NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Check# 1729 Name of Building Owner/Operator (2) Date of Notification (1) 13 09 24 / John Butler Street Address Type Notification Agencies Notified N Initial ☐ EPA 10 Fuller Avenue ☐ Amended X DOLWD City, State, Zip Code Amendment # X DHSS Chatham, NJ 07928 Emergency (including ☐ DCA Telephone Namber-Name of Contact justification) (NJAC 5:23-8) Cancellation John Butler FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-1 2) Private house Other (i.e., private and commercial buildings, Street Address homes, etc.) 10 Fuller Avenue # of Floors Bldg. Age Square Feet City (5) Chatham, NJ 07928 County Code (7) (STATE USE UNLY) | Current Use (Prior if being demolished) County (6) Morris Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 License No. Telephone No.. Telephone No. Project Manager for Monitoring Firm 01127 973-638-1777 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 10 / 04 / 13 10 / 03 / 13 Envirovision Consultants,Inc Street Address Occupancy Status During Abatement (Check only one) ▼ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35 E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM___AM Fair Lawn, NJ 07410 Clean up and decontamination Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Renovation Glovebag Procedure Tent with Negative Pressure >3 sf or >3 lf = 160 sf or >260 lf Demolition Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Repair Encapsulate Location of Remova Used Solely by Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Maintenance/ (Specify (i.e., thermal systems insulation, TO BE ABATED Custodial Staff? surfacing, VAT, or SIF or LF) IN Facility (12)other miscellaneous) (13)N/A Yes No X 30 LF X Pipe insulation Basement П NUDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Name of Registered Waste Hauler T.R.R.F. Inc TBD 0033785 Gr Tech LLC City, State Disposal Date City, State TBD Tullytown, PA Wayne, NJ 07470 Date Title Signature, Completed By (Print or Type) 09/24/2013 Owner N.Jevtic ASB-41

State of New Jersey

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Sea Girt NGTC	- Blag 73						ixì C	ther (i.e. privat	e and c	ommercial b	uildin	js,		
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381 Sea Girt Av	enue						Square Feet # of Floors Bldg. Age ~50							
City (5)		County (6)			unty Code (7)	0 1110	e (Prior if being	a domo	Account to the second of the s		-	-	_
Sea Girt		Monm	outh		(ST	TATE USE ONLY)	Offices tra	ining center	y uemo	listicu)			<u> </u>	
Name of Monitoring F	ism Uisad by Ruild	ing Owner	T AS	SCM No.	\perp_{\top}	Name of Abatem	nent Contract	or (9)						
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City, State, Zip Code	toud					City, State, Zip (Code		225					
Cranbury, NJ 08	3512							ark, NJ 070	J35	Lisanaa Nu	mbar		_	<u></u>
Project Manager for N	Monitoring Firm			Number		Telephone Num	ber	0000		License Nu		85	2	
Kevin Lovely				-5858			973-709-	0200			- 00	00		
Scheduled Start Date	N 20	ed. Compl		Date (11)		Name of OSHA	18 S Fn	vironmenta	Llabo	oratories.	LLC	;		
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[] Facility Close	ed/Vacated During erformed Outside	of Normal	Facilit	y Hours -	-	City, State, Zip		io ZZVV			_			-
Des	cribe:			* 10000-0000-000		City, State, Zip	Union, N	1.07083						
[x] Other - Des	cribe: partially vac	cated												
Scope of Work (Chec	k all that apply)						[1	Full Contains	ment wit	th Negative F	ress	ıre		
				[]	Renov	vation	[]	Mini – Enclo						
[] Demolition [x] ≥3 sf or ≥3 l	f			1 1			[1]	Glovebag Pr						
[] ≥160 sf or ≥2							[x]	Non – Friab	le Proce	edure	1 01-			_
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Jupiter Environmental Services 04782						2	- 07 07					_	_	_
City, State	Disposal D						City, Sta	_{ate} esburg, Ol	4					
Lincoln Park, N		9/30/13					vvayı	cabuly, Ol	1	Date				-
Completed By (Print	or Type)	Title Signature					0 /	5		9/24/1	3			
Pane Repic		General Manager							man) -			_	_	_

ASB-41

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

Date of Notification (1) Sp24/13 Name of Building Owner/Operator (2) New Jersey Department of Military Affairs Department Department Operator New Jersey Department of Military Affairs New Jersey Department				N			OF ASBESTOS A		(-)· (3		î W	7 1		
Agencies Notified Peace Type of houlication Type of houlica	Date of Notification (()		Inco-		50 000		(20-1)		S' =	Ch	eck	# 7	279
Agencies Notification	Date of Notification (arv Affairs		- APPR	OWEM:	10	_	11
City, Sista, Zip Code Lawrenceville, NJ 08648 Date: Lawrenceville,	7	Type of Notifica	ation 5	Street	Address						&, Seni	ior S	erv	lces
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Cancellation Canc			v C						1 0	1341		1	<u>. a</u>	IA,
Name of Facility Where Abatement is Taking Place (3) Sea Girt NGTC — Bidg 73 Street Address 381 Sea Girt Avenue City (5) Sea Girt Montrole Firm Hired by Building Owner Name of Montroleg Firm Hired by Building Owner Whitman Companies, Inc. On110 Street Address 7 County (5) Street Address 381 Sea Girt Avenue City (5) Sea Girt Montroleg Firm Hired by Building Owner Whitman Companies, Inc. On110 Street Address 7 Communus Prior Taking admission of Street Address 7 Lynam of Abatement Controdor (9) Jupiter Environmental Services, Inc. Street Address 7 Lynam Court City, State, Zip Code Cranbury, NJ 08512 Project Manager for Montroling Firm Telephone Number 722-390-5958 7 Pleasant Hill Road City, State, Zip Code Cranbury, NJ 08512 Project Manager for Montroling Firm Telephone Number 722-390-5958 7 Pleasant Hill Road City, State, Zip Code Cranbury, NJ 08512 Project Manager for Montroling Firm Telephone Number 722-390-5958 7 Pleasant Hill Road City, State, Zip Code Cranbury, NJ 08512 Project Manager for Montroling Firm Telephone Number 722-390-5958 7 Pleasant Hill Road City, State, Zip Code City, State City, Stat	1,500,000			_awr	encev	ille, N	J 08648		_ Luate:	TSO TIME	1 Time		11	17
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Name of Monitoring Firm Hired by Building Owner Whitman Companies, Inc. Street Address			1, 100 100 100 100 100 100 100 100 100 1		h	(8	STATE USE ONLY)			emolished)		0.01.10		
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7 Pleasant Hill Road City, State, Zip Code City, State		Companies,	inc.		00110)		Jupiter Env	ronmental :	Services	Inc.			
City, State, Zip Code Cranbury, NJ 08512 Project Manager for Monitoring Film Kevin Lovely 732-390-5858 Scheduled Start Date (10) 9/26/13 9/30/13 Occupancy Status During Abstement (Check only one) [1] Facility Closed/vecated During Entire Period of Abstement [2] Abstement Parformed Outside of Normal Facility Hours - Describe: [3] Other - Describe: partially vacated City, State, Zip Code 1973-709-0200 Name of OSHA Monitor 15 Abstement Parformed Outside of Normal Facility Hours - Describe: [4] Other - Describe: partially vacated City, State, Zip Code 1973-709-0200 Name of OSHA Monitor 15 Abstement Parformed Outside of Normal Facility Hours - Describe: [5] Facility Closed/vacated City, State, Zip Code 1973-709-0200 Name of OSHA Monitor 15 Street Address 2333 Route 22W City, State, Zip Code 1973-709-0200 Name of OSHA Monitor 15 Street Address 2333 Route 22W City, State, Zip Code 1973-709-0200 Name of OSHA Monitor 15 Street Address 2333 Route 22W City, State, Zip Code 1973-709-0200 Name of OSHA Monitor 15 Street Address 2333 Route 22W City, State, Zip Code 1973-709-0200 Name of OSHA Monitor 1973-709-0200 Name of OSHA	7 Pleasant Hill I	Road					AN ALMAN AN ANALYSIS FOR THE	3 Lynn Cou	ırt					
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Describe: Other - Describe: partially vacated	[] Facility Close	d/Vacated During	Entire P	erlod	of Abate	ment			22W					
Scope of Work (Check all that apply) [] Demolition [] As 3 of or ≥3 if [] Glovebag Procedure Location of Asbestos - Containing Material (ACM) (Specify E E N) N/A N/A	Desc	ribe:		i reci	nty mour	5-	City, State, Zip (07000	4014				
Demolition Renovation Full Containment with Negative Pressure Mini = Enclosure Mini = Enclosure			ated					Union, NJ	07083					
[3] Demolition [4] ≥3 sf or ≥3 lf [7] Renovation [7] Mini - Enclosure [8] ≥3 sf or ≥260 lf [8] ≥150 sf or ≥260 lf [9] Non - Friable Procedure Location of Asbestos - Containing Material (ACM) (Specify E E Non N/A	Scope of Work (Unecl	(all that apply)						11	Full Containmen	t with Nega	ative Pr	essu	ıre.	
≥160 sf or ≥260 lf	ASS 00 00 00 00				[]	Reno	vation	į į	Mini – Enclosure	3				
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Material (ACM) TO BE ABATED In Facility (13) Main floor X Transite panels Name of Registered Waste Hauler Jupiter Environmental Services City, State Lincoln Park, NJ Completed By (Print or Type) Pane Repic Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF) M P C O A A A V I P A R S I P A R S I P A R S I P A R S I P A R S I P A R S I P A R S I P A R S I P A R S I P A R S I P A				Solely	by		Asbestos	- Containing				R		E
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Pane Repic General Manager 9/24/13								vvaynes	bulg, OH	Dat	е			
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	SB-41	**************************************	J				, American	$\overline{}$			-		· • · · · · · · · · · · · · · · · · · ·	

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

Check # 7280

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Agencies Notified Ty	pe of Notificati		eet Add	ress ole Av	_				<i>5</i>					
[x] EPA [x	Initial	, 65	UPOC	JIE AV	C .			1 1 1 1	Commence of the Commence of th					
[] DEP	Notification	Cit	State	Zip Co	de				SEP 2	7 2013 +	رئ			
[X] DOL [1]	Emergency Amended	Ui	nion E	Beach,	NJ 0773	55		i vi	0.21			2		
[X] DOH	Notification	- Nie	me of C	ontact				Tele	ephone Numbe	er,				
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					ACILITY INF		Type of F	acility (4)						
Name of Facility Where Al	patement is Ta	aking Plac	e (3)	t nrior	to demo	litions)	[]	School (K	(-12)	en K-12)	10.00			
4 houses (Supersto	orm Sandy	- aba	emei	L PHO	to acrito		[x]	Other (i.e	e, private and c	commercial bui	ilding	S.		
Street Address	111 Dron	noct A	VA 8	na Pro	ospect Av	e. and			*					-
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914 Lorillard Ave.		County	6)		County C	Code (7)	de (7)							
City (5)		Monn			(STATE	USE ONLY)	ONLY) Current Use (Prior if being demolished) Former houses							
Union Beach				CM No.		ame of Abaten	nent Contra	ctor (9)						
Name of Monitoring Firm	Hired by Build	ing Owne	- 1			anic or risocon	Jupiter E	nviron	mental Ser	rvices. Inc.				
Environmental Hea	alth Investi	ga., m	. 00		S	treet Address								
Street Address	rail										-			
655 West Shore T City, State, Zip Code	1 411				C	ity. State. Zip	11.07025							
Sparta, NJ 07871								Park, I	NJ 07035	License Nun	nher			
Project Manager for Mon	itoring Firm			Number	Т	elephone Num	nber 973-709	0200		Electrice steri		852	2	
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Scheduled Start Date (10	0) Sched Completion Date (11) 10/31/13					lattle of Oot in	J&SE	nvironr	mental Lab	oratories.	LLC			
10/7/13 10/31/13 Occupancy Status During Abatement (Check only one)						Street Address								
r 1 Camility Classed	Vacated Lilling	o Entire r	FILLOW O	f Abater	nent		2333 Rd	ute 22	W					
[x] Facility Closed/	rmed Outside	of Norma	I Facilit	y Hours	- -	City, State, Zip	Code							
Describ	e.						Union,	NJ 070	183					
[] Other - Describ														
Scope of Work (Check a	II that apply)] Full	Containment v – Enclosure	rith Negative P	ressu	ire		
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Asbestos - Cor Material (A		THE 0.000700	ntenand Jial Staf			(i.e., th	ermal syste	ms		SF or LF)	M	P	C	
TO BE ABA	500 0 0 5 to 1					insulation	, surfacing, miscellane	VAI.			V	1	P	0
In Facilit	у	Yes	No	N/A		or other	1111300110110	7.77.78			Α	R	S	
(13)		100	140	Larces					_ · · · · · · · · · · · · · · · · · · ·	350 SF	X	-	-	<u> </u>
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803 Prospect Ave.		1	<u> </u>	X	Siding sh	lingles linoleum, ro	of tar			310+50 SF	X			
914 Lorillard Ave.				X	VAT and	illioledin, ro								
			NJDEP	Masta	Cubi	c Yards	Nam	e of Regi	stered Landfill					
Name of Registered Wa	aste Hauler	1	Hauler I		Of W			erva L						
Jupiter Environm	entai Servi	ices	04782			30		Ctata						
City, State				- -		sposal Date City. State 0/30/13 Waynesburg. OH								
Lincoln Park, NJ				teres - 100	10/.	30/13 Signature	1 000	y 110300	. 9. 0	Date				
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Date of Notification (1) 9/23/13		Nar	ne of Bu ke loca	ilding Own Isole Priv	er/Oper vate H	rator (2 lome	2)			- 45	i V		7 17	1	
Agencies Notified Type Notification			eet Addre Harry	ess					SEP	2 7	201	3		4	
EPA Initial Amended Amendment #_				Zip Code vkin NJ (08050				591				_i	THE TAXABLE PARTY.	
	uding	100000	me of Co ike	ontact				Tagen Correct and	Tele	phone (Numbe		-		
			FACILIT	Y INFORM	MATION	1	Type	of Facility (4)			Ç.			_	\dashv
Name of Facility Where Abatement is Taking P Mike locasole Private Home Street Address	lace (3)					-		School (K-12)	(Othe	r than h	<-12)	wildin	ge h	nmes	
60 Harry							Other (i.e. private & co				mercial buildings, hor				_
City (5) Manahawkin NJ 08050							1000+ 1 35 Current Use (Prior if being demolished)					35-	Contract of the same		
County (6) Ocean		(S	ounty Co	de (7) E ONLY) _		-	Hor	ne			olisnec	1)			
Name of Monitoring Firm Hired by Building Ow	mer (8)	1	ASCM N	No.		Name of Abatement Contractor (9) Pernaco Inc.									
N/A Street Address						Street Address PO Box 329									
City, State, Zip Code	<u> </u>				-+	City, S	tate,	Zip Code				,			
		T T	elephone	No.		West		rlin NJ 0809 No.		Licen	se No.	<u> </u>	m = 3 , E. de 1		
Project Manager for Monitoring Firm		255			856-	753-	9800		0072	27					
Start Date (10) S 9/24/13	oletion D	ate (11)		Sam		SHA Monitor									
Occupancy Status During Abatement (Check	Only One)	120				Street	Addr	ess							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	eriod of Aba Il Facility Ho	atement lours City, State, Zip Code													
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati					-	Full Containmon Mini-Enclosure Glovebag Prod Non-Exempted	e cedure	:		36		Э	
	Т							VOII-EXCITIPIO	4 / / 4.	10 11011			Abate	emen	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Nor Used 3 Maint Custoo	enan dial S (12)	y y by nce/ staff?	Asbesto (i.e. t	os Conti	systen	Materns ins AT, o			Amoun (Specify SF or LF	y	Removal	Repair	e Encapsulate	Enclosure
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Exterior Siding			<u> </u>		CALO			,	_			\vdash			
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Name of Registered Waste Hauler		JDEP W		17 To 74 (18)	Yards		Name of			andfill		¥0,===			
United Containers			lauler ID 2459	No.	of Wa			G.R.O							
City, State Elm NJ					Dispo 9/27/	sal Da /13	te	City, Sta Morris	ite ville l	PA 19					
Completed by Anthony T Perna	Title President					Signature Date 9/23/13									



NO

State of New Jersey OTIFICATION OF ASBESTOS ABATEMENT	445 445	-	Pa L	15	£	1/7	匠	-
(Pursuant to NJAC 8:60 and 12:120)				2*		W -	<u>L</u> ,	1
Name of Building Owner/Operator (2)				-				7

Date of Notification (1)	^ -1		7	Name of E	Building (Owner/Operator (2	2)	2 - 0000			ĺ	
9/	25/13					RSFORM	ATION	ENT BRIPA	2156	75'	_	
Agencies Notified	Type Notification			Street Add			1	2				
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☐ DOH	justification)			Name of C				Telephone Num	oer		_	
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				FACILIT	TY INFO	RMATION						
Name of Facility Where	Abatament is Takin	n Place	(3)	- 170121			Type of Facility	(4)				\dashv
	1 DENCC	y riace	(3)			- 1	School (K-12					
	TENCE						Subchapter	8 (Other than K-1)				
Street Address	76-4	· ·						rivate & commerci	al build	lings,		
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Other - Describe:										==		ᅱ
Scope of Work (Check a	all that apply)					☐ Full Conta	ainment with Ne	gative Pressure				- 1
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City, State	45 A. T.	K = -	150					ASA WIVIL	心区	W	<u>7.</u>	
	MARLE SHODE, N.T. OFOS					Signature		Date	G			
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Check # 10532

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

GAC Project # 060-13		-022											
Date of Notification (1)	5 5355					Name of Building Owner/C	Operator	(2)		25051	177		
Septem	iber 23	, 2013	3			RUTGERS, THE ST	ATE U	INIVE	ERSIT	Y OF N		5 1	711
Agencies Notified			ication 7	Гуре		Street Address				= 1		!	111
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■ DEP- No Longer REQUIF	RED		ustifica		1	PISCATAWAY, NJ 0	10004		T - 1 1	ana Nive	h		
☒ DOH			Cancell	led		Name of Contact			leleph	one Num	per		9
		200-200158000			1	MICHAEL SMITH, E		A				Ý.	
						HEALTH & SAFETY						(4)	
		-			FACILITY INFO	ORMATION			G.			- A	
Name of Facility Where Abaten	nent is Ta	king Pla	ace (3)		T	Type of Facility (4)							
12 LAFAYETTE STRE	FT BI	DG# 3	3171			School (K-12)							
12 EAI AILITEOINE	,					☐ Subchapter 8 (other tha	an K-12)						
Street Address						Other (i.e. private & cor			ac ho	mes etc \			- 1
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City (5)	County (Code (7)			L _ N		DEMIC			1
NEW BRUNSWICK	MIDI	DLESE	EX	(State U	ise Only)	Current Use (prior if being	demoiis	snea):	ACA	DEMIC			- 1
Name of Monitoring Firm Hired	by Bldg.	Owner ((8)	ASCM N	No.	Name of Contractor (9)							
Cardno ATC				0098						Production by the Company of the Company			
Januario			1			GREENWOOD ABAT	EMEN	T CO	NSU	LTANTS	i, INC.		
Street Address						Street Address							
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O ILIMI LAM			268 MAIN STREET							1			
07. 04-1- 75- 0-1-			City State, ZipCode										
City, State, Zip Code	2040					BUTLER, NJ 07405							1
BURLINGTON, NJ 08		1							Licono	e Number			
Project Manager for Monitoring	Firm		phone N			Telephone Number			Liceits	e Number			
BRIAN KEARNY		609	9-386-	8800		072 402 0477		100	0084	Λ.			
						973-492-0477			0004	<u> </u>	-		-
Scheduled Start Date (10)				ompletion	n Date (11)	Name of OSHA Monitor							
10/04/13		10/0	05/13			ENVIROVISION, INC							
							<i>,</i>		-				
Occupancy Status During Ab	patement	(Check	only or	ne)	<	Street Address							- 1
☐Facility Closed/Vacated D	uring Ent	tire Perio	iod of Al	batement		20-21 WARGARAW	DOAD						
☐ Abatement Performed Out	tside of N	Iomal F	Facility I	Hours -	5.		NOAD					-	
Describe						City, State, Zip Code							
☑Other - Describe: Shift	Hours:	5:00	PM -	5:00 A	M								
					NAMES .	FAIRLAWN, NJ							
						PAINLAVIII, 145							
Scope of Work (Check all that	apply)												
l seeks of Main (enechange)							Full Co	ontainn	nent w	ith Negati	ve Pres	sure	
≥ 3 sf or ≥	3 If				⊠Renovation		Mini-l	Enclos	ure				
I CONTRACT OF THE PROPERTY OF					Demolition	×		ebaq P		ire			
≥ 160 sf or ≥	200				La Demonitori						able Pr	acedur	
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Location of Asbestos-Containi	-	ocation			Description of Ast	pestos Containing Material al systems insulation, surfaci		Specify		Abateme	iii Type		
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			L 5:				h. Ct-:						
Hauler #1) Greenwood Abatement Consultants, Inc Butler, NJ 07405								al Dat	<u>e</u>		ty, State		
NJDEP # 12561				0.00			10/0	5/13			d. Morri		
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Completed by (Print or Type)	INIC	Title	IOP P	ROJEC	T	Signature	,,,			Septem	ber 23	3. 201	3
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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gencies Notified	Type Notification		Str	eel Address	フファ	13 ST.	,			
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BPA DBP DOL	Amended		Cit	y, State, Zip	Code □	AI T.	08243	🕱		
DOL	Amendment #_ Emergency (inc	duding	1_			TY , N , J ,	Telephone Niemha	,	12.2	
	justification)	accg	Na	me of Conta	cl _	*	I BIBULEER IN THE			1
DOH CA	Cancellation			FIDER	- EDUDILI	71				
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		Diago (3)		-		Type of Facility (4)			
ame of Facility When	re Abatement is Taking	Place (3)				School (K-12)	(Other than K-12)			
8C	ESIDENCE					Subchapter 8 Other (i.e., priv	ate & commercial	building	\$,	
treet Address '						homes, etc.)		Bldg.		_
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reet Address	*				City, State, Zip					
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ity, State, Zip Code							License No.			
roject Manager for I	Monitoring Firm	7	Teleph	one No.	Telephone No.	79-0472	004	99		_
roject Manager for i	****									
	T Scher	duled Con	npletio	n Date (11)	Name of OSH	SEPH KL	Enh			_
itan Date (10)	_ /1	/ - '	1/1	3						•
10/5/1	Ouring Abatement (Che	ck only or	ne)		Street Addres		10 WE DUC.			
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Facility Closed/V	med Outside of Norma	Facility I	Hours		City, State, Zin	APLE S	JADE N.	7.0	80) :
Abatement Perior	illed Oddies				1-10	Arte				
Other · Describe						Containment with Ne	gative Pressure			
Scope of Work (Che	eck all that apply)	10000	0.0		☐ Mini-	Enclosure				
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r Loca	tion of	Used S	Solely enanc	æ/ As	bestos Containing	Material (ACM)	(Specify	1 6		1
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Date of Notification (1) 9-24-13	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		N.	ame of E Church	Building Ov of our S	wner/Ope Saviour	erator ((2)	317	V (66)						
Agencies Notified	Type Notification			treet Add 203 Pri	iress nceton A	ve				SEP	2 7 2(112	1			
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DOH DCA	Emergency (inc justification) Cancellation	cluding		ame of 0 Joseph	Contact Seliga					Te	lephon	Munk				
				FACIL	ITY INFOR	RMATION	A			7.65						
Name of Facility Where Church of our Savi Street Address	Abatement is Taking I	Place (3)						H	school (K Subchapt	-12) er 8 (Otl	ner than	K-12)				
203 Princeton Ave								Sai	Other (i.e etc.) uare Feet		& comm			ngs, h lg. Ag		3,
City (5) Lauranceville, NJ (08648							•	rrent Use (F							
County (6) Atlantic				County C	ode (7) SE ONLY)		-					IOIISIIG	u) 			
Name of Monitoring Fire SEM	n Hired by Building Ov	vner (8)		ASCM	No.		Name Assu	of A ured	batement C d Environ	ontracto mental	or (9) Servic	es, Ir	nc.			
Street Address 1634 Delaware St	reet	***************************************				1	Street 570		iress ems Run							
City, State, Zip Code Paulsboro NJ 080	66						City, S Mulli	tate ica	, Zip Code Hill NJ 08	3062						
Project Manager for Mo Ed Keegan	nitoring Firm			Celephon	e No. 88-3544		Teleph 610-		No. 4-4676		Licen	se No.				
Start Date (10) 9-30-13		Scheduled 9-31-13		pletion D	Date (11)				SHA Monit d Environ		ı					
Occupancy Status Duri					9		Street 570		dress ems Run							
Facility Closed/Va Abatement Perform Other – Describe:	cated During Entire Pe med Outside of Norma	al Facility I	Hours	ent		_	City, S Mull	State	e, Zip Code Hill NJ 0	8062						
Scope of Work (Check	All That Apply)			-				I I I								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Terror and the second	enovat emoliti					-	Full Contain Mini-Enclos Glovebag F Non-Exemp	iure Procedur	e				9	
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Basement Parish	Office/entrance			X			nasuc	_								
Name of Registered W	aste Hauler		IN	JDEP W	/aste	Cubic '			57.58280.76570		stered L			7989-1		
Assured Environm				lauler ID 03489		of Was	333				te Imp	erial l	Land	fill		
City, State Mullica Hill, NJ						Dispos		_	City, Imp	erial, F	PA	15				
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ASP 41 (P-06-08)	N.					_	* Do r	not u	use this form	n for asb	estos lic	ensure	exer	npted	activ	ities

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	NOTIF			TOS ABATEMEN	ι	图 应题	8 00 =
	(Pu	rsuant to	NJAC 8:6	0 and 12:120)			
		Name of	Bullding O	mer/Operator (2)			
Date of Notification (1)	•	/	-	- C 14	COR.T.	LACTING	- 1
Agencies Notified Type Notific	abon	Street A	dd/ess			3/	2013
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☐ ∞r				en 1=15LD	W.T.	08230	- 8
OOn justifica	1001) 1001)	Name of	Contact			Telephone Humber	
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		FACIL	MY INFOR	напон			
Name of Facility Where Abatement is	Yatim Place (3)				ype of Facility (
Rame of Facility Where Abatements	=				School (K-12)		
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Project Manager for Monitoring Firm	\·_			856-779	1-0-12-6	1 _0	
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Sian Daie (10)	_10/	13			KHLEM		
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Occupancy Status During Abatemen	are Pened of AD	stement		36971	Spicoci		
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Scape of Work (Check all that apply)			MIN. FAC	Deuie .		
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	Is Loc			¥		1 1	-
	Used S	pley by		Description of	enal (ACM)	Amount	1,1 1
Location of		manæ/	Asbesi	nermal systems i	nsualial.	(Specify SF & LF;	Herryvil
Aspesios Coniainno Maiena (AC	Cus	100'031 3 H ?	0.6	undagno, VAI.	01	Sra cr.	
IN Facility	4	2)		one myscellane	رهد		
_ (13).	<u>-</u>	HO NIA		# E			
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		X		121 W 5 17	<u> </u>	1	
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			Ware	Cubic Yards	Hame of R	epistered Landfill	, A.
Name of Registered Wasie Hauler		HOLD	D No.	01 40 310	1 C, ~	7, C, M.	<u> </u>
Kiémco Inc	· ·	179	07	Osposi Dais	City. State		と,ゴ・
VIEW CO				Og Son Cole	1 - 700	- 1	NI

Signature

Date of Notification (1)					Building C	wner/O	perator	· · · ·			37.	S E		1		
9/23/13	Tune Natification		1,11.4	Peter B	Bobotas									1		
Agencies Notified EPA	Type Notification Initial		100		ide Ave	nue			SEP	2 7	2012					
DEP X DOL	Amended Amendment				e, Zip Coo n, NJ 07				OET	<i>-</i> /	2013		- reput	NAME AND ADDRESS OF THE PARTY O		
■ DOH	Emergency justification)	S	3.5		Contact					Tele	phone N	Viimh	or	1		
DCA	Cancellation				Bobotas	DRAATI	ON									
Name of Facility Where A	Abatement is Takin	g Place (3))	FACIL	LIT INFO	RIVIATI	ON	Туре	of Facility (4	+)						
house									School (K-12	2)						
Street Address 30 Hillside Avenue			V-11-22-0					×	Subchapter of the property of				build	ings,	home	s,
City (5)		8-21					- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Squar	e Feet		Floors			dg. A	ge	
Newton								2200		2		l'aba	50			
County (6) Sussex				County C	Code (7) ISE ONLY)			Currei	nt Use (Prio	r if beir	ng demo	ilisne	a)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.				ement Con onmental			LC				
Street Address								Addres Box 48	s 33, 4 E Ga	ate Dr	ive					
City, State, Zip Code								State, Zi wood	p Code NJ 0741	8						
Project Manager for Mon	roject Manager for Monitoring Firm							hone No			License 703	e No.	2011/2			
Start Date (10)		Schedule	ed Com	pletion [Date (11)			583-8 of OSE	A Monitor		703					
10/2/13		10/11/1	13		()					Si						
Occupancy Status Durin	g Abatement (Che	ck Only On	ie)				Street	Addres	SS							
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norr	Period of Annal Facility	Abatem Hours	ent			City, S	State, Zi	ip Code							
Scope of Work (Check A	II That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoliti					Mir Glo	l Containme ni-Enclosure ovebag Prod n-Exempted	e edure	-				e	
	7-0	ls.	Locati	on					ZXOIIIPIO	// //				Abate	ment	
Location	n of	1	Normal	ly		De	scriptio	n of				- }		Ту	ре	_
Asbestos-Containing <u>TO BE AB</u> In Faci (13)	Material (ACM) <u>ATED</u> lity	Ma	d Sole intenar todial S (12)	nce/			system cing, V	ns insula		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A							0.15					
basem	ent			Х		pipe	insul	ation		9	0 LF		х			
		-		-												
Name of Registered Wa	ete Hauler		IN	JDEP W	/aste	Cubic	Yards		Name of	Registe	ered Lan	ndfill				
Tri State Transfer	Н	lauler ID 2325		of Wa			Minerva									
City, State Bronx NY					Dispo TBD	sal Dat	е	City, Stat Wayne:		ОН						
Completed by Andrew Scott Higgin	าร	Title Pres	ident	1000000		,	Signatu		~			Date 9/2	e :3/13	3		



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Date of Notification (1) 9 -24-13				Building (Starkma		Operator	(2)	E		1	<u>. E.</u>			
Agencies Notified Type Notification			Street Ad									. ; ;		200
☐ EPA ☒ Initial			30 Sou	thwood	Dr			SE	P 2	7 2013	}			
DEP Amended			City, Stat	e, Zip Co	de			<u></u>	\$2				1	
DOL Amendment	#			Hill NJ		, ·								
Emergency	including	-	Name of	Contact					Tele	ephone N	umber	-	1	
DOH justification)			benard							Sprione iv		-	• 5)	
DCA Cancellation			A. II. S. C. C. S. C.	11.76.76					_					
Name of Facility Where Abstament is Takin	a Diago (2)		FACIL	ITY INFO	RMATI	ION	Type	of Facility (<i>A</i> \		-			
Name of Facility Where Abatement is Takin House	g Place (3)					Type	or racility (4)					
								School (K-1						
Street Address								Subchapter Other (i.e. p				Idina	hom	20
116 S Sacramento Ave								etc.)	nivate o	x comme	Gai bu	iuli ig:	, 110111	cs,
City (5)								e Feet	# 0	Floors	T	Bldg.	Age	
Ventnor NJ							1100		1			65 [°]		
		- 1	C	\ada (7)			Curro	nt Use (Pri	or if hai	na domol	inhad)			
County (6)			County C	Jode (7) ISE ONLY)			Curie	III USE (PII	or ii bei	ng demoi	isrieu)			
Ocean			(O.A.L.O		-									
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.				tement Cor	ntractor	(9)				
						Ani &	& Joe	LLC						
Street Address						Street	Addres	SS						
						1212	2 Burli	ngton Av	e					
City State Zin Code						City 9	State 7	ip Code		-				
City, State, Zip Code								NJ . 0807	75					
							-50 //							
Project Manager for Monitoring Firm			Telephor	ne No.			hone No			License				
						856-	824-0	971		07010				
Start Date (10)	Schedule	ed Cor	npletion [Date (11)		Name	of OSF	A Monitor					23	
10 -6-13	10-15-	13				self						13		
Occupancy Status During Abatement (Che	k Only Or	ne)				Street	Addres	SS						-
	137.					0								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Period of A	Abaten	nent			07-	21-1- 7	- 0-1-				- C		
Abatement Performed Outside of Norr Other – Describe:	nal Facility	Hours	S			City,	state, Z	ip Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf	ПБ	Renova	ation] Ful	l Containm	ent with	Negativ	e Press	ure		
× ≥160 sf or ≥260 lf	Marie Control	emoli					200	ni-Enclosur						
	_							vebag Pro						
							× No	n-Exempte	d (*) ar	d Non-Fr	iable P	1000		
	ls	Locat	ion										temer	nt
Location of		Vorma			De	escriptio	n of				_	_	Гуре	т-
Asbestos-Containing Material (ACM)		d Sole		Asbes	Mar. 2003	ntaining		(ACM)	1	mount			m	1_
TO BE ABATED		intena todial		(i.e.		l system		ation,		Specify	Kemova	\ <u>z</u>	Encapsulate	Enclosure
In Facility	000	(12)				acing, V miscella			S	F or LF)	100	Repair	pse	los
(13)		100000			outer	mscena	neous)				<u>a</u>	. =	lat	l Te
	Yes	No	N/A										1 00	
outside			х		(A(CM) sid	dina		30	000sqft	x	T		
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Name of Registered Waste Hauler		100	NJDEP W		100000000000000000000000000000000000000	c Yards		Name of	Regist	ered Land	dfill			
J Robinson Waste			Hauler ID	No.	of Wa			Wm Of	f Pa					
		1	8687		40cy	×								
City, State						osal Date	е	City, Sta		e e				
Bellmawr NJ					TBD			Tullyto	wn N.					
Completed by	Title					Signatu	re	•			Date	reelis		
Joseph T Hill	VP										9-24-	13		



Date of Notification (1) 9-24-	13			Building Owr Board of E		r (2)		1 - 1 - 1				
Agencies Notified Type Notification		4	Street A P2099	ddress Penningto	n Rd		*	SEP 27	2013		7	
DEP Amended Amendment				te, Zip Code , NJ 0861	8					i _ &		
DOH Emergency (justification) Cancellation			Name of Bob	Contact				Telephone N	lumber		***************************************	
			FACI	LITY INFORM	ATION	-						
Name of Facility Where Abatement is Takin Gusz Maintenance Building Street Address	g Place (3)					Typ	School (K-12 Subchapter 8		-12) rcial bui	ldinas.	home	es.
220 Ewingville Rd City (5)						Squ	etc.) are Feet	# of Floors		Bldg. A		
Ewing				Code (7)			000 rent Use (Prior	if being demol				
Trenton Name of Monitoring Firm Hired by Building 6	Owner (8)		ASCN				patement Contra	ractor (9)				
Street Address	J					t Addi 2 Bu	ess rlington Ave					
City, State, Zip Code							Zip Code .NJ . 08075					
Project Manager for Monitoring Firm		T	Telepho	ne No.		hone -824-	No. ·0971	07010				
Start Date (10) 7-25-13	Schedule		npletion	Date (11)	15	September 1	SHA Monitor					S-1115000
Occupancy Status During Abatement (Chec	k Only One)				t Addı	ess					
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of A nal Facility	baten Hours	nent		City,	State,	Zip Code					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if		enova					lini-Enclosure Slovebag Proce	nt with Negative			re	
	T					1 1	IOI1-EXCITIPICG	() and Hollin		Abat	emen	t
Location of	N	Locati ormal	ly		Descriptio	n of			-	T	ype	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Sole ntenar odial S (12)		(i.e. the	Containing mal system surfacing, Value miscella	Mater ns insi AT, or	ulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
outside	165	140	X		Ck wind	ows		396lf	x	1		
									-	-		
		1.5	UDED:	frate 1 0	ubic Yards		Name of B	egistered Land	1611			
Name of Registered Waste Hauler J Robinson Waste		H	IJDEP V lauler ID 8687	No. o	f Waste Ocy	-41	Wm Of I	Pa				
City, State Bellmawr NJ				100000	isposal Dat BD	e A	City, State Tullytow					
Completed by Joseph T Hill	Title VP		*		Signatu	re	H	т Т	Date 7-16-	13	9-	24

Date of Notification (1) 9 -24-13				Building Ow h Haines		Operator	(2)					٦!			
Agencies Notified Type Notification		2.00	Street Add				+	0	EP '	2 7 20	113	, !			
EPA Initial Amended Amendmen		(City, State	e, Zip Code n NJ 085				<u> </u>	EF		:				
DOH justification Cancellatio)		Name of 0 benard	S				#	Tele	phone N	umber		7	1	
Name of Facility Where Abatement is Taki	no Place (3)		FACIL	ITY INFOR	RMAT	ION	Type (of Facility (4)						\dashv
House	ing i lace (o)						maron	school (K-12							
Street Address 1 N Manor Ave								Subchapter (other (i.e. pr tc.)	(Othe	er than K- commer	-12) rcial bu	ildi	ngs, l	nome	s,
City (5) Longport NJ								e Feet	# of	Floors		Blo 65	lg. A	je	
County (6) Ocean			County C	ode (7) SE ONLY)			Curre	nt Use (Prio	r if bei	ng demol	ished)				
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.		A STATE OF THE STA	of Abat	ement Cont	tractor	(9)					
Street Address			L				Addres	s ngton Ave							
City, State, Zip Code				700		City, S	tate, Zi	p Code						***************************************	\neg
Project Manager for Monitoring Firm			Telephon	ie No.			nco .N	J . 0807		License	No.	_			\dashv
				0.00		700,000,000	824-0			07010					
Start Date (10) 10 -8-13	Schedule 10-15-1		npletion D	Date (11)		Name self	of OSF	IA Monitor							
Occupancy Status During Abatement (Ch	eck Only On	e)				Street	Addres	S							
Facility Closed/Vacated During Entire Abatement Performed Outside of Notother – Describe:	Period of A rmal Facility	batem Hours	nent		_	City, S	State, Zi	p Code							
Scope of Work (Check All That Apply)					-3				= -0.1256-2						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit					Mir	I Containme ni-Enclosure ovebag Proc n-Exempted	e cedure					a	
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Location of	l N	Locati Iormal	ly		D	escription	n of				-	_	Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Sole intena odial s (12)	nce/	(i.e. t	os Co herma surf	ntaining I al system facing, VA miscella	Material s insula AT, or		(Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
outside			X		(A	CM) sic	lina		30	000sqft	x				
Gasido						,					-	-			
						3.00				-					
		+	-					-		7					
Name of Registered Waste Hauler	Name of Registered Waste Hauler					ic Yards		Name of	Regist	ered Lan	dfill				-
J Robinson Waste	1	lauler ID 8687	No.	40c			Wm Of								
City, State Bellmawr NJ				Disp	osal Date)	9	City, Stat		J						
Completed by Joseph T Hill	Title VP					Signatur	е	0			Date 9-24	-13	3		

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

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ate of Notification (1)			me of Bui en Clark	ilding Owner	/Operator ((2)	i na	112					
gencies Notified Type Notification		10000	reet Addre 117 Cec		- **		S	EP 2	2 7 201	3 1	1		
EPA X Initial DEP Amended DOL Amendment #		Cit	ty, State, itman N	Zip Code J 08071						i			
Emergency (incl justification) DCA Emergency (incl justification) Cancellation	uding	100	ame of Co en	ontact				Tele	phone Nun	nber	,		
			FACILIT	Y INFORMA	TION	_	-f Capiliby /4				_		_
lame of Facility Where Abatement is Taking P House Street Address	ace (3)	- Jane				l ype	School (K-12 Subchapter & Other (i.e. pr) 3 (Othe	r than K-12 commerci	2) al buildin	gs, h	omes,	,
3512 Richard Ave	-					-	etc.) are Feet	# of	Floors	Bld 65	g. Age	•	
Hammonton							rent Use (Prio	1 .	na demolis				_
County (6) Burlington Coundy		C	ounty Co	de (7) E ONLY)									
Name of Monitoring Firm Hired by Building Ow	ner (8)		ASCM N	10.	Ani	& Jo	e LLC	tractor	(9)				
Street Address					1	2 Bu	rlington Ave	9					
City, State, Zip Code					City,	State, anco	Zip Code .NJ . 0807	5					
Project Manager for Monitoring Firm		T	elephone	No.	Telep 856		No. -0971		License I	No.			
Start Date (10)	cheduled 0		pletion Da	ate (11)	Name		SHA Monitor		1				
10 -5-13 Occupancy Status During Abatement (Check					Stree	t Add	ress					757	
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	riod of Aba	atem	ent		City,	State	, Zip Code						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		nova				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				e	
	T										Abate	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	No Used Main Custo	tena	lly ely by nce/ Staff?	(i.e. the	Descripti Containing ermal syste surfacing, \u00e4 ther miscel	ms in	or		Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	
	Yes	No	N/A		(ACM) A	Airce	I	-	30sqft	x	-		t
crawspace		_	X		(ACIVI)	11100	"						I
												-	+
					<u> </u>					1011			
Name of Registered Waste Hauler	- 		NJDEP W Hauler ID	uoto	Cubic Yard of Waste	S	indication and a		stered Lan	OTIII			
J Robinson Waste			18687	4	10cy Disposal D	ate	Wm C						_
City, State Bellmawr NJ	340				TBD		Tullyte		17	Date			_
Completed by	Title		10.00		Signa	ture				9-24-1	•		

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Name of Registered Waste Hauler Guardian Contracting, Inc. City, State	NJDEP Wast	0223	sal Date	City, S	T.R.R.F.	ed Landilli			-	
	I NIDED W		IDNs Coti V	ards of Was	ste Name of Register	ad I andfill				_
Exterior	X		Asbestos sidir	ng		330 SI	X			\vdash
in facility (13)	N/A	oth	VAT, eer miscell	or	550 sf	V A L	I R	P S U L E	O S U R E	
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Is Location Normally us Solely by Maintenance/Cu Staff	sed	Asl N (i.e	Description bestos-Con Material (A., thermal	ntaining ACM) systems	Amount (Specify SF or LF)	R E M	R E P A	E N C A	E N C L
Scope of Work (Check all that apply) $ \begin{bmatrix} $	[] [x]	Renova Demoli	10.7.77	[] [x]	Full Containment v Mini-Enclosure Glovebag Procedur Non-Exempted (*)	e		ге		
[X] Facility Closed/Vacated [] Abatement Performed (During Entire Period		STOREST CO.	City, Sta	te, Zip Code Piscataw	elton Road vay, New Jerse	**	54		
Scheduled Start Date (10) 9/25/13 Occupancy Status During Abatement (Check of	9/26/1		on Date (11)	Name of Street A		. Analytical				
Project Manager for Monitoring Firm	Telephone 1	Number		Telephor		License N 00624		55-1	271	-
City, State, Zip Code	WHI STO SI.					ute 9, Unit 61				
Name of Monitoring Firm Hired by Building C N/A Street Address	Owner (8)		ASCM No.	Street Ac		Contracting,	Inc.			
Toms River Twp.	Ocean				Current Use (Prior if t Residence	ce			0	
119 W. Tarpon Wa	County (6)		County Code (7) (STATE USE ONL)	0	[x] Square feet 600 sf	Other (i.e., private homes, etc.) # of Floors	Bldg.			ings,
Name of Facility Where Abatement is Taking Residence Street Address	Place (3)	FAC	ILITY INFORM	ATION	Type of Facility (4) [] []	School (k-12) Subchapter 8 (oth				
I I X I DOD	cation) llation	EAG		Decore-	urker	lephone Number				
[] DEP [] Amen Amen [x] Emerg	Notification ded Notification dment # gency (including		City, State, Zip Cod	le	Island, NY 10314	SEP 2 7 20)13			
September 24, 20 Agencies Notified Type of Notificati	on		Street Address		1.2	1, 12, 1		<u>ک ک</u> ر	3	
Date of Notification (1)	12		Name of Building C		ator (2) Decore-Lurker	2				

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

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)			Name of Building ()wner/Oner	ator (2)			0.00		
September 24, 201	3		rame or bunding (5.01	arishian	22	58	6	201100-	
Lat a matter Lat a comment	on Notification led Notification		Street Address	27572.07557	ol Road	; G []]	W E			
[x] DOL Amend	lment #ency (including		City, State, Zip Coo		eld, NJ 07090	SEP 2 7 20)13			
[X] DOH justific			Name of Contact Gary 1	arishian	T	elephone Number		1		
		FACI	LITY INFORM	IATION	L	· ·	ŏ	•	1	
Name of Facility Where Abatement is Taking I Residence	Place (3)	11101			Type of Facility (4)	School (k-12)				
Street Address 3673East Central A	venue				[x]	Subchapter 8 (oth Other (i.e., private homes, etc.)			ıl buildi	ngs,
City	County (6)		County Code (7) (STATE USE ONL)	Y)	Square feet 1200 sf	# of Floors	Bldg.	Age 6	0	
Normandy Beach	Ocean				Current Use (Prior in Resider					
Name of Monitoring Firm Hired by Building C N/A	wner (8)		ASCM No.	Name of	Abatement Contractor		Inc.			
Street Address	'e we			Street Ac	ldress	oute 9, Unit 61				
City, State, Zip Code				City, Sta	te, Zip Code	River, New Jerse	ev 087	55-12	71	
Project Manager for Monitoring Firm	Telephone	Number	T		ne Number 9-9932	License N 00624		33-12	./1	
Scheduled Start Date (10) 9/25/13	Scheduled 9/26/1		n Date (11)	Name of	OSHA Monitor E.M.S.	L. Analytical				
Occupancy Status During Abatement (Check of Facility Closed/Vacated		d of Abate	ement	Street A		telton Road				
Abatement Performed C		cility Hou		City, Sta	te, Zip Code	way, New Jerse	y 088:	54		
Scope of Work (Check all that apply)		-		[]		with Negative Pres	sure			
[] >3 sf or ≥3 lf	[] [x]	Renovat		[] [x]	Mini-Enclosure Glovebag Proced	ure *) and Non-Friable I	Procedu	re		
[X] ≥160 sf or ≥260 lf	[*]	Demond	lon .	[^]	Non-Exempted () and Hon-Thable I				
							Abate	ement	Гуре	
Location of	Is Locatio Normally u		As	Description bestos-Con		Amount	R	R	E N	E N
Asbestos-Containing Material (ACM)	Solely by	,		Material (A		(Specify SF	E M	E P	C	C
TO BE ABATED	Maintenance/Cu	ıstodial		e., thermal		or LF)	0	A I	A P	L
in facility (13)	Staff (12)		ins	ulation, su VAT,			v	R	S	S
(13)	(12)		otl	ner miscell			A		U L	U R
	YES NO	N/A					L		E	E
Exterior	X		Asbestos sidi	ng		1050 sf	X			
>										
	-									
Name of Registered Waste Hauler	te Hauler	ID No. Cubic V	ards of Was	ite Name of Regist	ered Landfill				_	
Guardian Contracting, Inc.	0223	3		T.R.R.F.						
City, State Toms River, New Jersey		Dispos 9/27/	13	City, S Tully	tate town, Pennsylvani	a				
Completed by (Print or Type) Nicholas Fernicola	Title Project Manag	er	Signature	de	14en	1	Date 9/24	1/201	3	

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

											-		
Date of Notification (1) Sep	otember 24, 20	13	4	Name of	f Building O		ator (2) Coppola	E C PE	क्रि	恒	3		
Agencies Notified [X] EPA [] DEP		on Notificati		Street A			lber Street		0010				
[x] DOL	Amen [x] Emerg	dment #_ gency (inc			City, State, Zip Code Belleville, NJ 07109 SEP 2 7 2013 Name of Contact Telephone Number								
[x] DOH [] DCA		cation) llation			Marie	Coppola		Telephone Number			ا مــــــــــــــــــــــــــــــــــــ		
			FA	CILITY 1	INFORM	ATION							
Name of Facility Where Ab Res	atement is Taking idence	Place (3)					Type of Facility (4) School (k-12) Subchapter 8 (other than k-12)						
Street Address	Halyard Road							[X] Other (i.e., private & commercial build homes, etc.)					
City		County	(6)	County Code (7) (STATE USE ONLY)			Square feet 1000 sf	# of Floors Bldg. Age 1 60					
Ortley Beach		Ocean					Current Use (Prior Resid						
Name of Monitoring Firm I		Owner (8)	E 18	ASCM N	No.	or (9) lian Contracting,	Inc.						
Street Address			Street Address 1889 Route 9, Unit 6										
City, State, Zip Code						City, Sta	State, Zip Code Toms River, New Jersey 08755-1271						
Project Manager for Monito	Telephone Numb	er	***		ne Number 19-9932	License N 00624							
Scheduled Start Date (10) 9/25/13			Scheduled Comp 9/26/13	letion Date (11)	Name of	OSHA Monitor E.M.S	S.L. Analytical					
Occupancy Status During A	Abatement (Check lity Closed/Vacated		Entire Period of A	batement		Street A		Stelton Road					
	tement Performed er – Describe	Outside o	f Normal Facility	Hours		City, Sta	ite, Zip Code Pisca	taway, New Jerse	y 088:	54			
Scope of Work (Check all t	that apply)					[]	Full Containme Mini-Enclosure	nt with Negative Pres	sure				
	of or ≥3 lf 0 sf or ≥260 lf			ovation iolition		[[x	Glovebag Proce		Procedu	re			
				T					Abate	ement '	Гуре		
Location Asbestos-Containing M TO BE ABA in facilit (13)	Is Location formally used Solely by tenance/Custod Staff (12) NO N/		As l (i.e ins	Descripti bestos-Co Material (. , thermal sulation, su VAT, ner miscel	ntaining ACM) systems urfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E			
Exterior	10.17		X	Asb	estos sidi	ng		900 sf	X				
		-	-						+-			-	
Name of Decision 1 W	JDEP Waste Ha	uler ID No	Cubic V	ards of Wa	ste Name of Reg	stered Landfill		L	_	1			
Name of Registered Waste	Hauler ontracting, Inc.	1	NIDEP Waste Ha		Cubic Y	arus or wa	T.R.R.F.						
City, State	City, State Dis						town, Perinsylva						
Toms River, New Jersey 9/2' Completed by (Print or Type) Title Nicholas Fernicola Project Manager					atore	chi	1 Le	Í	Date 9/24	4/201	3		

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

2132 Date of Notifice.

<i>(</i> }				No.					1.		7 5	7 3				
Date of Notification (1)	55			1	Departr	nent Of	wner/Opera Child & F) y Well-being		·!	/_ <u>;=</u>	(i)	1		
Agencies Notified	Туре	Notification		322	Street Add 94 Willia	dress am Stre	et		S	EP 2	7 20	13				
EPA DEP	H	Amended		C	City, State, Zip Code									Ì		
× DOL		Amendment		_ 1	Newark	, New J	ersey 07	102								
X DOH		Emergency (iustification)	including	1	Name of 0	Contact			Telephone Number					and and		
DOH DCA		Cancellation			Kennet	h Gibso	n							_		
	_				FACIL	ITY INFO	RMATION		1 = 1 = 16 (0)							
Name of Facility Where Mavourneen Brad		ment is Taking	g Place (3)		9				Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12)							
Street Address 1930 montgomery	Stree	et						Ĺ	Other (i.e. pri etc.)	commerci	ommercial buildings, hon					
City (5) Rahway, New Jers	sey 0	7065							Square Feet		menes de	173.08	лу. Лі	,c		
County (6) Union	Union							-	Current Use (Prior	r if bein	g demolis	hed)				
Name of Monitoring Fin Optimum Environr					ASCM	No.	10.00		f Abatement Cont on, Inc	ractor (9)			The state of the s		
Street Address									ddress							
2717 Linwood Roa	ad								roadway, Suite	e 202					-10 F-100 V	
City, State, Zip Code									ite, Zip Code							
Union, NJ 07083							N	lewa	rk, NJ 07104							
Project Manager for Mo Emmanuel Chiobi	Project Manager for Monitoring Firm Emmanuel Chiobi						1.000		ne No. 32-6225		License N 01184	10.				
Start Date (10)							Completion Date (11) Name									
Occupancy Status Duri	ing Aba	atement (Chec			Stree				ddress							
Facility Closed/Va	cated	During Entire	Period of Al	batem	atement 117				7 East 30th Street							
Abatement Perfor	med O	utside of Norr	nal Facility	Hours	ours Cit				ate, Zip Code							
Other – Describe:	-						— N	Vew '	York, New Yor	rk 100	16					
Scope of Work (Check	All Th	at Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			and the same of th		novation molition				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
						201			14011-Exempled	() and	140111110	Abatemen				
			F1 0000000	Locati ormal	(40) 42 (C)							Typ				
Locati Asbestos-Containir TO BE A In Fa (1;	ng Mat BATEI cility		Used Mair	d Sole	ely by nce/ Staff?		Descri tos Contain thermal sys surfacing other miso	ing Ma stems g, VAT	aterial (ACM) insulation, , or	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure	
Base	ment			X	-		Pi	ipe		10)5LF	Х				
Base	ment			^				ipe			,02.					
Name of Registered Waste Hauler					NJDEP W Hauler ID		Cubic Ya		Name of I							
Newark Carting	100	506	140.	35		Tullytov	wn Re	. Facility	/							
City, State							Disposal	Date	City, State Tullytov		À.		545			
Completed by	Completed by Title						Sign	nature	0	0	0	Date		,		
Emmanuel Chiobi			$\perp M$	m	ager	<u> </u>	\bot \mathcal{L}	em	enel C	lu	In	912	3/	20	13	



STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 AND 12:120)

Date of Notification (1)					Name of Building Owner/Operator (2)										
Date of Notification (1)	9/23/2	013			Mr. Daniel Be	er			SEP	277	013				
Agencies Notified		Notification Ty	/ре		Street Address		Į.	-							
	l r	Initial			299 Glen Co	urt		L	2			-			
DEP	li	Amended	#		City, State, Zip C			P.		v	· · · · ·	Cit.			
X DOL	1		cy (including	9	Teaneck, New Jersey 07666										
□ DOH		justificatio			Name of Contac	t		Tol-Nee							
DCA		Cancellat	ion	FACILITY INFO	Mr. Daniel Be						2012.00.00				
Name of Facility Where Aba	tement is Ta	king Place (3)	:	TAGIENT IN	Type of Facility	(4)									
Private Dwelling					School (K-12)										
Street Address						r 8 (Other th	an K-12)								
299 Glen Court							ommercial bu	ildinas.							
City (5)	County (6)		County Co		homes, et		Offilinorona. 2-								
Teaneck	Bergen		(State Use												
Name of Monitoring Firm Hi	red by Bldg.		Name of Contra		_										
N/A			MTM Metro Corporation												
Street Address			Street Address 135-137 McBride Ave												
City, State, Zip Code					City State, ZipCode										
Oity, Otato, Zip Good			Paterson, NJ 07501												
Project Manager for Monito	ring Firm	Telephone N	lumber		Telephone Number License Number										
Tojoccinarage					973 742 503			00809							
Scheduled Start Date (10)		Scheduled C	Completion I	Date (11)	Name of OSHA		00								
10/04/13		10/06/13			MTM Metro		OII								
Occupancy Status During /	Abatement (C	heck only one	2)		Street Address										
					135-137 McBride Av										
X Facility Closed/Vacate					City, State, Zip	Code									
Abatement Performed	d Outside of I	Normal Facility	Hours		Paterson, N.	J 07501									
Other-Describe:		8													
Source of Work (Check all	that apply)				o	h Namativo I	Brossuro	☐ Mir	ni-Enclo	sure					
> 3 sf or > 3 lf	>	Renovation	l.		Containment wit				wehan l	Procedur	e				
× > 160 sf or > 260 lf		Demolition			-Exempted(*) &										
Location of Asbestos-		ation Normally	Used	Description of thermal system	ACM (i.e.	Amount (S	Specify SF or	LF)	Abate	ment Typ	<u>be</u>				
Containing Material (ACM) Facility (13)	in Solely Staff?	by Maint./Cus	stodiai	surfacing, VAT	, or other				Rem.	Rep.	Encap	Enclose			
racinty (13)	YES	NO	N/A	miscell.)				_	X	Т	X	Lindidas			
Attic			_ ×_	Insulation		2,000SF			_^_						
	_									-	-	-			
Name of Reg. Waste Haul	or	NJDEP Wa	D#	Cubic Yards o	f Waste	-	Name	of Reg.	Landfill		1				
	MTM Metro Corporation 26552							Tullytov	vn	200					
	City, State						Disp. Date		1.0	City, Stat					
Paterson, NJ 07501			773				10/07/13		1	ullytown	, PA				
Completed by (Print or Ty	pe)	Title			Signature Date					(35)					
Elizabeth Maslarkov	-	Business Ad	ministrator		Elizabeth Maslarkov 9/23/2013										

OL#2496

Date of Notification (1) 9/24/13		Name of	Building O	wner/O	perator	(2)			: / ² \	1-	-	.,;	n n n			
Agencies Notified Type Notification		1 1	Street Ad	dress	TGOM	MERY I	PLACE									
EPA Initial Amended Amendment #			City, State, Zip Code PITTSBURGH, PA 15212							SEP	2 7	2	UİJ	1	المينية.	
Emergency (in justification) DCA Emergency (in justification) Cancellation	cluding		Name of Contact ANTHONY PORTA						7		Mrimh	ar .	•	, j		
			FACIL	ITY INFO	RMATI	ON			1				•			
Name of Facility Where Abatement is Taking VERIZON Street Address	Place (3)							Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, home						home	es.	
100 S. 6TH STREET					etc.)											
City (5) VINELAND, NJ							Square 43000	ס	4	Floors		75	dg. A	ge		
County (6) CUMBERLAND		County C STATE U	ode (7) SE ONLY)		_		t Use (Prior MUNICA			olished	1)					
Name of Monitoring Firm Hired by Building O' USA ENVIRONMENTAL, INC.	wner (8)		ASCM	No.				ement Cont ENVIRON			INC.					
Street Address 8436 ENTERPRISE AVENUE	- conics						Address BEAV	s /ER STR	EET							
City, State, Zip Code PHILADELPHIA, PA 19153			City				State, Zip Code STOL, PA 19007									
Project Manager for Monitoring Firm MARK JENKINS	11.2	[1] [20, 1997] #6000000000000000000000000000000000000				hone No 788-60			Licens 0050			-				
Start Date (10)	Schedule							A Monitor ENVIRON	IMEN	NTAL.	INC.					
Occupancy Status During Abatement (Check							Addres	s								
Facility Closed/Vacated During Entire Po			tement					/ER STR	EEI							
Abatement Performed Outside of Norma Other – Describe: 5:00 PM -1:00 AM	in r dollity	110013	*	**************************************			PA 1900	7								
Scope of Work (Check All That Apply)						200	_									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit	ovation olition				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						ıre			
	la la	Loopti					()) and Non-Friat			Abatement			
Location of	1000	Locati Iormal	30000		De	ecrinting	cription of						Ту	ре		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intenar odial S (12) No	nce/		os Con thermal surfa	taining I	Material ns insula AT, or		(3	Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure	
Basement Storage Room	x	110	107		VA	T/Mas	stic		2	00 SF	-	ς				
Basement Storage Room	х				Pipe	Insula	ation		2	20 LF		x				
Basement Storage Room	х				Gask	et Insu	ulation		80	4 SF	1	c				
Basement Diesel Room				Gask	et Insu	ulation		()	6 SF	;	ĸ					
Name of Registered Waste Hauler	- 35,000	JDEP W	2022000		Yards		Name of F	Regist	ered Lar	ndfill						
SERVICE TRANSPORT GROUP, IN	550	auler ID 0990	No.	of Wa	onions		MINER\		ANDFI	ILL						
City, State NEW CASTLE, DE 19720		Disposal Date					City, State	SBU)H 44	688	3				
Completed by PATRICK T. DeCARO	OR		1	Signatur	re ick	P.D.C	240/	lie	9/2		3					

Date of Notification (1)	Date of Notification (1)						Name of Building Owner/Operator (2)									
9 /	24 /1	13	i.		Bridgestone, LLC / Job # 1309-1808 Chk. #3340											
Agencies Notified	Type Notificatio	n	300	5	Street A	ddress	7497	- 90		i Wis						
⊠ EPA	Initial				333 East Lake Street											
□ DOLWD	☐ Amended			(City, State, Zip Code											
☑ DHSS	Amendment		dina		Bloomingdale, IL 60108 SEP 2 7 2012									Vii.		
DCA (NJAC 5:23-8)	☐ Emergency justification)		aing	1	Name of Contact Telephone Number											
(140/10 0.20 0)	☐ Cancellation				Mr. F	(evin Co	ok	}	.	1			7			
								ATION	h	- &	Manager of the Control of the Contro					
Name of Facility Where A	Abatement is Tak	ing P	lace (3)					Type of Facility (4)							
Firestone Tire Stor									School (K-12		4.00					
Street Address						☐ Subchapter (i.e., p	8 (Other than K- rivate and comn		build	dinas						
3681 US Highway 9						homes, etc.)			689000							
City (5)						Square Feet	# of Floors		Bldg	J. Ag	е					
Freehold						7,000	1			0 +						
County (6)		Count	y Code (7)	(STATE	USE ONLY)	Current Use (Pr	ior if being dem	olished	l)							
Monmouth									Retail - Aut	o Repair						
Name of Monitoring Firm	Hired by Buildin	g Ow	ner (8	3) A	SCM N	No.	Name	e of Abateme	ent Contractor (9))						
Tiger Environment							As	bestos and	d Mold Service	es, Corp.						
Street Address							Stree	t Address								
16 West Elizabeth	Avenue						38	59 Sylon B	oulevard							
City, State, Zip Code							City,	State, Zip Co								
Linden, NJ 07036					Hainesport,				NJ 08036							
Project Manager for Mor	itoring Firm			Telep	elephone No. Telephone No.					License No.						
Kelly Walton				90	908-862-4301 609-702-				r –	00862						
Start Date (10)	Sc	hedul	ed Co	mplet	ion Dat	e (11)	Nam	e of OSHA M	1onitor				***************************************	-0.07-0.0		
10 / _7_ /	13	_10	_ /	9	_ / _	13	EN	/ISL Analyt	ical, Inc.							
Occupancy Status Durin	g Abatement (Ch	neck c	only o	ne)	1000		Stree	et Address							100	
☐ Facility Closed/Vacat					nent		20	0 U.S. Rou	te 130 North							
Abatement Performe	d Outside of Nor	mal F	acility	Hours	s - Desc		City,	State, Zip C	ode							
Time of Abatement:	AM	_PM/		_PM-		ΑM	Ci	nnaminsor	n, NJ 08077							
Scope of Work (Check a	II that apply)															
П. О f 2 . И		Г	Ø ₽~	novatio	20			☐ Full Con	tainment with Ne	egative Pressure	•					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				nolitio				Gloveba	g Procedure							
								Non-Exe Non-Exe	empted (*) and N	on-Friable Proc	edure					
			100	Locat	37/12/50				2		-	Aba	ateme		ype	
Location Asbestos-Containing				lormal d Sole		Ashe	stos C	Description of	ot aterial (ACM)	Amount		Rer	Repair	Encapsulate	Enclosure	
TO BE AB			2000	intena			., then	mal systems	insulation,	(Specify		Removal	air	aps	losı	
IN Faci			Cust	odial (12)	staπ?			urfacing, VAT er miscelland		SF or LF)		<u>a</u>		ulat	Тe	
(13)			Yes	No	N/A	1	Otti	Ci miscellane	3043)					Ф		
Office #1		-				Ceiling	Tiles	i		120 SF		\boxtimes				
Office #2		-				Ceiling	70000			100 SF		\boxtimes				
Office #2												П	П	П		
												П	 -			
News (Decident)			JDEP \	Maste	Cub	ic Yards of	Name of Rec	istered Landfill					1-			
Name of Registered Wa Freehold Cartage,		lauler II	O No.	Was		GROWS										
		0.550			02265	5	Disp	osal Date	City, State			-				
City, State Freehold, NJ								0/10/13	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	le, PA 19067						
Completed By (Print or	-	Signature									75.42					
Kimberly A. Trumi	Coord	dinato	r		QXV	V-		9.	2	4-	13					

ASB-41 MAY 11

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

CK#25316

Date of Notification (1)	25/13		T	Name of Building Owner/Operator (2) Denise Riordan										
Agencies Notified	Type Notification		- 1	Street A	ddress	17	N. Burchard	Street SEP	2 7	201	3	7		
EPA DEP DOL	Initial Amended Amendment #	lelia a	-	City, State, Zip Code Edison, NJ 08037										
DOH DCA	☐ Emergency (inc justification) ☐ Cancellation	luaing	F	Name of Contact Denise Riordan Telephone Number								j		
				FACI	LITY INFO	ORMATION								
Name of Facility Where Street Address	Abatement is Taking Resid	Place (lential	3)				Type of Facility School (K-1) Subchapter		l buildi	nae				
	47 N. Buro	hard	Stree	et			homes, etc.			ings, ig. Age				
City (5)	Edisc	n, N.	ſ				2200	2	_	7(
County (6)	iddlesex			Count USE () (STATE		rior if being demolish Residential	ned)					
Name of Monitoring Firm (8)	n Hired by Building O	wner	7	ASCM N	lo.		nent Contractor (S	e) mental Service	s, In	c.				
Street Address	MECS		-1-			Street Address						=		
	PO Box 341					PO Box 322 City, State, Zip Code								
City, State, Zip Code	crosswicks, NJ (8515				Allentown, NJ 08501								
Project Manager for Mo	onitoring Firm Veisgarber Jr.		- AND	phone N	No. 3-4070	Telephone No. (609) 2	59-9688	License No.	0493			_		
Start Date (10)	Sched	luled Co	mple	tion Dat		Name of OSHA	Monitor	ÆCS						
10/4/13 Occupancy Status Dur	ing Abstement (Cher		0/7/2	13		Street Address		TECS				=		
☐ Facility Closed/Vaca	ated During Entire Pe	riod of A	Abate	ment				Box 341		_	_	_		
☐ Abatement Perform ☑ Other - Describe:		I Facility	Hour	City, State, Zip Code Crosswicks, NJ 08515										
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	all that apply)	Rer Der	novati molitic			Mini-E	ontainment with N nclosure pag Procedure xempted (*) and N	egative Pressure	re	e				
			ocatio						1	bater Typ				
Location Asbestos-Containing TO BE AB IN Faci (13)	g Material (ACM) <u>ATED</u> lity	Used Main Cu S	Solel tenan stodia taff? (12)	y by ice/ al	Asbes (i.e.	Description tos Containing M., thermal systems surfacing, VA other miscelland	aterial (ACM) insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
		Yes	No	×	Tł	ermal Pipe I	nsulation	125 lf	×			\vdash		
Basen	nent		-	_		ormar ripe i	and a control of the							
			- 1						-					
Name of Registered V	Vaste Hauler			NJDEP \	 Waste	Cubic Yards	Name of Re	gistered Landfill						
	Environmental			Hauler II		of Waste 2 CU		T.R.R.F., I	nc.					
City, State		08501				Disposal Date 10/7/13	City, State	J Tullytown,	PA					
Completed By	Allentown, NJ	е				Signature	(1)	Date		5/12				
Mahlon E. S	Stevens	Pr	ojec	et Mar	nager	1//	1		912	5/13		_		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

7/93 (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)			Herosaki e	Name of Building Owner/Operator (2)										
09/	26 / _	13		KE	KENNEDY HEALTH SYSTEM Street Address SEP 2 7 2013									
Agencies Notified	Type Notificat	tion		Street	Address			-1 4 / 20	113	1				
□ EPA				18 E	EAST LA	UREL ROAD	<i>}</i>		7	i				
☑ DOLWD	Amended			City, S	State, Zip C	Code								
☑ DHSS ☑ DCA	Amendme Emergence	2000000	-	STF	RATFORI	NJ 08084	C OL OIL							
(NJAC 5:23-8)	justificatio		y	Name	of Contac	t	Telephone Number							
4000 SOULD S	☐ Cancellation	on		GE	ORGE LO	DDISH	4							
	*			FAC	CILITY IN	FORMATION								
Name of Facility Where A	Abatement is Ta	aking Plac	e (3)				Type of Facility (4)						
KENNEDY HEALTH	SYSTEM						☐ School (K-12) ☐ Subchapter 8 (Other than K-12)							
Street Address							Other (i.e., pr			ildina	S			
18 EAST LAUREL F	ROAD						homes, etc.)	ivato ana com		ciai buildings,				
City (5)							Square Feet	# of Floors	BI	dg. A	ge			
STRATFORD							>50,000 4 70							
County (6)				Cour	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being dem	olished)					
CAMDEN							HOSPITAL							
Name of Monitoring Firm	Hired by Build	ing Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)							
CRITERION LABS						DELTA/BJDS	DS, INC							
Street Address						Street Address								
3370 PROGRESS D	RIVE					1345 INDUST	STRIAL BLVD.							
City, State, Zip Code						City, State, Zip C								
BENSALEM PA 190	20					SOUTHAMP	TON PA 18966							
Project Manager for Mon				ephone		Telephone No.		License No.						
MIKE PANEPRESS	X		- 1	15 244		215 322-2900		00783						
Start Date (10)	000400	cheduled (All row or pilling			Name of OSHA N	Monitor							
	13	11	/ _ 0	<u> </u>	13	EHS								
Occupancy Status During						Street Address								
☐ Facility Closed/Vacate							GATE COURT							
☐ Abatement Performed Time of Abatement: 7			ty Hou Al		cribe	City, State, Zip Co								
	mon -					MICKELTON	NJ 08056							
Scope of Work (Check al	I that apply)					⊠ Full Con	tainment with Neg	ative Pressure						
≥3 sf or ≥3 lf			enovat			☐ Mini-End	closure	auve i ressure						
≥160 sf or ≥260 If			emoliti	on			g Procedure empted (*) and Nor	n-Eriable Proce	adure					
		T 1	s Loca	tion		[] NOTI-EXE	silipled () and Noi	ri liable i loce		atem	ant T	ivno		
Location	of		Norma	ally		Description of	of			_		1		
Asbestos-Containing			ed Sol aintena		Asbe	stos Containing Ma	aterial (ACM)	Amount	Rem	Repair	nca	ncl		
TO BE ABA				Staff?	(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)	Removal	#	Encapsulate	Enclosure		
(13)	,		(12)		1	other miscellane		, , ,	-		late	G,		
		Yes	No	N/A							200			
SSA SHOWERS			\boxtimes		105 AC	M FIREPROOFII	NG	SF	\boxtimes					
			I_{Π}											
Name of Registered Was	te Hauler		1	NJDEP '	Waste	Cubic Yards of	Name of Regis	tered Landfill						
SERVICE TRANSPO			ŀ	dauler II 20990		Waste	MINERVA I	LANDFILL						
City, State						Disposal Date	City, State							
NEW CASTLE, DE	19720						WAYNESB	URG, OH 44	688					
Completed By (Print or T	ype)	Title				Signature			Date		6	10000111		
Damian Lavelle		PROJ	ECT N	IGR		Dame	inneton	ا الالا	9	ds	17	5		

ASB-41 MAY 11

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