Date of Notification (1) Name of Building Owner/Operator (2) 10 19 1/12 13 1/11 14 Alice Negron Type Notification Agencies Notified Street Address ☐ EPA 321 N Fullerton Avenue X Initial DEP City, State, Zip Code Amendment X DOL Montclair, NJ 07042 X DOH Name of Contact Telephone Number Cancellation ☐ DCA Alice Negron FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Alice Negron Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 321 N Fullerton Avenue Square Feet | # of Floors Bldg. Age County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Montclair, NJ 07042 Essex residential Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Telephone Number License Number Phone Number (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 10/03/2014 10/04/2014 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition Renovation ☐ Full Containment w/negative pressure >3 sf or >3 If ≥160 sf or ≥260 lf Mini-enclosure Non-friable procedure Is location normally used solely Location of E by maintenance/custodial e е asbestos-containing n Amount Description of asbestos-containing n m staff(12) p C material to be (Specify SF or material (ACM) C 0 a a abated in facility (13) Yes No N/A V p main room / boiler room pipe insulation / pipe insulation 12 If / 42 If X laundry room 18 If X X pipe insulation X small & large storage room pipe insulation 4 If & 7 If X large crawl space 9 If X X pipe insulation 8 If X small crawl space pipe insulation Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. 19563 Tullytown Resource & Recovery Center Disposal Date City, State Lincoln Park, NJ Tullytown, PA 10/06/2014 Signature Completed by (Print or Type) Date Title Gordana Luna

09/23/2014

State of NJ

B & G proj. #:

2014-168

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

Check # 6794

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Street Address								X Other	(Private/C	omme		-12)	
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Street Address							Street Address	on, inc.			-		-
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City, State, Zip Cod	е						City, State, Zip Code Lincoln Park, I	NJ 07035					
Project Manager for	Monitoring Fire	n	Ph	one Numb	per	009	Telephone Number		License		er	_	
			icheriuted (Number	(973)696-6869		00	378			
Scheduled Start Da	te (10)	Sche	d. Completio	on Date (1	1)		Name of OSHA Moni B & G Restorati						
10/03/2014	periodical and the	10/	04/2014			1	Street Address	911, 1110.					
Occupancy Status I	7						105 Ryerson Ro	oad		9			
Facility closed	I/vacated during erformed outside						City, State, Zip Code						
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B & G Restorat			19563		1/2		Tullytown F	Resource & Re	covery	Cent	er		
City, State Lincoln Park, N	IJ			Disposal D 10/	06/2014		City, State Tullytown, F	PA	10			,	
Completed by (Print Gordana Luna	or Type)	Title Secreta	ry/Treasu	rer	Signature	Q	Jordana Luna	_ 141	Date 09/23	3/201	4		

(K 9753

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DEP DOL Amended Amended Amendment # Emergency (including justification) Cancellation	ROL	
School (K-12) Subchapter 8 (Other than K-12) Square Feet # of Floors Square Facility (5) Square Feet # of Floors	ldings, hon	
Name of Facility Where Abatement is Taking Place (3) Hamilton Square Street Address 1700 Nottingham Way City (5) Square Feet # of Floors	ldings. hon	
Street Address 1700 Nottingham Way City (5) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial builetc.) Square Feet # of Floors	ldinas. hon	
City (5) Square Feet # of Floors	3-1	nes,
195,000	Bldg. Age	
County (6) Mercer County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) office		
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental ASCM No. Name of Abatement Contractor (9) Alliance Environmental Systems, Inc.		
Street Address 617 Stokes Rd. Street Address 550 East Union St.		
City, State, Zip Code Medford NJ 08055 City, State, Zip Code West Chester, PA 19382		
Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mark Rubnitz 888-715-2211 610-701-9000 00508		
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10/7/14 1/31/15 Finog Environmental		
Occupancy Status During Abatement (Check Only One) Street Address		
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Abatement Performed Outside of Normal Facility Hours Other – Describe: Abatement Performed Outside of Normal Facility Hours Other – Describe:	100	
Scope of Work (Check All That Apply) Medford, NJ 08055		
≥3 sf or ≥3 lf □ Renovation □ Person □ Renovation □ Person □ Renovation □ Person □ Renovation □ Mini-Enclosure □ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure		
Is Location	Abatemer Type	nt
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Normally Used Solely by Maintenance/ Custodial Staff? (12) Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Round Amount (Specify SF or LF)	Encapsulate Repair	Enclosure
Yes No N/A	a te	0
roof X Built up roofing 195,000 SF x		
Units 2 & 3 X flooring mastic 39,200 LF X		
Unit 3 X Pipe fittings 200 ea x		
Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 17273 Name of Registered Landfill Name of Registered Landfill Name of Registered Landfill Name of Registered Landfill Grows Landfill		
City, State Camden, NJ Disposal Date City, State Camden, NJ Various Falls Township, PA		
Completed by Robert M. Casciato Title Signature Date 9/22/14	1	

CK# 2453

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DOH justification)		1	mik					J	٠.٠			
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Name of Monitoring Firm Piles by Bullong	011101 (0)					nsulation Co.,						
Street Address			1		Street A 95 Mic	ontrose Road	i					
City, State, Zip Code						ate, Zip Code Neck, N.J. 07	722					
Project Manager for Monitoring Firm			Telephan	e No.	Telepho 732-2	ne No. 94-1757		License N 00029	0.			
Start Date (10)	Scheduled	Com	plation D	ate (11)	Name of	f OSHA Monitor						
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Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other - Describe:	Period of Ab	atem	ent		City, Sta	ate, Zip Code						
Scope of Work (Check All That Apply)					prom.							
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City, State, Zip Code				-	1		p Cade (, N.J. 0	7722						
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

CK 4380.

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Name of Facility Where Abatemer Steven Sanvik Private Hor							of Facility (4) School (K-12 Subchapter 8)	r than K-12	Ň			
Street Address 126 West Bonita Way			0.00			×	Other (i.e. pr etc.)	ivate &	commercia	l buildi			s,
City (5) Lavallette NJ 08735						100		1	Floors	35	dg. Aq +	je	
County (6) ocean			County C	ode (7) SE ONLY)		— Curre	ent Use (Prio ne	r if bein	ng demolish	ed)			
Name of Monitoring Firm Hired by N/A	Building Owner (8)		ASCM	No.		Name of Aba Pernaco I	atement Cont	ractor	(9)				
Street Address			1			Street Addre							
City, State, Zip Code						City, State, 2 West Ber	Zip Code Iin NJ 0809	91					
Project Manager for Monitoring Fi	irm		Telephon	e No.		Telephone N 856-753-9	No.		License No	0.		_	
Start Date (10)			npletion D	Date (11)		Name of OS Same							
9/25/14	9/30/1	C 2000				Street Addre							_
Occupancy Status During Abaten Facility Closed/Vacated Duri Abatement Performed Outsi Other – Describe:	ing Entire Period of	Abaten	nent s		_	City, State,							
Scope of Work (Check All That A	pply)											70,	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				H M	ull Containme lini-Enclosure llovebag Prod lon-Exempted	e cedure				e	
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		s Locat Norma									Ty	ре	
Location of Asbestos-Containing Materia TO BE ABATED In Facility (13)	I (ACM) Us M: Cus	ed Sole aintena stodial (12)	ely by ince/ Staff?		os Cor therma surfa	escription of ntaining Material systems insuacing, VAT, or miscellaneous	ulation,	(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Exterior Siding	Yes	No	N/A X		Fyt	erior Siding		10	000 SF	x	-		-
Exterior Siding		-	+^-		LAL	enor ording				+	-		1
		-	-							+	-	\vdash	
-		\vdash	-		-								
Name of Registered Waste Haul	er	100	NJDEP W		Cubi of W	c Yards	1000 St. 100	120	ered Landfi	II			
United Containers		1 (2)	Hauler ID 22459	INU.	3		G.R.O.						
City, State Elm NJ	3000				9/30		City, Sta Morris		A 19067				
Completed by Anthony T Perna	Title Pre:	sident	:			Signature			11 123	ate /24/1	4		

7			7					-		a 120°	
The state of the s	P-23-1		Nar	E TV N	ing Owner/Opens (IFER	HUM	MELLE	25	PM	1 5	-
Agencies Notified	Type Notification	an .	Stre	2 2	E DE	LAWAR	E DR.			-	Con Page
☑ DOL	Amended Amendmen		City	State, Zh	A PROPERTY OF THE PROPERTY OF		- Hobbis	r SN		N.	OL.
☐ DOH ☐ DCA	Emergency justification Cancellation).		ne of Con	act		Telephone N	_	7	<u> </u>	7
	C consciona	· 			PLII-CK	15	-y ,		,		حجت
Name of Facility Where	Abatement is Tak	ing Place (3)		PACALITY II	e-Ordination	Type of Faci	y (4)				
	•			-		School (K	-12)				
	ELAWI	PRE	DR	? ,		Other (Le.	er 8 (Other thèn i ., private & comm tr.)	ercial b	uilding	is,	
City (5) LITTLE	EGG	HAR	BOI	R	NJ	Square Feet	# of Flogrs		Bldg.	Aga	,
County (6)	DEAN	/	Co		(7) (STATE	Current Use	Prior to being dear	olisher	i)		***************************************
Name of Monitoring Firm (8)	Hired by Building	Owner	ASCA	ANO.		ment Contractor	USTRIE	<	INC		
Street Address					Chront Addingo		TRAIL		// (==.
City, State, Zip Code					City State, Zip	Code		124	/		==.
Project Manager for Mon	tering Firm	l Te	lephone	: No.	BR.19	-K // \	License No.	29	-		-
					732 89	9-1490	01	19	6	 .	
Start Date (10)	14 Sohe	duled Compl	etoh/D	ate (11)	Name of OSHA	Monitor				1011	
Occupancy Status During					Street Address						
Facility Closed/Vacate Abatement Performed Other - Describe:					City, State, Zip (Code				-	==-
Scope of Work (Check all	that apply)		==		l						
≥3 sfor≥3 lf ≥160 sfor≥260 lf		Renova			Mini-En Gloveb	ndosure ag Procedure	egative Pressure Ion-Friable Proces	deme			
4		is Locati Normali		-	144.5			-	Abate Typ		
Location of Ashestos-Containing Ma		Used Sola Maintener	dy logy	Aches	Description o tos Containing Ma		Annount	-	1	1	\vdash
TO BE ABATE IN Fedity (13)		Cuştedi Staff? (12)	ai		thermal systems surfacing, VAT other miscellane	inetation, or	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosura
•		Yes No	N/A		-					ete	- 25
EXTERIOR 5	iding	· F	4	7	RANSITE.	siding	80050	FIL			
			\vdash	- 17				+	Н	\dashv	-
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Name of Registered Waste BRICK /W/	Heller USTRIE		07%		Outbic Yards	Name of Reg	ROU	/ <			
Chy. State BRICA		WJE			Disposal Date	City, State	PA				=
Completed By	Title		and the same of	7	Signature	(4)	Date	1/2	2/	14	-
ERIC PLAC	1(13)	PRE	3 %		1 11	Alae	4 7	10	//	1	$=$ \rfloor

Date of Notification (1)	P-23-14	,	Na		ng Owner/Operator	HUM	Motion of 20		4.1	-	
Agencies Notified	Type Noticeton		Str	of Arthres		AWARE		-	7-14	-	1
☐ BPA □ LØEP	[7] iratisi □ Amendad	3		22					-	טגו	
☑ DOL	Amendment t		1 02	State, Zip	EEGGI	YAR BOX	Na.Lac	N3	HQ	/	
☐ DOH	Emergency (in justification).		Ne	ne of Comb	ct		Telephone Numb	er	7	-	
□ DCA	Cancellation				PLACKI	<u>s</u>	- 8/				
	•			ACELITY IN	FORMATION	1 7	/				_
Name of Facility Where	Abatement is Takir	g Place (3	1	-		Type of Facility School (K-	12)	·			A PARTY OF THE PAR
Street Address 122 E 1	ELAWA	RE	DA	₹ ,		Other (i.e., homes, etc		buik			
City (5) LITTLE	EGG	HAR	BO	R	NJ	Square Feet	\$ of Floors		dg. A	2	
2	DEAN	7	T Co	unity Code SE ONLY)	(7) (STATE	E	mar if being demolis	hed)			
Name of Monitoring Firm (8)	Hired by Building	Owner	ASC	M-No.	BRIC	ment Contractor (K (M)	STRIES	11	<i>y</i> <		
Street Address			1,5	-	Street Address	4T/CK	TRAIL				
City, State, Zip Code	-	No. of Sec.			City State Zp C	K NJ	1.0872	4		- 1, 2 =	
Project Manager for Mor	iliquing Firm	17	elephor	e No.	Telephone No.	2-1490	License No.	90	/		
Start Bate (10)	14 Sohe	duled Com	pieton	Date (11)	Name of OSHA!		V	/			
Occupancy Status Durin	o Abatement (Che	ck only on	E)		Street Address						=
Facility Closed/Vacat	ed During Entire Po	eriod of Ab	atoment								_
Abatement Performer Other - Describe:	i Outside of Norma	I Facility H	OLES		City, State, Zip C	ode .					
Scope of Work (Check a	a that apply)	Reno	rofina		☐ Full Cor		egative Pressurè				
≥3 sf or ≥3 ff ≥160 sf or ≥260 ff		Demo			Gloveba	ao Procedure	on-Friable Procedum				_
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Location of		Used So Mainter		Aches	Description of tes Containing Wel		Amount		1		\neg
Asbestos-Containing N TO BE ABAT	ED .	Cuşto	diat	(i.e.	, themsel systems i	natiation,	(Specify SF or LF)	교	2	noa	Enc
IN Facility (13)		(12			surfacing, VAT, other miscellanes	MS)	. S. G. L.)	Removal	Repair	Encapsulate	Enclosura
Ý.		Yes N	lo N//							5	9
EXTERIOR :	siding		V	17	RANSITE	Siding	80050.6	V		\dashv	
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Rame of Registered Was	to Herter			Waste	Cubic Yards	Name of Reg	istered Landiil	<u> </u>			\dashv
BRICK IN	DUSTRIE	S (No	201	600	of Waste	5	ROW	5			_
Chy. See RIC	K Ne	n J	ER.	Sey	Disposal Date	City, State	PA	1	·	_	
ERIC PUT	ckis Inte	PR	E 5	-,	Signature	Alae	2 Date 9/	23	3//	14	

Date of Notification (1)	7_23-14	1	Name of Buildin	g Owner/Operator	FOLLAN	D -				
Agencies Notified	Type Notification			SPREY		4 SEP 26 PE	4:	53		
DEP DDP DOL	Amended Amendment		City, State, Zip (Code PIVER	· NJ &	STATES CO	NTI	10L	Participal Control	
□ DOH □ DCA	Emergency (in justification). Cancellation	icitizing .	Name of Contac			Telephone Numb	er _			
	<u> </u>		FACILITY IN	CRMATION		/				
Name of Facility Where	Abatement is Takin	g Place (3)			Type of Facility School (K-1:)			
Street Address 05	PREY 1	AVE.			Other (i.e., p	rivate & commercia	il build			
City (5) TOM	s Rave	ER.	087	2.2	Square Feet 806	# of Floors	1	dg. Ag 50	5	
	HN.		County Code (USE ONLY)		Elm		hed)			
Name of Menitoring Firm (8)	Hired by Building	Owner	ASCM-No.	BRICK	ent Contractor (9 (/ N D いら	TRIES /	VC			
Street Address		· · · · · · · ·			IATICK	TRAIL				
City, State, Zip Code		N. San			ICK /		37.	24	/	
Project Manager for Mor	nitering Firm	Tele	ephone No.	Telephone No.		License No.	9	6		
Start Date (19)	Scher	Juled Comple	S 14 (11)	Name of OSHA	danjier					
Occupancy Status Durin				Street Address						
Facility Closed/Vacat Abatement Performer Other - Describe:	ed During Entire Pe d Outside of Norma	eriod of Abate I Facility Hou	meni US	City, State, Zip C	ode .				-	=
Scope of Work (Check a	all that apply)			150= # 0	dainment with Ne	estive Deservin				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		☐ Renovati ☑ Demotito		Mini-End	dosure o Procedure	n-Friable Procedur	e			
1.0		is Locatio		1 1 tent and				baten Typ		
Location of Asbestos-Contesting N TO BE ABAT IN Facility (13)	Aaterial (ACM)	Normally Used Solet Meintenen Custodie Staff? (12)	y by ce/ Asbes	Description of tos Containing Mat thermal systems it surfacing, VAT, other miscellaneo	eriel (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	4	Encapsulate	Enclosura
	· · · · · · · · · · · · · · · · · · ·	Yes No	N/A	M /I	NERITM	1200 SF	V	4	-	
	BOARD		V 17FC	11 1 6101	N/-KITION			1	\neg	
DRY WALC	1 aprik D									
							Ш			\Box
Name of Registered Was BRICK INI	DUSTRIES		LIDEP Waste Leuler ID No. 2 1 6 0 2	Cubic Yards of Waste	G	R.O.W.	2			
City, State BRICK -	NJ			Disposal Date	City, State	PA			_	
Completed By	ACKIS _	PRES		Signature/	Mach	Date	_2_	3 -	19	<u>/</u>

Date of Notification (1) 04/01/14				- 1		Building C A BRAS		perator	(2)		2014	SEP ;	26	PM	1.0	50	
Agencies Notified EPA	Type Notif					DEMY		ET				EST					
DEP X DOL	Amer Amer	ndment #			9.50	e, Zip Coo TAWAY		8854				& LIC	EN	SIF	G	υL	
DOH DCA	justifi	rgency (i ication) cellation	ncluding	- 1-	Name of DONN						Tele	phone N	Numb	er			
					FACIL	ITY INFO	RMAT	ON									
Name of Facility Where Address 48 ACADEMY STR		is Taking	Place (3)	N 29						of Facility (4) School (K-12 Subchapter 8 Other (i.e. pri) 3 (Othe	er than K	(-12) ercial	build	ngs,	nome	s,
City (5) PISCATAWAY, NJ										etc.) re Feet)	# of	Floors	T	BI	dg. A	ge	
County (6) MIDDLESEX COUR	NTY				County C	ode (7) SE ONLY)	·	_	Curre	nt Use (Prior ∕IE	if bei	ng demo	lishe	d)			
Name of Monitoring Firm	Hired by B	uilding C	wner (8)		ASCM	No.				tement Control PROFES			8				
Street Address	. 14								Addres	s DOVE CO	URT						
City, State, Zip Code										ip Code OD, NJ 08	701						
Project Manager for Mor	nitoring Firm	1			Telephor	ne No.		11/30/2003/2004	none No 668-9			Licens 1200	e No.				
Start Date (10) 10/02/14			Schedule 10/02/1		mpletion (Date (11)		100000000000000000000000000000000000000		HA Monitor O PROFES	SSIO	NALS			16		
Occupancy Status Durin	g Abatemer	nt (Check	only On	e)				1000000	Addres		OVE COURT		Т			8 8	
Facility Closed/Vac Abatement Perform Other – Describe:							£.	City, S	State, Z	ip Code OD, NJ 08			H	XXC			
Scope of Work (Check A	II That App	lv)						LAIN	LVVO	00, 140 00	7701						-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ш тас дрр	יעי) י		enova emoli				2	Mir Glo	Il Containme ni-Enclosure ovebag Proce n-Exempted	edure					e	
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Location	n of		1	Vorma	lly			escription		_ = 3			1		Ту	pe	\vdash
Asbestos-Containing TO BE AB In Faci (13)	Material (A ATED lity	ACM)	Ma	d Sole intena iodial (12)			therma surfa	ntaining Mal system acing, VA miscellar	is insula AT, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
BASEM	ENT		1,55					TSI			5	0 LF		Х			
					LIDED !	loot-	[C. L.	Verde		Name of F	Pagist	ared I ar	Afili Mail				
Name of Registered Wa NEWARK CARTING				H	NJDEP W Hauler ID 14509		of Wa	e Yards aste		IESI	vegiste	neu Lar	iaiii				
City, State NEWARK, NJ							Dispo 10/0	osal Date 2/14	9	City, State BETHLE		/I PA		į.			
Completed by JOSEPH PERLSTE	IN		Title OWN	IER				Signatur	e				Date 9/9				

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Che	ale t	26	:70	4
	CK #	20	10	4

Completed by Elvira Mrda						Si	ignature) (a les	de'		ate /15/2	2014		
City, State Randolph, I				Dispos TBD	al Date	25000	ate wn, PA							
Nick Restoration LLC		IJDEP V lauler ID 3782		of Was	ste	G.R.O	.W.S	e callull						
Name of Pegistered West	Name of Registered Waste Hauler					Cubic `	Varde	Name	f Registere	d andfil				
		T												
Basement area			x		VATs ((no mas	stic)		1,100 5	SF	×			
Basement area			×		Pipes,	Elbows	s		90 LF		×		-conserv	
		Yes	No	N/A									0	L
Location of Asbestos-Containing N TO BE ABA In Facility (13)	Material (ACM) ΓΕD	Use Ma	ed Sole intena todial (12)	ely by nce/ Staff?		tos Conta	system sing, VA	Material (ACM) s insulation, .T, or	(Spe	ount ecify r LF)	Removal	Repair	Encapsulate	Enclosure
			Locat Norma								T	Abat	emen vpe	t
Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	That Apply)	CONTROL OF THE PARTY OF THE PAR	Renova Demoli			2		Full Containr Mini-Enclosu Glovebag Pro Non-Exempto	re ocedure				e	
Abatement Performe Other – Describe:	spm-11.30p	m / Frida	y Hours	•				i, NJ 07083						
Occupancy Status During Facility Closed/Vacat Abatement Performer	ed During Entire	e Period of	Abaten				2333	Address RT 22 tate, Zip Code						2.25
10/10/2014		10/14/2	1000 2000			-		Invironmenta	31					
Start Date (10)		Construction of the Constr	ed Cor		Date (11)			of OSHA Monito						
Guillermo Morales					36-9145	5		33-2550	0	1133				
Project Manager for Monito	oring Firm	Т	Telepho	ne No.			none No.		icense N	lo.		-		
City, State, Zip Code Fair Lawn				20			tate, Zip Code olph NJ 078	869						
20-21 Wagaraw Rd						in the contract of	ookside Rd							
Street Address								Address					2. 2.	
Enviro Vision				0008	805		Nick I	Restoration L	LC					
Name of Monitoring Firm F	lired by Building	Owner (8)		ASC	И No.		Name	of Abatement Co	ontractor (9)			-	
County (6) Bergen					Code (7) <i>USE ONLY</i>		_	Current Use (Pi	ior it being	aemolisi	iea)			
City (5) East Rutherfo	rd, NJ							Square Feet	# of Fl			ldg. A	ye.	
1 Everett Place								etc.)						7.6
Street Address								Subchapte Other (i.e.	r 8 (Other to private & c	than K-12	2) al build	dinas	home	es
Name of Facility Where At VFW Hall	patement is Tak	ing Place (3	5)		02	φ		School (K-	100000.					
				FACI	LITY INFO	ORMATIC	ON	Type of Facility	(4)					
DOH DCA	justification Cancellation		- 1		Carulli					_				
	Emergency	(including			utherfor	u, NJ			Teleph	none Nur	nher			
	Amended Amendmer	st #	- 1		ate, Zip Co				& LIC	ENSI	MG			
EPA	Initial	*			verett P	DAMBAGA		AS	BESTE	S CO	NTF	OL		
	Type Notification	1		Street A		2011101					- 1000			
09/15/2014					gh Of Ea			787	SEP 2	6 PM	4:	52		
Date of Notification (1)		Name of	f Building (Owner/Or	perator	(2)						-		

CK 52173640 | State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)				ame of Bu		ner/O per ato	or (2)	n/ e case.	U ,		٠.			
9/17/14 Agencies Notified Ty	pe Notification		S	treet Addr	22.00)		2014 SE	P 26	PM 4	: 5)			
EPA DEP DOL	Amended Amendment				Zip Code r, NJ 07	042		ASBES	TOS	CONT	ROL			
DOH DCA	Emergency (i justification) Cancellation	ncluding	0.00		mbridge									
Name of Facility Where Aba House Street Address	tement is Taking	Place (3)		FACILIT	Y INFOR	MATION	Sc.	Facility (4) thool (K-12) thochapter 8 her (i.e. pri) NOther	than K-1	2) al buildir	ngs, h	omes	
20 Rosedale Ave							Square N/A	S.)	# of F N/A			g. Ag		
Montclair County (6)				County Co	de (7) E ONLY)			Use (Prio	r if being	demolis	ned)			
Name of Monitoring Firm Hi	ired by Building (Owner (8)		ASCM N	NO.		ne of Abate &S Abate			9)				
Street Address					Control No.		eet Address Rosenge		iue					
City, State, Zip Code		20					y, State, Zip otowa, NJ							
Project Manager for Monito		1	Telephone	e No.	97	ephone No 73-345-86	885		License #00675					
Start Date (10) 10/01/14		Scheduled 10/02/14		npletion D	ale (11)	D	me of OSH &S Abate eet Addres	ment, In	с.					
Facility Closed/Vacate Abatement Performed Other – Describe: Oc	10/01/14 10/02/ Decupancy Status During Abatement (Check Only Classifity Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility					1 Cit	Roseng y, State, Zi otowa, N	ren Aver o Code	nue					
Scope of Work (Check All 23 sf or 23 lf 2160 sf or 2260 lf	That Apply)	Sandar -	nova moli				H Mir	Containm i-Enclosur vebag Pro n-Exempte	e cedure			cedur		
			ocat	MARCH 19			-tion of					Abate Ty	ment pe	
Location Asbestos-Containing N TO BE ABA In Facilit (13)	Material (ACM) TED	Used Mair	Sole Sole	ely by ince/ Staff?	Asbesi (i.e.	os Contain thermal sys	ption of ing Material stems insula g, VAT, or cellaneous)	(ACM) ation,	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
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BASEMEN	7.1		_^		* 11	12 1143	OVIII				_	-	-	-
						T Combine V	ede.	Namen	f Regist	ered Lan	dfill	1	<u></u>	1
Name of Registered Waste Hauler D&S Abatement, Inc.				NJDEP V Hauler ID #20996	No.	of Waste TBD		Waste	Mana	gemen				
City, State Totowa, NJ					Disposal TBD	Date /	City, Sta	ate own, P	A	Dele				
Completed by Deanna Brkusanin		Title Proje	ect N	Manager		Sig	nature Off	ma K	Mu	Mi	Date 9/17/1	14		

MO 22319175925

Date of Notification (1) 9/17/14			uilding Ow mo Ente			2)	9814	CER	200	FALV		-					
Agencies Notified	Type Notifi	cation			reet Add 90 Rail	ress road Ave	9					26					
EPA DEP DOL		dment#				, Zip Code le, NJ 07				ASi	&ES &L	TOS ICEN	CON	TR G	OL.		
DOH DCA	justifi	gency (ir cation) ellation	icidaling		ame of Co oan Bu	ontact ongiorno)				l Tele	nhone M	di imba	r			
					FACILI	TY INFOR	MATIO		-	(F 114 - (4)							_
Name of Facility Where House Street Address	e Abatement i	s Taking	Place (3)	. =						of Facility (4) school (K-12) subchapter 8) (Othe	r than k	(-12)				
190 Railroad Ave									e e	other (i.e. pri		Floors	ercial b		g. Ag		5
City (5) Northvale								- 1	N/A	e Feet	N/A			N//			
County (6) Bergen			-	C (S	ounty Co	ode (7) SE ONLY)		_	Curre	nt Use (Prior se	if beir	ng demo	olished)			
Name of Monitoring Fi	rm Hired by B	uilding C	wner (8)	\dashv	ASCM	No.				ement Control		(9)					
N/A Street Address								Street	Addres	s							
01 01 7 0 1							_			p Code	ue						
City, State, Zip Code								Totov	wa, N	J 07512							
Project Manager for M	roject Manager for Monitoring Firm					e No.		Teleph 973-3	one N 345-8			#006					
Start Date (10) 10/02/14			Scheduled 10/03/14		oletion D	ate (11)				AA Monitor ement, Inc	o.						
Occupancy Status Du	ring Abateme	nt (Chec	k Only One	:)				Street		ss gren Aven	III A						
Facility Closed/V Abatement Perfo	rmed Outside	Entire F of Norm	Period of Al nal Facility	oateme Hours	ent			City, S	tate, Z	ip Code IJ 07512							
Scope of Work (Chec		ıly)															70
≥3 sf or ≥3 lf ≥160 sf or ≥260	NO.			enovat emolitic	1000			Ž	Mi	II Containme ni-Enclosure ovebag Proc on-Exempted	edure						
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Asbestos-Contain TO BE In F	tion of ning Material (ABATED acility 13)	ACM)	Used Mai Cust	d Solel ntenan odial S (12)	y by nce/ staff?		os Conta thermal	aining M system cing, VA	Materia is insul AT, or		(Amount Specify F or LF		Removal	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler D&S Abatement, Inc.					IJDEP W lauler ID 20996		of Was	Yards ste		Name of Waste	1077			PA			
City, State					20000		1000	sal Dat	e)	City, Stat		A					
Totowa, NJ Completed by	ompleted by Title						. Design Property	Signaflu	Dau	1)/	lue		Dat	te 17/1	4		
Deanna Brkusan	Peanna Brkusanin Proje							1/1	July	MILLE	we			0200 0	85	_	

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

Date of Notification (1) 9/17/14				lame of E Andrew	Building Ov Geller	wner/Op	perator (2)			- 140		مدا		
Agencies Notified	Type Notification		1 -	treet Add	dress dison Pl	ace	3.3		2	#14 SI	P 26	PH 4	: 5	!	
EPA DEP DOL	Initial Amended Amendment				e, Zip Cod ood, NJ) .		Δ	58E	STOS LICEN	CONT	RO		
DOH DCA	Emergency (justification) Cancellation	including	31 83	lame of 0 Andrew						Tolo	nhone Ni	mhor			
				FACIL	ITY INFO	RMATIC	N								
Name of Facility Where House Street Address	Abatement is Takin	g Place (3)						Sc Su	Facility (4 hool (K-12 bchapter	2) 8 (Othe	er than K-1	12)	anemen		
144 Madison Place						200		Square			Floors		dg. A		S,
City (5) Ridgewood								N/A		N/A		N/	2.93		
County (6) BErgen			(County C STATE U	ode (7) SE ONLY)	-	_	House	Use (Prid	or it beit	ng demois	sneu)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.				ment Con nent, In		(9)				
Street Address								Address	en Aver	nue		20			
City, State, Zip Code							City, S	tate, Zip							
Project Manager for Mo	nitoring Firm		Τ.	Telephon	e No.	7	Teleph	one No.			License				
Start Date (10)		Schedule	d Com	nletion [)ate (11)			345-86 of OSH/	85 Monitor		#00675				
9/30/14		10/01/1	4	ipiotro					ment, In	c.					
Occupancy Status Duri	ng Abatement (Che cated During Entire			nent				Address osengr	en Aver	nue					17
Abatement Perform Other – Describe:	med Outside of Nor	mal Facility	Hours					tate, Zip wa, NJ	Code 07512						
Scope of Work (Check	All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	, ,		enova emolit				>	Mini	Containm -Enclosur ebag Pro -Exempte	e cedure				e	
		le	Locati	ion				14011	Exemple	<u>u () u.</u>			Abat	emen	t
Locati	on of		ormal	lly		De	scription	n of	1			-	1	/pe	Т
Asbestos-Containir TO BE A In Fa (13)	ng Material (ACM) BATED cility	Ma	d Sole intena todial ((12)	nce/ Staff?		thermal surfa				(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
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			18/02	1											
				NJDEP V		Cubia	Vorde		Name	Pagis	ered Land	Hill			
	Name of Registered Waste Hauler D&S Abatement, Inc.					of Wa					agement				
City, State Totowa, NJ						TBD		١ ا	City, Sta Tullyto	wn, P	A				
Completed by Deanna Brkusanin		ect M	anager		,	Signate	Paul	ahell	we		Date 9/17/1	4			

Date of Notification (1) 9/17/14	100	Name of B Debbie I	Building Owner/O Eustis	perator ((2)	T 9 da 140 g	f s	- le			
Agencies Notified Type Notification		Street Add	tress eck Street, U	nit #5	201	4 SEP 26	PH	4:	5e		
EPA DEP DOL Amended Amendment # Emergency (including justification)	ding	City, State	e, Zip Code ir, NJ 07042		A.5	&ESTES & LICE Telephone	NSIA Numb	VTR IG er	OL		
DOH justification) Cancellation		Debbie									
Name of Facility Where Abatement is Taking Pla	ce (3)	FACILI	TY INFORMATION	ON	Type of Facility (4	4)					
House	GC (O)				School (K-12						
Street Address 2 Cliff Street	######################################				Subchapter	8 (Other than rivate & com	n K-12) mercial	buildi	ngs, l	omes	s,
City (5) Verona					Square Feet N/A	# of Floor N/A	s	Blo N/	dg. Ag	е	
County (6) Essex		County Co	ode (7) SE ONLY)		Current Use (Price House	or if being der	molished	d)	- 22		
Name of Monitoring Firm Hired by Building Owne	er (8)	ASCM	No	Name	of Abatement Con	tractor (9)	-				-
N/A		1,1001111		D&S	Abatement, In						
Street Address					^{Address} osengren Aver	nue					
City, State, Zip Code			***		tate, Zip Code wa, NJ 07512						
Project Manager for Monitoring Firm		Telephon	e No.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	none No. 345-8685		nse No. 675				
	neduled Cor /02/14	mpletion D	Pate (11)	(1) (1) (1) (1)	of OSHA Monitor Abatement, In	c.					
Occupancy Status During Abatement (Check Or	nly One)			Street	Address						
Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal F Other – Describe: Occupied	d of Abater	ment s		City, S	osengren Aver State, Zip Code wa, NJ 07512	nue		-		77	
Scope of Work (Check All That Apply)				1010	Wa, 110 010 12						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova Demoli	58583000		2	Full Containm Mini-Enclosure Glovebag Pro- Non-Exempte	e cedure				e	
	la Laga	tion T				<u>a () ana mon</u>	11100	12000	Abate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Loca Norma Used Solo Maintena Custodial (12) Yes No	ally ely by ance/ Staff?	Asbestos Con (i.e. therma surfa		Material (ACM) as insulation, AT, or	Amour (Specii SF or L	fy	Removal	Ty Repair	e Encapsulate	Enclosure
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2nd floor	^		Pibe	5 IIISUIC	20011	10 2.		-	-		
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Name of Registered Waste Hauler		NJDEP W	aste Cubi	c Yards	Name of	Registered I	andfill				
D&S Abatement, Inc.	1.00	Hauler ID #20996	No. of Wa			Managem	ent of	PA			
City, State Totowa, NJ	-1		Dispo TBD	osal Dat		wn, PA		22.04			
oomploted by	Title Project M	1anager		Signally	areca Rill	lueur	Dat 9/1	te 17/1	4		

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

State of New Jersey

	NC			ESTOS ABATE 8:60 and 12:12		Mar	b 13	326	POT		
Date of Notification (1) 9/23/14			of Building of Brink	Owner/Operato	or (2)	0					
Agencies Notified Type Notifica	tion		Address Bender Av	ve		2814	SEP 26	H 4:	50		-
EPA Initial DEP Amende DOL Amendr	nent #	VI 0000000	tate, Zip Co lle Park,	ode NJ 07204		ASE	ESTES CO	UNTE	OL		
■ Emerge justificat □ DCA Cancella		WASSING .	of Contact Brink			25	Telenhone No				** :
		FAC	ILITY INFO	ORMATION			٠	-		ouesserv	
Name of Facility Where Abatement is T house	aking Place (3)		0		-	of Facility (4 School (K-12					
Street Address 403 Bender Ave					×		8 (Other than K- rivate & commer		dings,	home	98,
City (5) Roselle Park		1			_	re Feet	# of Floors		ldg. A 5	ge	
County (6) Union			Code (7) USE ONLY)	Curre	ent Use (Prio	r if being demoli	shed)			
Name of Monitoring Firm Hired by Build	ling Owner (8)	ASC	M No.			tement Cont onmental	tractor (9) Services, LL				
Street Address				1,122,111	et Addres Gate [ss Drive, PO	Box 483		-		
City, State, Zip Code				City,	State, Z	ip Code , NJ 0741	11 1 1			- 277-2	
Project-Manager for Monitoring Firm		Teleph	one No.	Telep	ohone N -583-8	0.	License 703	No.			
Start Date (10) 10/3/14	Scheduled 10/17/14	Completion	Date (11)			HA Monitor		***		7	
Occupancy Status During Abatement (Stree	et Addres	95				**	
Facility Closed/Vacated During Er Abatement Performed Outside of Other – Describe: basement	itire Period of Ab	atement				ip Code					19
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	ls I	ocation		2.			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Ī	Abate	emen	t
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Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)	Main Custo	tenance/ dial Staff? (12)	(i.e.	tos Containing thermal syster surfacing, V other miscell	ms insula 'AT, or	ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler		NJDEP		Cubic Yards		Name of F	Registered Land	fill -	-		_
Freehold Cartage	01 (ii)	Hauler I 15959	D No.	of Waste TBD		TBD	-				
City, State Freehold NJ				Disposal Dat	te	City, State					

Completed by

A. Scott Higgins

Title

President

Date

9/23/14

Signature

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

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	1201X

Date of Notification (1) 9/23/14					f Building		perator	(2)				V	_	-0			
Agencies Notified	Type Not	fication			Street A	e Rempe	=1			2014	SEP	26 P	日 4:	Č,	9_		
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DOH DCA	justif	rgency fication) cellation	(including	1		f Contact e Rempe	el ···		2		Tele	ephone l	Numbe	г			
						LITY INFO	-	ON									
Name of Facility Where house	Abatement	is Takin	g Place (3	()					Type o	of Facility (4)				1	14	
Street Address			N.						S	ichool (K-12 Subchapter (Other (i.e. pr	(Oth			uild		home	20
206 Main Street				200-01					e e	tc.)			- Gai b				-5,
City (5) Port Monmouth									Square 2300	e Feet	# of 2	Floors		55	dg. A	ge	
County (6) Monmouth						Code (7) USE ONLY)		Currer	nt Use (Prio	r if bei	ng demo	olished)				
Name of Monitoring Firm	Hired by E	Building	Owner (8)	- incl	ASC	И No.				ement Cont onmental			LC				
Street Address	1								Addres	s Orive, PO	Box 4	483					
City, State, Zip Code							-	City, S	tate, Zip	o Code						- 	
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Start Date (10)			Schedule 10/20/1		npletion	Date (11)		Name	of OSH	A Monitor			***		18		
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basem	ent				X		pipe	insula	tion		18	85 LF	x		- 0000		
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City: State.	3.							al Date		City, State							
Completed by A. Scott Higgins			Title Presi	dent					a				Date 9/23/	14			
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Date of Notification (1) 9/23/14				Name of Mr. Foll		Owner/O	perator		114 SEP	26 PM 4	: 46)			
Agencies Notified	Type Notific	cation		Street Ad				-	•=:	LO FIG.					
EPA DEP	× Initial		L		ter Place		10	Δ	SSEST	BS CONT	RO				
DEP DOL		dment #	_	City, Stat Montcla	e, Zip Co air, NJ				& LI	CENSING					
DOH DCA	justific Cance		1	Name of Martin I		n			4	Telenhone	Numh	er			
				FACIL	ITY INFO	RMATI	ON	100 100			-				
Name of Facility Where A	batement is	Taking Place (3)					process.	of Facility (4		-				
Street Address								1 8		8 (Other than I				510	
21 Ridge Road									Other (i.e. p	rivate & comm	ercial	build	ings,	home	es,
City (5) Roseland									e Feet	# of Floors		BI 55	dg. A	ge	-
County (6)				County C	Code (7)			000000000000000000000000000000000000000	200000	or if being dem	olishe	d)			
Essex	I lised by Du	ildina Oumas (0					Nome	of Abot	ement Con	tractor (0)					
Name of Monitoring Firm	mired by bu	liding Owner (6)	ASCM	NO.					Services, L	LC				
Street Address					20			Addres Gate D		Box 483					
City, State, Zip Code	*****			127		V-And		State, Zi							
STREET.				Telephon					NJ 074						
Project Manager for Mon	Project-Manager for Monitoring Firm						10 10 10 10 10 10 10 10 10 10 10 10 10 1	none No 583-8		Licens 703	se No.				
Start Date (10) 10/8/14		Schedu 10/22/		npletion D	Date (11)		Name	of OSH	IA Monitor					Musi	
Occupancy Status During	Abatement		0.000				Street	Addres	S	W	-			<u>.</u> (1	-
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Scope of Work (Check A	II That Anniv)										Z		-	
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attic				Х		pipe	insula	ation		90 LF		x			
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Name of Registered Waste Hauler				JDEP W	/aste	Cubic	Yards		Name of	Registered Lar	ndfill				
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City, State Freehold NJ		THE POLICE		Dispo:	sal Date	9	City, State	е	0		-5		(3)		
Completed by A. Scott Higgins	i i	Title Pres	sident		12	5	Signatur	· Dr			Date 9/2	3/14	1		

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Hall a labutication (1)		ing Owner/Operato	100000000000000000000000000000000000000			24.0		
9/24/14	12	INSFOR	MATTON	GNI GR.P	215	55		
Agencies Witting CONTYPE Notification	Street Address	Ti-	1	0		:==:::::::::::::::::::::::::::::::::::		
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DOL Amendment #	City, State, Zip				2			
Emergency (including		ic lyong	sun, Tu.	5,0821	<u></u>	_	11.1	
DOH justification) Cancellation	Name of Conta			Telephone Nur	nber			
	15.	nnBana						_
	FACILITY IN	FORMATION						
Name of Facility Where Abatement is Taking Place (3)			Type of Facility	y (4)				
RESIDENCE			School (K-1		. 61			
Street Address			homes.	8 (Other than K- private & commen		ilding:	5,	
City (5)			Square Feet	.) # of Floors	TF	Bldg. /	A/TIP	
Evall ARBOR TW	Pr		1500	1 1 1 1 1 1 1 1		بر ماند ایم	7.000	
Cotanty (6)	County Code	(7) (STATE		rior if being demo	shed)			=
ATLANTIC	USE ONLY)		V A	CANT				
Name of Monitoring Firm Hired by Building Owner	ASCM No.		nent Contractor (9					
(8) N/A		160	EMCO I	evc.				
Street Address		Street Address						
		- 56	9 2, > 1	pruce Au	-			_
City, State, Zip Code		City, State, Zip C			~ 6			
	ephone No.	Telephone No.	16 2 W	APE, NIJ	06	0.2	-	=
Project Manager for Monitoring Firm	eprione No.		79-047	License No.	uu			
Start Date (10), Scheduled Comple	tion Date (11)	Name of OSHA			1.1			=
10/5/14 10/12/19	1	1	1/1					7
Occupancy Status During Abatement (Check only one)		Street Address		~ ~				
☐ Facility Closed/Vacated During Entire Period of Abate	ment			2014 A.S	2			- 17
Abatement Performed Outside of Normal Facility Hour		City, State, Zip C	ode n		, ;			_
Other - Describe:		****		SES SEP	()			
Scope of Work (Check all that apply)				76 18				_
		☐ Full Cor	tainment with Ne	gative Pressure				
☐ ≥3 sf or ≥3 lf ☐ Renovable ☐ >160 sf or >260 lf ☐ No Democition		☐ Mini-End	dosure ig Procedure	250 R				
≥160 sf or ≥260 lf			empted (*) and No	reFrable Procedu	re :			
is Locatio	n			07 ::	1	Abate		8
Normaliy				3		Typ	e	
Location of Used Solety Ashestos-Containing Material (ACM) Maintenance		Description of os Containing Mate		Amount				
Asbestos-Containing Material (ACM) Maintenanc TO BE ABATED Maintenanc Custodial		thermal systems in		(Specify	72	-	E.U.	E
IN Facility Staff?	(1.0.)	surfacing, VAT,		SF or LF)	em	Repair	ap	Clo
(13) (12)		other miscellaneo	us)		Removal	ar l	Encapsulati	Enclosure
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Hairie of Hogisterios Tradic Houses	DEP Waste uter ID No.	Cubic Yards of Waste	Name of Regis		4			
16 CEMCO INC	17904	15	0: 2:	4.601				
City, State		Disposal Date	City, State	AME WILLE	- ,	N.	5-	
MARLE SHODE, N.T. OFOST		Signature	F. C 54. 8	Date Date	اے جی	<u> </u>		=
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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) 14 Virtua 9/ 2014 SEP 25 FM 7: Agencies Notified Type Notification Street Address **⊠** EPA 20 STOW ROAD SUITE 3 □ DOLWD ☐ Amended City, State, Zip Code Amendment # **⊠** DHSS MARLTON, NJ. 08053 ☐ DCA ☐ Emergency (including Name of Contact Telephone Number (NJAC 5:23-8) justification) PAT GIORDANO ☐ Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Former American Consignment Furniture Shop/Binder Bldg School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 165 Route 73 homes, etc.) Bldg. Age Square Feet # of Floors City (5) >50,000 5 40 Voorhees Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) County (6) Vacant Camden Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. DELTA/BJDS, INC VERTEX ENVIRONMENTAL Street Address Street Address 700 TURNER WAY, SUITE 105 1345 INDUSTRIAL BLVD. City, State, Zip Code City, State, Zip Code **ASTON, PA 19014** SOUTHAMPTON, PA 18966 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 00783 610 558-8902 215 322-2900 DON HEIM Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor __09__ / __22__ / __14__ 12 / 31 / 14 **CRITERION LAB** Street Address Occupancy Status During Abatement (Check only one) □ Facility Closed/Vacated During Entire Period of Abatement 3370 PROGRESS DRIVE ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-____PM/____PM-12AM BENSALEM, PA 19020 Scope of Work (Check all that apply) □ Renovation ≥3 sf or ≥3 lf Mini-Enclosure Glovebag Procedure ☐ Demolition ≥160 sf or ≥260 lf Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Description of Location of Encapsulate Enclosure Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? SF or LF) surfacing, VAT, or IN Facility (12)other miscellaneous) (13)Yes No N/A \boxtimes П П PLEASE SEE ATTACHED \boxtimes X \boxtimes X П \boxtimes П П Cubic Yards of Name of Registered Landfill NJDEP Waste Name of Registered Waste Hauler Waste Hauler ID No. MINERVA LANDFILL SERVICE TRANSPORT GRP. 20990 Disposal Date City, State City, State

Completed By (Print or Type) DAMIAN LAVELLE

ASB-41

MAY 11

58 PYLES LANE, NEW CASTLE, DE 19720

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

PROJECT MGR

Signature

WAYNESBURG, OH 44688

Date of Notification (1)		***			Name	of Building	Owner/Operator (2)						
9//	9/	14	_		Virt	ua		2014	SEP 25	FM 7	: 0.			
	ype Notif	ication				Address								
	Initial				20 5	STOW RO	OAD SUITE 3	$\mathcal{L}_{i_1,}$		T	. ~	77		
	Amend	220000000000000000000000000000000000000			City, S	tate, Zip C	ode		ن دائر. د دائر.	3				
☑ DHSS	Emerge	ment # <u>1</u>	ludina		MAI	RLTON, I	NJ. 08053							
(NJAC 5:23-8)	justifica		luuling		Name	of Contact			Telephone	Number				
	Cancel				PAT	GIORDA	ANO							
					FAC	CILITY IN	FORMATION							
Name of Facility Where Aba	atement is	s Taking	Place	(3)				Type of Facility	(4)					
Former American Co					p/Bind	der Bldg		☐ School (K-12		120000000000000000000000000000000000000				
Street Address								☐ Subchapter 8 ☐ Other (i.e., p	3 (Other than	n K-12)	al bui	lding	2	
165 Route 73								homes, etc.)		Jillillei Gia	ai bui	iuli ig.	٥,	
City (5)								Square Feet	# of Floor	rs	Bld	g. Ag	e	
Voorhees								>50,000	5		4	0		
County (6)			1000-1000-		Cour	tv Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being d	emolishe	ed)			
Camden						, (.	, , , , , , , , , , , , , , , , , , ,	Vacant	× .		i.			
Name of Monitoring Firm Hi	ired by Ru	uilding O	wner (8)	ASCM	No	Name of Abatem		<u> </u>	-				
VERTEX ENVIRONME		unung O	wilei (ا (٥	ACOM	140.	DELTA/BJDS							
	INIAL						Street Address	,			-			
Street Address	LUTE 10	5					1345 INDUST	RIAI BIVD						
700 TURNER WAY, S	OHE 10						City, State, Zip C							
City, State, Zip Code								ON, PA 18966						
ASTON, PA 19014	in Flori			Tale	abana	No	Telephone No.	10N, FA 10900	License	No		5.2		
Project Manager for Monito	ring Firm			12.101.000	ephone		215 322-2900	1	00783					
DON HEIM		To	1-10		10 558		Name of OSHA		00700		-			_
Start Date (10) 09 /22 /	14	Schedu 12					CRITERION							
Occupancy Status During A	Abatemen	t (Check	only o	one)			Street Address							
		and the second			ment		3370 PROGE	RESS DRIVE						
☐ Abatement Performed C	outside of	Normal	Facilit	y Hou	rs - Des	cribe	City, State, Zip C	ode						
Time of Abatement: 7Al	M	PM/	PM	- <u>12</u> AI	И		BENSALEM,							
Scope of Work (Check all the	nat apply))												
☐ ≥3 sf or ≥3 lf			⊠ Re	novat	ion		⊠ Full Cor ☐ Mini-En	itainment with Ne	gative Press	ure				
			☑ De				☐ Gloveba	g Procedure						
							⊠ Non-Exe	empted (*) and No	on-Friable Pr	ocedure				
				Loca							Aba	atem	ent Ty	/pe
Location of		OM)		Norma	ally ely by	Ache	Description estos Containing M	7000	Amou	nt	Re	Re	En	E
Asbestos-Containing M TO BE ABAT		CIVI)	Ma	inten	ance/		e., thermal systems		(Spec	ify	Remova	Repair	cap	Enclosure
IN Facility			Cus	todial (12)	Staff?		surfacing, VAT		SF or l	LF)	/al	1000	Encapsulate	ure
(13)		-	Yes	No			other miscellan	eous)					te	*******
		-		1	-						M			
PLEASE SEE ATTACH	ED										\boxtimes		ш	
				\boxtimes							\boxtimes			
				П							\boxtimes			
			25-33	+=	-	-								
						<u></u>		INC. (5)	otom d l "	CII		Ш	Ц	Ш
Name of Registered Waste SERVICE TRANSPOR				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NJDEP Hauler l	D No.	Cubic Yards of Waste	Name of Regi	LANDFILL					
	VI OIN	•			2099	0	Disposal Date	City, State						-
City, State	AL CAST	ie pe	4077	00			Dispusai Date		BURG, OH	44688				
58 PYLES LANE, NE				.0				AAVIIAESI	201.0, 011					
Completed By (Print or Type) Title							Signature	1	001	Date	. 1		1 .4	
DAMIAN LAVELLE		P	ROJE	CT N	viGR		Damis	n-dane	llelce) il	113	14	114	
ASB-41			Do no	tuna	this for-	a for aches	stos licensure exem	inted activities	1		'		1	
MAY 11			DO 110	use	1110 10111	i ioi aspes	ROS HOE ISUITE EXCIT	prod dollarioo.						