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

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co A	15 & 0	CAS STAROL
ເງ .	Talanhana Ni	ENGINE.
of Facility (4)		
School (K-12) Subchapter 8 Other (i.e. prietc.)	(Other than K-1	2) ial buildings, homes,
are Feet	# of Floors	Bldg. Age
ont Line (Dele-	if being demolis	601-
atement Contra		gies
Be X	337	•
Egys	ot No	T 08533
8-35	S License N	30394
HA Monitor	nologe	es
Box	337	
ESYP	t NJ	08533
Il Containment ni-Enclosure ovebag Proced n-Exempted (1	with Negative F	Pressure

Date of Notification (1)	9-17-13	7	T	Name o	of Building Owner/O	perator (2)			les V	E./	YF	n
		۷			Hel	en	Dack	5 5 2017 CA	•		-	U
Agencies Notified	Type Notification				Address		~ .	- 15 OF	P19	P	119	
.□, EPA	Initial				141	East	Dela	Wane	400	<u> </u>	1 12:	Û4
D DEP DOL	Amended Amendment		100	100	ate, Zip Code $ {\mathfrak D} $	o de	1	10055	108	17/10		
	☐ Emergency	(including			of Contact	111197	ton 1	NS &	CPA	24	YYR	OL.
DOH DCA	justification) Cancellation					chis		Talanhana M		CH		
		77.7			ILITY INFORMATIO		<u>. (2)</u>					
Name of Facility Where	Abatement is Takin	g Place (3)	_				e of Facility (4)				
Dingle	tar	rily		Die_	relling		School (K-1	2)				
Street Address		,					Subchapter	8 (Other than K-	12)			
141	East.	De lai	20	CP 8	ALC	A	Other (i.e. p	orivate & commer	cial bu	ildings	, hom	es,
City (5) D		A >	, 7		20 50 1.	Squ	uare Feet	# of Floors	T	Bldg.	Age	
	ington		De		28534		- CONTRACTOR CONTRACTOR	2		6	10	-
County (6)	.)			County	Code (7) USE ONLY)	Cur	rent Use (Pri	or if being demoli	shed)		(10)	-
Name of Monitoring Firm		Quinas (0)							12.			
FDC TO	Placed by Building (Jwner (6)		ASCI	M No	Name of Al	patement Cor	tractor (9)		9 _		
Street Address	CAI				V/A	Street Add	-166	thoole	391	162	<u> </u>	
P.O. Bo	333					Street Addr		. 227	a			
City, State, Zip Code						City State,		1 33 1				
New En	DE N	5 0	9	33	13	New	Egy	at M	T	08	5	22
Project Manager for work				Telepho	ne No.	Telephone		License	No.		20	12
Steve Se	hen Ked	2	1	109	758-33c	097	38-33	45	06	23	96	1
Start Date (10)		Scheduled	-				SHA Monitor		-	-	-	
9.2/-1.	7	9-	•	7-12	2	EPC	TEC	prolos	. 68			
Occupancy Status During	g Abatement (Check	k Only One)	9		Street Addr	ess	2000				
Facility Closed/Vac	ated During Entire F	Period of At	oatem	ent		4.0	Box	33 1				
☐ Abatement Perform ☐ Other – Describe:	ed Outside of Norm	al Facility I	Hours		1	City, State,	Zip Code			-	201	_
Scope of Work (Check A	II That Apply					New	ESV	PN 46	0		3.	5_
	іі тпас Арріу)						-//					
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf			novat				ull Containme lini-Enclosure	ent with Negative	Pressu	ire		
				011		⊅≣≪ G	lovebag Proc	edure				
		T			r		on-Exempted	(*) and Non-Fria	ble Pro	cedur	e	
		4 AMESSE	ocatio		83						ement pe	Ä
Location		Used	rmally Solely			ription of			-	Τ,	pe	
Asbestos-Containing TO BE ABA		Main	tenan	ce/	Asbestos Contai (i.e. thermal s			Amount (Specify	20		Ē	m
In Facili	ty	Custo	diai S (12)	taff?	surfacir	ig, VAT, or		SF or LF)	Remova	Repair	caps	nclo
(13)		-	• •		other mis	cellaneous)		oval	air	Encapsulate	Enclosure
		Yes	No	N/A							6	
Garage		X			Pipe In	Sulati	c. a	51 LF	X			
<u></u>									1	1		
		+-+							+	+-		
									-			
Name of Registered Was			1000	DEP W				Registered Landfi	I			
EPC Tec	h.			700		4	Was	ite Ma	200	BOY	en	*
City, State					Disposal		City, State	22.0	7			-
NE NI					9-28	312	Model	isville		1	}	
Completed by	1/	Title		1	Sign	nature	1 /	D	ate 9.	1-	12	
Stew Sch	enKen	100	Sic	yen?		2605	chel		7-	11-	16	. 1

Date of Notification (1)

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

Date of Notification (1)			Name of Build	ing Owner/Opera	tor (2)	RECEI								
9/17/12			Monica C	ampbell		RECEI	VED							
Agencies Notified	Type Notifica	ation	Street Address	s	2012 SEP 12									
[]EPA	[X]Initial		39 Ross	St.	2012 SEP 19 PM 12: 03									
[]DEP	Notific	ation	ity, State,	Zip Code	NJ 07018 & LICENSING									
[X]DOL	[]Amended		75 E	e, NJ 0701	NJ 07018 & LIOS CONTO									
[X] DOH	Notific		Tame of Contac		mal anha	ne Number	16 KOL			-				
	[]EMERGENC	100	Monica C		rerepiid	ne number	-							
[]DCA	[]Cancella	tion	110111101110	· campa c z z	0x 101									
				TY INFORMATION										
Name of Facility Whe	re Abatement	is Takin	g Place (3)		Type of Faci	lity (4)								
Private					[]School									
Street Address						pter 8 (Othe (i.e., priva		1.50						
39 Ross St.						buildings, h								
					Square Feet	# of Floo	ors Bl	dg. A	ge					
City (5)		County (County Code (7)		2		75						
E. Orange esse			2	(SIAIR USE ONL.	Current Use	\$\bar{\chi}_{\chi} \chi_{\chi}	eing der	nolish	ed)	Ni San				
		D . : 7 3:	hame w		Residen									
Name of Monitoring F Owner (8)	irm nired by	Bullaing	ASCM No.	11	MANAGEMEN									
N/A					r - esca en el colencativa de aveca como consecuencia	-, Inc.								
Street Address				Street Addr	_{ess} istopher St	_								
C' C				III carrier										
City, State, Zip Cod	le			Montcl	ir, NJ 07042									
Project Manager for	Monitoring Fi	rm Tele	ephone Number	Telephone N	lumber	þ	License	Numbe	er	200 - 20 - 4 5				
		N/2	A	(973)7	(973) 744-8800 00371									
Scheduled Start Date	(10) Sche	d. Comple	etion Date (1	1) Name of OSE	Name of OSHA Monitor									
9/27/12	9	9/28/1	2	N/A	N/A									
Month Day Ye Occupancy Status Dur		nth Da		Street Add	eet Address									
[X] Facility Clos				Beleet Add	.000									
of Abatement []Abatement Per		de of Nor	mal Facility	City, State	Zin Code				-					
Hours - Descr	ribe:«OffHour	s Descrip	ot»	CICY, Scace	, zip code	Section & Production (Control								
[]other - Descr	ribe: «Other O	ccupancy	Descript»											
Scope of Work (Check	all that app	oly)		[]Fu	ll Containment w	ith Negative	e Pressi	ıre						
[X]≥3 sf or	≥3 lf	[x]Renovation		ni-Enclosure									
[] <u>≥</u> 160 sf o	or <u>></u> 260 lf]]Demolition	T 4500000	ebag Procedure Friable Procedure									
	75-70 W	T =	Is	[]100	TITION TROOTS	T	Aba	temen	t T	ype				
Location			cation ermally	Descrip			R	1 1	E	E				
Asbestos-Con Material	4643666460000 -		Used Solely	Asbestos-C Materia	\$100 BIRESH - 100 BIR 100 BIRESH	Amount (Specify	I E	E	CA	C				
TO BE ABA		By	Main-	83 (5)	mal systems	SF or	0	A	PS	os				
In Facil	ity	Cus	stodial ff (12)	insulation, su or other mis	1676 THE RESIDENCE THE CONTRACTOR OF THE	LF)	A	1 4	ŭ	Ŭ R				
(13)		Yes	No N/A							E				
Basement			X P:	ipe Insula	tion	ion 50 LF X								
Name of Registered W	aste Hauler		DEP Waste	Cubic Yards	Name of Reg		ifill							
AZTECH MANAG	EMENT, IN	C. Hat	ler ID No.	of Waste 1.0	G.R.O.W.	S.								
City, State			11	Disposal Date	City, State									
Montclair, NJ	07042			10/1/12	Morrisvi	lle, PA	1906	7						
Completed By (Print	or Type) mi	tle		Signa	ire A	1	Date							
Constantine V:	20 20 Z	reside	nt	ZZ	1/1/	, _	9/17							
				/ 0	man 12		20							

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

					and 12:120-7)								
Date of Notification		_		wner/Operator	(2)	- 1	CCE	11	E	`			
9/17/12			Susan B	raun	er	RECEIVED							
Agencies Notified	Type Notific	ation	Street Addre 20 Ridg		d Terrace	2012 SEP 19 PM 12: 01							
[]DEP	Notific	cation	City, State,	Zip C	ode		- 38ES	ine .	٠		e:		
[X]DOF	[]Amended Notific		[] [] [] [] [] [] [] [] [] [] [] [] [] [NJ 07040	& LICENSING							
[X]DOH	1 mmpony		Name of Cont			Telephon	е •			,			
[]DCA	[]EMERGENO		Susan B	Braun	er								
	1		FACII	LITY IN	NFORMATION			1997.24					
Name of Facility Whe	ere Abatement	is Takir	ng Place (3)	41, 41		Type of Facili	ity (4)		00000				
Private						[]School []Subchapt	ter 8 (Othe	r than	K-12	2)			
Street Address	~~~~					[X]Other (i	i.e., priva uildings, h						
20 Ridgewood T	errace					Square Feet	# of Floo		dg.				
City (5)		County ((6)		ty Code (7)	2200	2.5		65				
Maplewood		Esse	x	(STA	TE USE ONLY)	Current Use ()	Prior if be	ing der	nolis	shed))		
Name of Monitoring D Owner (8)	Firm hired by	Building	ASCM No.			ment Contractor							
N/A					Street Address								
Street Address				86 Christopher St.									
City, State, Zip Coo	ie	,			City, State, S Montclai	r, NJ 070	42						
Project Manager for	irm Tel	Lephone Number	er	Telephone Numb (973)744			Cicense 0037		ber				
Scheduled Start Date	e (10) Sch		Letion Date	(11)	Name of OSHA 1	Monitor					_		
9/26/12	9	/27/12	!	N/A Year									
Occupancy Status Dur [X]Facility Clo	ring Abatemen sed/Vacated I	t (Check	only one)		Street Address	5							
of Abatement Pe				ty	City, State,	Zip Code		*************	-				
[]other - Desc													
Scope of Work (Check [X]>3 sf or []>160 sf	≥3 lf	[3	X]Renovation]Demolition		[]Mini- [X]Glove	Containment wi Enclosure bag Procedure		e Press	ure				
			Is	ı — —	[]Non-F	riable Procedu	re	Aba	ateme	nt 1	Гуре		
Location	n of		ocation formally		Description			R		E	E		
Asbestos-Co	전 발전됐는 그릇을		Used Solely		Asbestos-Con Material (Amount (Specify	E	R	CA	C		
Material TO BE AE		B	y Main-		(i.e., thermal	The state of the s	SF or	Ö	PA	P	OS		
In Faci	lity	Ct	enance/ ustodial	E. 1 0000.000	sulation, surface or other misce	440 MARKETTA 6 19 BY 18 1 P. 19	LF)	V A	I R	U	U		
(13)		Yes	aff (12) No N/A		or other misce.	rraneous)		L		L	R E		
Basement			х	Pip	e Insulat	ion	75 LF	. х					
								_	-	-	-		
								46:33	<u>L.</u>				
Name of Registered NAMAG		NC Ha	DEP Waste auler ID No. 7040	100	oic Yards Waste 1.5	Name of Regi G.R.O.W.		шии					
City, State					posal Date	City, State		GREENS.					
Montclair, NJ	07042			9	/28/12	Morrisvi	lle, PA	1906	57				
Completed By (Print	or Type) Ti	tle			Signature		1//	Date		2005 1240			
Constantine V		reside	ent		1 mes	tato 1	en	9/17	/12				

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

	(Pt	irsuant to	o NJAC 8	RECEIVED												
Date of Notification (1)				Name of	Building	Owner/Op	erator (r (2)								
	mber 17, 2012		C	H1 Hol	ldinas			2012 050 10								
Agencies Notified	Type Notification			Street Ad				2012 SEP 19 AM 11: 33								
<u></u>	□		1	361 Alp	s Road	d										
EPA DEP	X Initial Amended		1000	City, Stat				MODES I OS CONTROL								
DOL	Amendment		_ v	Vayne N	٧J		& SBESTOS CONTROL & LICENSING									
<u> </u>	Emergency (justification)	including		Name of			Telephone Number									
DOH DCA	Cancellation		S	al Giell	0					i L						
				A CONTRACTOR OF THE SECOND		ORMATIO	N									
Name of Facility Where	Abatement is Taking	Place (3))					Туре	e of Facility (4)						
BASF								School (K-12)								
Street Address								Subchapter 8 Other (i.e. pr	8 (Othe	er than K-	12) cial buil	dinas	home	es.		
595 Charles Street						\times	etc.)	ivate c	x comme	ciai baii	Jiligo		,			
City (5)								Squ	are Feet	# of	Floors	E	ldg.	\ge		
Gloucester City, NJ																
County (6)			-T	County C				Curi	ent Use (Prio	r if bei	ng demoli	ished)				
Camden		(STATE U	SE ONLY					- 1	Building							
Name of Monitoring Fir		ASCM	No.		Name	of Ab	atement Cont	tractor	(9)							
AET, Inc.		0021			The M	AC	Group, Ll	_C								
Street Address					Street	Addr	ess									
907 Doolittle Drive					1500 k	(ing	s HWY N,	STE 2	209							
City, State, Zip Code					City, State, Zip Code											
Bridgewater, NJ 08					Cherry Hill, NJ 08034											
Project Manager for Mo		Telephor	ne No.		Telephone No. License No.											
Eric Houseknecht	(908) 21	18-1108	3 ((973) 759 - 5000 00781											
Start Date (10)		Schedule		npletion [Name	Name of OSHA Monitor								
10/1/		10/15/1	2		The M	e MACK Group, LLC.										
Occupancy Status Dur	No. 200 Co.	k Only On	ne)				Street	eet Address								
	acated During Entire			ment			1500 k	0 Kings HWY N, STE 209								
Abatement Perfor	med Outside of Norn	nal Facility	Hour	Hours City,					, State, Zip Code							
Other - Describe:							Cherry	rry Hill, NJ 08034								
Scope of Work (Check	All That Apply)															
≥3 sf or ≥3 lf		П	Renova	ation			Full Containment with Negative Pressure									
≥160 sf or ≥260 lf		(managed)	Demoli				Mini-Enclosure Glovebag Procedure									
_							ľ	Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
		Ι										Abatement			it	
			Locat Norma			5	Description of						Туре			
Locat Asbestos-Containing		Use	ed Sole	ely by	Asbe	stos Cont			ial (ACM)	P	Amount		1	m		
TO BE A	전투하는 경향(100mm) - 플램스 - 11인 T		intena	ance/ Staff?		e. thermal	system	s ins	ulation,	0000	Specify	Re	Z,	Encapsulate	Enclosure	
In Fa		Cus	(12)				cing, VA niscellai			S	F or LF)	Remova	Repair	nsd	uso	
(1	3)	-	· ·		-	othern	mooona	1000	-/			<u>a</u>	=	ate	6	
		Yes	No	N/A									+	-	-	
va	ult		X				pipe			Ę	500 l/f	X	-	-		
exterior	trench		X		I Section in the sect	contai	minate	ed so	oil		3 cy	X				
va			X	-		trans	ite shi	nale	s	5	500 s/f	\rightarrow				
Va	uit		/	+-				3_								
Name of Registered V	\vdash	NJ DEP V	Vaste	Cubic	Yards		Name of	Regist	ered Land	dfill						
Name of Registered V	vaste Hautel			Hauler ID		of Was	ste			878						
Newark Carting / R	ovic			45	09		10		Cumber		County	Landfi	l			
City, State							sal Date		City, Stat							
Newark / Riverdale	, NJ)/15/12 Newburg, PA							
Completed by		Title	(I)(8	Signatur	e//	110	121	11	Date	26			
Mike Cooper President						nakon	9/17/12									