	AAAAA	2250 000
Prin	t Fo	rm.

	コンコ	DX.	12.00				d 12:120)	2)	*			T		1
e of Notification (1)		VO		Name NEW	of Build / HOP	ing Owner/6 E URBAN	Operator (AL LP		APR 1 5 20	114		4	-
/09/2014 encies Notified	ype Notific	ation		Street 654	Addres	s EN AVEN	NUE			- 1		i	-	-
EPA DEP	× Initial Amend	ded dment#		City, S	State, Zi	p Code ITY NEV	/ JERSY	07304		it				-
DOL	Emerg	gency (includi ation)	ng	Name	of Con	tact			<u></u>	elephone Numbe	r			1
DOH DCA	Cance	ellation				INFORMA	TION	= -fFa	oility (4)		a.us==00			1
ame of Facility Where Al 54 BERGEN AVEN	batement is IUE	Taking Plac	€ (3)					Subcl	ol (K-12)	other than K-12) te & commercial t	ouildings	s, hor	nes,	
reet Address 54 BERGEN AVEN	NUE						7	Square Fe	97	of Floors	Bldg.			
ity (5) ERSEY CITY 0730)4							12000	1.5	being demolished	45			
ounty (6) BERGEN		W		Cou (STA	nty Cod	e (7) ONLY)		RESIDE of Abateme	NCIAL					_
Jame of Monitoring Firm FURNINGPOINT C	Hired by B	Building Owner	r (8) RP	17.30	SCM No 4331	O.	APE	X DEVEL	OPMEN	IT, INC				
Street Address							658	RUTGEF		E				_
51 BERKELEY TR. City, State, Zip Code							City,	State, Zip C RAMUS N	^{ode} J 07652					
IRVINGTON NJ 07 Project Manager for Mor		n		Tel	ephone	No.		phone No. 33500101		License No 01205				
EMEKA OKEKE Start Date (10)		Sc		Comple	etion Da		Nam	ne of OSHA	Monitor ONMEN	TAL SERVIES	COR	P		
04/25/2014 Occupancy Status Durin	Abotom		/30/20				Stro	et Address						
OCCUDATION Status Dain	no Abatem	ent (Check o	ny One				14	2 NOR 1 H	131110	11/2				
Tacility Closed/Va	cated Durir	ng Entire Peri	od of Ab	atemer	nt ORDON	OFF.	City	2 NORTH , State, Zip EWARK N	Code	TREE!				_
Facility Closed/Va Abatement Perform Other – Describe:	cated Durin med Outsid AREA WIL	ng Entire Peri ie of Normal I LL BE RESTR	od of Ab	atemer	nt ORDON	OFF.	City	, State, Zip EWARK N	Code J 07107					
Facility Closed/Va Abatement Perform Other – Describe: Scope of Work (Check	cated Durin med Outsic AREA WIL All That Ap	ng Entire Peri de of Normal I LL BE RESTR oply)	od of Ab Facility H ICTED A	atemer Hours AND CC	on on	OFF.	City	State, Zip EWARK N	J 07107 Containmer Enclosure	nt with Negative F				
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Date of Notification (1)	11 /	14	i.		2002000	E&G	g Owner/Operator (/ Job #1404-4					
Agencies Notified	Type Notif	ication				Address Park Pla	70	3	APR 1	5 2014	ļ	-	1
☑ DOLWD	☐ Amend	ed				2000					1		1
☑ DHSS	Amend	ment#_				State, Zip (vark, NJ				4.	-		
DCA	☐ Emerge		cluding	g		of Contac			Telephone Ni			50,000	100000
(NJAC 5:23-8)	justifica Cancel				100000000000000000000000000000000000000	t Dandu			Telennone Ni	imner			
	- Cancel	lation							L L	-			
N				701	FA	CILITY IN	FORMATION	r=					
Name of Facility Where A			Place	e (3)			5	Type of Facility					
PSE&G Bergen Swi	tening St	ation						☐ School (K-12 ☐ Subchapter 8		12)			
Street Address								Other (i.e., pr	rivate and comn		uilding	s,	
1148 Hendricks Csv	wy.							homes, etc.)					200 OH
City (5)								Square Feet	# of Floors	В	ldg. Ag	ge	
Ridgefield													
County (6)					Cour	ity Code (7	7)(STATE USE ONLY)	Current Use (Pri	or if being demo	olished)			
Bergen								Utility					
Name of Monitoring Firm	Hired by B	uilding C	wner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Health & Safety Ser	vices						AbateTech, I	nc.					
Street Address							Street Address						70 C
318 12 th Street							30 Maple Ave	e. PO Box 25					
City, State, Zip Code							City, State, Zip Co	ode					
Hammonton, NJ 080	037						Lumberton, N						
Project Manager for Monit	toring Firm	**************************************		Tele	phone	No.	Telephone No.		License No.				
Jim Proctor	-				9-704		609-265-2107		00529				
Start Date (10)		Sched	uled C	comple	tion Da	te (11)	Name of OSHA M		1				
04/21/	14	10.00-000000000000000000000000000000000			/ _	manifelia (manife	EMSL Analyt						
Occupancy Status During	Abatement	(Check	only	one)			Street Address	****					
☐ Facility Closed/Vacate							200 Route 13	0 North					
Abatement Performed							City, State, Zip Co	ode					
Time of Abatement:	AM	PN	Λ/	PM-		AM	Cinnaminson	n, NJ 08077					
Scope of Work (Check all	that apply)											-	
П. Оf О. If	1.40.75		Π.	verten o en en en e r e				tainment with Neg	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				enovati emolitic			☐ Mini-Enc	losure g Procedure					
Z _ 1.00 01 01 _ 200 11				, montre	""			mpted (*) and No.	n-Friable Proce	dure			
			Is	Locat	ion					At	ateme	ent T	vpe
Location				200	lly		Description o			12077			
Asbestos-Containing N				Norma			Description	10		71	1 71 1		nc
	Material (AC	CM)	Use	ed Sole			stos Containing Ma	terial (ACM)	Amount	Rem	Repa	inca	_
TO BE ABA	Material (AC TED	CM)	Use Ma		nce/		estos Containing Ma e., thermal systems i	terial (ACM) insulation,	(Specify	Remova	Repair	ncapsu	losu
	Material (AC <u>TED</u>	CM)	Use Ma	ed Sole aintena	nce/		stos Containing Ma	terial (ACM) insulation, , or		Removal	Repair	ncapsulate	Enclosure
TO BE ABA IN Facilit	Material (AC <u>TED</u>	CM)	Use Ma	ed Sole aintena todial	nce/		estos Containing Ma ., thermal systems i surfacing, VAT,	terial (ACM) insulation, , or	(Specify	Removal	Repair	Encapsulate	losure
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TO BE ABA IN Facilit (13) Control House 1 st FIr Name of Registered Wast Veolia ES Technical	Material (ACTED y Bathroom	1	Yes	ed Soleaintena itodial: (12) No	nce/Staff?	Pipe In:	estos Containing Ma e., thermal systems surfacing, VAT, other miscellane sulation Cubic Yards of Waste	terial (ACM) insulation, , or ous) Name of Regis Wayne Dis	(Specify SF or LF) 8 LF		Repair	ncapsulate	losure
TO BE ABA IN Facilit (13) Control House 1 st Flr Name of Registered Wast Veolia ES Technical City, State	Material (ACTED y Bathroom	1	Yes	ed Soleaintena itodial: (12) No	N/A	Pipe In:	estos Containing Ma e., thermal systems surfacing, VAT, other miscellane sulation Cubic Yards of Waste 10 Disposal Date	Name of Regis Wayne Dis City, State	(Specify SF or LF) 8 LF tered Landfill posal Inc.		Repair	:ncapsulate 🔲 🔲 🔲	losure \Box
TO BE ABA IN Facilit (13) Control House 1 st Flr Name of Registered Wast Veolia ES Technical City, State Flanders, NJ	Material (ACTED y Bathroom te Hauler	s, L.L.	Yes Cus Cus	ed Soleaintena itodial: (12) No	N/A	Pipe In:	estos Containing Ma e., thermal systems surfacing, VAT, other miscellane sulation Cubic Yards of Waste	terial (ACM) insulation, , or ous) Name of Regis Wayne Dis	(Specify SF or LF) 8 LF tered Landfill posal Inc.		Repair	:ncapsulate	
Name of Registered Wast Veolia ES Technical City, State Flanders, NJ Completed By (Print or Ty	Material (ACTED y Bathroom te Hauler	s, L.L.0	Yes	ed Sole aintena itodial (12) No	N/A N/A D D D D D D D D D D D D D D D D D D D	Pipe In	estos Containing Ma e., thermal systems surfacing, VAT, other miscellane sulation Cubic Yards of Waste 10 Disposal Date	Name of Regis Wayne Dis City, State	(Specify SF or LF) 8 LF tered Landfill posal Inc.		Repair	:ncapsulate	
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* Do not use this form for asbestos licensure exempted activities.

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

D&S Proj. #: 2014-142	/	1	r ur suar	IL TO HOMO	0.00 0				1	17		
UNDOI #1050	38			(0)					- 1			
Date of Notification (1) 0 4 / 0 9 / 1 4	11		54	Operator (2)		ų.	APR 1	5 2014				
Agencies Notified Type Notification		ATRICK I							-	7		
☐ EPA ☑ Initial	11000			DOAD),1						
☐ DEP ☐ Amended	11 -	5 COLLIN , State, Zip		ROAD			# 15		· · · · · · · · · · · · · · · · · · ·	=		
DOL Amendment #:_	'			1 0740			V.					
DOH Emergency (including		MAPLEW ne of Conta		3 0 / 40			Telephone	Number				
justification)							1					
DCA Cancellation		PATRICK					14			_		_
			FACIL	ITY INFORM	ATION		T= 75.39.7	4)		-	_	
Name of facility where abatement is	taking plac	e (3)					Type of Facility (4) (K - 12)				
PATRICK FLYNN								apter 8 (Oth			2)	
Street Address							Other (Private/Con Homes, etc.	nmer	ial		
55 COLLINWOOD ROAD						- 1		# of Floors		Bld	g. Age	-
City (5)	Count	y (6)			Coun	ty Code (7)			_			
City (0)		5/58/ 58			(State	use only)	Current Use (P	rior if being	demo	lished	i)	
MAPLEWOOD	ESSI				L.,,	Name of Abatemen	t Contractor (9)			_		_
Name of Monitoring Firm Hired by B	ldg. Owner	(8)	1	ASCM No.	- 11'							
					 -	D & S RESTOR	CATION, INC.		_	-		
Street Address						20 California A	Ave.					
City, State, Zip Code					-	City, State, Zip Code						
City, State, Zip Code						Paterson, NJ 0				1 Zonier II a		
Project Manager for Monitoring Firm		Pho	ne Numbe	er		Telephone Number		License N		er		
1 Tojoot Managor Tor Memoring		300.374288			11	973-345-8020		01	169			
Start Date (10)	ISched.	Completion	Date (11)		Name of OSHA Mo						
			***	51	-	D & S Restora Street Address	tion, Inc.		-	_		
04/21/143 Occupancy Status During Abatemen	04/30/					20 California A	venue					
Facility closed/vacated during			nent.			City, State, Zip Cod						_
Abatement performed outside	of normal f	acility hours	i-									
Describe: NORMAL H	OURS				=11	Paterson, NJ (7503					
Scope of Work (check all that apply							Full Containment	w/negative p	oress	ure		
	Renovation	n					Mini-enclosure					
≥160 sf or ≥260 lf	Demolition	ĺ			- 12	É	Glovebag procedu Non-Exempted (*	and Non-fi	riable	proce	edure	
	Is location	normally u	sed solely	1					R e	R	Е	Е
Location of asbestos-containing	by mainte	nance/custo	odial	Descript		sbestos-containing	Amount	SE or	m	р	n c	n
material (acm) to be	staff(12)		Γ	material	(ACM)		(Specify LF)	01 01	0 V	a	a	L
abated in facility (13)	Yes	No	N/A						e	r	Р	-
BASEMENT		X		PIPE INS			37 L FT		ᆜ	부	부	片
GARAGE		X		PIPE INST			33 L FT		부	분	ዙ	片
CRAWL SPACE		X		PIPE INS	ULATI	ON	12 L FT		片	屵	ዙ	1
									片	片	ዙ	#
				Libia Vanda	Mosts	Name of Register	red Landfill		Ш	Ш	Ш	
Registered Waste Hauler D & S RESTORATION, INC.	NJDE 135	EP Hauler II 506		ubic Yards of	wasie	TULLYTOW?	N, RESOURCE R	ECOVER	Y			
City, State			Disposal D			City, State						
PATERSON, NJ 07503			04/13/1			TULLYTOW	N, PA					
Completed by (Print or Type)	Title			Signature				Date				

Marr + 15	(n)	1	NOTI		200		BESTOS ABAT C 8:60 and 5:10							
Date of Notification (1) 04 /	11 /	14				of Building	Owner/Operator (2)	5 1	9	1. (4)	F.		1
Agencies Notified	Type Not		-8			Address							- 1	+
□ EPA	☐ Initial	incation			300000000000000000000000000000000000000	Nooton F	load	4	APR	15	2014		!	1
□ DOLWD	☐ Amen					State, Zip C							***	+
⊠ DOH		dment #_					NJ 07021		y 3 - 2 - 3	93		!		
DCA (NIAC 5:23-8)	☐ Emerg	gency (ind cation)	cluding			of Contact			Telephon	e Numbe	er	.1		1
(NJAC 5:23-8)	Cance					nela Garv		31				85		ı
		300000000000000000000000000000000000000					FORMATION		-					
Name of Facility Where	1 hotomont	ic Toking	Place	/2)	FAC	JILII T IN	FORIVIATION	Type of Facility (4	4)					
Residential House	Abatement	is raking	riace	(3)				School (K-12)		- 13				
Street Address			1912	2-1111				Subchapter 8		n K-12)				
72 Wooton Road								Other (i.e., pri	vate and o	commerc	ial bu	ilding	s,	
						-		homes, etc.) Square Feet	# of Floo		Die	i~ ^-		
City (5) Essex Fells								Square reet	# 01 F100	JIS	DIC	ig. Ag	je	
					10	t. C. d. (7	VOTATE LIGE ONLY	Comment Head / Daile	if haina	dana aliah	1			
County (6)					Cour	ity Code (/	(STATE USE ONLY)	Current Use (Price	or it being	demolisi	iea)			
Essex	11: 11 6			(a) I	10011		[N					W. 11 2 0.0	010007001	
Name of Monitoring Firm		suilaing C	wner (8)	ASCM	No.		ent Contractor (9)	_					
Bio Terra Solutions	3 .							NAGEMENT LL	.0			2.500		pence
Street Address							Street Address							
P.O. Box 1224							27 Outwater							
City, State, Zip Code							City, State, Zip C							
Union, NJ				T == -			Garfield, NJ	07026						
Project Manager for Mon	itoring Firm	n		200200	ephone		Telephone No.		License					
Rick Eustaquio					73-494	or and officer and a	973-928-4888		1188		98			
Start Date (10)	4.4				etion Da		Name of OSHA							
04 /20 /			4_ /		5/_	14	2010000083205 W3800000000	NAGEMENT LL						
Occupancy Status Durin							Street Address							
☐ Facility Closed/Vacati							27 Outwater							
Abatement Performed Time of Abatement: _							City, State, Zip C							
			···	_' '*'		/ uvi	Garfield, NJ	07026						
Scope of Work (Check a	II that apply	1)					□ Eull Con	tainment with Nega	ativa Praes					
≥3 sf or ≥3 lf			⊠ Re	novat moliti	970		☐ Mini-End		alive Pies	suie				
☐ ≥100 St 01 ≥200 II			□ be	HOIL	OII			empted (*) and Nor	n-Friable P	rocedure	Э			
			99856	Loca							Aba	ateme	ent Ty	уре
Location		O 1 1)	100000	Norma	ally ely by	A-1-	Description of		A		Z.	R	ш	Щ
Asbestos-Containing TO BE ABA		(CM)		intena			stos Containing Ma ., thermal systems		Amo (Spec		Removal	Repair	Encapsulate	Enclosure
IN Facil			Cust		Staff?	,,,,,	surfacing, VAT	, or	SF or		val	-	usc	sure
(13)			Yes	(12) No		1	other miscellane	eous)					ate	
					-	A CRE D:			201		M		M	
Basement				Ш	\boxtimes	ACM PI	pe Insulation		20L				\boxtimes	
						-								
					1		110000000000000000000000000000000000000							
				Ш	ПС22.	10/221	Cubic Vasta of	Non	prod I	EII		Ш	Ш	Ш
Name of Registered Was ALL PRO MANAGE		_C		- 28	NJDEP N Hauler II	D No.	Cubic Yards of Waste	Name of Regist		TIII				
City, State					00348	360	As Needed Disposal Date	City, State					-	
Garfield, NJ							TBD	Bethlehem,	PA					
	umo)	T:41 -								Det	,		,	
Completed By (Print or T	ype)	Title	14	mt			Signature	1/11		Dat	1/	, /	14	
Zvonko Veskov			reside	#IIE			170	1/sh		7	///	///	7	
ASB-41 JAN 13		*	Do not	use t	his form	for asbest	os licerisure exem	pted activities.		1	l	•		

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Date of Notification	(1) 4/11/14						wner / Operator f Education	(2)							
Agencies Notified EPA DEP	Type Notifica	ation	149	90 P		ss ect S Zip Co		-	APR 15	2014		.			_
⊠ DOL	Amer	nded	Tre	ento	n, N	J 0863					्र ।	1			
□ DOH		gency			of Con					ş	Tele	ohor	e Nu	mbei	
☐ DCA	☐ Canc	ellation	Mr	. Ev	erett	O. C	ollins			7,000	L				
				AC	ILITY	INFO	RMATION					_	_		_
Name of Facility Wi	here Abateme	nt is Taking Pla	ice (3)				Type of Facilit ⊠ School (K		ION SUBCHA	PTFR	R				
Grace Dunn MS Street Address				-					Other than K-1						
401 Dayton Stre	et								ate & commerc		dings, h	ome	s, etc)	
							Square Feet		# of Floors		Bldg.	Age			
City (5)		County (6.)	Coun	ty Co	ode (7	7)						- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Trenton		Mercer					Current Use (F	Prior if	f being demoli	shed)					
							School			.,					
Name of Monitoring Environmental C		y Building Owne	er (8)		ASC	M No.	Name of Abate Bristol Envi	ronm		")					
Street Address	.						Street Address								
City, State & Zip Co	ode						City, State & Z	Zip Co	ode						
Project Manager fo		irm	Telepho	ne N	Mumh	er -	Bristol, PA		~	Licens	e Numb	er			-
Steven Fairess	i Worldoning i	11111	609-39			Ci	(215)788-60			00509					
Scheduled Start Da	Salara and a salara	Scheduled Com	pletion 4/30/1		(11)		Name of OSH Bristol Envi							L 1200 1200	
Occupancy Status		ment (Check on				100	Street Addres								
Facility Clo	sed/Vacated I	During Entire Pe	eriod of				1123 Beave								
	Performed O	utside of Norma	l Hours	- 41	PM:12	2:30AN									
Describe:			M 4 - 0.0	0.01			Bristol, PA	1900	7						
Scope of Work (Ch		Abatement 7 A	IVI to 3:3	O PI	VI										
Scope of Work (Cit	eck all triat ap	(Piy)							Full Containn	nent wit	h Nega	tive	Press	ure	
≥3 sf or ≥3	lf			Rend	ovatio	n			Mini-Enclosu						
≥160 sf ≥26	60 If			Dem	olition	1			Glove Bag P			abla	Dron	odur	
	t' t		la La	antic	· n		Description	of	Non-Exempte	Amoun			teme		
	ocation of stos-Containin	na l	Is Lo Norma				Asbestos-Cont		a	(Specif		7 100			-
	iterial (ACM)	3	Sole	ely by	у		Material (AC	CM)		SF or LI	F)	R	_	Enc	щ
	BE ABATED		Mainte Custod			١.	i.e., thermal sy nsulation, surfac					Remova	Repair	aps	Enclsoure
	in Facility (13)			12)	lalif		or other miscella					val	₩.	Encapsulate	ure
	(/				N/A									Œ	
B-24, B-30, B-40), B-44			\boxtimes			Nailcret	е		2355 S	F		\boxtimes		
												\sqcup	밁		님
												井		님	H
				4								H	H	H	H
			님님	╣	H					-	-	片	H	Ħ	H
Name of Registere	d Waste Haul	er		N.II)FP \		Cubic Yards	Nam	e of Registere	ed Land	fill				
Name of Registere	u waste Haul	CI		1000		St. 100000	of Waste								
Bristol Environn	mental Inc			187	706		10 Cu yd		OWS Landfi	11					
City, State Bristol, PA							Disposal Date 4/30/14		State risville, PA						
Completed By (Prin	nt or Type)			Title	Tel		Signature) -			D	ate	-83		
Gino Pizzigo				1100000000	oject nage		Sin K	(S				4/	11/1	4	

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				- 7.				77	P		77	7.00	
Date of Notification (1)	44 /	4.4					Owner/Operator (2	2)	-			1	
/	11 /	14	70		Veri	zon							
Agencies Notified	Type Notific	cation			Street	Address		***************************************	AF	1.5	2014		1
☐ EPA					15 E	ast Mon	tgomery Place, I	Lower Level	A	-	2014		
□ DOLWD	☐ Amende	ed			City. St	tate, Zip C	Code						8.1
□ DHSS	Amendn	nent#_					PA 15212					1.	
☐ DCA	☐ Emerge		cluding						Telephone Numbe	r	-11-		
(NJAC 5:23-8)	justificat				PROPERTY.	of Contact			relebrichie william	s.	-		
	Cancella	ation			Anti	nony Po	rta				_		- 1
					FAC	ILITY IN	FORMATION	T (F 11) /					
Name of Facility Where A		Taking	Place	(3)				Type of Facility (
Verizon Vineland C	0	20.34 30.00 · · · ·						School (K-12)	(Other than K-12)				
Street Address								Other (i.e., pri	vate and commerci	al bui	ldings	\$,	
100 S. 6 th St.								homes, etc.)		1 -			
City (5)								Square Feet	# of Floors	Blo	g. Ag	е	
Vineland							V-AGAMATA - A						
County (6)			77.02.		Coun	ty Code (7)(STATE USE ONLY)	Current Use (Price	or if being demolish	ed)			
Cumberland								Office					
Name of Monitoring Firm	Hired by Bu	ilding (Owner (8)	ASCM I	No.	Name of Abateme	ent Contractor (9)					
USA Environmenta	l Managen	nent					BRISTOL EN	VIRONMENTAL	, INC.				
Street Address					S'		Street Address						
8436 Enterprise Av	P						1123 BEAVE	R STREET					
·							City, State, Zip Co						
City, State, Zip Code	14.52												
Philadelphia, PA 19				T			BRISTOL, PA	19007	I times No				
Project Manager for Mon	itoring Firm				ephone I		Telephone No.		License No.				
Mark Jenkins				1000	15-365		215-788-6040		00509				
Start Date (10)		Sched	luled C	ompl	etion Dat	te (11)	Name of OSHA M	1onitor					
4 / 21 /	14	_	4 /	_2	2 / _	14	BRISTOL EN	VIRONMENTAL	_, INC.				
Occupancy Status During	Abatement	(Chec	k only o	one)			Street Address						\neg
☐ Facility Closed/Vacate					ement		1123 BEAVE	R STREET					
						cribe	City, State, Zip Co					-	
Time of Abatement:							BRISTOL, PA						
					- 1		BRISTOL, FA	(13007					
Scope of Work (Check al	Il that apply)						☐ Full Con	tainment with Neg	ative Pressure				
			⊠ Re	nova	tion		☑ Mini-End						
☐ ≥160 sf or ≥260 lf			☐ De	molit	ion			g Procedure	F: 11 B				
							∐ Non-Exe	empted (*) and Nor	n-Friable Procedure	1			_
			100	Loca Norm			5			Ab	ateme	ent ly	/pe
Location	N.592				lely by	Ache	Description of estos Containing Ma		Amount	Re	Re	E	En
Asbestos-Containing TO BE ABA		, IVI)	Ma	inten	ance/		e., thermal systems		(Specify	Remova	Repair	cap	Enclosure
IN Facil			Cus		Staff?		surfacing, VAT		SF or LF)	la l	1 46° 0	Encapsulate	ure l
(13)			Yes	(12 No		1	other miscellane	eous)				ate	
			10540000		- IN/A				40.15				
Basement Diesel Ro	om					Pipe In	sulation		12 LF	\boxtimes	Ш		Ш
										\boxtimes			
			П	П									
	-						4000		37	П	П	П	
Name of Registered Was	ete Hauler		Ш		NJDEP \	Naste	Cubic Yards of	Name of Regis	tered Landfill			-	-
		ID IN	_	- 13	Hauler II		Waste	MINERVA					
SERVICE TRANSP	UKI GKUL	JP, IN	U.		20990		3		E-114D1 IEE				
City, State							Disposal Date	City, State					
NEW CASTLE, DE	19720						4/22/14	WAYNESB	URG, OH 44688				
Completed By (Print or T	ype)	Titl	e	-	4.50		Signature		Dat	е			
Brian Scafiro			stima	tor			Drian	Cal Car	y 4	/11/	18		
Ditail Coulifo							Duce-	or pro-	V 1/	-//	/		

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

B & G proj. #:	2014-55			(Pursua	int t	o NJAC 8:	60-7 a	and 12:120-7)		Check #	6474	1 5			
Date of Notification	(1)	111	Name of B	uildina Ow	ner/(Operator (2)				2-54					
0 4 / 1 1	1/114			d C Jacol						APR 1	5 20	14	10		
Agencies Notified	Type Notification	on 3	Street Add	ress									ř.	the state of the s	
☐ EPA	Initial		12 Dav	vson Ter	race	• ————								1	
☐ DEP DOL	Amendm			, Zip Code ston, NJ		39			i		-1.	***		لــــــــــــــــــــــــــــــــــــــ	
☑ DOH		I	lame of C	ontact						Telephone	Number				
☐ DCA	Cancella	tion	Berna	rd C Jac	obs	, III							_		
				FA	CILI	TY INFORMA	TION								
Name of facility wh	nere abatement is	taking p	ace (3)		1100				Ту	pe of Facility (4	(K - 12)				
Bernard C Jac	cobs, III									=	pter 8 (O	ther th	an K.	12)	
Street Address					-	-6807			1		Private/Co			/	
12 Dawson T	errace								1		lomes, e		DIA	g. Ag	
	CITACC	T .						1 0 1 7	S	quare Feet #	f of Floor	s	Diu	g. Ag	Е
City (5) Livingston, N	J 07039	Cot	inty (6) Essex	4 4				ty Code (7) e use only)	1 2	urrent Use (Pri esidential	or if bein	g dem	olishe	d)	
Name of Monitorin	a Firm Hired by E	Bldg. Owr	ner (8)		T	ASCM No.	\neg	Name of Abateme	1 22						
Marile of Memorine	N/A	9	e 1/					B & G Restora	tion, I	nc.					
Street Address				-			ᅱᅡ	Street Address							1,100
								105 Ryerson R	AND DESCRIPTION OF THE PERSON NAMED IN	- 14				-	
City, State, Zip Coo	le				1000		-	City, State, Zip Coo	de						
***************************************							_	Lincoln Park,		035	License	Munch	or		
Project Manager fo	r Monitoring Firm			Phone Nun	nber			973-696-6869			0378	Numb	ei		
							_	Name of OSHA M				-			
Scheduled Start Da	ate (10)			etion Date	(11)			B & G Restora	ation, l	Inc.					
04/24/2014			4/24/201	4				Street Address					-		
Occupancy Status								105 Ryerson I					_		
Facility close Abatement p Describe:	d/vacated during erformed outside	of norma	riod of aba	atement. ours-			_	City, State, Zip Co							¥3)
Other-Descri	ibe:						- [Lincoln Park,	NJ 07	035		_	_	_	
Scope of Work (cl	heck all that apply	()								_ [wrap		100	-	
Demolition		Renovat	ion					ull Containment w/	negativ	e pressure [Glove	٠,			
≥3 sf or ≥3 lf	f 🗆		or ≥260 If				Пν	lini-enclosure			Non-f	riable	-	_	т
Location of		Is locati	on normal	ly used sol	lely			7.572		Amount		e	R e	E n	E
asbestos-co material to b		staff(12			_	Description material (sbestos-containing		(Specify S	F or	m o	p a	c a	C
abated in fac		Yes	No	N/A		materiary	, (0,11)		0	LF)		v	Ĭ	p	L
700			1		-	duct insula	tion			7 sf		e		П	tr
garage		-	#-	X	4	Juct Ilisula	LIOIT			7 31		情		靣	盲
			#=	-	4										
		-	-	+	4		-								
1	(†		#=		=		-								
Registered Waste	Hauler	NJ	DEP Haul	er ID#	Çu	bic Yards of \	Vaste	Name of Registe	red Lar	ndfill					
B & G Restorat	ion, Inc.		9563		_	11		Tullytown Re	source	& Recovery	Center		-	-	
City, State	VI 07025			Disposa 05		ite 5/2014		City, State Tullytown, P.	A	.74					- 30
Lincoln Park, 1 Completed by (Pri		Title			T	Signature					Date	national r			
Gordana Luna	01 1390/	100000000	ary/Treas	urer				Gordana Lun	a		04/1	1/201	4		

Ohoov# 05	31.02	r	MOTH				ESTOS ABAT 8:60 and 5:16						
Chull X	MAN			100		(D. 11-11	010	1)		" r m	3		\vdash
Date of Notification (1)	11 /	14					Owner/Operator (2 opping Center A					!	
					Street A	ddrocc					1	- , ,	\vdash
Agencies Notified EPA	Type Notif	ication					eet Ste 130	2	APR 15	2014			
☑ DOLWD	☐ Amend	ed		-									\vdash
☑ DHSS	Amend					ate, Zip Co				7.			
□ DCA	☐ Emerg		luding			Lee NJ 0	07024	· — —	Telephone Nu	and ha	•		
(NJAC 5:23-8)	justifica Cancel					of Contact		¥ I	I EIEDDONE KILI	mner	32		-
							ORMATION		-	£., "		100	
	1 b - 4 4 !	- Takina	Diese	(2)	FAC	ILIT IN	OKIVIATION	Type of Facility (4	1)				
Name of Facility Where A		staking	riace	(3)				☐ School (K-12)					
252 Livingston Stre	eet					×		Subchapter 8	(Other than K-	12)			
Street Address	- 0-4							Other (i.e., pri	vate and comm	nercial bui	ldings	3,	
252 Livingston Stre	eet							homes, etc.)	# of Floors	Blo	ig. Ag	0	_
City (5)								Square Feet 15,380	1		19. 79 56	C	
Northvale					10	- Code (7)	CTATE USE ONLY	Current Use (Price					_
County (6)					Count	y Code (r)	(STATE USE ONLY)	Commercial		olisi (cu)			
Bergen Name of Monitoring Firm	Uirod by B	uilding O	wmor /	8)	ASCM N	do T	Name of Abateme					A-24-11	-
Health & Safety Se			wilei ("	0011		Superior Aba						
Street Address							Street Address						
318 12th Street							2 Henderson	Drive					
City, State, Zip Code							City, State, Zip C	ode					
Hammonton NJ 08	037						West Caldwe	II, NJ 07006					
Project Manager for Mon			1	Tele	phone N	No.	Telephone No.		License No.				
Jim Proctor				(6	09) 704	4-8850	(973) 808-161	16	00411				
Start Date (10)		Sched	uled C	omple	tion Dat	e (11)	Name of OSHA N	Monitor					
04 / 21 /	14	0	4 /	22	/ _	14	Superior Aba	atement Inc					
Occupancy Status During							Street Address						
☐ Facility Closed/Vacate					ment		2 Henderson	Drive					
☐ Abatement Performed						cribe	City, State, Zip C	ode		11 3 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Time of Abatement: _	AM	PI	W	_PM-	/	AM	West Caldwe						
Scope of Work (Check a	Il that apply	')	-										
	5050.5	300	П п-				⊠ Full Con ☐ Mini-End	tainment with Neg	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			☐ Re				☐ Gloveba	a Procedure					
							☑ Non-Exe	empted (*) and No	n-Friable Proce				
				Local Norma						Ab	ateme	ent T	_
Location	7.3.57.63	CNA			ely by	Acha	Description stos Containing Ma		Amount	Re	Repair	E	Enclosure
Asbestos-Containing TO BE AB	TO DESCRIPTION OF THE PERSON O	(CIVI)	Ma	intena	ince/		., thermal systems		(Specify	Removal	pair	cap	clos
IN Facil			Cus	todial (12)	Staff?	880	surfacing, VAT other miscelland		SF or LF)	a		Encapsulate	ure
(13)			Yes	No	N/A		other miscellane	eous)				te	1
Roof				П		Roof FI	ashing		175 LF	\boxtimes			
Exterior Windows				Ī		Windov	v Caulk		3 EA				
LACETOT WITHOWS			H							П	П	П	П
				-		-							
				Щ.		<u> </u>	O. bla Wanda of	Name of Regis	torod Landfill				ш
Name of Registered Wa				0.00	NJDEP \ Hauler II		Cubic Yards of Waste	Minerva La					
Service Transport	Group, In		-1500		SW21	17	5 Disposal Date	City, State					
City, State							Disposal Date	Waynesbu	rah. OH				
New Castle, DE		-					100000000000000000000000000000000000000		11	Date			
Completed By (Print or	ype)	Title					Signature	////		1	-11	1_1	U
Nick Petrovski			resid	ent			1////		mi	/-	//	-/	_
ASB-41 MAY 11			Do no	t use t	his form	for asbes	tos licensure exen	pted activities.					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Charl # 23	093			(Pu	rsuan	t to NJA	C 8:60 and 5:16	6)	<u> </u>	·* F	7 [7 -	7
Date of Notification (1)	<i>A.</i> (1)				Name	of Building	Owner/Operator (2	2)					
/	11 /	14	4		Epis	scopal D	ocese of Newar	k			- ,		; 1
Agencies Notified	Type Notif	fication			Street	Address		3 -	AFR I) ZU	14		
☐ EPA		- 28			31 M	Mulberry	St.						4
☑ DOLWD	☐ Amend				City, S	tate, Zip C	ode					a ·	1
☑ DHSS	Amend		V7.		Nev	vark, NJ	07102		41 - 1 e.c.		25-	*	100
☐ DCA (NJAC 5:23-8)	justifica		ricidaling		Name	of Contact			Telephone Numb	er		7	
(☐ Cancel				Rev	. Mellisa	Hall					92	
					FAC	CILITY IN	FORMATION					_	*******
Name of Facility Where A	batement is	s Takir	ng Place	(3)				Type of Facility (4	·)				
St. James Church								School (K-12)					
Street Address								☐ Subchapter 8 ☐ Other (i.e., pri	(Other than K-12)	rial hu	ildina	e	
581 Valley Road								homes, etc.)	vate and commen	Jai bu	liuling	٥,	
City (5)								Square Feet	# of Floors	Blo	dg. Ag	je	
Upper Montclair								7,852	3	1	106		
County (6)					Coun	ty Code (7	(STATE USE ONLY)	Current Use (Price	r if being demolis	hed)		70.	
Essex								Church					
Name of Monitoring Firm	Hired by B	uilding	Owner (8)	ASCM	No.	Name of Abateme						
Health and Safety					0011	7	Superior Aba	atement Inc					
Street Address							Street Address						
318 12th Street							2 Henderson	Drive					
City, State, Zip Code							City, State, Zip Co	ode					
Hammonton NJ 080	37						West Caldwe	ell, NJ 07006					
Project Manager for Moni	toring Firm			Tele	phone	No.	Telephone No.		License No.			- 11110	
Jim Proctor				(6	09) 70	4-8850	(973) 808-161	16	00411				
Start Date (10)		Sche	eduled C	omple	tion Da	te (11)	Name of OSHA M	Monitor					
4/ / _22_ /	14	_	4 /	_ 29	_ / _	14	Superior Aba	atement Inc					
Occupancy Status During	Abatemen	t (Che	ck only c	ne)			Street Address						
□ Facility Closed/Vacate	ed During E	ntire P	eriod of	Abate	ment		2 Henderson	Drive					
☐ Abatement Performed						cribe	City, State, Zip Co	ode					
Time of Abatement: _	AM	PM/	PM-		_AM		West Caldwe	II, NJ 07006					
Scope of Work (Check all	that apply))							. 5				
≥3 sf or ≥3 lf			⊠ Re	novati	on		☐ Full Con	tainment with Nega	itive Pressure				
≥160 sf or ≥260 lf				molitic			☐ Gloveba	g Procedure					
1947								empted (*) and Non	-Friable Procedur	-			
			0509	Locat Norma						Ab	atem	ent T	
Location Asbestos-Containing	77.77	CM)		d Sole		Ashe	Description of stos Containing Ma		Amount	Re	Re	En	Enclosure
TO BE ABA		OIVI)		intena			., thermal systems		(Specify	Removal	Repair	Encapsulate	clos
IN Facili	ty		Cus	todial ((12)	stan?		surfacing, VAT		SF or LF)	la la		sula	ure
(13)			Yes	No	N/A	1	other miscellane	eous)				te	
Classrooms and Hall	wavs			×	\Box	Floor T	iles/Mastic		2850 SF		П	П	
Olabor Comb and Train	,0	- 2000	+=-		=	1.00.				1000		\exists	
			ᆜᆜ								ш	ш	1
Name of Registered Was	te Hauler				JDEP \		Cubic Yards of	Name of Regist	ered Landfill			A MILLA	
Service Transport (Group, Inc	;		H	auler II SW21		Waste 20	Minerva La	ndfill				
City, State					J447		Disposal Date	City, State					_
New Castle, DE							4/29/14	Waynesbur	gh, OH				
Completed By (Print or Ty	vpe)	Tit	tle				Signature	- / /	Da Da	te			-
Nick Petrovski	(F 7)		Preside	ent				Mallet		1-1	1/-	12	1

ASB-41 MAY 11

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

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

		(PURSUAN	T TO NJAC	8:60-7 AND 12:120-7	1 1000					
ate of Notification (1)				ilding Owner / Oper	ator (2)					_
04 / 01 / 14			First Energy Street Addr	The second secon				1.0	! !	
nencies Notified Type of Notif	ication		76 South St		A	PR 1	5 20	14	·;	-
	itial		City, State,							
DEP A	mended		Akron, Ohio		IT.	elenhon	o Nium	her		1
	mendment #	1	Name of Co Jim Halsey		-				337	١
	mergency w/ ju	ustification	Jilli Haisey		1				_	_
	allocitation	F	ACILITY INF	ORMATION						
				: !!:h. /4\						
ame of Facility Where Abatemer	nt is Taking Pla	ace (3)		Type of Facility (4)		ý,			4	
				School (K	(-12)					
treet Address				☐ Subchapt	er 8 (Other th	an K-12	2)			
21 MAIN STREET				Other (l.e. bldgs, b)	., private & co omes, etc.)	ommerc	ıaı			
		- t. C-da	(7)	Square Feet	# Of Floors		Build	ing Ag	je	
City (5) County (6) SAYREVILLE Middlesex	1	County Code	, ,							
SAYREVILLE Middlesex				Current Use (Prior in	being demo	lished)				
				Telephone Pole						
Name of Monitoring Firm Hired b	y Bldg. Owner	. (8)	ASCM NO							
				LVI Demolition Service	ces Inc.					
Environmental Health Investigation	8			Street Address				35//	-30	
Street Address 555 West Shore Trail		//								
City, State, Zip Code				32 Williams Parkway			_			
Sparta, NJ 07871		- · · · · · · · · · · · · · · · · · · ·	bas	City, State, Zip Cod	e					
Project Mngr. For Monitoring Fir		Telephone N 212-682-9271		East Hanover, NJ 07	036					
Dino Nappi Sheduled Start Date (10)	Sched. Comple			Telephone Number		License	Numb	er		
04_ //16 /14	04 /	17	14_					0086	50	
//	/	/		973-884-8682 Name of OSHA Mor	nitor			0000		
Occupancy Status During Abate	ment (Check C	Only 1)		I VI Demolition Servi						
Facility Closed/Vacate	ed During Enu	re remod or		Street Address						
Abatement Abatement Performed	Outside of No	ormal Facility	/							
Hours - Describe:	Friday 8:00 am	1 to 5;00 pm		32 Williams Parkway	10					
Other - Describe:				City, State, Zip Coo East Hanover, NJ 07	7036					
	V1v/\			Lastrianoven						
Scope of Work (Check All That A	Apply)			DELK 88.04 NeVVV 1000		n				
☐ Demolition	V	Renovation		Full Containment v	vith Negative	Pressui	re			
			H	Mini - Enclosure Glovebag Procedu	re					
≥160 sf or ≥260 lf				Non-Exempted (*)	and Non-Fria	ble Proc	edure			
						Abatem	ont Ty	ne		
Location of	ls		Descrip Asbestos - 0	tion of		R	I		Ē	E
Asbestos Containing	Location		Material	(ACM)	Amount	E	R		N	N
TO DE ABATED	Normally Used		(l.e., therma	al systems	(Specify	M	E	- 1	C	C
TO BE ABATED in Facility	Solely	in	sulation, su	rfacing, VAT,	SF or LF)	O V	P		A P	L
(13)	by Main-		or other mis	cellaneous)		A	1î		S	s
(/	tenance/					1 2	R	- 1	Ū	U
		1				-			L	R
	Custodial	1								
	Staff (12)								-	
Futuriar Tolophono Dolo	Staff (12) YES NO N/A	Transite Cor	nduit		20 LF	Q	\pm			
Exterior Telephone Pole	Staff (12)	Transite Cor	nduit		20 LF					
Exterior Telephone Pole	Staff (12) YES NO N/A	Transite Cor	nduit		20 LF					
	Staff (12) YES NO N/A	Transite Cor		Name of Posictor						
Name of Registered Waste Hau	Staff (12) YES NO N/A	Transite Cor	ste Cubic	Name of Register						
	Staff (12) YES NO N/A	NJDEP Was	ste Cubic	I.E.S.I.						
Name of Registered Waste Hau NEWARK CARTING	Staff (12) YES NO N/A	NJDEP Was	ste Cubic	I.E.S.I.	ed Landfill					
Name of Registered Waste Hau NEWARK CARTING City, State	Staff (12) YES NO N/A	NJDEP Was	ste Cubic lo. Yards 509 of Waste	I.E.S.I.	ed Landfill					
Name of Registered Waste Hau NEWARK CARTING City, State NEWARK, NJ	Staff (12) YES NO N/A	NJDEP Was Hauler ID N	ste Cubic lo. Yards 509 of Waste Disposa	I.E.S.I. City. State BETHLEHEM, PA	ed Landfill				Date	
Name of Registered Waste Hau NEWARK CARTING City, State	Staff (12) YES NO N/A	NJDEP Was	ste Cubic lo. Yards 509 of Waste Disposa	I.E.S.I. I City. State BETHLEHEM, PA	ed Landfill 18105		Aa-			
Name of Registered Waste Hau NEWARK CARTING City, State NEWARK, NJ	Staff (12) YES NO N/A	NJDEP Was Hauler ID N	ste Cubic Yards 509 of Waste Disposa Date	I.E.S.I. I City. State BETHLEHEM, PA	ed Landfill		lez			04/14/14

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

					S NOTIFICATI PURSUAN)		BESTOS A	BATEMEN		huk	4	196	2_
Date of Notification (1) / 14						uilding Ow					7 7	『回
//	/		-			Street Add							
Agencies Notified	Type of No					76 South S	treet , Zip Code			ADE			- 11
☐ EPA DEP		nitia Amer	ı nded			Akron, Ohi			į	APF	1 5	2014	
☑ DOH			ndment			Name of C			. :1	I · · · —	-	-0	
☑ DOL					tification	Jim Halse	у		7				
		Janc	ellation		F	ACILITY IN	FORMATIO	N	لــــــــــــــــــــــــــــــــــــــ			31 .	-
Name of Facility Who	aro Abatomo	nt ie	Taking	Dlac	1 2 235		Type of Fa				-		
Name of Facility Will	ere Abatemi	1111 13	raking	1 lac	e (5)								
								School (K	-12) er 8 (Other 1	than K-12\			
Street Address 50 KNOLLWOOD DR	IVE								, private & o				
City (5)	County (6)	_		Co	unty Code	(7)	Square Fe		# Of Floors	5 E	Building	Age	
TINTON FALLS	MONMOUT	Ή					Current Us	e (Prior if	being demo	olished)			
	<u> </u>	_					Telephone		being dein	onsticu)			
Name of Monitoring	Firm Hired	oy BI	dg. Ow	ner (8	3)	ASCM NO							
Bec. 1901 49 04144 644							IV (I Dame)	Man Canda	aa Ino				
Environmental Health Street Address	Investigation	ıs		_			Street Add	ition Service	es inc.				
655 West Shore Trail							Oli cot Add						
City, State, Zip Code							32 Williams						
Sparta, NJ 07871							City, State	, Zip Code					
Project Mngr. For Mo	onitoring Fi	m			lephone Nu 2-682-9271	mber	Fast Hano	ver, NJ 070	36				
Dino Nappi Sheduled Start Date	(10)	Sche	d. Com		tion Date (1	11)	Telephone			License N	umber		
04 //25	/14	_	04	/_	26/	14_							
//			/		/			4-8682 SHA Moni	107		0	0860	
Occupancy Status D	uring Abate losed/Vacat	men	t (Checi	k Only	y 1) Period of			ition Service					
Abatemer			ug		ciioa oi		Street Add						
	nt Performe												
	escribe:						32 Williams	s Parkway e, Zip Code				-1	
Other - De	escribe:	-	- 3/1190					e, Zip Code ver. NJ 070					
Scope of Work (Che	ck All That	Apply	y)	-									
D	_			Po.	novation		Full Conta	inment wit	th Negative	Pressure			
☐ Demolitio			V	Re	novation		Mini - Enc	losure	iii ivogativo	11000010			
☐ ≥160 sf or								Procedure					
1 1						V	Non-Exem	ipted (*) an	nd Non-Fria	ble Proced	ure		
Location o	f 1	_	ls			Descript	ion of			Abatemen	t Type		
Asbestos Cont	200	Lo	cation		As	sbestos - C				R	1	E	E
			ormally			Material			Amount	10 1000	R E	N C	N C
TO BE ABAT			Used Solely			e., therma	i systems facing, VAT	г	(Specify SF or LF)	M	P	A	L
in Facility (13)	=		Main-				ellaneous)		0. 0. 2. /	v	A	P	0
(13)			nance/	1	-		,			A	I	S	s
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			aff (12)						-			+	- K
Exterior Telephone P	ole	TES	NO N/		ansite Condi	uit			20 LF	V			+
Exterior releptione P		H	HH	1									
				1									
				4	DED W	Touris	Norma - 6 F	Dominto	Landfill				
Name of Registered NEWARK CARTING	Waste Haul	er			DEP Waste uler ID No.		I.E.S.I.	Registered	Lanuilli				
City, State					4503		City. State)			T		
NEWARK, NJ						Date		EM, PA 18	105				
Completed by (Print	or Type)			Tit	le			Signature				Date	
Steven Stiles				Pro	oject Manag	er		Ste	TE	السعن		0	4/14/14
2101011 011100	intrace and west to	-	-		,				-				

ACR_A1

Ohory #008885) NO			OF ASBE NJAC 8											
Date of Notification (1) 4/14/14		Name of Building Owner/Operator (2) PSE&G													
Agencies Notified Type Notificatio	Street Address 440 Eagle Rock Rd										7.				
EPA Initial DEP Amended Amendme	nt #		City, State, Zip Code Roseland, NJ 07068						APR	1 5	2014	74.6			
DOH justification	justification)				Name of Contact Dawn Neville				1			-			
DCA Cancellation		FACILITY INFORMATION													
Name of Facility Where Abatement is Take PSE&G Laurel Ave Substation		PACIENT IN CHIMATION				Type of Facility (4) School (K-12)					10 10				
Street Address 102 Laurel Ave						Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, horetc.)						home	s,		
City (5) Livingston, NJ 07039									Floors		Bidg. Age 48				
County (6) Essex County	C (S	County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Electrical Control House									
Name of Monitoring Firm Hired by Buildin N/A		ASCM	No.		Name of Abatement Contractor (9) WRS Environmental Services, Inc.										
Street Address N/A				Street Address 17 Old Dock Rd											
City, State, Zip Code N/A					City, S Yaph										
Project Manager for Monitoring Firm N/A		Telephone No. N/A			Telephone No. License No. (631) 924-8111 33039										
Start Date (10) 4/15/14	Scheduled 4/16/14	d Comp	ompletion Date (11)			Name of OSHA Monitor Michael J. DiMaria									
Occupancy Status During Abatement (Ch	:)					eet Address Washington Ave									
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:	oateme Hours	ement City				City, State, Zip Code Holtsville, NY 11742									
Scope of Work (Check All That Apply)											5000				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	enovati emolitio					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
	-					i NO	II-Exemple	() and	2 14011-1 116	Abatement					
P 100 Mar 100 M	DV48204	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A			Descriptio Asbestos Containing (i.e. thermal system surfacing, V. other miscella			ng Material (ACM) ems insulation, VAT, or		Amount (Specify SF or LF)		Туре			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair Custo											Repair	Encapsulate	Enclosure	
Exterior Sail/Ground	100		X		Tran	nsite F	Pine		20) LFT	X				
Exterior Soil/Ground		-			1701	iono i	.,,,								
Name of Registered Waste Hauler			NJDEP Waste C			Cubic Yards		Name of Registered Landi							
Veolia ES Technical Solutions	Ha	Hauler ID No. 20071			of Waste 1 YD		Wayne Disposal, Inc.								
City, State 1 Eden Lane, Flanders, NJ 07836					4/16/	5000		City, State Belleville, MI 48111							
Completed by Michael J. DiMaria	Title WRS	Title WRS Site Supervisor Signature Michael Date 4/14/14													