NOTIFICATION OF ASBESTOS ABATEMENT DOL-CK# 07976

Date of Notification (1)

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	oțification (uilding Ow		ator (2)	104	. 1			1	7		
04	/25	/14			1		nal Paper C	ompany							1777	1	
/						Street Add											
Agencies	Notified	Type of No	tifica	ition		6400 Popla	ar Avenue										
	EPA	V	Initia	ı		Statement of the statem	, Zip Code				APR	2 (3 20	* *		. '	
			Amei	nded		Memphis,	TN 38197		2		CM 13	4. 5	1 70	14			
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	DOL		Emer	rgency w	/ justification	Brian E. Jo	ones								34	ą.	
			Cano	ellation						- 10					1	į	
			and the second		F/	ACILITY IN	FORMATIO	N					90			- 1	
Name of	Facility Whe	ere Abateme	ent is	Taking F	Place (3)		Type of Fa	cility (4)							0.000		
					V-7		· ·										
								School (K	-12)								
Street Ad	dress							Subchapte	er 8 (Other	than K-1	2)						
		d							, private &								
								bldgs., ho									
City (5)		County (6)			County Code (7)	Square Fe	OCCUPANTO DE LA COMPANION DE L	# Of Floor	s	Bui	ilding	Age				
Milford					loounty occur	,	10		1				_	+			
		i idiiloi doi:	•				Current Us	e (Prior if	being dem	olished)	1						
							Utility shed										
Name of	Manitarina	Cirm Hisad	by Di	de Own	or /9\	ASCM NO	Name of A		Contractor	(9)							
		rirm nirea	Dy Di	lag. Own	er (o)	ASCIAL IAC	Name of A	Datement	Contractor	(3)							
Arcadis (J. 5, INC						I VI Enviro	nmental C	ervices Inc								
							Street Add		er vices inc						_		
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35.00	U.S.O. 11.7-11						32 William				_						
							City, State	, Zip Code									
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/	South River Road y, State, Zip Code anbury, NJ 08512 Dject Mngr. For Monitoring Firm nnerifer Kriczky eduled Start Date (10) 05						973-88	4-8682				00	117				
Occupan	05 / 12 / 14 05 16 ccupancy Status During Abatement (Check Only 1) Facility Closed/Vacated During Entire Period						Name of OSHA Monitor										
	Occupancy Status During Abatement (Check Only 1)						LVI Enviro	nmental S	ervices								
	Abatemen	nt					Street Add	lress									
П	Abatemen	t Performe	d Out	tside of N	lormal Facility												
	Hours - D	escribe:					32 William	s Parkway									
V	Other - De	scribe:	MON	I-FRI.	-50		City, State	, Zip Code									
					PM		East Hano										
Scope of	Work (Che	ck All That	Annly	v)									DOM: NOT THE OWNER.	- Walter			
Coope o.	TTOTAL (OILO	on rui riidi	, deb.	,,													
	Demolitio	n			Renovation		Full Conta	inment wi	th Negative	Pressur	e e						
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							Glovebag										
	_100 0. 0.					D			d Non-Fria	ble Proc	edur	е					
	Location o	f		ls	1	Descript	ion of		T	Abateme	ent T	ype					
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			ler		NJDEP Waste		Name of R		Landfill								
		roup			Hauler ID No.	Yards	Minerva L	andfill									
58 Pyles	Lane				SW2117	of Waste											
City, Stat	te					Disposal	City. State										
New Cas	tle, DE.					Date	8955 Mine										
	80				200	05/17/14	Waynesbu	ırg, OH. 44	688			_					
Complete	ed by (Print	or Type)			Title			Signature		Service and	/		Date	į.			
					Project Manag	ger			3 _								
	ame of Monitoring Firm Hired by Bldg. Owner (8) readis U. S, Inc treet Address South River Road ity, State, Zip Code ranbury, NJ 08512 roject Mngr. For Monitoring Firm											04/25/14					

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

1000 V # 201	DЦ			(Purs	suant 1	to NJAC	8:60 and 5:16)			" -	-	7 17	7.1	
Date of Notification (1)	× ¬			1	lame of	Building C	Owner/Operator (2)					17	1	
4 / 2	3 /	14			Clost	er Marke	tplace (EBA), L	LC c/o EDENS	3						
Agencies Notified Ty	ype Notific	ation			Street A	ddress			ÁP	H 2	9	201.	1	\neg	
	Initial				1221	Main St.,	Suite 1000	*		*		A1/14	-		
☑ DOLWD □] Amende			(te, Zip Coo				-					
☑ DHSS	Amendm					nbia, SC		2					-		
DCA (NJAC 5:23-8)	Emerger justificati		uaing	П	Vame of	Contact			Talanhana Niji	mber			SHECTION	-	
	Cancella				Sam	Palmer		•	a						
				-	FACI	LITY INF	ORMATION		-						
Name of Facility Where Aba	tement is	Taking F	Place (3)				Type of Facility (4)						
Closter Shopping Cer		J						School (K-12)							
Street Address					-			☐ Subchapter 8☑ Other (i.e., pr	Other than K-	12) oercial b	uilc	inas			
71 Vervalen St.								homes, etc.)	ivate and contin	ioroiai b	unc	ii igo			
City (5)		Allis all all			-			Square Feet	# of Floors	В	Ildg	. Age			
Closter, NJ 07624								220,000	1		52	:		-	
County (6)					County	y Code (7)(STATE USE ONLY)	olished)							
Bergen								il Stores							
Name of Monitoring Firm H	ired by Bui	ilding Ov	wner (8	() A	SCM N	lo.	Name of Abateme								
	ir Quality Services, LLC						Alliance Environmental Systems								
Street Address	t Address						Street Address								
700 Turner Way															
City, State, Zip Code										100		- 1			
Aston, PA 19014							West Cheste	ter, PA 19382							
Project Manager for Monito	ring Firm			Tele	ohone N	lo.	Telephone No.								
Don Heim				61	0-558-	8902	610-701-9000)	00508						
Start Date (10)		Schedu	uled Co	mplet	ion Date										
5/_7_/_	15	6	/	_ 20	_ / _	14	AET								
Occupancy Status During /	Abatement	(Check	only o	ne)			Street Address								
□ Facility Closed/Vacated	During En	itire Per	iod of A	Abater	nent		28 N. Pennel	Road							
☐ Abatement Performed (Outside of	Normal	Facility	Hour		cribe	City, State, Zip C	ode							
Time of Abatement: 7A	.M	-IVI/ <u>3:30</u>	JPIVI		MA		Media, PA 19	9063							
Scope of Work (Check all t	that apply)							ntainment with Ne	native Pressure	4					
≥3 sf or ≥3 lf			⊠ Re	novati	on		☐ Mini-En	ganvorroodina							
≥160 sf or ≥260 lf			De De	molitic	on		☐ Gloveba	on-Friable Proce	adura						
							⊠ Non-Ex	Triable 1 100		Δhs	teme	nt Ty	/ne		
			-	Locat Iorma		29	Description	of			Т		W-9/ 85		
Location of Asbestos-Containing M		CM)	Use	d Sole	ely by		stos Containing M	aterial (ACM)	Amount	6	Removal	Repair	Encapsulate	Enclosure	
TO BE ABAT	<u>red</u>			intena	nce/ Staff?	(i.e.	., thermal systems surfacing, VA		(Specify SF or LF)		OVA	₩.	nsdi	osur	
IN Facility (13)	/.		000	(12)			other miscellan		0. 0. 0.				late	Œ.	
()			Yes	No	N/A			Y							
Bldg. 33					\boxtimes	VAT / M	lastic		950 SF	0	X				
Unit 61						VAT / M	lastic		2000 SF	: [$\boxtimes $				
Unit 65			П			VAT / N	lastic		1520 SF	: [X				
Unit 69				П		VAT / N	lastic		1500 SF	- 0	X				
Name of Registered Wast		<u> </u>	1	NJDEP V		Cubic Yards of	Name of Reg	istered Landfill							
N.E.T.S.					lauler II		Waste	Allied BFI	Imperial						
N.E. I.S. City, State					18947		90 Disposal Date	City, State				-			
City, State Hazelton, PA							TBD	Imperial,	PA				925		
						Signature	11/10		Date	1		1	U		
Completed By (Print or Type) Mark Griffin Title Estimator						Jigilature	1111		41	19	3	/10	4		
						/ ///		1//	_	7					
ASB-41 MAY 11	Do no	use t	his form	for asbes	tos licensure exer	npted activities.		/		1					

								- 1	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility	YES	NO	N/A	Decription of Asbestos-Containing Material (ACM)	Amount 2 g (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Bldg. 61 / 71			-	Roof Mastic	520 SF	X			
Unit 81			X	VAT / Mastic	100 SF	X			
Unit 97			X	VAT / Mastic	1000 SF	\boxtimes			
Unit 97			X	Leveler / Grout	200 SF	X			
Unit 100			X	Stucco Wall Finish	300 SF	X			
Unit 100			X	Leveler	1200 SF	X			
Bldg. 81 / 97			X	Roof Mastic / Sealant	1220 SF	X			
Unit 86			1.0	(A. C.	1600 SF	X			
Unit 90			X	VAT/ Mastic / Leveler	150 SF	X			
Unit 99			100	VAT/ Mastic	150 SF	X			
Unit 99			X		5 SF	X			
Unit 101			X	Caulk	5 SF	X			
Unit 103			X	VAT / Mastic	2000 SF	X			
Unit 103			X		5 SF	X			
Bldg. 86 / 103			X	Roofing / Sealant / Mastic	7130 SF	X			
			X			X			
			X			X			
0			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
:			X			X			
			X			X			
			X			X			
			X			X			
			X			X			

Page 2 - Notification - 1/4/13

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Cl.# 2607

Date of Notification	(1) 4/22/14						Owner / Operator of Education	(2)				W 17.00 - 10.			
Agencies Notified	Type Notifica	ntion			Addre		n Luucation					77 72		-	
☐ EPA	Type (voline		1/3			pect S	Street			APR	29	201	Ą		
DEP						Zip C						-			T
□ DOL	Amer	nded	100			J 086									-
□ DOH	☐ Emer	gency			of Co						Tele	nhon	a Nive	L	. 1
DCA		ellation	1	Vir. E	veret	t O. C	ollins		\$0.50 VIII						·
				FAG	CILIT	Y INFO	ORMATION					_			-
Name of Facility Wi		ent is Taking Pl	ace (3	3)			Type of Facilit								
Maintenance Bui	ilding			224			School (K								
Street Address								0.50	ther than K-1						
1490 Prospect St	treet						Other (i.e	e. privat	e & commerc	cial build	dings, l	home	s, etc.)	-
7 30 7							Square Feet	1	# of Floors		Bldg.	. Age			
City (5)		County (6)	Co	unty C	Code	(7)	3000		1			6	+06		
Trenton		Mercer					Current Use (I	Prior if	being demoli	shed)					
							Maintenanc	e Buil	ding				2 0 1 m 2 m 2 m 2 1 1 1 1		
Name of Monitoring	Firm Hired b	y Building Own	ner (8)		ASC	M No.	Name of Abat	tement	Contractor (9	9)					
Environmental C	onnection						Bristol Envi	ironme	ental, Inc.						
Street Address							Street Addres	ss							
120 North Warre							1123 Beave								
City, State & Zip Co							City, State & Z	100	le						
Trenton, NJ 0801							Bristol, PA								
Project Manager for		irm			Numl	per	Telephone Nu			Licens		ber			
Ryan Broadwate			609-				(215)788-604		•	00509					_
Scheduled Start Da 5/12/14		Scheduled Cor	npletic 5/14		te (11)	Name of OSH Bristol Envi								
Occupancy Status I		ment (Check or					Street Addres			-					\neg
		During Entire P			ateme	nt	1123 Beave	r Stree	et						
Abatement	Performed Or	utside of Norma	al Ho	urs –	7am t	o 3pm	City, State & 2	Zip Cod	le						
	4 PM to Mi	dnite				St. (2007)	Bristol, PA	19007							
	cupied During														
Scope of Work (Ch									70 - 70 - 70						
									Full Containn		h Nega	ative F	² ressu	re	
≥3 sf or ≥3	lf		\boxtimes	Ren	ovatio	on			Mini-Enclosu						
≥160 sf ≥26	60 If			Den	nolitio	n			Glove Bag Pr						
									Non-Exempte						_
	ocation of		0.06227	Locati			Description			Amoun (Specify		Abat	ement	Iy	ре
	tos-Containin terial (ACM)	9		nally l olely l			Asbestos-Cont Material (AC		9	SF or LF	<u>'</u>			п	
	BE ABATED				ce or		(i.e., thermal sy			51 OI LI	′	Re	20	n l	Enc
	n Facility				Staff?	i	nsulation, surfac		т		- 4	Remova	Repair	nsı	Enclsoure
	(13)			(12)			or other miscella	aneous)			a l	7	Encansulate	Тe
			Yes	No	N/A							_			
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15												니	니닏	111	
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Name of Registered	d Waste Haul	er		C 500000			Cubic Yards	Name	of Registere	d Landi	îll .				
				11,000,000		D No.	of Waste	CDO	MC Landfill						
Bristol Environn	nental, inc.			18	706		1 Cu yd		WS Landfil	ı					
City, State							Disposal Date	City, S							
Bristol, PA							5/14/14	IAIOLL	isville, PA		T _E	_t_			
Completed By (Prin				Tit			Signature	, ,	1	. ,		ate	A A		- 3
Gino Pizzigon	11			1	oject		Line Pr	22-	, and /	18	4	/22/	14		
				IMI	anag	er	John 1	1/3	17	-					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

0: 3	
(B #	2690

Date of Notification	* S. C.			Name of Building Owner / Operator (2) Trenton Board of Education											
							of Education		- 1.5	9무 2	9 7()	14		-	
	Type Notifica	tion		Street		iress spect S	troot		1					1	
	☑ Initial					& Zip C			-				~		
	Amen	ded				NJ 086									, 1
The state of the s	42.50	570505K	- 1			Contact	-				LT	-	- N	عطص	25
DCA			- 1			ett O. C	ollins								- 1
				FΔ	CILI	TY INF	ORMATION							-	\exists
Name of Facility WI	nere Abateme	nt is Takin	g Place (0121	1 1 1101	Type of Facilit	ty (4)							\neg
Trenton Central			9	-,			School (K		ON SUB-CH	APTER	8 8				
Street Address							Subchapt	ter 8 (C	ther than K-1	12)					
400 Chambers S	treet						Other (i.e	e. privat	e & commerc	cial buil	dings,	home	es, e	c.)	
							Square Feet		# of Floors		Bldg	g. Age	;		
City (5)		County (6)	Co	ounty (Code	(7)	70,000		3				60+		
Trenton		Mercer					Current Use (Prior if	being demoli	shed)					
CONTRACTOR CONTRACTOR							School								
Name of Monitoring	A/22/14 Incices Notified Type Notification EPA DEP Initial DOL Amended DOH Emergency DCA Cancellation The of Facility Where Abatement is Taking Initial Amended DOH Emergency Cancellation Initial Amended Cancellation Mercer County (6) Mercer Mercer Address North Warren Street State & Zip Code North Warren Street State & Zip Code North Warren Street State & Zip Code Initial Mercer County (6) Mercer Mercer State & Zip Code Initial Mercer Address County (6) Mercer Mercer Address Address State & Zip Code Address North Warren Street State & Zip Code Address Addre					SCM No.	요 그 이 이 사람들은 아이들이 되었습니다. 아이를 가는 것 같아요 없었			3)		7.63			
Environmental C	Al22/14 Dicies Notified Type Notification EPA DEP Initial Amended DOH Emergency Cancellation					15	Bristol Envi	ironm	ental, Inc.						
Street Address	A/22/14 Incies Notified EPA DEP Initial DOL Amended DOH Emergency DCA Cancellation To e of Facility Where Abatement is Taking Inton Central HS To et Address Chambers Street (5) Inton The of Monitoring Firm Hired by Building Office Address Chambers Street (5) Inton The of Monitoring Firm Hired by Building Office Address North Warren Street State & Zip Code Inton, NJ 08010 The ect Manager for Monitoring Firm Intick Dercole The eduled Start Date (10) The scheduled Composition of Scheduled Composition The performed Outside of Norn Describe: 4:00 PM to 1:30AM The performed Outside o						Street Addres								
The professional and the control of							1123 Beave								
							City, State & Z		de						
			- I				Bristol, PA			II :	- M	-1			_
		rm		phone -392-4			Telephone Nu (215)788-60			Licens 00509		ibei			
		المحاديات حاجا					Name of OSH		itor	0000					
		scneaulea		1011 Da 18/14	ite (i	1)	Bristol Envi								
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							1123 Beave	1950	et						
							City, State & 2	100000							
							Bristol, PA	19007							
Facility Occ	upied During	Abatemen	t												
Scope of Work (Ch	eck all that ap	ply)				1000				T					
									Full Containn Mini-Enclosu		th Neg	ative	Pres	sure	
			\boxtimes	93,74700	nova										
≥160 sf ≥26	60 If		Ш	Der	moliti	ion			Glove Bag Pr			ما ما ما ام	D==		
		X					D ! !'	K-3	Non-Exempte						
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		3	500000	Solely		4	Material (AC			SF or L				Щ	_ m
				ntenar			(i.e., thermal sy	ystems				Ren	Re	ıca	ncl
i			Cus	todial		?	insulation, surfac					Remova	Repair	Encapsulate	Enclsoure
*= 0	(13)		Van	(12) No	N//	^	or other miscella	aneous	5)			<u>n</u>		ate	Гe
			Yes	NO	IN//	1	Nail Cast	4.0		350 S			\boxtimes	П	
Community Roo	m		-H	+#	┼┾	-	Nail Cret	te		330 3		H	#	H	H
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			ㅡ⊣⊢	H	++	-		-				H	H	H	H
None of Desisters	d 10/2-4- 1 lave				IDE	2 Wasta	Cubic Yards	Name	of Registere	d Land	Ifill				
Name of Registered	o vvaste Hauli	er .		2000		ID No.	of Waste	Ivanic	or registere	u Land					
Bristol Environmental, Inc.					3706		3 Cu Yd	GRO	WS Landfil	1					
City, State							Disposal Date	City,							
Bristol, PA							5/8/14	Morr	isville, PA						
Completed By (Print or Type)					tle_		Signature	2	/5	1		Date			
Gino Pizzigor		Project Manager Sino Pigyigoni 1 4/22/						/14							

MI DOLL # MAZULAGIS

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

1111	40910				Name of Building	Ownerlo	nerator (2)	1 523	<u> </u>	723				
Date of Notification (1)					Name of Building	Owner/C	perator (2)	7	£3	尼	1-1	'		
)4/23/14					LG Electronics									
Agencies Notified	- T	Notification T	vpe		Street Address									
Agencies Notified	V ^a					en en		APR 2	0 9	111				
(X) EPA	- 1	(x) Initial Not	ification		920 Sylvan Aven			TA 11 2		151				
() DEP		() Amended		n	City, State, Zip C	ode								
(X) DOL		() Cancelle	1		Englewood Cliffs	. NJ 0763	32							
X) DOH () DCA					Name of Contac		1	T-1 **			9	23		
() DCA					Steven Yu		-4.			· -		77		
				FACILITY INF	ORMATION									
Name of Facility Where Ab	atement is Ta	king Place (3)		Type of Facility	4)								
					() School (K-12									
LG Electronics					() Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.									
Street Address					Activities in the									
444 Culum Avenue					Sq. Feet 410,00	0 # of F	loors2							
111 Sylvan Avenue City (5)	County (6)		County Co	de (7)	20 00 00 00 00 00 00 00 00 00 00 00 00 0									
OILY (O)	332111		(State Use		Bldg. Age <u>58</u> Current Use (pri	or if boing	demolished)	commercia	d/office					
Englewood Cliffs	Bergen				Current Use (pri	or it being	Name of Con	tractor (9)						
Name of Monitoring Firm F	lired by Bldg.	Owner (8)	ASCM No.											
						Compa	ny							
Omega Environmental Ser	vices, inc.				Street Address									
Street Address														
280 Huyler Street					2217 Spillman [-		
City, State, Zip Code					City State, Zip C	Code								
					Bethlehem Per	novlvania	18015					- 1		
South Hackensack, NJ 07	606		VI		Telephone Num		10013	License N	lumber					
Project Manager for Monit	oring Firm	Telephone	Number		Telephone Ivan	IDCI						1		
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Anton Rezin		201-400 01	-											
Scheduled Start Date (10)		Scheduled	Completion	Date (11)	Name of OSHA Monitor									
Ochedaled Otalt Pate (19)					Brandenburg Industrial Service Company									
05/07/14		08/15/14												
Occupancy Status During	Abatement (Check only of	<u>ne)</u>		Street Address									
() Facility Closed/Vacate () Abatement Performed	Outside of N	re Period of A	Hours -		2217 Spillman	Drive								
() Abatement Performed	Outside of 14	Office County	riouio		City, State, Zip	Code								
Describe														
(x) Other - Matl discover	ed during der	nolition of bui	lding			40045								
					Bethlehem, PA	18015								
Source of Work (Check a	Il that apply)													
(x) Demolition () Rer (x) Large Proj. (>160 SF	or >260 LF A	CM) () SM I	Proi. (>25<16	60 SF or >10 <2			Proj. (<25 SF o	r <10 LF A0	CM)					
() Full Containment with	Negative Pri	essure ()	Mini-Enclos	sure (x) G	lovebag Flocedu	re	, <u>, , , , , , , , , , , , , , , , , , ,</u>	15	A hotor	ent Type	2			
Location of Asbestos-	Is Loc	cation Norma	ly Used	Description of		Amount	(Specify SF or	LF) E	Abatem	ent Type	2			
Containing Material (ACN		by Maint./C	ustodial	thermal syste	ms insulation,									
Facility (13)	Staff?		NA	surfacing, VA miscell.)	i, or other			E	Rem.	Rep. E	ncap E	nclose		
E 1-7: 147. II	_ YES	NO	X	Mastic		4,000 L	F)	x					
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Brandenburg Industrial S	Serv Co	21838			1500 cy	-	Disp. Date	ILOI Dec		ity, State				
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Bethlehem, PA Completed by (Print or T	ivne)	Title			Signature			Date						
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Jennifer Strobel		Contract /	Administrato	Г	1 47	KT	-	04/23/14	+					
						7 -2								
									D110/E	000140	PECTO	10		

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) CK#24036 Name of Building Owner/Operator (2) 0 Current Demolition & Disposal Corp. (owners rep) 4/23/2014 Street Address Type Notification Agencies Notified 93 Route 539 Initial □ EPA City, State, Zip Code Amended Amendment #_ ☐ DEP Emergency (including Allentown, NJ 08501 DOL DOL Janhane Number Name of Contact justification) □ DOH ☐ Cancellation Matt Lucas DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) PRIVATE RESIDENCES ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings) 14 Norwal Lane # of Floors Bldg. Age Square Feet City (5) Willingboro County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) County BURLINGTON Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) CREAM RIDGE ENVIRONMENTAL INC. Street Address Street Address 15 BLACK FOREST ROAD City, State, Zip Code HAMILTON, NJ 08691 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00676 609-890-7110 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 4/25/2014 4/25/2014 Street Address Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement performed outside of working hours 5PM-2 AM ESSENTIAL PERSONNEL ONLY Trull Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclosure Renovation $\ge 3 \text{ sf or } \ge 3 \text{ lf}$ Glovebag Procedure Demolition ≥ 160 sf or ≥ 260 lf ■ Non-Exempted (*) & Non-Friable Procedure Abatement Type Is Location Description of Asbestos Containing Encapsulate Normally Used Location of Asbestos-Containing Amount (Specify SF or Removal Material (ACM) (i.e. thermal systems Repair Solely by Material (ACM) TO BE ABATED In LF) insulation, surfacing, VAT, or other Maintenance/Custo Facility (13) miscellaneous) dial Staff? (12) Yes No IN/A 1500 SF asbestos shingles exterior Name of Registered Landfill NJDEP Waste Cubic Yards of Name of Registered Waste Hauler Waste Hauler ID No. **GROWS** 30 yd 17304 Jack Robinson Waste Disposal Disposal Date City, State City, State 4/28/2014 Morrisville, Pa. Bellnawr, NJ Date Signature Title Completed By 4/23/2014 PRESIDENT DAVID D'ANDREA

ASB-41

* Do not use this form for asbestos licensure exempted activities

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

1 hor V # 15	182			(Pur	suant	to NJAC	C 8:60 and 5:16)		1	73					
Date of Notification (1)	100				Name o	of Building	Owner/Operator (2)			1. 1					
04 /	23 /	14	_		IDT							1				
Agencies Notified	Type Notif	ication		-	Street	Address			APR 2 9	2014						
□ EPA	Initial				520	Broad St	reet	4	Fit :1 & 3	EUIT						
□ DOLWD	☐ Amend			1	City, St	ate, Zip Co	ode						\exists			
⊠ DOH		ment #			New	ark, NJ 0	7102		Si .		**		1			
☐ DCA (NJAC 5:23-8)	☐ Emerge justifica		luaing	r	Name	of Contact			Telephone N -							
(140/10/3.20-0)	☐ Cancel				Jeff	Blank						e.				
					FAC	ILITY IN	FORMATION									
Name of Facility Where A	Abatement is	s Taking	Place	(3)				Type of Facility (4)							
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Street Address					8				(Other than K-12) vate and commer		lding					
520 Broad Street								homes, etc.)	vate and comme	Ciai bui	iding.	٠,				
City (5)				77		- 70		Square Feet	# of Floors	Bld	g. Ag	e				
Newark																
County (6)					Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Pric	or if being demolis	shed)						
Essex																
Name of Monitoring Firm	Hired by B	uilding O	wner (8	3)	ASCM I	No.	Name of Abatement Contractor (9)									
Bio Terra Solutions			31				ALL PRO MA	NAGEMENT LI	_C							
Street Address		-					Street Address	700 See 1								
P.O. Box 1224							27 Outwater	Lane								
City, State, Zip Code			-				City, State, Zip Co	ode								
Union, NJ							Garfield, NJ	07026								
Project Manager for Mon	itoring Firm			Tele	phone I	No.	Telephone No.		License No.							
Rick Eustaquio				97	3-494	3762	973-928-4888		1188							
Start Date (10)		Sched	uled Co	mple	tion Dat	e (11)	Name of OSHA M	lonitor					//			
05/_03_/	_14_	_ 0	5_/	_ 30	_ / _	14	ALL PRO MA	NAGEMENT LI	_C							
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☐ Facility Closed/Vacate					ment		27 Outwater	Lane								
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Time of Abatement: _	AM	PN	Λ/	_PM-		AM	Garfield, NJ	07026								
Scope of Work (Check a	Il that apply)					_		£							
□ > 2 of or > 2 If			☐ Re	novati	on		☐ Full Con	tainment with Neg	ative Pressure							
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ De				Gloveba	g Procedure								
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TO BE AB	ATED	,	37.000	intena	ince/ Staff?		., thermal systems	insulation,	(Specify	Removal	air	aps	losu			
IN Facil	ity		Cusi	(12)	olaii:		surfacing, VAT other miscellane	\$40.500.00	SF or LF)	<u> </u>		Encapsulate	ire			
(10)		7	Yes	No	N/A							æ				
1 st Floor					\boxtimes	ACM Pi	pe Insulation		25LF	\boxtimes		\boxtimes				
2 nd Floor						ACM Pi	pe Insulation		200LF	\boxtimes		\boxtimes				
3 rd Floor				П	\boxtimes	ACM Pi	pe Insulation		400LF							
4 th Floor		_				-	pe Insulation		600LF							
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ALL PRO MANAGE		.c		17.5%	lauler II	O No.	Waste	IESI Landf								
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City, State Garfield, NJ							TBD	Bethlehem	, PA							
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Zvonko Veskov			reside	FIIL			7-6	est		1/0	7	//	-			
ASB-41 JAN 13		*	Do not	use t	his form	for asbes	toş licensure exem	pted activities.		6	1					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) APR 2 9 2014 04 23 14 325 Getty Ave, LLC Type Notification Street Address Agencies Notified ☐ EPA 983 Main Street □ DOLWD ☐ Amended City, State, Zip Code Amendment #_ **⊠** DOH Paterson, NJ 07503 ☐ Emergency (including) □ DCA Telephone Number Name of Contact justification) (NJAC 5:23-8) Cancellation Jim Nouri **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Residential House ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 444 Getty Avenue homes, etc.) Square Feet # of Floors Bldg. Age City (5) Paterson County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) County (6) Passaic Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. ALL PRO MANAGEMENT LLC Bio Terra Solutions Street Address Street Address 27 Outwater Lane P.O. Box 1224 City, State, Zip Code City, State, Zip Code Garfield, NJ 07026 Union, NJ Telephone No. Telephone No. License No. Project Manager for Monitoring Firm 973-928-4888 Rick Eustaquio 973-494-3762 1188 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 05 / 03 / 14 05 / 09 / 14 ALL PRO MANAGEMENT LLC Street Address Occupancy Status During Abatement (Check only one) □ Facility Closed/Vacated During Entire Period of Abatement 27 Outwater Lane Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-__AM Garfield, NJ 07026 Scope of Work (Check all that apply) Full Containment with Negative Pressure ☐ Mini-Enclosure □ Renovation $\boxtimes \ge 3$ sf or ≥ 3 If >160 sf or ≥260 If Demolition ■ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Description of Location of Repair Encapsulate Removal Enclosure Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial Staff? SF or LF) IN Facility surfacing, VAT, or (12)other miscellaneous) (13)Yes No N/A 70 LF \boxtimes \boxtimes Basement \boxtimes Pipe Insulation П П NJDEP Waste Cubic Yards of Name of Registered Landfill Name of Registered Waste Hauler Hauler ID No. Waste IESI Landfill ALL PRO MANAGEMENT LLC 0034860 As Needed City, State City, State Disposal Date TBD Bethlehem, PA Garfield, NJ Signature Completed By (Print or Type) Title President Zvonko Veskov

ASB-41 JAN 13

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

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

(Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: 2014-160 Name of Building Owner/Operator (2) Date of Notification (1) 0 4 / 1 8 / 1 4 HERB VINNICOMBE Agencies Notified Type Notification Street Address X Initial EPA 200 OLD ARMY ROAD Amended DEP City, State, Zip Code Amendment #: DOL Emergency BERNARDSVILLE, NJ Telephone Number (including DOH DOH Name of Contact justification) DCA HERB VINNICOMBE Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) HERB VINNICOMBE Other (Private/Commercial Street Address Bldgs./Homes, etc Bldg. Age # of Floors Square Feet 200 OLD ARMY ROAD County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) Somerset BERNARDSVILLE Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. D & S RESTORATION, INC Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 01169 973-345-8020 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. Street Address 05/22/14 05/07/14 Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Full Containment w/negative pressure Scope of Work (check all that apply) Mini-enclosure 3 sf or > 3 If □ Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely E е Location of е n by maintenance/custodial Amount n Description of asbestos-containing m asbestos-containing p C staff(12) (Specify SF or C material (ACM) 0 material (acm) to be a abated in facility (13) ٧ N/A Yes No e 676 L FT X PIPE INSULATION BASEMENT Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# Registered Waste Hauler TULLYTOWN, RESOURCE RECOVERY D & S RESTORATION, INC. 13506 10 YDS Disposal Date City, State City, State 05/08/14 TULLYTOWN, PA PATERSON, NJ 07503 Signature Date Completed by (Print or Type) Title 04/18/14 **BOGDAN JOLDZIC** PRESIDENT

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. #: 2014-159

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Date of Notification (1)															
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	Name of Building Owner/Operator (2) I I I I I I I I I I		4	<u> </u>											
M DOI 1-	Name of Building Owner/Operator (2) Type Notification Name of Building Owner/Operator (2) Name of Building Owner/Operator (2) Name of Building Owner/Operator (2) Name of Street Address 10.2 SOUTH MAHWAH ROAD City, State, Zip Code Description of Cancellation		\perp												
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Name of Building Owner/Operator (2) Agriculture Agri															
	taking place (o)						School	(K - 12)							
						-					12)				
Street Address										Ciai					
102 SOUTH MAHWAH ROA				-6848		_	quare Feet	eet # of Floors Bldg. Age							
City (5)	County (6)				5.75	-		Ino (Prior if being damplished)							
MALITYATI	PEDGEN			(Stat	e use only)		Current Use (Pr	or if being	g demo	olishe	a)				
			ASCM No.	\neg	Name of Abatem	ent Con	tractor (9)								
Street Address		-		ᅱᅡ											
					20 California	a Ave.									
City, State, Zip Code					City, State, Zip Co	ode									
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Project Manager for Monitoring Firm	Pho	ne Numbe	er							er					
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Start Date (10)	Sched. Completion	Date (11))				Inc.								
					Street Address										
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abated in facility (15)	Yes No	N/A							1 1	l r	р				
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		or asbesto	s licensure ex	empte	d activities.	21- ACC-30-		104/10/							

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

D&S Proj. #: 2014-162	_	(Pursu	ant to NJAC	8:60	and 12:120)		series in the				7 F	
L'huck # 00558							, ,				-777	1
Date of Notification (1) 0 4 / 2 1 / 1 4		of Building Own	er/Operator (2))				APR	2 9	3 20	14	,
Agencies Notified Type Notificati		Address										
☐ EPA ☐ Initial ☐ Amended	31 C	OLLINWOO	D ROAD				* ₁					4
Amendment #:	City, St	ate, Zip Code			-			- + N.V				
☑ DOL ☐ Emergency	MA)	PLEWOOD,	NJ 0740									
DOH (including justification)	Name o	f Contact			A shared war.		Telephone	Number	r _			allerally L
DCA Cancellation	MA	PLEWOOD,	NJ 0740				P					
		FAC	ILITY INFORM	IATION		11						
Name of facility where abatement is	taking place (3)					Ty	ype of Facility (4	1) (K - 12)				
MAPLEWOOD, NJ 0740						Ш		pter 8 (C		han K	-12)	
Street Address						11		Private/C			-12)	
31 COLLINWOOD ROAD						-	Bldgs./l	Homes, e	etc.		dg. A	ne .
City (5)	County (6)			Cour	ty Code (7)		oquale reet	# UI F1001	13		ug. A	gC
MADI EWOOD	POCEY			(State	e use only)	7	Current Use (Pr	ior if bein	g den	nolish	ed)	
MAPLEWOOD Name of Monitoring Firm Hired by E	ESSEX		ASCM No.		Name of Abatemer	nt Con	ntractor (9)	-				
ramo or wormoning ram raioa by b	nag. Owner (b)		ASCIVI NO.		D & S RESTO							
Street Address					Street Address	ICITI	iori, nic.					
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					Paterson, NJ (07503	3					
Project Manager for Monitoring Firm		Phone Numb	per	— -	Telephone Number			License	Numl	oer		
					973-345-802	20		0	1169			
Start Date (10)	Sched. Com	pletion Date (1	1)		Name of OSHA Mo		_					
05/02/14	05/26/14				D & S Restora Street Address	ation,	Inc.					
Occupancy Status During Abatemen	이번 경하면서 아니는 아니라 아이를 하게 되었다.	CO. ***			20 California A	Avenu	ie					
Facility closed/vacated during					City, State, Zip Cod	de						
Abatement performed outside Describe:		hours-										
Other-Describe: NORMAL H	OURS			_	Paterson, NJ (07503	3					
Scope of Work (check all that apply)						Containment w	/negative	press	sure		
\boxtimes >3 sf or >3 lf	Renovation					_	i-enclosure					
≥160 sf or ≥260 lf	Demolition				F		vebag procedure n-Exempted (*) a		friable	proc	edure	
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asbestos-containing material (acm) to be	by maintenance staff(12)	e/custodial			bestos-containing		Amount (Specify SI	E or	e m	e p	n	n
abated in facility (13)	Yes N	o N/A	material ((ACM)			(Specify SI LF)	Of	O V	a	a	C
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PATERSON, NJ 07503		05/05/1			TULLYTOW	N, PA	.		2			
Completed by (Print or Type)	Title		Signature					Date				
BOGDAN JOLDZIC	PRESIDENT						50	04/21/	14			

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

ASB-41

State of NJ Notification of Asbestos Abatement

D&S Proj. #: 2014-161 (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 0 4 / 2 1 / 1 4 RAY HODNETT Type Notification Agencies Notified Street Address EPA Initial 33 WANAMASSA POINT ROD Amended DEP City, State, Zip Code Amendment #: DOL Emergency OCEAN, NJ 07712 (including Telephone Number DOH Name of Contact justification) ☐ DCA RAY HODNETT Cancellation FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) RAY HODNETT Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. # of Floors Bldg. Age 33 WANAMASSA POINT ROD Square Feet County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) **OCEAN** OCEAN Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Project Manager for Monitoring Firm Phone Number Telephone Number 01169 973-345-8020 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. 05/01/14 05/15/14 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Full Containment w/negative pressure Scope of Work (check all that apply) Mini-enclosure \times >3 sf or >3 lf Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Ε E Location of е by maintenance/custodial e n Amount asbestos-containing Description of asbestos-containing n m p staff(12) C (Specify SF or material (acm) to be material (ACM) C 0 a a abated in facility (13) V Yes No N/A p PIPE INSULATION 40 L FT X BASEMENT PIPE INSULATION 70 L FT X BASEMENT CRAWL SPACE NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler D & S RESTORATION, INC. 13506 TULLYTOWN, RESOURCE RECOVERY 1 YD Disposal Date City, State City, State 05/02/14 TULLYTOWN, PA PATERSON, NJ 07503 Signature Date Completed by (Print or Type) BOGDAN JOLDZIC 04/21/2014 PRESIDENT Do not use this form for asbestos licensure exempted activities.

ASR-41