CK5648

				(1	rursuam	to NJAC	0.00 an	u 12:120	1)		F	RECE	=11/	F - F		
Date of Notification (1)	11					f Building	Owner/0	Operator	(2)			10 10	-11	LL	1	
7/29/	14				P.S.E	.G.					2814	OFD or				
Agencies Notified	Type Notific	cation				Address HADLE	Y ROA	D			-	SEP 30				
DEP X DOL	Amend Amend	dment#				ate, Zip Co H PLAII		D, NJ. (07080)	458 8	ESTOS	COM	TR	OL.	
ĭ DOH	Emerg justific	ency (ir ation)	ncluding			of Contact					1 Tele	ephone Nu	umber	U		
☐ DCA		llation			GE	ORG	E	V12	LA.	RO	-4	,		- 1	· U	<u> </u>
Name of Facility Where	Abatement is	Taking	Place (3	3)	FAC	ILITY INF	ORMAT	ION		of Facility ((4)					
PSE4G										School (K-1						
Street Address	Piers	OIU	Au	16		2			×	Subchapter Other (i.e. petc.)				dings,	home	es,
City (5)	HEL				-		172 DESS		Squa	re Feet	0.46620	Floors		lldg. A	omer and	
County (6)	MEL				County	Code (7)			Curre	1600 d ent Use (Pri		3 na demolis	shed)	H×.	75	YRS
MID	DIES	EX				USE ONLY)	-			ω'nΤ	7	57	AT.	OR)
Name of Monitoring Firm ENVIRONMENTAL	Hired by Bui	ilding O	wner (8))	ASCI 00	VI No.				tement Cor	ntractor	(9)	. ^			
Street Address	. TACTICS	<u> </u>				40			Addres	SYSTEM	5 OF /	AMERIC	,A			
64 BROAD STREE	Т		*			9				EHEAD A	AVE.					
City, State, Zip Code MATAWAN, NJ 077	747									ip Code IVER, N.	8880 1	2				
Project Manager for Mor TOM GEIGER	nitoring Firm				Telepho 732-2	ne No. 92-2217		Teleph 732-4	one No 432-8			License I				
Start Date (10)	!		Schedul	ed Co	mpletion	Date (11)				HA Monitor SYSTEM	S OF A	AMERIC				
Occupancy Status Durin	g Abatement	(Check	Only Or	ne)	///	<u></u>		Street		A management of the second						
Facility Closed/Vac	ated During E	Entire Pe	eriod of	Abater	ment				A DESCRIPTION IN	EHEAD A	AVE.					
Abatement Perform Other – Describe:	nelessa nelessa	ry of	Relad	Hour	son	ly				ip Code IVER, N.	0888	2				
Scope of Work (Check A	II That Apply)	/			-				_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				Renovi Demoli					Min	l Containmoni-Enclosure	9	Negative	Pressu	re		
			1		-			M		n-Exempted		Non-Fria				
				Locat Norma								-			ement pe	t
Location Asbestos-Containing		M)	Use	ed Sole	ely by	Asbes		scription taining M		(ACM)	Ar	mount			Ш	
TO BE ABA				intena todial	Staff?		thermal	systems cing, VA	insula			pecify or LF)	Ren	Re	ncar	End
(13)				(12)				niscellan				or Er y	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A										te	w
CONTROL	- Roo	M		X		TRA.	NSiT	EP	ANE	= .	20) SF	X			
									200000000000000000000000000000000000000		SV106 35					
Name of Registered Was WASTE MANAGEN				10000	NJDEP W Hauler ID		Cubic of Was	Yards ste				red Landfi	li			
	IENI				1125		APRX	4		GROW		KIH				
City, State ELIZABETH, NJ							Dispos	sal Date		City, State MORRI		F PA				
Completed by			Title					Signature	1				ate	_	_	_
CAROL RAIMO			OFF	ICE N	/IGR.			4	are	e la	in	@	1/0	29,	114	/
	7									-				16	*-	

(K6661

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

Data Charles C. (1)					1		_			RECEI	1500	-			
Date of Notification (1) 9 / 2	6 /	14					-	ner/Operator (g Authority	Job#1409-4821	CK#6661					
	pe Notific	ation				t Address New Wi	illow	Street	2014	SEP 30	PM 5:	G	3		
□ DOLWD □	Amende	d							695	Feire	Carl State	-			
☑ DHSS ☐ DCA ☐	Amendm					State, Zip (enton, NJ			F.00	ESTOS O LICENS	UNIT	30	L.		
(NJAC 5:23-8)	justificat		Juding	9	Name	of Contac	ot .			Telephone N					
] Cancella				Mid	chael Hal	I				-				
		8			FA	CILITY IN	NFOF	RMATION							
Name of Facility Where Aba	tement is	Taking	Place	(3)					Type of Facility (
Trenton Housing									School (K-12)		(40)				
Street Address 110 Prospect St. Unit	84								☐ Subchapter 8 ☐ Other (i.e., pri			bu	ilding	s,	
City (5)	0-7		SOURCE STREET				-		homes, etc.)	# of Floors		DI	Ι Λ		
Trenton									Square Feet	# of Floors		BIC	lg. A	ge	
County (6)					Cou	nty Code (7	7)(STA	TE USE ONLY)	Current Use (Price	or if being den	nolished)			
Mercer						,	,,	,	Building			•			
Name of Monitoring Firm Hir	ed by Buil	lding O	wner	(8)	ASCM	No.	Nar	me of Abateme	ent Contractor (9)						
M.E.C.S.					381	35	A	AbateTech, I	nc.						
Street Address		T			-		Stre	eet Address	·						
Po Box 341							3	0 Maple Ave	e. PO Box 25						
City, State, Zip Code							City	y, State, Zip Co	ode		770			211/16	
Chesterfield, NJ 08515								umberton, l	J 08048						
Project Manager for Monitori	ng Firm				lephone		2000	ephone No.		License No					
William Weisgarber				1		8-4070		09-265-2107		00529					
Start Date (10)					etion Da		100000000000000000000000000000000000000	me of OSHA M :MSL Analyt							
Occupancy Status During Ab	atement (Check	only o	one)			Stre	eet Address							
☐ Facility Closed/Vacated D							1	08 Haddon	Ave.						
Abatement Performed Ou				•			City	, State, Zip Co	ode						
Time of Abatement:	_AIVI	PIV	v	PI	1	Alvi	W	Vestmont, N	J 08108						
Scope of Work (Check all that	at apply)	9	N				·	☐ Full Conf	ainment with Nega	ative Pressure					
☐ ≥3 sf or ≥3 if ☐ ≥160 sf or ≥260 if			⊠ Re □ De					☐ Mini-Enc ☐ Glovebag							
				Loca							1	Aba	teme	ent T	ype
Location of Asbestos-Containing Mat	orial (ACA	<i>a</i>)		Norm	ally lely by	Asha	ataa (Description o Containing Ma		Amazint	7	0	Re	Ēn	Ш
TO BE ABATEI		"	Ma	inten	ance/			rmal systems		Amount (Specify	200	3	Repair	cap	Clos
IN Facility			Cust	todial (12	Staff?		s	urfacing, VAT,	or	SF or LF)	2	2	•	Encapsulate	Enclosure
(13)			Yes	No			oth	ner miscellane	ous)			1		ate	
Unit #84		Ter				Floor ti	le &	mastic		110 SF	D				
				П	10						T	1	П	П	П
		-+										7			
								7, 22				7			H
Name of Registered Waste H	lauler				NJDEP V	Naste	Cub	oic Yards of	Name of Registe	red Landfill		1	ш	Ш	Ц
AbateTech, Inc.	iauloi			121413	Hauler II	No.	Was	ste	G.R.O.W.S.						
City, State					18750)	Dist	oosal Date	City, State						
Lumberton, NJ								0/7/14	Tullytown, F	PA					
Completed By (Print or Type)		Title		- 5				Signature	_ , ,		Date	,			_
Jennifer Piraine			erati	ons	Coord	nator		Com	1		9	10	2W	114	1

ASB-41 MAY 11

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

CK 6597

MAY 11

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

RECEIVED

Date of Notification (1)				Name	of Buildin	g Owner/Operator (2)	2014 CED -				
9 / 25	/ _1	4		Tru	stees of	Princeton	/ Job #13	2014 SEP 3 04-4626 G	Pech #	9 ? (2	
Agencies Notified Type N	otification	1		Street	Address	7 30 8	Pi Pi	A. Chillian Inc.			<u> </u>	
☑ EPA ☐ Initia	d			Tru	stees of	Princeton Unive	ersity E.A. Macl	Villan Bldg	CON	TRO	1	
☑ DOLWD ☑ Ame				City S	State, Zip (Code		E LICE	NSINO	110		
	ndment :	- Table				NJ 08544				4		
	rgency (includin	g					Talashasa M				
, , , , , , , , , , , , , , , , , , , ,	fication)				of Contac			Telephone N	lumber			
LI Can	cellation	-				go, P.E.	***************************************					
				FA	CILITY	NFORMATION			- 8			
Name of Facility Where Abatemer	it is Takii	ng Plac	e (3)				Type of Facility ((4)				
20 Washington Road					2		School (K-12					
Street Address		Control and Control			4.		☐ Subchapter 8 ☐ Other (i.e., pr			uildin		
20 Washington Road, Prince	ceton U	nivers	ity Ma	ain Ca	mpus	*	homes, etc.)	ivate and com	merciai b	unun	J S,	20
City (5)							Square Feet	# of Floors	I R	ldg. A	70	
Princeton) () () () () () () () () () (5	٦	85	ge	
							1,000,000			00		10.500
County (6)				Cour	ity.Code (7)(STATE USE ONLY)	Current Use (Pri	A100	nolished)			
Mercer						2 1	University L	ibrary				
Name of Monitoring Firm Hired by	Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
ATC Associates				0009	8	AbateTech, I	nc.					
Street Address						Street Address	20000					
3 Terri Lane						30 Maple Ave	PO Box 25					
City, State, Zip Code	_					City, State, Zip Co						
							20 Oct 10 Control of the Control of					
Burlington, NJ 08016						Lumberton, N	NJ U6U48		N_			
Project Manager for Monitoring Fin	m		1 0000	ephone		Telephone No.		License No				
Michael R. Keehn				09-386		609-265-2107		00529				
Start Date (10)	Sche	duled (Comple	etion Da	te (11)	Name of OSHA M	lonitor					
3 / 24 / 14	_	12	3	<u>1</u> / .	14_	EMSL Analyti	ical					
Occupancy Status During Abatem	ent (Che	ck only	one)			Street Address						
☐ Facility Closed/Vacated During	1.1.1.223			ment		200 Route 13	0 North					
☐ Abatement Performed Outside					cribe	City, State, Zip Co						
Time of Abatement:AM												
		7410				Cinnaminson	i, NJ 08077					
Scope of Work (Check all that app	ly)					☐ Full Cont	ainment with Neg	ative Pressure				
≥3 sf or ≥3 lf		⊠ Re	enovat	ion		☐ Mini-Enc		alive Fressure				
≥160 sf or ≥260 lf		□ De	emolitic	on		☐ Glovebag	g Procedure					
						Non-Exe Non-Exe	mpted (*) and Nor	n-Friable Proce	edure			
10 No. 10		100	Loca						Al	atem	ent T	уре
Location of			Norma ed Sole			Description o			R	R	ш	Ш
Asbestos-Containing Material (ACM)		intena			stos Containing Ma		Amount	Removal	Repair	nca	Enclosure
TO BE ABATED IN Facility				Staff?	(1.6	e., thermal systems i surfacing, VAT,		(Specify SF or LF)	ova	≒	psu	nsc
(13)			(12)			other miscellane		01 01 11)	-		Encapsulate	6
3. 75		Yes	No	N/A							CD	
Room 227A					Floor T	ile & Mastic		400 SF				
Abandon Exterior Steam Tur	nell				Cut & V	Vrap		300 LF				
Auditorium Roof					Roof FI	lashing		714 LF				
1st Fl. Column C-D between 5	&6				Double	layer Floor tile 8	& Mastic .	270 SF				
Name of Registered Waste Hauler		1	IN	JDEP V	Vaste	Cubic Yards of	Name of Regist	ered Landfill				
AbateTech, Inc.			H	lauler II		Waste	G.R.O.W.S.					
	_			18750		40			-25745			
City, State						Disposal Date	City, State	2012				
Lumberton, NJ						12/31/14	Tullytown,	PA				
Completed By (Print or Type)	Titl	е		AV-500		Signature	1 _		Date		-1.	,
Gwendolyn Trumbetti		perat	ions (Coordi	nator	(1	211		91	25	1/4	+
ASB-41		5	2110022			/	1001		/		1	
MAY 11		Do not	use th	is form	for asbest	tos licensure exemp	ted activities.					

1304-4626 Page 2 of 2

Location of Asbestos-Containing		Locat	ion Used	Description of	Amount	Aba	atem	ent T	уре
Material (ACM) TO BE ABATED in Facility (13)	S Main	olely l tenan		Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Light Court TAR Shaft				Tar/Rope Packing assoc w/ terra cotta & glass duct/pipe	20 each				
Heritage Glass TAR Shaft				Tar/Rope Packing assoc w/ terra cotta & glass duct/pipe	20 each				
Basement			X	Exterior Perimeter Window Caulk	80 LF	M	П	П	П
Basement		H		Exterior Window Glazing	300 LF		Ħ		
			H				H	\exists	

CK 6791

2014-171

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

RECE

B & G proj. #:	2014-171			(Pursua		NJAC 8: SUB Ch		and 12:120-/) · 8 ***		Check 2014 SEF	67	9 <u>7</u> /	15	. ^		_
Date of Notification	(1)	111	Name of	Building Ow	ner/One	erator (2)				2814 000		1000				
0 19 1/12 16	1/114			ley Colleg	- 33	orator (E)				JEH SEF	31	P	44	: 50)	
Agencies Notified	Type Notificati	ion 3	Street Add	dress				*		ASSEST & LI	no	r.o.				
☐ EPA	X Initial		44 Rif	fle Camp l	Road					& LI	CFI	UU Non	TH	201	#	
DEP DOL	☐ Amendr			e, Zip Code dland Parl		77424					-	1011	EG	190 - 18 feb		
					IVU (31424				Telephone	Nu	mher		-	-	
▼ DOH	Cancella		lame of (relephone	, IYUI	HIDCI				
☐ DCA			Mark	Wegener						=	+		-		_	
				FA:	CILITY	INFORMA	TION				4)					
Name of facility wh	nere abatement i	s taking pl	ace (3)						1 1 y	pe of Facility (4		- 12)				
Building # B1	(Sub chapter	8)		152000000000000000000000000000000000000	- 124					Subcha	pter	8 (Otl	ner th	an K-	12)	
Street Address										Other (I				cial		
44 Rifle Cam	p Road								S			Floors	1	Blo	lg. A	ge
City (5)	(5) County (6)							nty Code (7)	_						-	
Woodland Pa	ark, NJ 07424	4 Pa	ssaic				(Sta	te use only)	0	current Use (Pr	ior if	being	dem	olishe	d)	
Name of Monitorin	g Firm Hired by	Bldg. Own	er (8)		ASC	CM No.	\neg	Name of Abatement	Con	tractor (9)						
EnviroVision					007	79		B & G Restorat	tion,	Inc.						
Street Address					-1			Street Address 105 Ryerson F	202	4						
	raw Road - B	uilding 3	35E				_	City, State, Zip Code								
City, State, Zip Cod Fair Lawn, N								Lincoln Park,		07035						
Project Manager for	r Monitoring Firm	1		Phone Nun	nber			Telephone Number (973)696-686	20		Lice	ense N		er		
Willie Morale	es			973-636-	9145			Name of OSHA Mor			_	003	0/0			
Scheduled Start Da	ite (10)	Sche	d. Compl	letion Date (11)			B & G Restora		Inc.						
10/06/2014		10/	10/201	4				Street Address		**********	Т	17000				
Occupancy Status I								105 Ryerson F	10120-11020-1102	l						
	d/vacated during erformed outside							City, State, Zip Code								
Describe:	be: occupied						-	LincolnPark, N	J 07	7035						
Scope of Work (ch		v)					<u>-</u> L	_=			-					3 .
Demolition	INCK EII TIET UPPI	Renovati	on				X F	ull Containment w/ne	gativ	e pressure	٦G	loveba	ig pro	cedu	re	
>3 sf or >3 If		≥160 sf o	>260 If					fini-enclosure	8] N	on-fria	ble p	госе	lure	
Location of				Ily used sole	ely						Ť		R	R	E	E
asbestos-cor	7.0	by maint staff(12)		custodial				sbestos-containing		Amount (Specify S	E or		e m	e p	n	n
material to be abated in fac		Yes	No	N/A	1	material (A	ACM)			(Specify S	L OI		0 V	a i	а	L
	4	163	NO						_		_	_	e	ř	р	1
Lower level Offi	ces			X	<u> VA</u>	T, mast	ic &	carpeting	_	975 sf		-	X	屵	믐	H
			<u> </u>	4	4-				-			-	爿	片	믐	냶
		-	╬	-	╬				-		_		片	片	H	计
			╫━	#	#						_	\neg		吉		10
Registered Waste F		NJE	er ID#	Vaste	Name of Registered											
B & G Restora	tion, Inc.		19563	Disposal	Date	12		City, State	Ke	source & Re	COV	ery (ent	er		
City, State Lincoln Park, NJ Disposal Date 10/06/2014 - 10/10/2							2014		PA							E
Completed by (Prin		Title			Sig	nature		Gordana Luna			1 (Fig. 20)	ite	1001	,	4154	
Gordana Luna	ì	Secreta	ary/Trea	asurer				Joraana Luna			10	9/26	201	4		

CA 10802

B & G proj. #:

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

Dra-	
Charle Wood	IFE
Check # paup	VFII

Date of Notification (1)	I I Name	e of Building Own	er/Operator (2)			2014 000		
0 19 1/12 16 1/11 14		Kaes	,			2014 SEP	30 PM 4	: 59
Agencies Notified Type Notificat	ion Stree	t Address				ASBESTE & LIC	S CONT	tr
EPA Initial	35	2 South Street	t			& LIC	ENSIMO	ROL
☐ DEP	5.03	State, Zip Code					777-13	
DOL Amend	ment Ne	ew Providence	e, NJ 07974					
▼ DOH		of Contact				Telephone	Number	
DCA Cancell	B B	ill Kaes						
		FACI	ILITY INFORMA	ATION				
Name of facility where abatement	s taking place	(3)			T	ype of Facility (4		
Bill Kaes						=	(K - 12) opter 8 (Other	than K-12)
Street Address						Series in the series of the se	Private/Comm	
352 South Street					1 -		Homes, etc.	Bldg. Age
City (5)	County (6)		Cour	nty Code (7)	Square reet 1	# 01 1 1001S	Diag. rigo
410000000000000000000000000000000000000	Llaina					Current Use (Pr	ior if being de	molished)
New Providence, NJ	Union					residential		
Name of Monitoring Firm Hired by	Bldg. Owner (8)	ASCM No.		Name of Abatement Cor			
n/a 				_	B & G Restoration Street Address	, Inc.		
Street Address					105 Ryerson Roa	nd		
City, State, Zip Code					City, State, Zip Code			
7.500 F. C.					Lincoln Park, NJ	07035		
Project Manager for Monitoring Firm	i	Phone Numb	er	_	Telephone Number		License Num	
		-			(973)696-6869 Name of OSHA Monitor		00378	3
Scheduled Start Date (10)	Sched. Co	ompletion Date (1	1)		B & G Restoration			
10/08/2014	10/09/2	2014			Street Address			
Occupancy Status During Abateme	nt (Check only	one)			105 Ryerson Roa	d	, 4	
Facility closed/vacated during					City, State, Zip Code			
Abatement performed outside Describe:	of normal facil	ity nours-		_	LincolnPark, NJ 0	7035		
Other-Describe:				<u>- 11</u>	LINCOINFAIR, NO 0	7000		11 11 11
Scope of Work (check all that appl						-		
☐ Demolition	Renovation				ull Containment w/negati	ve pressure	Glovebag p	
	≥160 sf or ≥26			X N	fini-enclosure	L	Non-friable	
Location of	Is location no by maintenar	rmally used solely				Amount	R e	R E E
asbestos-containing material to be	staff(12)		Description material (sbestos-containing	(Specify S	For m	p c n c
abated in facility (13)	Yes	No N/A		,		LF)	v e	a a L
boiler room		X	pipe insula	ation		56 lf	X	
laundry room		×	pipe insula			8 lf	X	
bathroom		X	pipe insul			4 lf	X	<u> </u>
closet		х	pipe insul			6 lf	X	
main room abve drop ceiling		X ·	pipe insulubic Yards of V		INIomo of Domintored La	12 lf	X	
Registered Waste Hauler B & G Restoration, Inc.	NJDEP I		Tubic Yards of V	vasie	Name of Registered La Tullytown Re	natili esource & Re	covery Cer	nter
City, State Lincoln Park, NJ		Disposal D			City, State Tullytown, PA			v
Completed by (Print or Type)	Title		Signature		50, 50		Date	
Gordana Luna	Secretary/	reasurer			Gordana Luna		09/26/20	14

Check #_ 8538 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) LAURA LOEW 27 Street Address Type Notification Agencies Notified 430 BRAEBURN ROAP ASSESTOS CONTROL & LICENSING Initial City, State, Zip Code Amended NJ 07432 HO HO KUS Amendment # Emergency (including justification) Name of Contact Telephone Number LAURA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subshapter 8 (Other than K-12) LOEW

Street Address 430 BRAEBURN RU	90				Other (i.e. pretc.)	rivate & comm	nercial I	ouildir	ngs, h	omes	.
City (5) Ho Ho Kus	**. 10000				Square Feet	# of Floors		VALUE OF STREET	g. Ag	3	
County (6) Shruha			Code (7) USE ONLY)		Current Use (Pric	or if being dem	olished	(1)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASCI	M No.		of Abatement Con Mac Contracting						
Street Address					Address Lowell Road						
City, State, Zip Code				City, S Gle	State, Zip Code n Rock, N.J. 07	452					
Project Manager for Monitoring Firm		Telepho	one No.		hone No. -262-5841	Licer 001	ise No. 56				
Start Date (10)/ /0/8/14	Scheduled (Completion	Date (11)	Name	e of OSHA Monitor ega Environme	ental Servic	es Inc).			
Occupancy Status During Abatement (Che	ck Only One)				t Address						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of Aba mal Facility H	itement ours		City.	Huyler Street State, Zip Code ckensack, NJ 0	7606					
Scope of Work (Check All That Apply)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation nolition		ć	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	re ocedure					
	lede	cation	T		14011-EXCHIPTE) and mon			Abate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Maint	mally Solely by enance/ lial Staff? 12)			Material (ACM) ms insulation, /AT, or	Amoun (Specif SF or Li	у	Removal	Repair	e Encapsulate	Enclosure
	Yes	No N/A		-						a	
BASEMENT		λ		VAT		630	SF	X			
1,1,00											
									-		
Name of Registered Waste Hauler Rovic Transport		NJDEP Hauler 20785	ID No.	Cubic Yards of Waste	IESI F	 f Registered L PA Bethlehe		ındfil	l Cor	p.	
City, State Riverdale, New Jersey 07457				1 /	14 on Bethle	ehem, PA 1		1	1		
Completed by R. McDonald	Title Presid	lent		Signat	L-MY	4	Da 7	1/2	1/7	د 	

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e of Notification (1)		Name	e of Build	ling Owner/Ope	rator (2) VICASSE TIFS TREE	STASI	וחשבמטי				
e of Notification (1) 9/26/14		J	TOHN	JAKIMOL	0/02-00-	TICEN	SING				
ncies Notified Type Notificatio	n	Stree	et Addres	s - 78	CTEBE	1	UING				
□ Initial											
DEP Amended		City,	State, Z	ip Code	07002						
Amendme	ent # cy (including	13	10 D X	12, 10 5		T	Telephone Mires				
instification	on)		ne of Cor				٠, ٠	٠ ر			
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	51 - 72	F	ACILITY	INFORMATIO	Type of	Facility (4)					
me of Facility Where Abatement is Ta APARTMENT reet Address						thool (K-12) bchapter 8 ther (i.e. pri	(Other than K-12) vate & commercial	building	gs, ho	mes,	
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ty (5)					8	000	4	- 1			_
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HUPSON	(0)	1	ASCM N	0	Name of Abate	ement Cont	ractor (9)				
ame of Monitoring Firm Hired by Build	ling Owner (8)	ľ	ASCIVITY	0.	A. Mac Co	ntracting	Inc.				-
treet Address			W-101 FF		Street Addres 105 Lowel	l Road					
City, State, Zip Code					City, State, Zi Glen Rock	p Code k, N.J. 07					
Project Manager for Monitoring Firm		Te	elephone	No.	Telephone No 201-262-5	o. 5841	License No 00156) .			
	Scheduled	Comp	letion Da	ate (11)	Name of OSI	A Monitor	0				
Start Date (10) / / / / / / / / / / / / / / / / / / /	Juliedules / d	, / 8	114		Omega E	nvironme	ntal Services Ir	16.			_
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Date of Notification (1)	9/27/14	Ĺ	N	J. P	Building C	wner/Ope	erator MEA	(2) 27 A 58F	SIDS	COUR	• 57			
Agencies Notified	Type Notification		5					. &	LICEN	SIMO	TOL			
□ EPA	⊠ Initial			190	MAIL	1 STRE	ET,	SUITE &	07.001	JING				
DEP DOL	Amended Amendment #		10	City. State	e Zip Cor	ie.		07601						
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DOH DCA	justification) Cancellation	4		MAR	ik R	JETEI		KAJ	Telepi	one Num	Dei _			
Name of Facility Where	Abatement is Taking	Place (3)		FACIL	ITY INFO	RMATION	4	Type of Facility	(4)					
APARTMENT	Bulletate	r lace (5)												
Street Address								School (K-	r 8 (Other t	han K-12)			
1057 MAG	DISON AUG	Ξ,						Other (i.e. etc.)	private & co	ommercia	l build	ings,	nome	s,
City (5)				- 20				Square Feet	# of FI	oors	BI	dg. A	ge	
ELIZABET	TH							6000	1			60		
County (6)				County C	ode (7) SE ONLY)			Current Use (Pr	ior if being	demolish	ed)			
Name of Monitoring Firm	Hired by Building O	wner (8)		ASCM	No.			of Abatement Co		-				
Street Address						5	Street	Address	9 1110.					
							10.5000	Lowell Road						
City, State, Zip Code								itate, Zip Code n Rock, N.J. 0	7452					
Project Manager for Mor	nitoring Firm			Telephon	e No.			none No. 262-5841		icense No 0156).			
Start Date (10) / 1 / 1 /		Schedule	d Con	pletion D	Date (11)		(200)	of OSHA Monitor		vices In	С.			
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Scope of Work (Check A	All That Apply)						-					-1125		
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		Yes	No	N/A									e	
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Name of Registered Wa Rovic Transport	iste Hauler		Н	JDEP W auler ID 0785	2021/200	of Waste			f Registere PA Bethle			l Cor	p.	
City, State Riverdale, New Jer	sey 07457					Disposa	al Date		ate ehem, PA	18015	8			
Completed by		Title				1 /	natur		/	Da		/	100	
R. McDonald		Pres	ident				X.	11/ Jane	1		7/0	+)/	17	

Check # 8538 RECEIVED 2014 SEP 30 PM 4:58 Date of Notification (1) Name of Building Owner/Operator (2) J P MANAGEMENT Treet Address
190 MAIN STREET, SUITE DOI ASSESTES (Agencies Notified Street Address Type Notification **EPA** initial × City, State, Zip Code DEP Amended HACKENSACK NJ 07601 DOL Amendment # Emergency (including Name of Contact
MARK PJETERNIKAS X justification) DOH DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) APARTMENT BUILDING School (K-12) Subchapter 8 (Other than K-12) 1048 MONROE AUE. Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age ELIZABETH 8000 3 60 County Code (7) (STATE USE ONLY) County (6) Current Use (Prior if being demolished) UNION ARTS Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) A. Mac Contracting Inc. Street Address Street Address 105 Lowell Road City, State, Zip Code City, State, Zip Code Glen Rock, N.J. 07452 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-262-5841 00156 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 10/9 Omega Environmental Services Inc. Occupancy Status During Abatement (Check Only One) Street Address 280 Huyler Street Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Hackensack, NJ 07606 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Description of Used Solely by Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) (13)Yes N/A No PIPE 25 G BOILAN Rain X X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Rovic Transport IESI PA Bethlehem Landfill Corp. 20785 Disposal Date City, State City, State Riverdale, New Jersey 07457 10/9/14 Bethlehem, PA 18015 Completed by Title Signature

President

R. McDonald

RECEPPORED 8538

Date of Notification (1)	9/27/1	4				ner/Operator	(2) 07 A 5	SEECLES	PH 4	:58	}	
Agencies Notified	Type Notification	on	Stree	et Addr	ress		SUITE DO	& 1 ICEN	UNT	ROL		
EPA DEP DOL	initial Amended Amendme	ent #	City.	State.	Zip Code		07601	- LICEN	DING		10	
☑ DOH DCA	justification Cancellat		Nam	ie of C 1/4/C	ontact P.	ETERNI	KAJ	Telephone No	ımber		•	
Name of Facility Where Appartment Street Address 879 UINE	BUILDIA		E.	ACILIT	TY INFORI	MATION		7.5 0.01		lings.	nomes	s.
City (5) ELIZABET		· · · · · · · · · · · · · · · · · · ·					etc.) Square Feet	# of Floors		ldg. A		
County (6)				nty Co	de (7) E ONLY)		Current Use (Price		shed)			
Name of Monitoring Firm	Hired by Buildi	ng Owner (8)	A	SCM N	No.		of Abatement Con lac Contracting					
Street Address						0.00.	Address Lowell Road	1				\neg
City, State, Zip Code							State, Zip Code n Rock, N.J. 07	452				
Project Manager for Mo	ect Manager for Monitoring Firm					K3 33835333400	none No. -262-5841	License 00156				
Start Date (10) / 4		Scheduled / 0	1 - 1		ate (11)		of OSHA Monitor ega Environme	ental Services	Inc.			
Occupancy Status Durin	ng Abatement (C	1 5	1 1 .				Address					
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of N					City, 5	Huyler Street State, Zip Code kensack, NJ 0	7606				
Scope of Work (Check	All That Apply)	·				1						\neg
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		- Deliverance	enovation emolition				Mini-Enclosure Glovebag Pro				e	
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Locatic Asbestos-Containin <u>TO BE AB</u> In Fac (13	g Material (ACM B <u>ATED</u> illity) Used Mair	ormally d Solely b ntenance odial Staff (12)	<i>i</i>	(i.e. th	Description s Containing I nermal system surfacing, V other miscella	Material (ACM) ns insulation, AT, or	Amount (Specify SF or LF)	Remova	Repair	e Encapsulate	Enclosure
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Bouka	ROOM			2		PIPE		100	.£ X	-		
Name of Registered Will Rovic Transport	aste Hauler		100000000000000000000000000000000000000	EP Water ID N	Marie Control	Cubic Yards of Waste	The state of the s	Registered Land A Bethlehem		II Co	Ļ р.	
City, State Riverdale, New Je	207			Disposal Dat	e City, Sta	ite ehem, PA 180	15					
Completed by R. McDonald	ppleted by Title					Signatu			Date /	 +7/	14	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) JP MANAGEMENT Street Address 190 MAIN STREET, SUITE 201 Type Notification Agencies Notified initial **EPA** City, State, Zip Code HACKENSACK NJ 07601 Amended × DEP Amendment # DOL Name of Contact
MARK PIETERNIKAJ Emergency (including justification) × DOH Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) APARTMENT BULLDINE Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, Street Address PLAGE 432 ROSEHILL etc.) Bldg. Age # of Floors Square Feet 60 8000 ELIZABETH Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) UNION Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. A. Mac Contracting Inc. Street Address Street Address 105 Lowell Road City, State, Zip Code City, State, Zip Code Glen Rock, N.J. 07452 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00156 201-262-5841 Name of OSHA Monitor Schedujed Completion Date (11) Start Date (10) Omega Environmental Services Inc. 10/13/14 10/9/14 Street Address Occupancy Status During Abatement (Check Only One) 280 Huyler Street Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Hackensack, NJ 07606 Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 If Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normaliv Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Encapsulate Asbestos-Containing Material (ACM) Enclosure Maintenance/ (Specify Remova (i.e. thermal systems insulation, Repair TO BE ABATED Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)N/A Yes No IPE 360 L ROUM × BOILER Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste

Hauler ID No.

Disposal Date

9/14

Signature

20785

Title President Bethlehem, PA 18015

City, State

IESI PA Bethlehem Landfill Corp.

Rovic Transport

Riverdale, New Jersey 07457

City, State

Completed by

R. McDonald

Date of Notification (1) September 26, 201	4				Building (Way of				erm Rec	CARBLA	அழைவ	Che	ck#	1510	0
Agencies Notified	Type Notification			Street Ad	ddress Vyckoff			2011	J	Total Control					
EPA DEP DOL	Initial Amended - Amendment				te, Zip Co			4 52	ESTOS & LICE	HIEN	G RUL				
DOH DCA	Emergency (i justification) Cancellation	ncluding			Contact eCurtis					Tel	ephone Nur	nhor			
				FACII	LITY INFO	DRMATI	ON	10000 - WHI				-5111-1950			
Name of Facility Where A Residence	Abatement is Taking	Place (3	3)					pressor.	of Facility (School (K-1						
Street Address 172 Chelton Avenu	e		4					×	Subchapter Other (i.e. p etc.)				lings,	home	es,
City (5) Long Branch									re Feet	# o	f Floors		ldg. A	ge	
County (6) Monmouth				County (Code (7) JSE ONLY)				ent Use (Pri ant Resid		ng demolisl	ned)			
Name of Monitoring Firm Coastal Environme				ASCM	No.		200000000000000000000000000000000000000		tement Cor vironmen						
Street Address PO Box 167							7	Addre: Cutle:	ss r Avenue						
City, State, Zip Code Hammonton, NJ 08	037						200000000000000000000000000000000000000		ip Code ade, NJ 0	8052	-				
Project Manager for Mor Cathy Ledden	itoring Firm			Telephor	ne No. 20-9312			none N 755-0			License N 00842	lo.			
Start Date (10) October 6, 2014		Schedul			Date (11)				HA Monitor poratories						
Occupancy Status Durin	g Abatement (Check	Only Or	ne)				Street	Addre	SS						
Facility Closed/Vac	ated During Entire P	eriod of	Abaten	nent			200	Route	130 Nor	th					
Abatement Perform Other – Describe:	ed Outside of Norm	al Facility	/ Hours			_	3735		ip Code son, NJ 0	8077					
Scope of Work (Check A	ll That Apply)	24-22						<u></u>	or executive large exercises					District Co.	
≥3 sf or ≥3 if ≥160 sf or ≥260 if			Renova Demolit				2	Min	Il Containm ni-Enclosure ovebag Pro- n-Exempte	e cedure				e	
			Locat Normal			87.00	100000			()			Abate		:
Location Asbestos-Containing <u>TO BE AB</u> In Faci (13)	Material (ACM) ATED lity	Use Ma	ed Sole iintena todial (12)	ely by nce/		tos Cont thermal surfa		Materia s insula NT, or	ation,	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										e	
Through			XXX			Pipe	Insula	ation		4-1	'5 LF	х			
Through	nout		XXX			F	Plaster			1:	50 SF	Х			
												-			
Name of Registered Was	ste Hauler		I	JDEP W	/aste	Cubic	Yards	-	Name of	Registe	ered Landfil	<u> </u>			
Freehold Cartage	-			lauler ID 2253	No.	of Wa	A1007 P				ks Comm	unity	Land	dfill	
City, State Freehold, NJ		Const. Process				10/8/	/	/	City, Stat			/			
Completed by Diana Lynch		Title Oper	ation	s Mana	iger	8	Signatur	é La	:8.	X.		ate /26/20)14		
ASB-41 (R-06-08)			3/40		_		* Do n	ot use	this form for	rasbes	tos licensur	e exen	npted	activi	ties.

Date of Notification (1)				Name of	Building	Owner/C	Operator	(2)	RE	- 01	-14	in the same of				
Septe	mber 26, 2014			OCD/PF	RD/J&J											
Agencies Notified	Type Notification			Street A	ddress	77			2014 S	FP ?	OP	H 2:	55	-		
⊠ EPA	Initial			920/100	1 Rt. 2	02			2017	, _, _			- 0			
DEP	Amended	. 6		City, Sta	te, Zip C	ode			A.58	TPE	as U	UNT	RU	L.		- 3
⊠ DOL	Amendment			Raritan,	NJ 088	869			A30	2.11	CEN:	31MG	1			
DOH DOH	Emergency (including			Contact					Tel	ephone	Numb	or			
DCA	Cancellation			Project	Manag	er					,					
						ORMATI	ON			1,	,					
Name of Facility Where	e Abatement is Takin	g Place (3	3)					Туре	of Facility (4	.)					-10	
OCD/PRD/J&J	05 T								School (K-12	2)						
Street Address									Subchapter i				t	r		
920/1001 Rt. 202									Other (i.e. pr etc.)	ivate	x comm	ierciai	Dullo	ings	nom	es,
City (5)	1								re Feet	# of	Floors		В	ldg. A	ge	
Raritan, NJ											3					
County (6)				County C				Curre	ent Use (Prio	r if bei	ng dem	olishe	d)			
Somerset				(STATE L	ISE ONLY)					Facilit	tv				
Name of Monitoring Fire	rm Hired by Building	Owner (8)	1	ASCM	No.		Name	of Aba	tement Cont		THE RESERVE OF THE PARTY OF					
Bulava Environmen	ital, Inc.						The M	1ACK	Group, LL	C.						
Street Address								Addre				25.7				
12 Kilmer Drive						1500 I	Kinas	HWY N, S	STE 2	209						
City, State, Zip Code								ip Code								
Hillsborough, NJ 08	3844-3830						Chern	v Hill.	NJ 08034							
Project Manager for Mo	707-77-01-11-10-10-10-10-10-10-10-10-10-10-10-			Telephor	ne No.		Teleph				Licens	se No.				
Edward J. Bulava				908-874	-6207		(973)	759 -	5000		00781	1	10			
Start Date (10)		Schedul	ed Co	mpletion [Date (11)		1	-	HA Monitor							
5/17/	14			5/17/15	5		The M	IACK	Group, LL	C.						
Occupancy Status Dur	ing Abatement (Chec	k Only O	ne)				-	Addres				-				
Facility Closed/Va	acated During Entire F	Period of	Abate	ment			1500 I	Kings	HWY N, S	STE 2	209					
Abatement Perfor	med Outside of Norm	al Facility	y Hour	'S			-		ip Code							
Other - Describe:	-						Cherry	/ Hill,	NJ 08034							
Scope of Work (Check	All That Apply)															
≥3 sf or ≥3 lf		\boxtimes	Renov	ation				X Ful	II Containme	nt with	Negati	ive Pre	SSIII	P		
≥160 sf or ≥260 lf			Demol				Į.	Mir Mir	ni-Enclosure		riogua		ooui	C		
							ŀ		ovebag Procented (Non Eri	abla D		turo		
		1			V			<u> </u>	II-Exempled () anu	NOII-FII	able F			emen	t
		-	Loca Norma	200000000											ре	
Location Asbestos-Containing		Use	ed Sol	ely by	Ashe	De stos Cont	scription		(ACM)	Δ	mount	Ī				
TO BE A		100000	intena	ance/ Staff?		thermal			TOWN TO SECURE AND ADDRESS OF THE PERSON AND		Specify		ZJ.		Enc	E
In Fac	M. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Cus	(12)	30.000000			cing, VA			SF	or LF)		Remova	Repair	aps	Enclosure
(15	,					otheri	miscellar	ieous)	25			1	ova	air	Encapsulate	ure
		Yes	No	N/A									_		Ф	
Bld 1003 Mech	nanical Room	X			fit	ttings &	asbes	stos p	ipe		35 If		\times			
Bld 1003 1st F	El Bathroom		V	+					-		26		\Rightarrow			
			/\	+			fittings						\ominus			-
OCD Tu	nnel #1		-	fit	ttings &	asbes	tos p	ipe	7	73 l/f		X,				
OCD Baseme	nt A Building	\times				asb	estos p	oipe		2	00 I/f		X			
Name of Registered W	aste Hauler			NJ DEP W		100000000000000000000000000000000000000	Yards		Name of R	egiste	red Lan	dfill				
Freehold Cortes			- 1	Hauler ID		of Wa			ם ו							
Freehold Cartage City, State				222	33	Diana	10.3		BFI Impe		andtill	ò			_	
							sal Date		City, State		E400					
Freehold, NJ Completed by	texes - an area	Title					5/17/15		Imperial,	PA 1	5126	Det				
Control of the Contro			J = - +			5	Signature	1		0	-	Date				
Michael Cooper		Presid	ent			100			-			9/26	14			

ASB-41 (R-06-08)

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

Location of		s Location	y	Description of				emen ype	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Solel aintenar stodial S (12)	ice/	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Eliciosule
	TO BE ABATED In Facility (13) Yes OCD Tunnel #2	No	N/A			<u>n</u>		te	α
OCD Tunnel #2	X			asbestos pipe	300 l/f	X			
Bldg 1003 Facilities Department		X		pipe insulation	119 l/f	X			
"		X		fittings	13	X			
OCD A-105		X		pipe insulation	75 l/f	X			
PRD vault	and the second	X	200	exterior wall transite	50 sf	X	2		
						apago /			
					A	2014	,		
				,	217.8 8.1.8.1.8.2.1	SEP		E M	
					CENSING	30 PM			
					TROL	2:59	ť	5	

Date of Notification (1)				Name of	Building	Owner/Op	perator ((2) RECE	16					
May	08, 2014		(Ortho D	iagnost	tic / Johr	nson 8	Johnson						
Agencies Notified	Type Notification			Street Ad			-	2614 SEP 30	PH	3.00				
⊠ EPA	Initial		19	920 / 10	01 Rou	ute 202,	РО Во	ox 300						
DEP	Amended		Ī	City, Sta	1804			A TEFSTE	s co	NTRO				
☑ DOL	Amendment	#	_	Raritan,	NJ 088	869		& LICI	- NSI	NG				
☑ DOH	Emergency (justification)	including	Ī	Name of	A CONTRACTOR OF THE PARTY OF TH	20/10/10/1		G 210		ephoneN	lumber			
DCA	Cancellation		1	Project I	Manage	er			1					
					The second designation of the second	ORMATIC	N		====					
Name of Facility Where A	batement is Takin	g Place (3	3)					Type of Facility (4)					
Ortho Diagnostic / Joh	nnson & Johns	on						School (K-1	2)					
Street Address								Subchapter					2 400002	
920 / 1001 Route 202								Other (i.e. p etc.)	rivate	k comme	rcial bu	liaing	s, nom	ies,
City (5)								Square Feet	# of	Floors		Bldg.	Age	
Raritan, NJ										3				
County (6)		116-129-		County C				Current Use (Price	or if bei	ng demol	ished)			
Somerset				(STATE U	ISE ONLY)	-			Facility				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.		Name	of Abatement Con						
Bulava Environmental	, Inc.					- A	The M	ACK Group, L	LC.					
Street Address	·							Address		-		-		
12 Kilmer Drive							1500 K	lings HWY N,	STF	209				
City, State, Zip Code								ate, Zip Code				*****	-	
Hillsborough, NJ 0884	14-3830							Hill, NJ 08034	4					
Project Manager for Monit		20		Telephor	ne No.	-		one No.	•	License	No.	-		
Edward J. Bulava			g	908-874				759 - 5000		00781				
Start Date (10)		Schedul	-	mpletion E				of OSHA Monitor		00101			-	+
5/17/14				5/17/15			The M.	ACK Group, L	C					
Occupancy Status During	Abatement (Chec	k Only Or	ne)	0, 11, 10	***			Address						
Facility Closed/Vaca	ted During Entire F	Period of	Ahater	ment		-	1500 K	lings HWY N,	STF 2	209				
Abatement Performe	d Outside of Norm	al Facility	Hour	S		-		ate, Zip Code						
Other - Describe:								Hill, NJ 08034	1					
Scope of Work (Check All	That Apply)	-						,	A _{tom}	_				
≥3 sf or ≥3 lf			Renova	ation			D	Full Containme	ant with	Negative	Droce	IFA		
≥160 sf or ≥260 If			Demoli					Mini-Enclosure		ivegative	. 11633	ui e		
		Above					R	Glovebag Proc		N F-:-1	.I. D			
								Non-Exempted	(") and	Non-Friat	ole Proc		temer	
		0.140	Locat Norma	STORY OF THE PROPERTY OF THE P									ype	11
Location Asbestos-Containing N		(2,0,00)	ed Sole		Anhan		cription	5.0				1	1	
TO BE ABA		2.5000000000000000000000000000000000000	intena					aterial (ACM) insulation,		mount pecify	l z	1_	Enc	Ш
In Facilit	у	Cus	todial ((12)	200000000000000000000000000000000000000	***	surfaci	ing, VA7	Γ, or		or LF)	em	\def	aps	nclo
(13)			(,			other m	iscellan	eous)			Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							-		6	
Bld 1003 Mechar	nical Room	X		1	fit	tings &	achac	tos pipo		35 If	$\overline{}$	-	1	
Bid 1003 1st Fl.		//	V	+ +	111			tos bibe	,		+	>	4	-
			\wedge	+			ttings			26	-(-	>	1	-
OCD Tunne	el #1	X			fit	tings &	asbest	tos pipe	7	73 l/f	\perp \times			
			L.,.			7								
Name of Registered Wast	e Hauler		0.11733	NJ DEP Wa Hauler ID I		Oubic Y		Name of F	Registe	ed Land	fill			
Freehold Cartage			1,	222		UI VVaSI	8.3	BFI Impe	rial I	andfill				
City, State	- 17			444.		Disposa	COMULTING.	City, State		ariuiiii				
Freehold, NJ			23				17/15	Imperial,		5126				
Completed by	The states of	Title				-	gnature		7		Date			
Michael Cooper		Presid	lent			-	1/2	1//-		20 12	/8/14			
		1. 10010	-VIII			1				0	10/14			

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

Date of Notification (1)				Name of	Building	Owner/	Operator	(2)	11/5	rs.				
Jun	e 06, 2014							(2) RECE Johnson	IAC	نسا				
Agencies Notified	Type Notification	1		Street A	ddress									
⊠ EPA	C Lateral		1	920 / 10	01 Roi	ute 202	PO Bo	2660SEP 30	PM :	3: 60				
DEP	Initial Amended		f	City, Sta	te, Zip C	ode	.,	-		_				
□ DOL	Amendmen			Raritan,	NJ 08	869		ASSESTOS	CON	TROL.				
DOH DOH	Emergency justification			Name of				& LICE			ber			
DCA	Cancellatio	50		Project	Manag	er			I					
					LITY INF	Marie Balling Co.	ION		=					
Name of Facility Where			3)					Type of Facility (4	1)					
Ortho Diagnostic / Jo	ohnson & John	son						School (K-12						
Street Address								Subchapter Other (i.e. p				dinac	hom	20
920 / 1001 Route 20	2							etc.)			ii buli	uniya	, HOITH	35,
City (5)								Square Feet	# of F	loors	E	Bldg. /	Age	
Raritan, NJ										3				
County (6)				County (r1		Current Use (Price	r if being	demolish	ed)			
Somerset				(SIAIR)	SE ONLI					acility				
Name of Monitoring Firm		Owner (8)		ASCM	No.		Name	of Abatement Cont	tractor (9))				
Bulava Environmenta	al, Inc.						The M	ACK Group, LI	_C.					
Street Address							Street	Address						
12 Kilmer Drive							1500 K	ings HWY N,	STE 20	9		- Does to the last	2558	
City, State, Zip Code							1	ate, Zip Code						
Hillsborough, NJ 088								Hill, NJ 08034	-					
Project Manager for Mor	itoring Firm			Telephor			120000000000000000000000000000000000000	one No.	1 22	License No	ο.			
Edward J. Bulava		T		908-874				759 - 5000	0	0781				
Start Date (10)		Schedul	ed Cor	mpletion [of OSHA Monitor	2					
5/17/14 Occupancy Status Durin		als Only O	>	5/17/15)		-	ACK Group, LL	.C.					
							000000000000000000000000000000000000000	Address	o== 00					
Facility Closed/Vac Abatement Perform	ated During Entire	Period of	Abater	nent			-	lings HWY N,	STE 20	19				
Other - Describe:	ed odiside of 140f	mai i aciiity	rioui	5				ate, Zip Code						
Scope of Work (Check A	II That Apply)						Cherry	Hill, NJ 08034	•					
≥3 sf or ≥3 lf	ш тнас другу)	፟.	20				Г	7						
≥160 sf or ≥260 lf			Renova Demoli				5	Full Containme Mini-Enclosure	nt with N	legative P	ressu	re		
				70,771.00			2	Glovebag Proc	edure					
							2	Non-Exempted	(*) and No	on-Friable	Proce			
	-		Locat										emen: /pe	t
Location Ashestes Containing		3400-0	Norma d Sole				escription					_ ·	T	
Asbestos-Containing TO BE AB		Ma	intena	nce/				aterial (ACM) insulation.		ount ecify	70	Location or	E	m
In Facil	NATURE DESCRIPTION OF THE PROPERTY OF THE PROP	Cus	todial ((12)			surfa	cing, VA7	r, or		r LF)	em	Repair	caps	nclo
(13)			(/			other	miscellan	eous)			Remova	pair	Encapsulate	Enclosure
		Yes	No	N/A							_		Ö	
Bld 1003 Mecha	nical Room	X			fit	tinas 8	asbest	os pipe	35	5 If	X			
Bld 1003 1st FI	. Bathroom		X				fittings			6	X			
OCD Tuni	nel #1	X			fit	tinas 8	asbest	os pipe	77:	3 l/f	X			
OCD Basement		\rightarrow				8.5					\Diamond			
Name of Registered Was			l N	J DEP W	aste		estos p	Name of R) /f	\wedge			
			19	lauler ID		of Wa		Name of N	cgistere	u Lanum				
Freehold Cartage				222:	53		10.3	BFI Impe	rial Lar	ndfill				
City, State					-	60000AA6000	sal Date	City, State	S.		- 01-71-51			
Freehold, NJ				100			5/17/15	Imperial,	PA 151	126				
Completed by		Title				8	Signature	10/	0	Dat	е			
Michael Cooper		Presid	lent		1	12.00	1.50			6/6/	14			

ASB-41 (R-06-08)

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

Date of Notification (1)				Name of	Building	Owner/0	Operator	(2)	lang.	ECE	TIV	F	7		
	st 01, 2014		(Ortho D	iagnost	ic / Joh	nnson 8	& Johnson		C7 L	. I B	Tomp I	٠		
Agencies Notified EPA	Type Notificati	ion	g	Street Ad 920 / 10		ıte 202	. PO B	ox 300	2014 S	EP 30) PM	3	: 0()	
DEP DOL	Amended			City, Sta	te, Zip Co	ode			ASBE	STOS	s co	NT	RN		
<u> </u>	Emergen	cy (including	_	Raritan,	Contact	909		+1-	9 192	lephone	Nitrodi	¥G	110		
DOH DCA	justification Cancella	1750170		Project		ar.			10	ерпопе	TNUTTIO	51 -			
					LITY INF		ION		-	-		+	_		
Name of Facility Where	Abatement is Ta	aking Place (3)					Type of Facility	(4)						
Ortho Diagnostic / Jo	ohnson & Joh	nnson						School (K	-12)						
Street Address								Subchapte							2725
920 / 1001 Route 20 City (5)	2							Other (i.e. etc.) Square Feet		f Floors		1	ldg. A		es, ———
Raritan, NJ								Oquale 1 cct	" 0	3		"	iug. r	ige.	
County (6)				County C	Code (7)		-	Current Use (P	rior if he		nlished	1	,		
Somerset					SE ONLY,)		ouncil occ (i	ioi ii bo	Facilit		,			
Name of Monitoring Firm	n Hired by Buildi	ing Owner (8))	ASCM	No.		Name	of Abatement Co	ntractor		Ly	-			
Bulava Environmenta			20				100000000000000000000000000000000000000	ACK Group,		(0)					
Street Address	.,					300	THE RESERVE OF THE PARTY OF THE	Address	LLO.	-					
12 Kilmer Drive							1500 k	Kings HWY N	STF	209					
City, State, Zip Code								tate, Zip Code	, 0.2					2.01	
Hillsborough, NJ 088	344-3830						None Care	Hill, NJ 080	34						
Project Manager for Mor	itoring Firm			Telephor	ne No.			one No.		Licen	se No.			-	
Edward J. Bulava			9	08-874	-6207		(973)	759 - 5000		0078	1				
Start Date (10)		Schedul	ed Cor	npletion [Date (11)		Name	of OSHA Monito	г						
5/17/1				5/17/15	5		The M	ACK Group,	LLC.			70-70			
Occupancy Status Durin	g Abatement (C	heck Only O	ne)				TOWNSHIELD AND THE	Address							
Facility Closed/Vac	ated During Ent	ire Period of	Abaten	nent				(ings HWY N	, STE	209					
Abatement Perform Other - Describe:	ed Outside of N	ormal Facility	y Hours	S			1	tate, Zip Code	2749						
Scope of Work (Check A	II That Apply)			2-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3			Cherry	Hill, NJ 080	34			_			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	л тастрыу)		Renova Demolit					Full Containr Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure						
		le	Locat	ion										emen	t
Location	n of		Normal	lly		De	scription	of			_		Ту	ре	
Asbestos-Containing		1 2000	ed Sole aintena	0.6		tos Con	taining M	laterial (ACM)	2.50	mount				ш	_
TO BE AB		Cus	todial S	Staff?	(I.e.		systems cing, VA	insulation, T, or	20	Specify For LF)		Remova	Re	Encapsulate	Enclosure
(13)			(12)				niscellan		1 (5	· ·		VOC	Repair	Sula	Jusc
		Yes	No	N/A								9		te	Ф
Bld 1003 Mecha	nical Room	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	110	INA	fit	tings 8	achac	tos pipe		35 If		<u></u>			
Bld 1003 1st Fl		- /	X		110		fittings	tos pipe		26		$\stackrel{\sim}{\nearrow}$			
OCD Tuni		X			fit			tos pipe	7	73 l/f		$\overrightarrow{\times}$			
OCD Basemen									<	\Rightarrow			-		
Name of Registered Was				J DEP W	aste		estos p	Name o		00 I/f	ndfill	^			
				lauler ID		of Wa		1,4,110.0	· rogiote	rou Lui					
Freehold Cartage				222	53		10.3	BFI Imp		andfill					
City, State						0.0000000000000000000000000000000000000	sal Date	City, Sta		10					
Freehold, NJ	9-7	Tiels					5/17/15	Imperia	I, PA 1	5126					
Completed by		Title				5	Signature	19/-		_	Date				
Michael Cooper		Presid	ent								8/1/14	4			

Location of		s Locati Normal	ly	Description of					emen	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	M	ed Sole aintenar stodial S (12)	nce/	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amo (Spe SF o	ecify	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A				=		te	Œ
OCD Tunnel #2	X	ļ.,,		asbestos pipe	300)	X			
Bldg 1003 Facilities Departmen	nt	X		pipe insulation	119	l/f	X			
"		X		fittings	1	3	X			
		ļ								
				- Aller						
		- 25		•						
							6=			
						Δ.	71	9		
						ASTESIOS CONTRO	ZUIA SEP		70	
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Date of Notification (1)				Name of	Building	g Owner/Op	erator	RECEIV	FD				3	
	nber 03, 2014							& Johnson	Times Sur					
Agencies Notified	Type Notification			Street A	ddress		981	CED 20 DI	4 2. 1	30				
EPA	Initial		19	920 / 10	001 Ro	ute 202,	PÓB	SEP ₀ 30 FI	1 3. (30				
DEP DOL	Amended	3		City, Sta	te, Zip C	Code	九症	BESTAS CC	ита	OI.				
□ DOL	Amendment Emergency		-	Raritan,			زرا إسمة	aroleo ec	REC REFER	UL.				
DOH	justification)			Name of	Contact	t		& LICENS	Те	lephoneN	արՅԼ			
L DCA	Cancellation			Project		October 1980				, - · ·				
Name of Facility Where	Abatement is Takin	n Place (3	13	FACI	LITY IN	FORMATIO	N	Type of Facility	/4\					
Ortho Diagnostic / Jo			• •											
Street Address	Jillison & Johns	5011					-	School (K- Subchapte		er than K-1	2)			
920 / 1001 Route 20	2			31				Other (i.e. etc.)				dings	, hom	ies,
City (5)								Square Feet	# 0	f Floors	1	3ldg.	Age	
Raritan, NJ										3				
County (6)				County C				Current Use (Pri	or if be	ing demolis	hed)			
Somerset				(STATE L	SE ONL		_			Facility				
Name of Monitoring Firm		Owner (8)		ASCM	No.	10	Name	of Abatement Co	ntractor	(9)			1/10/03/	
Bulava Environmenta	al, Inc.					Т	he N	IACK Group, L	LC.					
Street Address							Street	Address						
12 Kilmer Drive								Kings HWY N,	STE	209				
City, State, Zip Code							City, S	state, Zip Code						
Hillsborough, NJ 088							Cherr	/ Hill, NJ 0803	4					
Project Manager for Mon	itoring Firm			Telephor	ne No.		Teleph	none No.		License 1	No.			
Edward J. Bulava				908-874				759 - 5000		00781				
Start Date (10)		Schedule		npletion [)	Name	of OSHA Monitor					.03	
5/17/14				5/17/15	5	-		IACK Group, L	LC.					
Occupancy Status During								Address						
Facility Closed/Vaca Abatement Performe	ated During Entire	Period of A	Abaten	nent		-		Kings HWY N,	STE	209				
Other - Describe:	ed Outside of Norm	ial Facility	Hours	5				tate, Zip Code						
Scope of Work (Check Al	II That Apply)			-			herry	/ Hill, NJ 0803	4					
12	іі тпат Арріу)						F							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Townson of the last of the las	Renova Demolit				ŀ	Full Containm		Negative	Pressu	re		
			emoni	1011				Mini-Enclosure Glovebag Pro						
								Non-Exempted		Non-Friable	Proce	dure		
		Is	Locati	ion									emen	it
Location			Vormal d Sole				ription				_	1	ype	1
Asbestos-Containing TO BE ABA		1	intena					laterial (ACM) s insulation,		mount			m	m
In Facili		Cust	odial S	Staff?	(1.6	surfacii				Specify or LF)	Rem	Re	icap	nclo
(13)			(12)			other mis	scellar	eous)		**************************************	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A				= =			<u>n</u>	-	at e	0
Bld 1003 Mecha	nical Room	X	140	13/7	fit	ttings & a	sbes	tos pipe		35 If	X			
Bld 1003 1st Fl.	Bathroom		X		-14, 344		tings			26	X			
OCD Tunn	nel #1	X			fit	ttings & a		tos pipe	7	73 l/f	X			
OCD Basement	A Building	X				asbes				00 l/f	$\langle \rangle$			
Name of Registered Was			N	J DEP Wa	aste	Cubic Y				red Landfill	//			
			(200	auler ID N	No.	of Waste			3.010	- mariani				
Freehold Cartage				2225	53	_	0.3	BFI Impe		andfill				
City, State						Disposa		City, Stat	е					
Freehold, NJ							17/15		PA 1	5126				
Completed by		Title				Sjig	nature	100	1	Da	ate			
Michael Cooper		Presid	ent				Jan and			9/3	3/14			

ASB-41 (R-06-08)

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

CK 606380

State of NJ

D&S Proj. #: 2014-388

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

							REU	FIAE	ED			
Date of Notification (1)	Name o	of Building Own	er/Operator (2)									
0 9 / 2 5 / 1 4	jim ri	bbe				2014	SEP 3	O PM	2:51			
Agencies Notified Type Notificati	on Street A	ddress				ASS	Fore	S CONT		29		
DEP Amended		eyman avenu	ie				2110	O CON	ROL			
Amendment #:		ate, Zip Code					2,01	-14.74MP	l			
Emergency		ey, nj 07109					Talanha	na Numba				
justification)	Name o	f Contact						ne Numbe				
DCA Cancellation	jim	ribbe	- A CANADA				97					
		FAC	ILITY INFORM	ATION								
Name of facility where abatement is	taking place (3)					Type	of Facility	(4) ol (K - 12)				
jim ribbe								napter 8 (C	Other th	an K-	12)	
Street Address						11 7	Other	(Private/C	omme		,	
40								./Homes, e		Di	ig. A	70
40 coeyman avenue City (5)	County (6)			Cou	nty Code (7)	Squa	re Feet	# of Floo	rs	DIC	ig. A	Je.
City (5)	County (o)			490,000,000	te use only)	Curre	ent Use (F	Prior if bein	a dem	olishe	ed)	
nutley	ESSEX											
Name of Monitoring Firm Hired by	3ldg. Owner (8)		ASCM No.		Name of Abateme	nt Contrac	tor (9)					
					D & S RESTO	RATION	, INC.					
Street Address					Street Address	3						
01.01.7.0.1				_	20 California . City, State, Zip Coo						_	
City, State, Zip Code												
Project Manager for Monitoring Firm		Phone Numb	ner	-	Paterson, NJ (License	Numb	er	_	
roject manager for memoring from		T Hono Hame			973-345-802				1169	(W)		
Start Date (10)	Sched Com	pletion Date (1	1)	-	Name of OSHA Mo	onitor						
Althorization and the control of the		pionori Dato (1	.,		D & S Restora	ation, Inc						_
09/29/14 Occupancy Status During Abatemen	10/04/15	۵۱		_	Street Address							
Facility closed/vacated during					20 California A							
Abatement performed outside					Oity, Otate, Zip Oot	uc						
Describe: NORMAL H	OURS			-11	Paterson, NJ	07503						
Scope of Work (check all that apply						Full Con	tainment	w/negative	press	ure		
\boxtimes >3 sf or >3 lf	Renovation					Mini-end						
≥160 sf or ≥260 lf	Demolition						g procedu empted (*	ure) and Non-	-friable	proce	edure	
Location of	Is location norm		у		-				R	R	Е	E
asbestos-containing	by maintenance staff(12)	e/custodial			sbestos-containing		Amount (Specify	SE or	m	e p	n c	n
material (acm) to be abated in facility (13)		lo N/A	material ((ACM)			LF)	Si 0i	o v	a i	a	L
									e	-	P	-
BASEMENT			PIPE INSU	LATI	ON	61	π			井	井	ዙ
			-				-		╬	屵	井	片
				and the same					╬	H	井	+
									╬	H	+	H
Registered Waste Hauler	NJDEP Ha	uler ID#	ubic Yards of	Waste	Name of Register	red Landfill					_	1
D & S RESTORATION, INC.	13506		1 YD		TULLYTOW			ECOVE	RY			
City, State PATERSON, NJ 07503		Disposal [Date		City, State	NI DA						
Completed by (Print or Type)	Title		Signature		TULLYTOW	IN, PA		Date		_	_	_
BOGDAN JOLDZIC	PRESIDENT		9.10.010					2014				
ASB-41	Do not use this	form for asbest	os licensure ex	empte	d activities.							- Total

CK006379

D&S Proj. #: 2014-387

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

RECEIVED

						Process						
Date of Notification (1)	IIN	ame of Bu	ilding Own	er/Operator (2)			2014 SEP 3	30 PM 2:	5	3		
0 9 / 2 5 / 1 4			SZUNIGA	Α								
Agencies Notified Type Notification	on Si	reet Addre	ess				ASSESTE & LIC	S CONTI	₹01			
DEP Amended		2728 SU	MMIT TE	ERRACE			& LIU	FHSING				
Amendment #:	c	ity, State,	Zip Code									
DOL Emergency		LINDE	N, NJ 0703	36								
DOH (including justification)	Na	ame of Co	ntact	¥2			Telephone	Number				
DCA Cancellation		CARLO	S ZUNIG	ŀΑ								
			FACI	LITY INFORM	ATION							
Name of facility where abatement is	taking pla	ce (3)				T	Type of Facility (4	1)				
CARLOS ZUNIGA						1	1 =	(K - 12)	مطد	- V	10)	
Street Address							Company of the control of the contro	opter 8 (Other Private/Comn			12)	
Street Address								Homes, etc.	10.0			
2728 SUMMIT TERRACE	T 5	. (0)					Square Feet	# of Floors		Bld	g. A	ge
City (5)	Coun	ity (6)			120000000000000000000000000000000000000	nty Code (7) e use only)	Current Use (Pr	ior if boing de		icho	4/	
LINDEN,	UN	ION			(Olai	3 455 5111)	Current Ose (F)	ioi ii beilig de	11101	13110	u)	
Name of Monitoring Firm Hired by E	Bldg. Owne	r (8)		ASCM No.	- 11	Name of Abatemen	t Contractor (9)					
						D & S RESTOR	RATION, INC.					
Street Address						Street Address						
						20 California A				100		
City, State, Zip Code						City, State, Zip Code	9					
						Paterson, NJ 0	7503					
Project Manager for Monitoring Firm		Pi	hone Numb	er		Telephone Number 973-345-8020	,	License Nur 0116				
						Name of OSHA Mo		0110		_		
Start Date (10)	Sched	. Completi	ion Date (1	1)		D & S Restora						
10/01/14	10/22	/14				Street Address				-		
Occupancy Status During Abatemen	t (Check o	nly one)				20 California A	venue					
Facility closed/vacated during						City, State, Zip Code	9					
Abatement performed outside Describe:		acility nou	ırs-		_							
Other-Describe: NORMAL H					<u> </u>	Paterson, NJ 0			==			
Scope of Work (check all that apply							Full Containment w Mini-enclosure	/negative pre	ssur	e		
	Renovatio					Ŕ	Glovebag procedur	e				
≥160 sf or ≥260 lf	Demolition	ľ					Non-Exempted (*)	and Non-friat		_	dure	3
Location of		n normally enance/cus	used solely	/				e e		R e	E	E
asbestos-containing material (acm) to be	staff(12)	nanocros.	3toului	Descripti material		sbestos-containing	Amount (Specify S	For m		р	С	n
abated in facility (13)	Yes	No	N/A	material	(ACIVI)		ĹĖ)	v		a i	a	L
				DIDE DICE	T A TO	ONI	40 I ET	e	7 1	4	$\overline{\Box}$	+
BASEMENT		X	4	PIPE INSU		The second secon	48 L FT	<u> </u>	_	╣	片	ዙ
BASEMENT		X	#	BOILER II	NO UL	ATION	45 SQ FT		+ -	뷔	片	╁┼
			+	-	-				井	╡┤	片	H
			-	1					╬	╣	片	+
Registered Waste Hauler	NJD	EP Hauler	ID# I C	Cubic Yards of	Waste	Name of Registere	ed Landfill		1			12
D & S RESTORATION, INC.	135			1 YD			I, RESOURCE RE	COVERY				
City, State			Disposal D			City, State						
PATERSON, NJ 07503			10/02/1			TULLYTOWN	N, PA	I p	_	_	_	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID	ENT		Signature				Date 09/25/ 20	14			
ASB-41			for asbest	os licensure ex	kempte	d activities.		03/23/20	1 7	-		

MO#21901444920

MAY 11

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

MO#21901444920				(Pu	rsuan	t to NJA	C 8:60	and 5:16	5)		-					
Date of Notification (1)	_				Name	of Buildin	Owner/	Operator (2	2)		REC		VE	D		
09 / 27	1	14				Steimle	-		,							
Agencies Notified Type N	Votifica	tion				Address					2014 SEP 3	0	PM	2: 5	()	
☐ EPA					2200	Appleby	Driva									
	ended					State, Zip			-		STESTE	SI	ON	TDO)	
□ DHSS □ Am □	endme	ent #_		ă.		26 10					& LIC	FN	CIMI	int	JL.	
	ergeno		luding	1		i, NJ 077								<u>.</u>		
	tificatio				Name	of Contac	I				Telephone N	umbe	er			
□ Ca	ncellat	ion			Frank	Steimle					1					
				- W/45-5-10	FA	CILITY II	NFORMA	TION								
Name of Facility Where Abateme	ent is T	aking	Place	(3)			7 7 77 500		Type o	f Facility ((4)		(+3///	Chipu mah		
Private home										ool (K-12						
Street Address											(Other than K			11 -11		
2200 Appleby Drive										er (r.e., pr nes, etc.)	rivate and com	merc	iai bu	liaing	IS,	
City (5)	-	_								Feet	# of Floors		Ble	dg. A	ge.	
Ocean, NJ 07712													-	-5	3-	
County (6)					Cour	ity Code (7)	(STATE /	SE ONLY)	Curron	t Hea /Dri	or if being den	nolisk	, cd)			
Monmouth					Journ	ity code (1)	(OIMIL O	OL ONLI)	Carrett	(036 (1 1)	or it being den	101151	ieu)			
Name of Monitoring Firm Hired b	v Buile	dino C	wnor	/8/	ACCM	Na	This	5.01		(0)						
Name of Montoring Firm Fined D	y Bull	allig C	WIICI	(0)	ASCM	NO.	The second	of Abatem	ent Cont	ractor (9)						
0							Gr Tec								20.00	
Street Address							Street	Address								
							576 Va	ılley Rd#	#283							
City, State, Zip Code							City, S	tate, Zip C	ode							
							Wayne	, NJ 0747	70							
Project Manager for Monitoring F	irm			Tele	phone	No.	Teleph	one No.			License No					
							973-63	8-1777			01127					
Start Date (10)						ite (11)	Name	of OSHA N	/onitor							
10 /08 /14	_	_ 1	0 /	09	_ /	14	Enviro	vision Co	nculton	to Inc						
Occupancy Status During Abater	ment ((Check	only (one)		-7.23		Address	nisuitan	15,1110						
▼ Facility Closed/Vacated During					ment		The second secon		D11	011- # 6						
Abatement Performed Outsid	e of No	ormal	Facilit	v Hou	s - Des	scribe	20-21	Wagaraw ate, Zip C	Road,	Bldg .# 3	34A					
Time of Abatement:A	M	PA	Λ/	PM_		_AM	38.00									
Scope of Work (Check all that ap	nlu)						Fair La	wn, NJ 0								
	piy)						Н	Full Con	p and de tainment	contamin	ation with negative Pressure	ative	press	ure		
≥3 sf or >3 If			X Re	enovati	on		H	Mini-End	closure							
<u>≥</u> 160 sf or ≥260 lf			☐ De	emolitic	חכ		\boxtimes	Gloveba	g Proced	dure 🔲	Tent with Nega	ative I	Press	иге		
								Non-Exe	empted (') and Nor	n-Friable Proc	edure		1		
Location of				s Locat Norma				**************************************	-				Ab	atem	ent T	ype
Asbestos-Containing Material	(ACM)	Use	ed Sole	ely by	Ashe		scription o taining Ma		CM)	Amount		Z.	Ŋ	ш	ш
TO BE ABATED				intena				systems			Amount (Specify		Removal	Repair	Encapsulate	Enclosure
IN Facility			Cus	todial (12)	Stan?			cing, VAT			SIF or LF)		Va	=	usc	Sure
(13)		1		T	1000	1	other	miscellane	ous)				-		ate	(D)
		-	Yes	No	N/A	-										
Basement			Ш		\boxtimes	Pipe ins	ulation			12	200 LF		X			
			П	П	П				-					П		П
N				Ħ	+=-				<u> </u>							믬
			Ц	Ш				Co. establish						Ш		
													П	П	П	
Name of Registered Waste Haule	er	1		NJI	EP Waste	Hauler ID No	Cubic Ya	ards of Wast	le Name	of Regist	tered Landfill	-				
Gr Tech LLC				1	03378	25	TB			.F. Inc	o - montretanata est 3000000000000000000000000000000000000					
City, State		-			1033/8	,,	Disposa		City,						-	
Wayne, NJ 07470		-					TB		7	own, PA						
Completed By (Print or Type)		Title					Sig	gnature /	1 1	. 1	1	Date	9			
N.Jevtic		Own	er					H	the	New	ig of	09/2	7/20	14		
ASB-41								1/2				-	W/1010 5 (101)	E100/640		

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

Check # 1403

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

BECEIVED

Date of Notification (1) 9/24/2014						Owner/Op ty Rrust		(2)								
Agencies Notified	Type Notification			Street Ad 210 Ro	dress ute 4 E	ast			2014 SE	. P 3U	Pr	2: 5	2			
DEP DOL	Initial Amended Amendment #				e, Zip Co us, NJ (ASSES	LICE			JL.			
DOH DCA	Emergency (in justification) Cancellation	ncluding	1 33	Name of Mr. Joh	Contact nn Bayt	la				Tele	phone	Numbe			_	
		5. (6)		FACIL	ITY INFO	ORMATIC	ON									
Name of Facility Where A	Abatement is Taking	Place (3)						-	of Facility (4 School (K-12	25-2						
Street Address 904 Murray Road								×	Subchapter of Other (i.e. pr	8 (Othe			ouild	ings,	home	es,
City (5) East Hanover									etc.) re Feet 000	# of	Floors	1	1 90	dg. A 4 yr:		
County (6) Morris			(4	County C	ode (7) SE ONLY)		Curre	ent Use (Prio ehouse/O			nolished				
Name of Monitoring Firm		wner (8)		ASCM	No.			of Aba	tement Cont	tractor	(9)					
Absolutely Clean Er	nvironment, Inc			N/A					t Haz Mat	t Rem	oval,	Inc.				
Street Address 53 Orleans Green								Addres	ss Street							
City, State, Zip Code Coram, NY 11727									ip Code NJ 07504							
Project Manager for Mon Jeff Sheridan	itoring Firm			Telephon	e No. 4-3253			none N 345-0			Licen 0050	se No.				
Start Date (10) October 7, 2014		Scheduled October			Date (11)				HA Monitor as above							
Occupancy Status During	g Abatement (Check	Only One)				Street	Addre	ss		-			37.72.71		
Facility Closed/Vaca Abatement Perform Other – Describe:				ent			City, S	State, Z	ip Code							
Scope of Work (Check A	II That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novati molitic					Mir	Il Containme ni-Enclosure ovebag Proc	edure						
		T		- 1	_		>	의 No	n-Exempted	(*) and	d Non-	Friable		edur Abate		_
Location	n of	No	ocation or mally	y		Des	cription	of							pe	
Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED ity	Main Custo	Solely itenan idial Si (12)	ce/	Asbes (i.e.	tos Conta	aining M system sing, VA	Materia s insula T, or	I (ACM) ation,	(S	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A											te	Ф
Rest Ro	oms			Х		VA.	T/Mas	tic		42	20 SF	X				
Offices, corridor & v	water meter rm.			Х		VA	T/Mas	tic		44	10 SF	X				
											+					
Name of Registered Was East Coast Haz Mat			Ha	JDEP Wauler ID 8602		Cubic of Was			Name of F North G				M		_	.1
City, State Paterson, NJ 07504				20		Dispos 10/23	al Date /2014		City, State Morrisyi		A					
Completed by James Unger		Title Projec	t Ma	nager		S	ignatur	/	My			Date 9/24	/20	14		
ASB-41 (R-06-08)			1774				* Do n	ot use	this form for	asbest	os lice	nsure e	xem	pted	activi	ties.

RECFIVED

Date of Notification (1) 9/25/2014		S. 2 (10) (10) - 400 (2 - 400			Building (perator (14 CEP 3			-,			
Agencies Notified	Type Notification			Street Ad 10 W.	ddress 33rd St.	, Suite	220		14 SEP 3						
DEP DOL	Amended Amendment #				te, Zip Co ork, NY	de		- A. (& LIC	ENS	ING	OL.			
DOH DCA	Emergency (ir justification) Cancellation	iciuaing		Name of Ralph	Contact Braha					Tele	phone N	lumher			
				FACIL	LITY INFO	RMATIC	ON								
Name of Facility Where N/A	Abatement is Taking	Place (3)				88			of Facility (4 School (K-1	2)		- 10			
Street Address 141 Market Street								×	Subchapter Other (i.e. p etc.)				dings	home	es,
City (5) Newark								Squa 154,	re Feet 000	# of	Floors	100	3ldg. /	ge	
County (6) Essex					Code (7) USE ONLY)				ent Use (Priore Front/ C			lished)			
Name of Monitoring Firm	n Hired by Building O	wner (8)		ASCM N/A	1 No.			of Aba	tement Con	tractor	(9)	200			
Street Address				IN/A			Street	Addre	ss	. nem	iovai, ii	IC.			
	State, Zip Code								st Street						
City, State, Zip Code									ip Code NJ 07504	1					
Project Manager for Mo	oject Manager for Monitoring Firm						Teleph 973-3				License 00507				
Start Date (10) September 27, 201		Schedule October		A 2000 C	Date (11)				HA Monitor above						
Occupancy Status Durin			1.0				Street	Addre	ss						
	cated During Entire Poned Outside of Norma					_	City, St	tate, Z	ip Code						
Scope of Work (Check /	All That Apply)		*********								-			2	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti				×	Min	Il Containme ni-Enclosure ovebag Proc n-Exempted	e cedure				'	
			ocatio						Lxompto	, / u.n.	21101111	idbio i i i	Abat	emen /pe	t
Locatio Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) SATED ility	Used Mair	ormall Solel ntenar odial S (12)	y by ice/		tos Conta thermal surfac		lateria insula T, or	ation,	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		74255 (140.Wes)								e	
Ground	Floor		X			Pipe	Insula	tion		9	0 LF	Х			
Name of Registered Wa	ste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of	Registe	red Land	 			
East Coast Haz Ma			Н	auler ID J 419		of Was	ste		G.R.O.						
City, State Paterson, NJ 07504	e (e)					Dispos 10/1/2	sal Date 2014	/	City, Stat Morrisv		Á				
Completed by James E. Unger		Title Sr. Pr	oject	Mana	ger	S	ignature Ann	,	1 la			Date 9/25/2	014		
ASB-41 (R-06-08)							* Do no	t use	this form for	asbest	os licens	sure exe	mpted	activi	ities.

Check ##

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

RECEIVE

Date of Notification (1) 9/24/2014					Building do Realt			(2)	004		JETY	ED			
Agencies Notified	Type Notification			Street A		y mius	οι 		2014	SEP .	30 00	_			
EPA			1.0		oute 4 E	ast			A Retain		oo PA	2:5	1		
DEP DOL	Amended Amendment				te, Zip Co us, NJ (2814 ASEE	Lici	S CON	TRO	L.		
DOH DCA	Emergency (justification) Cancellation	including			Contact hn Baytl	a			***************************************	Tel	enhone Ni	imher			
					LITY INFO		ION								
Name of Facility Where N/A	Abatement is Taking	g Place (3)						(more)	of Facility (
Street Address 903 Murray Road								×	Subchapter Other (i.e. p etc.)	8 (Oth			dings,	hom	es,
City (5) East Hanover									re Feet		f Floors Mezz.		3ldg. A		
County (6) Morris					Code (7)	V		Curre	ent Use (Priorehouse/C						
Name of Monitoring Firm		Owner (8)		ASCM				of Aba	tement Cor	tractor	(9)				
Absolutely Clean E Street Address	nvironment, Inc			N/A			East		st Haz Ma	t Ren	noval, In	o. ——			
53 Orleans Green									Street						
City, State, Zip Code Coram, NY 11727									ip Code NJ 07504	1					
	ct Manager for Monitoring Firm Sheridan				ne No.		Teleph				License	No.			
Start Date (10)		0-1-1-1-			14-3253		973-3				00507			0000	
October 4, 2014		Scheduled October			Date (11)		100 CONT. 100 CO. 100		HA Monitor as above	9					
Occupancy Status Durin	0 0	1200	200				Street	Addre	ss						
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire F ned Outside of Norm	Period of Allial Facility	oatem Hours	ent			City, S	tate, Z	ip Code						
Scope of Work (Check A	VI That Apply)									- 10				-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enovat emoliti				×	Mir	ll Containme ni-Enclosure ovebag Prod	e-te	nt pr	oceo	dure		
	11.22						×	J No	n-Exempted	i (*) an	d Non-Fria	ble Pro		e emen	
Location	o of		ocation or mall			Do	scription							/pe	ı
Asbestos-Containing TO BE AB In Facil	Material (ACM) ATED	Mair	Solel itenar idial S	ice/		tos Cont	taining M systems cing, VA	fateria s insula		(5	mount Specify	Rer	Re	Encapsulate	Enc
. (13)			(12)				niscellan			Sr	or LF)	Remova	Repair	psula	Enclosure
		Yes	No	N/A								_		ite	0
Ground Floo				Х		7 - 103352	T/Mast				200 SF	X			
South Entr				Х			T/Mast				0 SF	X			
Mezzar	nine	-		Х		VA	T/Mast	tic		9,4	100 SF	X	-		
Name of Registered Was	ste Hauler		N.	JDEP W	aste /	Cubic	Yards		Name of	Registe	ered Landfi	II			L_
East Coast Haz Mat	Removal, Inc.		9 (00) (00)	auler ID 8602	No.	of Wa	ste 80		North G	ROW	/S, Inc	WM			
City, State Paterson, NJ 07504							sal Date 3/2014		City, State Morrisv		A				-
Completed by James Unger		Title Projec	t Ma	nager		S	Signature		4 1/1	5	100	ate /24/2	014		
ASB-41 (R-06-08)							* Do no	ot use t	this form for	asbest	tos licensu	re exe	mpted	activi	ities.



			(Pur	rsuant t	o NJAC	8:60 and 12:1	20)	C	hectic 2014 SEP :	进	ns	76 i	\cap
Date of Notification (1)			N	lame of	Building	Owner/Operat	or (2)		1.00	3413	پي		
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Agencies Notified	Type Notification	on	1	treet Ad					TO LI	30 P	7 2	: 56	
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⊠ DOL	Amendme Emergend	ent # cy (including	- 1	Livings	ston, N.	J 07039			or LIC	ENS	NG	_	#:
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Name of Facility When Brandywyne East		king Place (3)					13	pe of Facility (4)					
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n/a							*	Park, NJ 070	035				
Project Manager for M	onitoring Firm		ТТ	elephor	ne No		phone		License	e No			
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Start Date (10)		Schedule			Date (11)			OSHA Monitor					
10/6/14		10/8/14		piodoii E	Jule (11.)	1000000		a Manageme	nt Corporati	ion			
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Facility Closed/Va				SIIL				e, Zip Code					
Other - Describe:						— Lir	ncoln	Park, NJ 07	035				
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≥160 sf or ≥260 lf		Property .	emolitic				H	Mini-Enclosure					
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Name of Registered W	acte Hauler		N	DEP W	aste	Cubic Yards		Name of D	egistered Land	168		L	
			27/1/2	uler ID		of Waste		D 200	v.S. Landfill				
Loznica Managme	nt Corporation		33	3137		TBD			v.o. Landilli	le .			
City, State	7005					Disposal Da	ite	City, State	II- DA 4000	7			
Lincoln Park, NJ 0	7035					TBD		Morrisvi	lle, PA 1906				
Completed by		Title				Signati	ure			Date			

Secretary

9/26/14

E. Cirovic

Check # 9176

Date of Notification (1) Name of Building Owner / Operator (2) September 26, 2014 Arthur and Peggy Romweber Agencies Notified Type Notification Street Address 2014 SEP 30 PM 2: 50 EPA 111 East Tennessee Avenue DEP ASSESTOS CONTROL **DOL** Initial City, State & Zip Code & LICENSING Amended Beach Haven, NJ 08008 MDOH Amendment # DCA Cancellation Name of Contact Telephone Number Peggy Goyne / Prudential Zack **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12) Street Address Subchapter 8 (Other than K-12) 111 East Tennessee Avenue Other (i.e., private & commercial buildings, home, etc.) Square Feet # of Floors Bldg. Age City (5) 1,760 60 years Beach Haven Current Use (Prior if being demolished) Residence County (6) County Code (7) Ocean USE ONLY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A Synatech, Inc. Street Address Street Address 829 Radio Road City, State & Zip Code City, State & Zip Code Little Egg Harbor, NJ 08087 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 609-296-6916 00817 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor October 6, 2014 November 5, 2014 Synatech, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 829 Radio Road Abatement Performed Outside of Normal Hours City, State & Zip Code Other - Describe: Little Egg Harbor, NJ 08087 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure] ≥3 sf or ≥ 50 lf Renovation Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted(*) and Non-Friable Procedure Location of Is Location Normally Used Description of Abatement Type Asbestos-Containing Material (ACM) Solely by Maintenance or Asbestos-Containing Amount (Specify TO BE ABATED Custodial Staff? (12) SF or LF) Material (ACM) IN Facility (i.e., thermal systems Encapsulate insulation, surfacing, VAT (13)Enclosure Remova Repair or other miscellaneous) Yes No N/A Exterior X 900 SF Asbestos-containing siding X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill Hauler ID No. Synatech, Inc. 27429 Grows Landfill City, State Disposal Date City, State Little Egg Harbor, NJ 08087 November 6, 2014 Morrisville, PA Completed By Title Signature Diane Aloia **Executive Administrator** September 26, 2014

CK7000 SUS

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

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Date of Notification (1) 9/18/2014		10.4			Name of Buildi Sunoco Partne	ing Owner/ ers Marketi	Operator (2) ng & Terminals	s, L.P.	EC	EIV	ED	
Agencies Notified () EPA		Notification (X) Initial N	lotification		Street Address US Route 130	& I-295						g
() DEP (X) DOL (X) DOH		() Amended () Cancelle		on	City, State, Zip Westville, NJ 0)	ASTE	STO.	S COM	2: 60 TROU	
() DCA					Name of Conta Fawzi Belguet			Tel M	urlahblir. H	MEN	G	
				FACILITY IN	FORMATION				100			
Name of Facility Where Abate	ement is T	aking Place (3	3)		Type of Facility	y (4)			1			
Unoccupied building					() School (K- () Subchapte	r 8 (other th		las bas				
Street Address 508 Park Ave					(X) Other (i.e.	-86				63		
	((8)				Sq. Feet 900		# 01 F1001	SZ_				
	ounty (6) oucester		County C (State Us		Bldg. Age N/		g demolished)	Forme	er Resid	ence/Ab	andonec	i_
Name of Monitoring Firm Hire	d by Bldg	Owner (8)	ASCM N	<u>o.</u>			Name of Co					
KA Industrial services, LLC.					Street Address	,	I K A IIIdustii	al Servic	es LLO.			
Street Address 26 Colonial Ave					800 Billingspor							
City. State, Zip					City State, Zip							
Woodbury Ni 08096					Paulsboro, NJ							
Project Manager for Monitorin	g Firm	Telephone I 856-224-43			Telephone Nu 856-224-4392			Licens 00857	e Numb	er		
Goott Boomant		000 22 1 101			000 22 1 1002							
Scheduled Start Date (10) 10/1/14		Scheduled (10/24/14	Completion	Date (11)	Name of OSH Same	A Monitor						
Occupancy Status During Ab (X) Facility Closed/Vacated	During En	tire Period of	Abatement		Street Address	<u> </u>						
() Abatement Performed Ou					City, State, Zip	Code						
(X Other – Describe – Exterior area, no other contractors pre			s within res	stricted work								
Source of Work (Check all that	at apply)		500									
(X) Demolition () Renovati (X) Large Proj. (>160 SF or >	260 LF A				60 LF ACM) ()	Minor Pro	j. (<25 SF or <	:10 LF A	CM)			
3/	ni-Enclosu		vebag Prod		ACM (i.e.	Amount	(Chaoif, CE or	15	Abata	ment Ty		
Location of Asbestos- Containing Material (ACM) in	Solely	ation Normally by Maint./Cus		Description of thermal system	ns insulation,		(Specify SF or	LF)	Abate	ment ry	<u>)e</u>	
Facility (13)	Staff? YES	(12) NO	NA	surfacing, VAT miscell.)	, or other	(Estimate	ea)		Rem.	Rep.	Encap I	Enclose
	123	110	I NA	misceii.)								
Siding		X		Non Friable Si	iding	~2,000\$	F		Х			
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Name of Reg. Waste Hauler Waste Management, Inc.		NJDEP Was 17273	ste Hauler	ID#	Cubic Yards o 30 (estimated)				of Reg. ester Co	unty Lar	ndfill	
City, State South Harrison, NJ			1				<u>Disp. Date</u> Various			City, Stat South Ha	<u>te</u> arrison, N	4J
Completed by (Print or Type)		Title			Signature			Date	1,5%			
ANDREW GREEN		MANAGER	- KAIS		Site	perations	Supervisor	9/18/2	014			
												1

Mail to: NJDEP-DSHW-BRRTP

401 E. State St., PO 414 Trenton, NJ 08625-0414 Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00

MO#21901439845

Date of Notification (1)						ores and s. i		L			3-180		
09/26		_			me of Build ol Zigmo	ling Owner/Operator	(2)	REC		VE	D	15	
☐ EPA 🔀 Initia		n		Str	eet Addres Pitt Street	S		2014 SEP 3	10	PM 2	2: 4	8	
	ended endment	#		1,000,000	y, State, Zi			A FORTON T PO				_	
☐ DCA ☐ Eme	ergency (includi	ng		omfield, 1			ASSESTE & LIC Telephone	FN	CON	RC	L,	
	fication) cellation				me of Cont trles Holm	- 7.5		Telephone	e Nur	nber	-		
						INFORMATION							
Name of Facility Where Abatemen	t is Taki	nn Pla	ne (3)		ACILITY	INFORMATION	I = 1 = 1 = 1		-				
Private home			00 (0)				Type of Facilit	5000					
Street Address			-				School (K-	12) r 8 (Other than	1 K-1	2)			
26 Pitt Street							Other (i.e., homes, etc	private and co	omme	ercial t	ouildir	ngs,	
							Square Feet	# of Floo	rs	1	3idg.	Age	
Bloomfield, NJ 07003	1/12												
La como de com				Co	unty Code (7) (STATE USE ONLY)	Current Use (F	Prior if being d	iemol	ished)			-
Name of Mositorina Figure Him I had be							=			×			
Name of Monitoring Firm Hired by	Building	Owne	r (8)	ASC	M No.	Name of Abatem	ent Contractor (9)	_			_	_
200						Gr Tech LLC							
Street Address						Street Address			-				
						576 Valley Rd #	283						
City, State, Zip Code		10-2				City, State, Zip C			-+				-
						Wayne, NJ 0747	70						
Project Manager for Monitoring Fire	וח		Tel	lephon	e No.	Telephone No.		License N	Vo.				-
						973-638-1777		01127	10.				
Start Date (10)	Sche	duled	Compl	etion [Date (11)	Name of OSHA M	Ionitor	01127					
		10	/ _ 0	7_ /	14								
Occupancy Status During Abateme	nt (Chec	k only	one)			Envirovision Co Street Address	nsultants,Inc						
X Facility Closed/Vacated During	Entire Pa	eriod o	f Abate	ement									
■ Abatement Performed Outside of	of Norma	I Facili	ty Hau	irs - De	escribe	20-21 Wagaraw City, State, Zip Co	Road, Bldg .#	34A					
Time of Abatement:AM-	P	PM/	PM		_AM								
Scope of Work (Check all that apply	()					Fair Lawn, NJ 0							
>3 sf or >3 lf = 160 sf or >260 lf			enovat emoliti			Mini-Encl	Procedure	gative Pressu Tent with Nec	re pative	Pres			
		1	-1	1000		Non-Exer	npted (*) and No	on-Friable Pro	cedu	re	1		
Location of			s Loca Norma	21227						Ab	atem	ent T	уре
Asbestos-Containing Material (A	CM)		ed Sole	ely by	Asbe	Description of estos Containing Mat	f erial (ACM)	Λ		Z	Z	ш	III
TO BE ABATED IN Facility			aintena stodial	Staff?	l (i	e., thermal systems in	rsulation,	Amount (Specify		Removal	Repair	Encapsulate	Enclosure
(13)			(12)			surfacing, VAT, other miscellaned		SIF or LF	-)	Ova	1=	nsc	SUC
		Yes	No	N/A		other miscendiet	ous)					ate	(D
Basement				X	Pipe ins	ulation		15 LF	-	X	П		-
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										In	П	П	m
Name of Registered Waste Hauler			NJ[EP Wast	te Hauler ID No	. Cubic Yards of Waste	Name of Regis	tered Landfill			لــا		
Fr Tech LLC				00337		TBD		toros Egridini					
City, State				00001	0.5	Disposal Date	T.R.R.F. Inc		-				-
Vayne, NJ 07470					95	100000000							
Completed By (Print or Type)	Title					TBD	Tullytown, PA	4					
	1					Signature	8 . 1	1.	Dat	te		25.50	
Jevtic	Owr	ner				# 7	ac Wenn	r of	09/	26/20	14		
AY 11	*	Do noi	use th	is form	n for asbes	tos licensure exempte	d activities.						-30-3



Checket 085h

Date of Notification (1) 9/26/14				of Building O	Owner/Operator	(2)	2814 00			نيرؤ نهاية	
	T + N #6 #			Address			2814 SE	30	PM	2:	.5
Agencies Notified	Type Notification				inacton Ave		ASSES:			£.,	4.6
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	Amended		100000000000000000000000000000000000000	State, Zip Co			21	I C C I	UP	IR)L
DEP DOL	Amendment		Livi	ngston, NJ	07039		æ [ILEN	SIN	<u>G</u>	
ĭ DOH □ DCA	Ernergency (injustification) Cancellation	ncluding	Name	of Contact			Telephone N	umber			
			F4	CILITY INFO	DRMATION						
Name of Facility When	e Abatement is Taking	Place (3)				Type of Facility (4	4)			33	
Brandywyne Eas		,				School (K-1	3)				
	C7101. 11.00 D						8 (Other than K-	-12)			
Street Address					22	Other (i.e. p	rivate & commer	rcial buil	dings	, home	es,
Brandywyne Eas	t Court					etc.)					
City (5)						Square Feet	# of Floors		3ldg.	Age	
Brielle, NJ						2500	1		50+		
County (6)			Cour	ty Code (7)		Current Use (Pric	or if being demol	ished)			
				TE USE ONLY)	Apartment U					
Monmouth		- (0)	1	SCM No.	Nome	of Abatement Cor					
Name of Monitoring F	irm Hired by Building	Owner (8)					55.50				
n/a			l n	a		nica Managem	ent Corporati	UII			
Street Address					Stree	t Address					
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					5 1.00 ST 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	coln Park, NJ 0	7035				
n/a			1=1		STATE OF THE PARTY	phone No.	License	No			2007-11-22-2
Project Manager for N	Monitoring Firm			phone No.							
n/a			n/a			3-706-7950	01193	3			
Start Date (10)		Scheduled	Complet	ion Date (11)		e of OSHA Monitor					
10/7/14		10/9/14			Loz	nica Managem	ent Corporati	on			
Occupancy Status Du	ring Abatement (Chec	k Only One)			Stree	t Address					
					22	Troy Lane	32.94 (2)	ke.			
Facility Closed/V	/acated During Entire	Period of Ab	atement		Distribution of	State, Zip Code				-	
Facility Closed/N Abatement Perfo Other – Describe	ormed Outside of Norr	nai Facility H	ours				7005				
Other - Describe	·				— Lin	coln Park, NJ 0	7035				
Scope of Work (Chec	k All That Apply)					5.532					
□ ≥3 sf or ≥3 lf		X Ref	novation			Full Containm	ent with Negativ	e Press	ure		
≥3 si di ≥3 ii ≥160 sf or ≥260	lf	Transport	nolition			Mini-Enclosur					
Sanda - 100 of the sanda		Besend				Glovebag Pro			- 8	1	
						Non-Exempte	d (*) and Non-Fr	riable Pr			
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	ation of ning Material (ACM)	Used	Solely by			Material (ACM)	Amount	11-	1	m	14
	ABATED		enance/	(i e	. thermal syster	ms insulation,	(Specify	Remova	7	nce	Enclosure
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Name of Registered	Waste Hauler		2000	P Waste	Cubic Yards	Name of	Registered Lan	dfill			
Loznica Managm	ent Corporation		3313	er ID No. 37	of Waste	G.R.C	.W.S. Landfil	ıı,	81	2	
City, State			10010		Disposal Da	te City, Sta	ite		ź		
Lincoln Park, NJ	07035				TBD		ville, PA 190	67 .	Paris	•	
	07000	7.0						Date	1		
Completed by		Title			Signatu			9/26/	4.4		
E. Cirovic		Secre	ary		ں ح	irovie		31201	17		

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

GAC Project # 060-14 Date of Notification (1) Name of Building Owner/Operato (2) RUTGERS, THE STATE UNIVERSITY September 26, 2014 Agencies Notified Notification Type Street Address ☐ EPA Initial Notification ENVIRONMENTAL HEALTH SOF PRY DEPT. ☐ DCA ☐ Amended Notification 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS X DOI City, State, Zip Code PISCATAWAY, NJ 0854 ESTOS CONTROL ☑ DEP- No Longer REQUIRED justification) & LI Calebra & Cumber X DOH Name of Contact □ Cancelled MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) DOOLITTLE HALL, BLDG# 3572 ☐ School (K-12) ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **BUSCH CAMPUS** Sq. Feet: N/A # of Floors: 1 Bldg. Age: 60+ years County (6) County Code (7) **PISCATAWAY MIDDLESEX** (State Use Only) Current Use (prior if being demolished): ACADEMIC OFFICES/LABS Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) N/A Exterior Non Friable GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address **268 MAIN STREET** City, State, Zip Code City State, ZipCode BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09/26/14 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address So Li M ☐ Facility Closed/Vacated During Entire Period of Abatement -0 ☐Abatement Performed Outside of Normal Facility Hours -20-21 WARGARAW ROAD C) 655 City, State, Zip Code Describe MO ☑Other - Describe: Building Demolition Site - Exterior Trench Shift Hours: 3:00PM - 5:00AM (24hrs. as needed) FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥ 3 sf or ≥ 3 lf Renovation Mini-Enclosure ≥ 160 sf or > 260 lf □ Demolition Glovebag Procedure & Wrap & Cut Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (Specify SF (ACM) (i.e. thermal systems insulation, surfacing, Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES NO Exterior X TRANSITE CONDUIT/PIPE 200 LF X NJDEP Waste Hauler ID # Name of Reg. Waste Hauler 30 CY Name of Registered Landfill Cubic Yards of Waste: See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 28969 100 New Ford Mill 10/31/14 Hauler #2) S TG - 58 Pyles Lane, New Castle, De 19720 Rd. Morrisville, Pa NJ DEP# 20990 19067 215-736-1700 Completed by (Print or Type) Date RAYMOND C. PEDALINO SENIOR PROJECT Raymand C. Pedalino September 26, 2014 MANAGER

RECEIVED

				- 10											
Date of Notification (1) 9-24-14					Name o	of Building	Owner/Op	erator		M CEI	20 F	M O.			
Agencies Notified	Type N	otification	1		Street A	Address			2.0	17 OLI	SU F	n	-dp		
	_				309 A	rlington	ave								
EPA DEP DOL	Ar	tial nended nendmen	+ #		City, St	ate, Zip Co	ode		Δ.5	BES L	TOS C	ONT	ROL		
	-		(including	_	- CONTRACTOR OF THE PARTY OF TH		J 07304								
DOH DCA	jus	stification) incellation)		The state of the s	of Contact ny Case				Tel	enhone N	imher			
			-		FAC	ILITY INFO	ORMATIO	N		-			a terrority	1	
Name of Facility Where A	Abateme	nt is Takii	ng Place (3)					Type of Facility						
Street Address			_					-	School (K-		or than V	12)			
309 Arlington ave									Other (i.e.				dinas.	home	es.
									etc.)				3-		
City (5)									Square Feet	# 0	f Floors	E	Bldg. A	Age	
Jersey City NJ 0730	04														
County (6) Hudson						Code (7) USE ONLY	,	_	Current Use (Pi Residential	rior if bei	ng demoli	shed)			
Name of Monitoring Firm	Hired by	Building	Owner (8)	ASCI	M No.		Name	of Abatement Co	ontractor	(9)				
Sky Enviromental S		-	100					DAÁ	Enterprises I		(0)				
Street Address									Address						
140 Boulevard								254 (Cumberland a	ave					
City, State, Zip Code	NO. 1785 - 1086						(City, S	tate, Zip Code						
Mountain Lakes NJ	07040							Pate	rson NJ 0750	2					
Project Manager for Mon	itoring Fi	rm	107		Telepho	ne No.	- 1	Teleph	one No.		License	No.		16 H1807	
Leon Sheresvky					973-5	88-4821		973-9	942-6924		00129				
Start Date (10)	3150	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Schedu	led Co	mpletion	Date (11)	1	Name	of OSHA Monito	r					
10-08-14			10-15		1										
Occupancy Status During	Abatem	ent (Che	ck Only O	ne)				Street	Address						
					mont										
Facility Closed/Vaca Abatement Performe Other – Describe:							(City, S	tate, Zip Code		8		-		
Scope of Work (Check Al	II That A	and the state of	-												
_	ii iiiat Aj	ipiy)	-						1						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			and the same of th	Renov				×	Full Containn		Negative	Pressu	re		
≥160 sf or ≥260 lf				Demol	ition				Mini-Enclosu Glovebag Pro						
									Non-Exempte		d Non-Fria	ble Pro	cedur	е	
				s Loca	tion		100						Abate	ement	
Loodian				Norma			5						Ту	pe	
Location Asbestos-Containing		(ACM)	Us	ed Sol	ely by	Ashes		ription	oा laterial (ACM)	Α.	mount			_	
TO BE ABA	ATED	r		aintena	ance/ Staff?		thermal sy	ystems	insulation,	(5	Specify	- R	70	inc	E
In Facili	ty		Out	(12)			surfacir			SF	or LF)	Remova	Repair	aps	clos
(13)			-	· · ·			other mis	scellan	eous)			<u>√a</u>	#	Encapsulate	Enclosure
			Yes	No	N/A	100 H0000002-20-	College Marco Constant				erov.				
Basement				Х		VAT ar	nd Mastid	2		480 S	SF	X			
					1					-			-		
			-	-	-	-				1		-			\vdash
							T-2								
Name of Registered Was	te Haule			100	NJDEP W Hauler ID		Cubic Ya		Name of	Registe	red Landfi	H			
DYV Enterprises LLC	2			111111111111111111111111111111111111111	00341	INO.	5Cy	,	Waste	Manag	gement				
City, State							Disposal	Date	City, Sta	te					
Paterson NJ							10-20-	1 -	Tullyto		A				.
Completed by			Title	-			1	nature	74!			ate			-
Yanet Carpio			Own	er			\ Jig	11	MINIV	Bica	100	-24-1	4		
was and the party					11/2/2020				1000	NY		- 10010			
ASB-41 (R-06-08)							/-	Do no	t use this form fo	r asbest	os licensu	re exen	noted	activit	ies

NOTIFICATION OF ASBESTOS ABATEMENT

				Ph			
Date of Notification (1) September 26, 2	2014	Name of Building	Owner/Operator (2) Bacorp Building Gro		5052	270)
	cation tial Notification nended Notification	Street Address		SEP 30 PM			
[X] DOL Arr [X] DOH [X] Err	nendment # nergency (including	City, State, Zip Co	de A5 Forked River, NJ 087	BESTOS CON	TROL.		
I DCA	tification) ncellation	Name of Contact Alan		Telephone Number			
		CILITY INFORM	IATION		9		
Name of Facility Where Abatement is Takir Residence	ig Place (3)		Type of Facility	School (k-12)			
Street Address 125 E. Susqueha	nna Drive		[x	Subchapter 8 (o Other (i.e., priva homes, etc.)			ldings,
City	County (6)	County Code (7) (STATE USE ONL)	Square feet Y) 700 sf	# of Floors	Bldg. Ag	ξε 60	
Little Egg Harbor	Ocean			or if being demolished dence	1)		
Name of Monitoring Firm Hired by Building N/A	g Owner (8)	ASCM No.	Name of Abatement Contract		. Inc.		
Street Address			Street Address	Route 9, Unit 61	C		
City, State, Zip Code			City, State, Zip Code	s River, New Jers		-1271	
Project Manager for Monitoring Firm	Telephone Number		Telephone Number 732-349-9932	License 1 00624		12/1	-
Scheduled Start Date (10) 9/29/14	Scheduled Complet 10/1/14	ion Date (11)	Name of OSHA Monitor	.S.L. Analytical			
Occupancy Status During Abatement (Check			Street Address			100 mm	
	ted During Entire Period of Aba		1056	Stelton Road			
Other – Describe	d Outside of Normal Facility He	ours	City, State, Zip Code Pisca	ataway, New Jers	ey 08854		
Scope of Work (Check all that apply)			Full Containm	ent with Negative Pre	ssure		
	8		[] Mini-Enclosur				
[] >3 sf or ≥3 lf	[] Renova		[] Glovebag Proc				
[X] ≥160 sf or ≥260 lf	[x] Demol	ition	[X] Non-Exempted	d (*) and Non-Friable	Procedure		
					Abatemer	it Type	
Location of	Is Location Normally used		Description of		R R	E	E
Asbestos-Containing Material (ACM)	Solely by		estos-Containing Material (ACM)	Amount (Specify SF	E E	N	N
TO BE ABATED	Maintenance/Custodial		, thermal systems	or LF)	M P	CA	C
in facility	Staff		lation, surfacing,	70000552	0 1	P	0
(13)	(12)		VAT, or		VR	S	S
	YES NO N/A	otne	er miscellaneous)		A L	L	R
Exterior	X	Asbestos sidin	0	1900 sf	X	E	E
Z.K.O.I.O.I	1 A	Asoestos sium	8	1900 81	1^	+	+-
					+-	+	+
						-	\vdash
Name of Registered Waste Hauler	NJDEP Waste Hauler	ID No. Cubic Ya		istered Landfill			
Guardian Contracting, Inc.		3	T.R.R.F.				
City, State Toms River, New Jersey	10/2/	sal Date /14	City, State Tullytown Pennsylvan	nia			
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	hol 1		Date 9/26/14		

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

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)	September 26, 2014						wner/Oper Baysic	le Marine Co	nstruct		1	5 5	268	3
Agencies Notified [X] EPA [] DEP		ation al Notifica anded Not			Street Ad					30 PM 2	2:58			
[x] DOL	[X] Emer	endment #	7.00	٠	74	e, Zip Cod	Waret	own, NJ 087	58 LI	es cont CENSING	ROL.			
[] DCA		fication) cellation			Name of	Contact Adam	- 1, 20-20 - 1 , 20-20, 10-20		Tel	ephone Numbe	r	¥		
				FAC	ILITY IN	VFORM	ATION							200
	patement is Taking sidence	Place (3)						Type of Facili	j	School (k-12) Subchapter 8 (c	other tha	n k-12)		
Street Address	Sands Point Ro	oad	63					[x	(]	Other (i.e., priv homes, etc.)		TO THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OW		dings,
City		Count	y (6)		County Co (STATE U)	Square feet 1000 sf		# of Floors 1	Bld	g. Age	50	
Waretown		Ocea						Re	esidenc		d)			
Name of Monitoring Firm I		Owner (8)		ASCM No) Contracting	g, Inc.			
Street Address							Street Ad		89 Rot	ite 9, Unit 6	1			
City, State, Zip Code							City, Stat	e, Zip Code To	oms Riv	ver, New Jer	sey 08	755-1	271	
Project Manager for Monito	oring Firm		Telephone	Number			Telephon 732-349	e Number 9-9932		License 00624	Number			
9/29/14			10/1/		on Date (11))	Name of	OSHA Monitor E.1	M.S.L.	Analytical				
[X] Facil	Occupancy Status During Abatement (Check only one)						Street Ad City, State	10 e, Zip Code		ton Road	ey 088	354		
1 1	hat apply) For ≥3 If sfor ≥260 If		[] [x]	Renovat Demolit			[] [] [x]	Mini-Enclos Glovebag P	sure rocedure	th Negative Pre		ıre		
		431									Aba	ement	Туре	
Location of Asbestos-Containing M TO BE ABAT in facility (13)	aterial (ACM)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A				Asbe Ma (i.e., insul	estription estos-Con aterial (A thermal s ation, sur VAT, our miscella	taining CM) ystems facing,		Amount dy ISF)	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	terior X				Asbesto	os siding	;			800 sf	X		-	
						### ##################################								
Name of Registered Waste F Guardian Cor		N	JDEP Was 2	0223		Cubic Yard		T.R.R.		Landfill				
City, State Toms River, 1	New Jersev			Disposa 10/2/1			City, Stat	e wn, Bénnsylv	/ania					
Completed by (Print or Type Nicholas Fern	:)	Title Projec	t Manag		Signature	M.C	hel	1/2/	1		Date 9/26			

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

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)	September 26, 20	[4			Name of Building		Gabriel RE	CEIVER	5	2	59	
Agencies Notified [X] EPA [] DEP	[] Amen	on Notifica ded Noti dment#	ification		Street Address City, State, Zip C	ode	Raleigh Road SEP	30 PM 2:5	7_			
[x] DOL [x] DOH		gency (in				Brick,	NJ 0872356EST	OS CONTRO	11			
DCA	justifi	cation)			Name of Contact		& LTe	Cephone Number				
	[] Cance	llation		ā j	Jame	s Gabriel						
				FAC	ILITY INFOR	MATION	m cn 27-70					
Name of Facility Where	Abatement is Taking l Residence	Place (3))				Type of Facility (4)	School (k-12) Subchapter 8 (other	er than	k-12)		
Street Address	9 N. Raleigh Roa	d					[x]	Other (i.e., private homes, etc.)			al buildi	ngs,
City		Count	y (6)		County Code (7) (STATE USE ON	LY)	Square feet 1500 sf	# of Floors 1	Bldg		0	
Brick		Ocea	in				Current Use (Prior if Residen		18			
Name of Monitoring Fin		Owner (8	3)		ASCM No.	Name of	Abatement Contractor (Inc			
Street Address	N/A					Street A	ddress		IIIC.			
City State 7 in Code	y, State, Zip Code					City, Sta	ite, Zip Code	oute 9, Unit 61				
City, State, Zip Code							Toms R	iver, New Jerse		55-12	271	
Project Manager for Mo						732-34	ne Number 19 - 9932	License No 00624	ımber			
	cheduled Start Date (10) Scheduled 9/29/14 9/30/1				ion Date (11)	Name of	f OSHA Monitor E.M.S.I	L. Analytical				
Occupancy Status Duri	ng Abatement (Check					Street A		elton Road				
	Facility Closed/Vacated Abatement Performed											
	Other – Describe	Justuc	0111011111111111			City, Sta	ate, Zip Code Piscata	way, New Jerse	y 088	54		
Scope of Work (Check	all that apply)					[with Negative Press	sure	-		
r 1 .	2 -6 > 2 16		r 1	Renova	ntion	[Mini-Enclosure Glovebag Procedu	ire.				
1 1	>3 sf or ≥3 lf ≥160 sf or ≥260 lf		[x]	Demol		[x) and Non-Friable F	rocedu	re		
									Abat	ement	Туре	
9			Is Locatio			Descripti			R	R	E	Е
Locati]	Normally us Solely by		1	Asbestos-Co Material (Amount (Specify SF	Е	E P	N C	N C
Asbestos-Containin TO BE A		Mair	ntenance/Cu			i.e., thermal		or LF)	M	A	A	L
in fac	THE PARTY OF THE P	21244	Staff			nsulation, s	urfacing,		0 V	I R	PS	OS
(13	3)		(12)			VAT, other miscel			A	K	U	U
		YES	NO	N/A	•	other miscei	laneous)		L		L E	R
Exterior			X		Asbestos si	ding		1100 sf	X			
					TON LOW	Wanda - CXX	ste Name of Registe	ared Landfill				
Name of Registered W Guardian	aste Hauler Contracting, Inc.		NJDEP Was 2	te Haule :0223	r ID No. Cubic	Yards of Wa	T.R.R.F.	Tou Landiin				
City, State				Dispo	osal Date	City, S	State town, Pennsylvania					
		Title	_	10/1	Signature A	/ runy	nowik Pennsylvania		Date			
	2 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Y	icho	1 tem	/	9/2	6/14		

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

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) September 26, 20	014	Name of Building	Owner/Operator (2) Bouch Excavat	CEIV	ED -) <	20	64	•
	tion Notification nded Notification	Street Address	2614 SEF 24 Butler Blvd.						
[x] DOL Ame [x] DOH [x] Emer	ndment # rgency (including	City, State, Zip Co	de ASES Bayville, NJ 08	ES CO	NTROL NG				
DCA	ication) ellation	Name of Contact Dona	d Bouch	Te	elephone Number				
		CILITY INFORM	IATION						
Name of Facility Where Abatement is Taking Residence	Place (3)	20	Type of I	Facility (4)	School (k-12) Subchapter 8 (oth	er than	k-12)		
Street Address 131 George Road				[x.]	Other (i.e., privat homes, etc.)		annous congr	al build	lings,
City	County (6)	County Code (7) (STATE USE ONL	100	00 sf	# of Floors		. Age	0	
Toms River	Ocean		Current U	Jse (Prior if Residen	being demolished)				
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCM No.	Name of Abatement	Contractor (Inc			
Street Address			Street Address	Guaran	in Contracting,	IIIC.			
City State 2i Colle					oute 9, Unit 61				
City, State, Zip Code			City, State, Zip Code		iver, New Jerse	ev 081	755_1	71	
Project Manager for Monitoring Firm	Telephone Number	ſ	Telephone Number 732-349-9932	Toms K	License N 00624		33-12	2/1	
Scheduled Start Date (10) 9/26/14	Scheduled Comple 9/29/14	tion Date (11)	Name of OSHA Mo		. Analytical				
Occupancy Status During Abatement (Check			Street Address	1056 54	-le D J				
2 2	During Entire Period of Ab Outside of Normal Facility H				elton Road				
Other – Describe	Outside of Normal Facility II		City, State, Zip Code		vay, New Jerse	y 088	54		
Scope of Work (Check all that apply)				ontainment v	with Negative Press	sure			
[] >3 sf or ≥3 lf	[] Renov	ration		bag Procedui	re				
$\begin{bmatrix} x \end{bmatrix}$ $\geq 160 \text{ sf or } \geq 260 \text{ lf}$	[x] Demo	lition	[x] Non-E	exempted (*)	and Non-Friable P	rocedu	re		2
		T				Abat	ement 7	r _{ima}	
	Is Location		Description of						$\overline{}$
Location of	Normally used	1	pestos-Containing		Amount	R E	R E	E N	E N
Asbestos-Containing Material (ACM)	Solely by		Material (ACM)		(Specify SF	М	P	C	C
TO BE ABATED in facility	Maintenance/Custodial Staff		., thermal systems ulation, surfacing,		or LF)	0	A I	A P	L
(13)	(12)	IIIS	VAT, or			V	R	S	S
1 1		oth	er miscellaneous)			Α		U	U
	YES NO N/A					L		L E	R E
Exterior	X	Asbestos sidir	ıg		900 sf	X			
_									
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haule 20223	3		e of Register R.R.F.	ed Landfill				
City, State Toms River, New Jersey	Dispo 9/30	osal Date	City, State Tullytown, Pen	nevlvanie	/				
Completed by (Print or Type)	Title	Signature	1 ///	usyrvamia /	/	Date			
Nicholas Fernicola	Project Manager		ichol +	e		9/26	/14		

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

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) September 26, 20	14	Name of Building		rator (2) Homes	RECEIV	即	5,	26	3
	tion I Notification nded Notification	Street Address		iffordtown Lane	SEP 30 PM	2: 0	5		
[x] DOL Amer	ndment # gency (including ication)	City, State, Zip Co	de Tucke	A58 erton, NJ 08087	ESTOS CON LICENSIA	ITROI IG	L		
I DCA	ellation	Name of Contact Jim M	Iiller		elephone Number				
	FA	CILITY INFORM	MATION						
Name of Facility Where Abatement is Taking Residence	Place (3)			Type of Facility (4)	School (k-12) Subchapter 8 (oth	har than l	. 12)		
Street Address 208 W. Bayview I	Drive			[x]	Other (i.e., priva homes, etc.)			al build	lings,
City	County (6)	County Code (7) (STATE USE ONL	Y)	Square feet 1000 sf	# of Floors	Bldg.	Age 6	0	
Toms River Twp.	Ocean	5.	22	Current Use (Prior if Residen			i i		
Name of Monitoring Firm Hired by Building (N/A	Owner (8)	ASCM No.	Name of	Abatement Contractor (Guardia	(9) in Contracting,	Inc.			
Street Address	14		Street Ac	idress	oute 9, Unit 61				
City, State, Zip Code			City, Stat	te, Zip Code	iver, New Jers	ev 0875	55-12	271	
Project Manager for Monitoring Firm	Telephone Number		11	ne Number 9-9932	License N 00624				
Scheduled Start Date (10) 9/26/14	Scheduled Complete 9/29/14	tion Date (11)	-	OSHA Monitor	. Analytical		,		
	only one) I During Entire Period of Ab Outside of Normal Facility H		Street Ad	ldress 1056 St te, Zip Code	elton Road way, New Jerse	y 0885	4		
Scope of Work (Check all that apply)		10	[]	Full Containment Mini-Enclosure		sure			
[X] >3 sf or ≥3 lf [X] ≥160 sf or ≥260 lf	[] Renov		[x]	Glovebag Procedu Non-Exempted (*)		Procedure	:		
			- · · ·			Abaten	nent T	уре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A	As I (i.e ins	Description bestos-Con Material (A ., thermal sulation, sur VAT, of thermiscella	ntaining ACM) systems rfacing, or	Amount (Specify SF or LF)	E M O	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	X	Asbestos sidir	ng		750 sf	X			
		-					9		
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haules 20223	3	ards of Wast	T.R.R.F.	ed Landfill	LL			
City, State Toms River, New Jersey	9/30		City, Sta Tullyto	own, Pennsylvania,	1				-
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	: Chat	1 tel		Date 9/26/	14		

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

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)	e of Notification (1) September 26, 2014						wner/Opera	ator (2) Fill	RECE	IVED	55	160	7	
Agencies Notified [X] EPA	Type of Notificati	on Notification	on		Street Ad	dress	1900 B			PM 2: =&				
[] DEP [x] DOL [x] DOH	Amen	ded Notifi dment # gency (incl			City, Stat	e, Zip Cod	Whitin	g, ÑJ 08	FS TOS	CONTROL				
[] DCA	justific [] Cance	cation) llation			Name of		oumitsak		ד	elephone-Number	5207)		
				FACII	LITY II	NFORM.	ATION							
	re Abatement is Taking l Residence	Place (3)					-	Type of	Facility (4) []	School (k-12) Subchapter 8 (other	r than	k-12)		
Street Address	24 E. Spray Way	,	3			T.			[x]	Other (i.e., private homes, etc.)			ıl buildi	ngs,
City		County	(6)		County Co STATE (ode (7) USE ONLY	7)		00 sf	# of Floors 1 being demolished)	Bldg.	Age 6	0	_
Lavallet	te	Ocean		1				Current	Resider					
Name of Monitoring I	Firm Hired by Building (Owner (8)			ASCM N	0.	Name of	Abatemen	t Contractor		nc.			
Street Address	eet Address ry, State, Zip Code						Street Ad			oute 9, Unit 61				
City, State, Zip Code							City, Stat	te, Zip Co		liver, New Jerse	v 087	55-12	271	
Project Manager for M	roject Manager for Monitoring Firm Tele cheduled Start Date (10) Sch			lumber				ne Number 9-9932		License No 00624				
1 (SE AV.				ompletion 1	n Date (1	1)	Name of	OSHA M		L. Analytical				
				C 41-4-			Street Ac	ddress	1056 \$	telton Road				
[x]	Facility Closed/Vacated Abatement Performed									tenon reduc				
[]	Other – Describe	Outside of	Tronnar r ac				City, Sta	te, Zip Co	de Piscata	way, New Jersey	y 088	54		
Scope of Work (Chec	k all that apply)						[]	,	Containment i-Enclosure	with Negative Press	ure			
[] [x]	>3 sf or ≥3 lf ≥160 sf or ≥260 lf		[] [x]	Renovati Demoliti			[] [x]	,	ebag Proced -Exempted (ure *) and Non-Friable P	rocedu	ire		
											Abat	ement '	Туре	
			Is Location	ì.			Description	on of			R	R	Е	Е
	ation of	N	ormally us	ed			estos-Co			Amount (Specify SF	E	E	N	N
	ing Material (ACM) ABATED	Maint	Solely by enance/Cu	stodial			Material (A			or LF)	М	P A	C	C
	acility	14,44,11	Staff				ulation, su	urfacing,			O V	I .	P	0
(13)		(12)			ath	VAT, er miscell				A	R	S	S U
		YES	NO	N/A		ОП	ier imseen	ianeous)			L		L E	R E
Exterior			X		Asbe	stos sidi	ng			550 sf	X			
									- 100-00-00-00-00-00-00-00-00-00-00-00-00-				-	
											_	-	-	
		1 ,	HDEP IV	a III-u-l	ID No.	Cuk:- W	ards of Wa	ete N-	me of Pagist	ered Landfill				
Name of Registered '	Waste Hauler an Contracting, Inc.	N	UDEP Waste 20	e Hauler : 0223	ш N0.	Cubic Y	arus or was		me of Regist	oroc Danumi			<u> </u>	
City, State				Dispos	al Date		City, S	tate		6_			1.40	
Toms R Completed by (Print	civer, New Jersey	Title		9/30/	14 Signa	ture A	Tully	town Pe	ennsylvan	a	Date	3		
				er	Jigna	Yla	hol	to			9/2	6/14		

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

NOTIFICATION OF ASBESTOS ABATEMENT

							7- A			100		
Date of Notification (1) September 26, 2014				Name of Building Owner/Operator (2) T & H Homes								
[X] EPA []	EPA				Street Address 70 East Water Street Unit 5B 70 East Water Street Unit 5B							
[x] DOL					City, State, Zip Code Toms River, New Jersey 108153 SING							
[X] DOH [] DCA					Name of Contact Bill Hoermann			Telephone Number				
			FA	CILITY INFORM	IATION							
Name of Facility Where Abatement i Residence			Type of Facility (4) [] School (k-12) [] Subchapter 8 (other than k-12) [X] Other (i.e., private & commercial buildings, homes, etc.)									
Street Address 607 Rivers								dings,				
City	County (6)			County Code (7) (STATE USE ONLY)		Square feet 500 sf	# of Floors	Bld	g. Age	60		
Toms River		Ocean				Reside						
Name of Monitoring Firm Hired by I	(8)	(8) ASCM No.			Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address				Street Address 1889 Route 9, Unit 61								
City, State, Zip Code					City, State, Zip Code Toms River, New Jersey 08755-1271							
Project Manager for Monitoring Firm		Telephone	Number		Telephone Number License Number 732-349-9932 00624							
Scheduled Start Date (10) 9/26/14		Scheduled Completion Date (11 9/29/14			Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement (Check only one)				Street Address								
Abatement Performed Outside of Normal Facility H						Stelloll Road						
Other – Describe					Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)				Full Containment with Negative Pressure Mini-Enclosure								
[] >3 sf or ≥3 lf [X] ≥160 sf or ≥26	0.16	[] Renovation [X] Demolition			Glovebag Procedure							
[X] 2100 SI OI 220	0 11	[x]	Demoi	ition	[x]	Non-Exempted (*) and Non-Friable I	Procedu	ıre			
	-						Amount (Specify SF	Abatement Type				
Location of Asbestos-Containing Material (ACM)		Is Location Normally u			Descriptionestos-Cor			R	R	E	Е	
		Solely b			Material (A			Е	E P	N	N	
TO BE ABATED		intenance/C	ustodial	(i.e., thermal systems			or LF)	M	A	CA	C L	
in facility (13)		Staff (12)		ins	lation, su			O V	I	P	0	
		(12)		VAT, or other miscellaneou				A	R	S	SU	
		S NO	N/A			(10045)		L	-	L E	R E	
Exterior		X		Asbestos sidir	g		200 sf	X				
		_	-									
			-		1							
Name of Registered Waste Hauler	Inc	NJDEP Was		Hart motivity	rds of Wast		ered Landfill				\vdash	
Guardian Contracting City, State	, Inc.	2	20223 Disno:	sal Date	City, Sta	T.R.R.F.						
Toms River, New Jer			9/30/	14		yyn, Pennsylvani	a					
Completed by (Print or Type) Nicholas Fernicola	Title Proj	ject Manag	ger	Signature	ature Nichol 2				Date 9/26/2014			

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