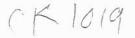
NO CK

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

Date of Notification (1)			Name	of Buildin	g Owner/Operator (2)		-				
3/31/	15		ВО	OS - Bev	erly, LLC			71 Chk		1		
Agencies Notified				Address 1 McCor	mick Drive	ELIO AT.	Z3 R	12:41				
	ent # <u>1</u>			state, Zip (arwater.	Code FL 33759	D 51 €			L.			
DCA Emergen (NJAC 5:23-8) justification		ıg		of Contac	and the second second	(E) 2-	Teleph	e Numb	er			
☐ Cancellat			Ric	k Griffith	i							
			FAG	CILITY IN	FORMATION		_					
Name of Facility Where Abatement is 7	aking Plac	e (3)				Type of Facility ((4)					
Family Dollar						School (K-12		- K 10)				
Street Address						☐ Subchapter 8☑ Other (i.e., pr			cial bu	ilding	S,	
246 Warren Street						homes, etc.)						
City (5)						Square Feet	# of F	ors	1-99	dg. A	ge	
Beverly						8320	1			NA		
County (6)			Cour	ity Code (7	7)(STATE USE ONLY)	Current Use (Pri		demolish	ned)			
Burlington	" 0	(0)	10011			Commercial						
Name of Monitoring Firm Hired by Build Horizon Environmental	ding Owner	(8)	ASCM	No.	0-300-00-00-00-00-00-00-00-00-00-00-00-0	ent Contractor (9)	- 0					
						d Mold Service	s, Corr					
Street Address PO Box 316					Street Address	and an end						
City, State, Zip Code					3859 Sylon B							
Thorofare, NJ 08086					City, State, Zip Co							
Project Manager for Monitoring Firm		Tolo	phone	No	Hainesport, I	NJ 00036	Lieen	No.			_	
Steve Flanigan			56-848		609-702-0400	1	001					
	Scheduled				Name of OSHA M		001			_		
4 / _13_ / _15_	5				EMSL Analyt							
Occupancy Status During Abatement (Street Address			-				
☐ Facility Closed/Vacated During Enti	2		ment		200 U.S. Rou	te 130 North						
☐ Abatement Performed Outside of N	ormal Facil	ity Hou	s - Des		City, State, Zip Co			-				
Time of Abatement:AM	PM/	PM		AM	Cinnaminsor							
Scope of Work (Check all that apply)					M Full Cont	tainment with Neg	otivo Dr	2000				
≥3 sf or ≥3 if≥160 sf or ≥260 if		enovat emoliti	on on	ą,	Mini-Enc Glovebage	closure g Procedure empted (*) and No			<u>a</u>			
		ls Loca	ion	T	Z WON Exc	mptod () drid 140	TT Habit	1000001	T	atem	ant T	VD6
Location of Asbestos-Containing Material (ACN TO BE ABATED IN Facility (13)	" N	Norma sed Sola laintena stodial (12)	ely by ince/ Staff?		Description of estos Containing Mae., thermal systems surfacing, VAT other miscellane	insulation, , or	(Sr	unt sify LF)	Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED SUMMARY	Yes		N/A	ATTAG	HED		-	-	K7		_	
SEE ATTACHED SUMMARY				ATTAC	HED						Ш	Ш
									П	П	П	П
Name of Registered Waste Hauler		N	JDEP \	Vaste	Cubic Yards of	Name of Regis	tered La	fill		_		
Freehold Cartage, Inc.		H	02265		Waste 5	GROWS La						
City, State					Disposal Date	City, State						
Freehold, NJ					5/1/15	Morrisville	, PA 19	17				
Completed By (Print or Type) Title					Signature			Dat				
Kimberly A. Trumbetti	Office	Coor	dinato	r		X	toliš		4-1	5-1	5	

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 and 12:120)

Date of Notification (1) 4/23/15					f Building -fil-A, Inc		Operator	(2)		21	715	7.6			-	
Agencies Notified	Type Notification		-	Street A							10	<u>P2</u>	9 1	ME	2. ,	
EPA	☐ Initial				Buffingto		nd			#15		7 -		, 12	. 4	9
DEP X DOL	Amended Amendmen		_		ate, Zip Co a, GA 3						ं	155			Ü	
DOH DCA	Emergency justification) Cancellation				f Contact McAlliste	er	1100-00-00			Tel	epho	∍ Nun	nber		,	
	<u> </u>				ILITY INF		ION					_				
Name of Facility Where Future Chick-fil-A F								Туре	of Facility (4	-)						
Street Address	restaurant (i et	3 CLITTIN	90)					R	School (K-12 Subchapter 8		er th	K-12)			
1040 US Highway	1 N							×	Other (i.e. pretc.)					dings	, hom	es,
City (5) Woodbridge								Squa 21,0	re Feet	# 0	f Flo	;	E	3ldg. / 50+	Age	
County (6) Middlesex					Code (7) USE ONLY)			ent Use (Prior mer Wareh			nolish	ed)			
Name of Monitoring Firm Yannuzzi Environm				ASCN	/ No.				atement Cont Environme			ces,	Inc.			
Street Address 135 Kinnelon Road		u					Street 135 I		ss elon Road			· · · · · · · · · · · · · · · · · · ·				
City, State, Zip Code Kinnelon, NJ 0740	5				11				ip Code NJ 07405	i		-				
Project Manager for Mor John Mucha	nitoring Firm			Telepho 908-21	ne No. 18-0880	A.	Teleph 908-2	none N	0.		Lic 01	se No).			
Start Date (10) 4/14/15		Schedule		npletion	Date (11)		Name	of OS	HA Monitor Environme	ental			Inc			
Occupancy Status Durin	g Abatement (Che						Street			iilai			IIIC.			
Facility Closed/Vac									lon Road							
Abatement Perform Other – Describe:	ned Outside of Norr	nal Facility	Hours	S	34	_	117700		ip Code NJ 07405	i						
Scope of Work (Check A	II That Apply)															
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf			enova emolit				×	Min	Il Containmer ni-Enclosure ovebag Proce n-Exempted	edure					2.7	
		le	Locati	ion				1 110	II-Exempled	() and	1 100	-Habi		Abate		
Location		N	lormal d Sole	lly		De	scription	of						Ту	ре	
Asbestos-Containing <u>TO BE AB</u> In Facil (13)	ATED lity	Mai Cust	ntenar odial s (12)	nce/ Staff?		thermal surfa	taining M systems cing, VA niscellan	insula T, or		(S	mou i peci or L		Removal	Repair	Encapsulate	Enclosure
Area beneath co	oncrete clah	Yes	INO	N/A x	G	rov Tro	ansite S	Siding	. 9	11	2 C					
Area beneath of	onorete slab			1			minate			44	20	-	Х			
						Ooma	milato	001				-				
											-	-				
Name of Registered Was			4	IJDEP W lauler ID		Cubic of Was		60	Name of Re	egiste	red I	ndfill				
Yannuzzi Group, Inc		2	17	7467		44			IESI							
City, State Kinnelon, NJ							sal Date to 4/29	9/15	City, State Bethlehe	m, P	А					
Completed by Anna Bastos						ignáture An	Sture Date 4/23/15									

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

Date of Notification (1)				Name	of Buildin	g Owner/Operator (2) 2ns.						
4/24	/15	<u> </u>		Mr.	Stepher	n Carafato	1 Joh	#1504-1	'4 Chl	k. #3	949		
Agencies Notified Type No	tification			Street	t Address		54	4	411	2:1	,		
☐ EPA ☐ Initia				503	3 Harriso	n Street	-	27		7	2		
□ DOLWD □ Ame				City, S	State, Zip	Code		4. 71	-	5.			
	ndment #		7			h, NJ 07740			7.15	06			
	rgency (ir ication)	ncludin	g		of Contac			Telepho	Numb	ner			
	cellation					r, Servepro		relepito	FINULTIC	001			
	- Cilation				5.00001179990110000000	NFORMATION		it Nite in			-		
Name of Facility Where Abatemen	t is Takin	a Diac	2/21	FA	CILITY	NFORMATION	T (F 18)	(4)	-				
Residential	LIS TAKIII	y Flac	= (3)				Type of Facility	200					
							School (K-12 Subchapter 8	,	1 K-12				
Street Address							Other (i.e., pr				uilding	JS,	
503 Harrison Street							homes, etc.)						
City (5)							Square Feet	# of FI	rs	BI	dg. A	ge	
Long Branch							2746	3			100		
County (6)	di-F			Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being	emolis	hed)			
Monmouth							Vacant						
Name of Monitoring Firm Hired by	Building (Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)		8711				
Tiger Environmental						Asbestos an	d Mold Service	s. Corp.					
Street Address	-					Street Address		-,	10 <u>1-11-11-11-11-11-11-11-11-11-11-11-11-1</u>	-			
16 W Elizabeth Ave # 2						3859 Sylon B	oulevard						
City, State, Zip Code						City, State, Zip Co			3-	- 100			
Linden, NJ 07036													
Project Manager for Monitoring Fir			T-1	-1		Hainesport, N	10 08036						
To a sur React a recommendation of the Control of t	m		100000000000000000000000000000000000000	phone		Telephone No.		Licens					
Kelly Walton			0.00		32-4301	609-702-0400		008					
Start Date (10)5 /4 /15			- 65		ate (11) 15	Name of OSHA M EMSL Analyt							
Occupancy Status During Abateme				- * *		Street Address	,						
☐ Facility Closed/Vacated During	Entire Pe	riod of	Abate			200 U.S. Rou	te 130 North						
Abatement Performed Outside	of Norma	l Facili	y Hou	s - Des	scribe	City, State, Zip Co	ode		-				
Time of Abatement:AM	P	M/	PM-		_AM	Cinnaminson							
Scope of Work (Check all that app	ly)												
≥3 sf or ≥3 lf		Ø n.	enovati	2_			ainment with Neg	ative Pre:	1LG				
□ ≥160 sf or ≥260 lf		-	emolitic			☐ Mini-Enc ☐ Glovebag							
							mpted (*) and Nor	n-Friable	ocedur	е			
		120	Locat							Ab	atem	ent T	vpe
Location of			Norma		100000000000000000000000000000000000000	Description o					_		
Asbestos-Containing Material (TO BE ABATED	ACM)		ed Sole aintena			estos Containing Ma		Amo		Removal	Repair	Encapsulate	Enclosure
IN Facility			todial		(1.6	e., thermal systems surfacing, VAT,		(Sp€		ova	₩.	psu	nso
(13)			(12)	_		other miscellane		0, 0	. /	-		ılatı	6
		Yes	No	N/A								CD	
Duct Runs				\boxtimes	Duct W	/rap		25	:		П	П	П
		1									Ш	Ш	Ш
									-				
Name of Registered Waste Hauler	ST.	4	N	JDEP \	Waste	Cubic Yards of	Name of Regist	ered Lan	1				
Freehold Cartage, Inc.			Н	auler II		Waste	GROWS La						
City, State				02265)	5 Disposal Date	City, State		-				
Freehold, NJ						5/6/15	Morrisville,	DA 100	27.				
	1					1 1 2 1	wiorrisville,	FA 190					
Completed By (Print or Type)	Title		_			Signature			Dat		22.4		
Kimberly A. Trumbetti	C	ittice	Coord	linato	r	XIXPT			14	-24	-15		
ASB-41 MAY 11	- 4	De		:	£	1							
MC-1 11		טט חסו	use tr	is form	ior asbes	tos licensure exemp	ted activities.						

D&S Proj. #: 15-50

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

	2.11								110				
Date of Notification (1)	Nam	ne of Building	Owne	er/Operator (2)							, S4.		
0 4 / 2 2 / 1 5	49	1 Bloomfie	ld, LI	LC c/o The B	Bravitas	Group, Inc						100	+
Agencies Notified Type Notificat	ion Stree	et Address											manife man
DEP Amended	10	5 Grove St	reet, S	Suite 5								Sy	
Amendment #:	3 City,	State, Zip C	ode										
☑ DOL ☐ Emergency	M	Iontclair, N	J 070	42									
DOH (including	Name	e of Contact	or the latest devices				Ale Inc.	Telept	ne Numbe	er			
justification)	1 77	en Jarvis						1 "1					
Cancellation	<u> </u>	Len Jai vis					_		•	_			
			FACI	LITY INFORM	ATION								
Name of facility where abatement i	s taking place	(3)					Туре	of Facili	(4) ol (K - 12)			
Commercial Building								=	apter 8 (0		oon V	10)	
Street Address								The state of the s	(Private/C			-12)	
0.0007/1007/000									/Homes,				
491 Bloomfield Avenue							Squa	re Feet	# of Floo	ors	BI	dg. A	ge
City (5)	County	(6)			100000000000000000000000000000000000000	ity Code (7)							
					(Stat	e use only)	Curr	ent Use (rior if bein	ng dem	olishe	ed)	
Montclair Name of Monitoring Firm Hired by	Essex	۵)	-	ASCM No.		Name of Abatement	Contrac	tor (9)				_	_
Name of Monitoring Firm Fired by	blug. Owner (c	0)	- 1	ASCIVI NO.	- 11								
						D & S RESTOR	ATION	, INC.					
Street Address					- 11								
						20 California A					-		
City, State, Zip Code						City, State, Zip Code							
		Thi				Paterson, NJ 0	7503		Time	NI I			
Project Manager for Monitoring Firm	l.	Phone	Numb	er		Telephone Number 973-345-8020	Y		License)1169	per		
					-	Name of OSHA Mor				71109		_	
Start Date (10)	Sched. C	ompletion Da	ate (11)		D & S Restorat							
3/04/15	12/26/13	5			- 11	Street Address	ion, me			-			
Occupancy Status During Abatemen	nt (Check only	one)		No. of the last of		20 California A	venue						
Facility closed/vacated during			t.		11	City, State, Zip Code							
Abatement performed outside	of normal faci	ility hours-											
Describe: NORMAL F	IOURS				_	Paterson, NJ 0	7503						
Scope of Work (check all that appl							Full Con	tainmer	w/negative	e press	ure		
□ > <u>3</u> sf or > <u>3</u> lf	Renovation					☒	Mini-end	closure		20 alex - 20 con oc			
≥160 sf or ≥260 lf	Demolition					<u>⊠</u>		ıg proc€					
ANN 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1		ormally used	solely	,		<u> </u>	Non-Ex	empted	and Non	-friable	Proce	edure E	
Location of asbestos-containing	by maintena	nce/custodia			on of -	hootoo containing		Amourt		е	e	n	E
material (acm) to be	staff(12)			material		bestos-containing		(Specify	SF or	m	p a	С	n c
abated in facility (13)	Yes	No	N/A					LF)		v	i	a p	L
FIRST FLOOR				radiator bo	v incul	ation	26	sq ft	-	e	r		
BASEMENT, 1st and 2nd flr				-				2 l ft			片	片	ዙ
BASEMENT, 1st and 2nd flr				ļ —		tion/WRAP & CUT)		lft			片	片	믐
DASEMENT, 18t and 2nd fif				drain pipe i	nsuiati	011	90	111	-	-	片	片	H
							-			- -	片	片	片
Registered Waste Hauler	NIDER	Hauler ID#	10	ubic Yards of	Waste	Name of Registere	d Landfill				Ш	Ш	Ш
D & S RESTORATION, INC.				0 YDS	. 14316	TULLYTOWN			ECOVE:	RY			
City, State		Disp	osal D			City, State			Registration to the last of th				
PATERSON, NJ 07503		V	ARIO	US DATES		TULLYTOWN	I, PA						
Completed by (Print or Type)	Title			Signature					Date				
BOGDAN JOLDZIC	PRESIDEN								04/22	/15			
100 11	* Do not use #	hic form for a	chacte	e licensure ev	amnter	activities							

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

D&S Proj. #: 15-50

								5 F T L 1					
Date of Notification (1)	1				er/Operator (2)				229 241	5 3 12			
Agencies Notified Type Notifica	ion			LL	C c/o The B	ravit	as Group, Inc						
EPA Initial		Street Add									~ i,		
DEP Amended	IL		ve Street	_	Suite 5								
Amendment #	2	City, State	Zip Code										
Emergency		AND DESCRIPTION OF THE PARTY AND	air, NJ 07	704	42								
DOH (including justification)	l N	lame of Co	ontact					Telepl	ne Numb	er			
DCA Cancellation	- 11	Jack Fi	nn										
			FAC	CIL	LITY INFORM	OITA	N						
Name of facility where abatement	s taking pla	ace (3)						Type of Facili		112			
C								=	ol (K - 12	721			
Commercial Building Street Address				_					napter 8			-12)	
Street Address									(Private/ /Homes,		ercial		
491 Bloomfield Avenue								Square Feet	# of Flo	0000000	В	dg. A	ge
City (5)	Cou	nty (6)				Cou	unty Code (7)						
						(Sta	ate use only)	Current Use	rior if be	ing den	nolish	ed)	
Montelair	Ess	***		_									
Name of Monitoring Firm Hired by	Bldg. Own	er (8)			ASCM No.		Name of Abatement C	Contractor (9)					
_						_	D & S RESTORA	TION, INC.					
Street Address							Street Address						
			14.1				20 California Av	e.					
City, State, Zip Code							City, State, Zip Code						
							Paterson, NJ 075	503					
Project Manager for Monitoring Firm	1	F	hone Num	be	er		Telephone Number	-		e Numb			
							973-345-8020			01169			
Start Date (10)	Sched	d. Comple	tion Date (*	11))	_	Name of OSHA Monit						
3/04/15	12/20	6/15					D & S Restoration	on, Inc.					
Occupancy Status During Abateme		THE RESERVE TO SERVE THE PARTY OF THE PARTY		-		-							
Facility closed/vacated during		- 3	ement.				20 California Ave City, State, Zip Code	enue					
Abatement performed outside							City, State, Zip Code						
Describe: NORMAL F	IOURS	**		_		-1	Paterson, NJ 075	503					
Scope of Work (check all that appl													
П о / о // —	550 4500						The same of the sa	ull Containmer Mini-enclosure	wnegativ	e press	sure		
	Renovation							alovebag proce	ıre				
≥160 sf or ≥260 lf	Demolitio	32						Non-Exempted	and Nor	n-friable	proc	edure	9
Location of		n normally enance/cu	used sole	ely						l R	R	E	E
asbestos-containing material (acm) to be	staff(12)	51141100700	Stodiai				sbestos-containing	Amount (Specif	SE or	m	p	n c	n
abated in facility (13)	Yes	No	N/A		material (ACIVI)		LF)	51 01	o v	a	a	C L
	2005									e	r	р	
Basement		X			Pipe Insulat			500 LF					
Basement		LX			Duct Insula			420 SF					
First Floor		LX			2x4,2x5 Dro	Total Control of the last		2,000 SF					
Exterior		X			Window Ca			800 LF					
Sub - basement		LX			PIPE INSU			1101ft					
Registered Waste Hauler D & S RESTORATION, INC.	NJD 135	EP Hauler 506	202.410		ibic Yards of V 0 YD	Vaste	Name of Registered TULLYTOWN, I		ECOVE	RY		- 1910-01	
City, State			Disposal	_			City, State	LUCURCE	LCOVE	1/1			-
PATERSON, NJ 07503			100		US DATES		TULLYTOWN,	PA					
Completed by (Print or Type)	Title		1	T	Signature		1		Date				
BOGDAN JOLDZIC	PRESID	ENT							03/10	0/15			
ASR-41	* Do not us	e this form	n for asbes	sto	s licensure exe	empte	d activities.						

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

D&S Proj. #: 15-50

								67 S.A. U.					
Date of Notification (1)		Name of Building Owner/Operator (2) 491 Bloomfield, LLC c/o The Bravitas Group, Inc								1			
Agencies Notified Type Notif				LI	LC c/o The B	Bravit	as Group, Inc	Der e					
EPA Initial	ICALIOIT	Street Ad	dress								-16		
☐ DEP Amende	1 -		rove Street	, 5	Suite 5								
DOL Amendmer		City, Stat	e, Zip Code										
Emerger		A STREET, SQUARE, SQUARE,	clair, NJ 07	70	42	-							
DOH (includin justificati		Name of (Contact					Telepl	ne Numb	er			
DCA Cancella	ition	Jack I	Finn										
			FAC	CII	LITY INFORM	ATIO	V						
Name of facility where abateme	ent is taking p	lace (3)						Type of Facili					
Commercial Building									ol (K - 12				
Street Address				_					napter 8 ((Private/			(-12)	
								Bld			erciai		
491 Bloomfield Avenue								Square Feet	# of Floo	ors	В	ldg. A	Age
City (5)	Cou	inty (6)					unty Code (7)						
Montclair	Es	sex				(Sta	ate use only)	Current Use	'rior if bei	ng den	nolish	ed)	
Name of Monitoring Firm Hired				T	ASCM No.	\neg	Name of Abatement (Contractor (9)					
							D & S RESTORA	ATION INC					
Street Address						-	Street Address	111011, 1110.				_	
						- 1	20 California Av	e.					
City, State, Zip Code						_	City, State, Zip Code						- HILLS
							Paterson, NJ 075	503					
Project Manager for Monitoring F	irm		Phone Num	be	er		Telephone Number		Licens	e Num	oer		
							973-345-8020			01169			
Start Date (10)	Sche	d. Compl	etion Date (1	11)		Name of OSHA Monit						
3/04/15	12/2	6/15					D & S Restoration	on, Inc.					
Occupancy Status During Abate			er - Superiu			_	20 California Ave	enue					
Facility closed/vacated dur	ring entire per	iod of aba	atement.				City, State, Zip Code	Citac				_	
Abatement performed outs Describe:	side of normal	facility h	ours-										
Other-Describe: NORMA	L HOURS					_	Paterson, NJ 075	503					
Scope of Work (check all that a	pply)			_			⊠ F	ull Containmer	v/negativ	e press	ure		
$\square > \underline{3} \text{ sf or } > \underline{3} \text{ lf}$	Renovati	on						/lini-enclosure		•			
≥160 sf or ≥260 lf	Demolitio	n						alovebag proce					
Location of	Is location	n normal	ly used sole	lyl				Non-Exempted	and Non	-triable	Proc	edure	<u> </u>
asbestos-containing	by maint	enance/c			Description	n of a	sbestos-containing	Amoun		e	е	n	E n
material (acm) to be abated in facility (13)	staff(12)	Т		-	material ((Specif	3F or	o m	p a	c	c
abatou in facility (13)	Yes	No	N/A					LF)		v e	i	р	L
Basement		X		٦	Pipe Insulat	ion		500 LF		×		П	t
Basement		X			Duct Insulat	tion		420 SF				百	盲
First Floor		X			2x4,2x5 Dro	р Се	iling Tiles	2,000 SF	14				
Exterior		X			Window Ca	ulkin	g	800 LF					
Registered Waste Hauler D & S RESTORATION, IN	C NJD	EP Haule 506			ibic Yards of V O YD	Vaste	Name of Registered		200702	037			
City, State			Disposal I	_			TULLYTOWN, I	ESOURCE.	ECOVE	XI			and the same of th
PATERSON, NJ 07503					JS DATES		TULLYTOWN,	PA					
Completed by (Print or Type)	Title		_	T	Signature		1		Date				
BOGDAN JOLDZIC	PRESID	ENT							2/20/2	2015			
ASR-41	* Do not us	e this for	m for asbest	tos	s licensure exe	empte	d activities.						

D&S Proj. #: 2015-135

State of NJ

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

								1.4					
Date of Notification (1)		Name of Building Owner/Operator (2) JERRY HAWORTH											
Agencies Notified Type Notifica	tion			TH						12.			
		Street Add									200		
DEP Amended		-	RCER AV	ENUE									
DOL Amendment	-		, Zip Code										
☐ Emergency (including		CHAT Name of C	THE RESERVE OF THE PERSON NAMED IN	RO, NJ 0792	8		- W.						V 10, 144
justification) [['	vame or C	ontact					Teleph	ne Numb	er			
DCA Cancellation	n	JERRY	Y HAWOI	RTH									
			FAC	CILITY INFORM	OITAN	N							
Name of facility where abatement	is taking p	lace (3)					Ту	pe of Facili					
JERRY HAWORTH								=	ol (K - 12 napter 8 (han k	(-10\	
Street Address								1	(Private/			(-12)	
11 MERCER AVENUE							_		/Homes,				
City (5)	I Cor	inty (6)			I Co.	inti Codo (7)	S	quare Feet	# of Flo	ors	В	ldg. A	Age
Oity (0)	000	iiity (O)				unty Code (7) ate use only)	<u> </u>	urrent Use	rior if he	ing den	nolich	od)	
CHATHAM BORO	Mo	ORRIS					\prod°	unent ose	TIOI II De	ng den	1011511	eu)	
Name of Monitoring Firm Hired by	Bldg. Own	er (8)		ASCM No.	1	Name of Abatemen	nt Cont	ractor (9)					
174 <u>-184</u> (1800)						D & S RESTO	RATIO	ON, INC.					
Street Address					_	Street Address			5				
						20 California	_						
City, State, Zip Code						City, State, Zip Cod	le						
Data Maria E						Paterson, NJ (
Project Manager for Monitoring Fire	n		Phone Num	ber		Telephone Number 973-345-802			10.00.00.00000	e Numb			
						Name of OSHA Mo			1	01169			
Start Date (10)	Sche	d. Comple	tion Date (1	1)		D & S Restora		Inc.	- 12				
05/04/15	05/2					Street Address							
Occupancy Status During Abateme	N. 1980 - W. 1997 - 1997					20 California A	Avenue	e					
Facility closed/vacated during Abatement performed outsid						City, State, Zip Coo	le		. d				
Describe:		lacility 110	u15-		_								
Other-Describe: NORMAL					_	Paterson, NJ ()7503						
Scope of Work (check all that app	5.7						_	Containmer	v/negativ	e press	ure		
☐ > <u>3</u> sf or > <u>3</u> lf	Renovati				3			enclosure ebag proce	re				
≥160 sf or ≥260 lf	Demolitio	n						Exempted	and Nor	ı-friable	proc	edure	е
Location of		n normally enance/cu	y used solel istodial	1				an.		R	R	E	E
asbestos-containing material (acm) to be	staff(12)	01141100700	Jotodiai	Descripti material		sbestos-containing		Amoun (Specif	3F or	m	p	n	n
abated in facility (13)	Yes	No	N/A	material	(ACIVI)			LF)), Oi	o v	a	a	L
ATTIC			_	1		: 1.4		500.00		e	r	р	-
ATTIC		L X		vermiculite	attic	insulation		520 SQ F			부	屵	111
	-		-	1						╬	片	님	#
			-							┽┼	片	님	11
			-				-			+ -	片	片	11
Registered Waste Hauler	INJD	EP Haulei	- - -	L Cubic Yards of V	Waste	Name of Registere	ed Lanc	ifill		_	Ш	Ш	
D & S RESTORATION, INC.	13.	506	CCC 140100000	10 YDS	241 VOID (1886)	TULLYTOWN			COVE	RY			
City, State			Disposal I			City, State							
PATERSON, NJ 07503			05/06/1			TULLYTOWN	N, PA						
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID	ENT		Signature					Date	/15			
ASB-41			n for ashest	os licensure ex	emnte	d activities.			04/21	/13			

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

B & G proj. #: 2015-76

Date of Notification (1) Name of Building Owner/Operator (2) 0 4 1/12 4 1/11 15 1 John Fuchs Agencies Notified Type Notification Street Address EPA 139 Buckingham Road X Initial ☐ DEP City, State, Zip Code Amendment X DOL Montclair, NJ 07042 Tele one Number X DOH Name of Contact Cancellation ☐ DCA John Fuchs FACILITY INFORMATION Type of Fail ty (4) Name of facility where abatement is taking place (3) [100l (K - 12) John Fuchs Si schapter 8 (Other than K-12) CI er (Private/Commercial X Street Address B js./Homes, etc. 139 Buckingham Road Bldg. Age # of Floors Square Fe County (6) County Code (7) City (5) (State use only) (Prior if being demolished) Current U Essex Montclair resident Name of Abatement Contractor (9 Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 05/07/2015 05/08/2015 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Glovebag procedure Full Containment w/negative pressure Demolition × Renovation Non-friable procedure Mini-enclosure ≥160 sf or ≥260 lf \times >3 sf or >3 lf Is location normally used solely E Location of e е by maintenance/custodial n Amu at Description of asbestos-containing n asbestos-containing m p C staff(12) (Spil fy SF or C material to be material (ACM) 0 a abated in facility (13) V Yes No N/A D e X 45 s duct insulation garage Name of Registered Landfill Cubic Yards of Waste NJDEP Hauler ID# Registered Waste Hauler Recovery Center Tullytown Resource 19563 B & G Restoration, Inc. Disposal Date City, State Tullytown, PA 05/08/2015 Lincoln Park, NJ Signature Completed by (Print or Type) Gordana Luna 04/24/2015 Secretary/Treasurer Gordana Luna

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

B & G proj. #:	2015-76		(F	ursuant	to NJAC 8	:60-7	and 12:120-7)	AN A					
B & G proj. #.							J.E.	Ch	k#718	3			
Date of Notification	(1)	IIN	me of Build	ling Owne	r/Operator (2)		Ŧ.						
10 14 1/12 14		11	Noreen R				£	7	2-1-				
Agencies Notified	Type Notification	on St	reet Addres	s									
☐ EPA	X Initial		74 King S	Street					5 %				
DEP			ty, State, Zi										
X DOL	Amendm	nent	Haledon,	NJ 075	08								
X DOH		1.1	me of Cont	act				Tele	one Numi	per			
☐ DCA	Cancella	tion	Noreen	Ringier							=		_
	-			FACIL	ITY INFORM	ATION							
Name of facility wh	ere abatement is	taking pla	ce (3)					Type of Fac		2)			
Noreen Ringie									ool (K - 1			40)	
									chapter 8 r (Private			-12)	
Street Address 74 King Stree	+							BI	s./Homes	, etc.			
			. (8)					Square Fee	# of Fl	oors	Ble	dg. Ag	je
City (5)		Coun	ty (6)				nty Code (7) e use only)	Current Us	Prior if b	eina den	nolishe	ed)	
Haledon, NJ	07508	Pas	saic					residenti		<u> </u>		10	
Name of Monitoring	g Firm Hired by E	3ldg. Owne	r (8)	T	ASCM No.		Name of Abatement	Contractor (9)			Marketon (
n/a	2						B & G Restora	tion, Inc.					
Street Address							Street Address 105 Ryerson F	Road					
Oh Chata Tie Cod							City, State, Zip Code			3			-
City, State, Zip Cod	е						Lincoln Park,						
Project Manager for	Monitoring Firm		Pho	ne Numbe	er	-	Telephone Number	20	100	se Numi	oer		
							(973)696-686			00378			_
Scheduled Start Da	te (10)	Sched	. Completio	n Date (11)		Name of OSHA Mor B & G Restora						
05/06/2015		05/0	7/2015				Street Address		-				
Occupancy Status I	During Abatemen	nt (Check o	nly one)				105 Ryerson F	Road	-	8.6			
Facility closed	d/vacated during erformed outside	entire perio	od of abater	nent.			City, State, Zip Code						
Describe:		or normal	aomity mount			-11	LincolnPark, N	IJ 07035					
Other-Descrit		٨				- 11						- 1	
Demolition	leck all that apply	Renovatio	n			ПЕ	ull Containment w/ne	egative pressur	✗ Gio	vebag p	oced	ure	
>3 sf or >3 lf		>160 sf or				X N	lini-enclosure	_	☐ No	n-friable	proce	dure	
	ш.	-	n normally u	sed solely	1					TR	R	E	E
Location of asbestos-cor		by mainte staff(12)	enance/cust	odial			sbestos-containing	Amo	t y SF or	e m	e p	n	n
material to be abated in fac		Yes	No	N/A	material	(ACM)		LF)	y SF UI	O V	a	a	C
		165	INO		L			1.151		e E	ļ,		-
basement				×	pipe insul	ation		145		X	H	H	늗
										ᅥ片	H	旹	卡
						- T						盲	同
Registered Waste F B & G Restoral	tion, Inc.		P Hauler II 19563	D# C	ubic Yards of 2	Waste	Name of Registere Tullytown	d Landfill Resource	Recove	ry Cen	ter	30	
City, State				Disposal D	ate		City, State		-				
Lincoln Park, I	٧J			05/	07/2015		Tullytown	, ra		-		, Y	

Signature

Title Secretary/Treasurer

Gordana Luna

Completed by (Print or Type) Gordana Luna Date

04/24/2015

State of NJ

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

D&S Proj. #: 2015-137						s Abatement and 12:120)	300	4				
						e.	He .	the w				
Date of Notification (1)	II N	lame of Bu	ilding Own	er/Operator (2))		15 AFR 29	M Siz	7			
Agencies Notified Type Notificat			OLYN R	UMPH		<u> </u>						
EPA Initial	I S	treet Addre	ess				& Line is	· This				
DEP Amended				AVENUE								
DOL Amendment #:	— °	ity, State,	Zip Code									
Emergency		_	DE, NJ 0	7205						-		
justification)	N	ame of Co	ntact				Telep	ne Numbe	er			
DCA Cancellation		GWENI	DOLYN I	RUMPH								
			FAC	ILITY INFORM	MOITA	I						
Name of facility where abatement i	s taking pla	ice (3)					Type of Facil	(4) ol (K - 12	1			
GWENDOLYN RUMPH								hapter 8 (han k	(-12)	
Street Address					-33 - 41			(Private/0	Comme		· ·-/	
1439 HIGHLAND AVENUE							Square Fee	./Homes, # of Floo		В	ldg. A	ge
City (5)		ity (6)			Cou	nty Code (7)						30
THI I CIDE	IINI	ION			(Sta	te use only)	Current Use	rior if bei	ng dem	nolish	ed)	
HILLSIDE Name of Monitoring Firm Hired by		100000000000000000000000000000000000000		ASCM No.		Name of Abatement	Contractor (9)	-				
,		(-)		ACCINITIO.		D & S RESTOR	2.3					
Street Address					-	Street Address	arriori, nic					
						20 California A	ve.					
City, State, Zip Code		-			_	City, State, Zip Code						
						Paterson, NJ 07	7503					
Project Manager for Monitoring Firm		Ph	none Numb	er		Telephone Number		Licens				
						973-345-8020			01169			
Start Date (10)	Sched	. Completion	on Date (1	1)		Name of OSHA Mor						
04/24/15	04/30)/15				D & S Restorat Street Address	ion, Inc.					
Occupancy Status During Abatemer	nt (Check o	nly one)				20 California A	venue					
Facility closed/vacated during Abatement performed outside						City, State, Zip Code						
Describe:NORMAL H	OURS				-	Paterson, NJ 0	7503					
Scope of Work (check all that apply							Full Containme	w/negativ	e press	ure		
$\boxtimes > \underline{3} \text{ sf or } > \underline{3} \text{ If}$	Renovatio	n					Mini-enclosure	Ü				
≥160 sf or ≥260 lf	Demolition	ı.				×	Glovebag proc		fulabla	2091	. 5	
Location of			used solely	/			Non-Exempted) and Nor	R	R	eaure E	T
asbestos-containing	by mainte	nance/cus			on of a	sbestos-containing	Amoul		e m	е	n	E n
material (acm) to be abated in facility (13)	staff(12)		T	material ((Speci	SF or	0	p a	c a	c
abated in facility (10)	Yes	No	N/A				L1 /		v e	i r	р	_
BASEMENT		X		PIPE INSU	JLAT	ON	90 L FT		\boxtimes			
						***************************************			+#-	닏	닏	H
			-		-				井	片	片	片
Registered Waste Hauler	NJDF	P Hauler	ID# I C	Cubic Yards of \	Waste	Name of Registered	d Landfill			Ш	Ш	
D & S RESTORATION, INC.	135			l yd.		TULLYTOWN,		ECOVE	RY			
City, State			Disposal D		===	City, State						
PATERSON, NJ 07503	T:41 -		04/25/1	Signature		TULLYTOWN	, PA	To				
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID	ENT		Signature				Date 04/23	/ 2015			
			for ashest	os licensure ex	emnte	d activities		04/23	, 2013	_	_	

23 2015 09:27	P001/001
NJ-Dept: of Her	NOWED 1 & Senior Services
Date: 4/33	ilure)
Dell'igi I	ETimo: 7 >

			Apr 23 2015 09:27	P001/001
D&S Proj. #: 2015-137	Notin	State of NJ Ication of Asbestos Abatement Juant to NJAC 8:60 and 12:120)	NJ Dept. of Her	NOWED & Senior Services Aure)
Date of Notification (1)	Name of Building Ow	ner/Operator (2)	Date: 4/23	Ctime: 9>
Agencies Notified Type Notificati	GWENDOLYN I			
☐ EPA ☐ Initial	Street Address	No. of the last of	The state of the s	11 Baseling
DEP Amended Amendment #:	1439 HIGHLANI City, State, Zip Code	DAVENUE		
M Emeroshov	4.1			-
DOH (Including justification)	HILLSIDE, NJ (17205		2015
DCA Cancellation	GWENDOLYNI	RUMPH	. Telephone	mber - 100
and the same of th	EAC	ILITY INFORMATION	THE STATE STATES	2
Name of facility where abatement is	taking place (3)			<u> </u>
GWENDOLYN RUMPH Street Address			Type of Facility (4) School (1)	1 4 2
0			Subchapt Subchapt	8 (Other than K-12)
1439 HIGHLAND AVENUE			Blage/j-to	a/Commercial s, etc.
Oily (a)	County (6)	County Code (7)	Square Feet # c	loors Bldg. Age
HILLSIDE	UNION	(State use only)	Current Use (Prior	reing demolished)
Name of Monitoring Firm Hired by Bla	g. Owner (8)	ASCM No. Name of Abatemen		
Street Address		D & S RESTOR		
- 4 000 / (004) (025)		Street Address	ATION, INC.	
City, State, Zip Code	The same of the sa	20 California A	ve.	
		Olty, State, Zip Code		
Project Manager for Monitoring Firm	Phone Number	Paterson, NJ 07 Telephone Number	The state of the s	
Start Date (10)		973-345-8020	Lio	se Number
50 D	Sched. Completion Date (11)	Name of OSHA Mon	ltor	01169
04/24/15	04/30/15	D & S Restorati	on, Inc.	NAME OF THE PARTY
Occupancy Status During Abatement (O Facility closed/vacated during entl Abatement performed outside of n		20 California Av	едие	
Describe: NORMAL HOUR				
Scope of Work (check all that apply)		Paterson, NJ 07:	503	
☐ ≥160 af or ≥260 lf ☐ Den	ovation nolition		ull Containment w/nega fini-enclosure alovebag proceduro	s přessure
dsDesios-containing DVI	naintenance/custodial		on-Exempted (*) and h	-friable procedure
material (acm) to be staf	f(12)	Description of asbestos-conteining material (ACM)	Amount	e e E
Ye	as No N/A	material (ACIA)	(Specify SF or LF)	m p c d
BASEMENT	X	PE INSULATION	200	e P
		The state of the s	90 LFT	
		*****		# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				
Registered Waste Hauler	NJDEP Hauler ID# Cubia	Yards of Waste Name of Pagistaged		情情情情
D & S RESTORATION, INC. City, State	13506 1 yd.	1 1000000000000000000000000000000000000	andfill ESOURCE RECOVI	
PATERSON, NJ 07503	Disposal Date	City, State		X
Completed by (Print or Type)	04/25/15	mature TULLYTOWN, P.	A	
BOGDAN JOLDZIC PRE	SIDENT		Date	The state of the s
ASR-41 Do no	t use this form for asbestos lice	ensure exempted activities.	04/2	2015

State of No NOTIFICATION OF ASS (Pursuant to NJAC

lew Jersey BESTOS ABATEMENT C 8:60 and 12:120)	Che	Ex Q	3 0	ي (
			2	
g Owner/Operator, (2)	2	TTICA	9	
ter Van I	TRUNT		France .	-

Deta - 5 N - 15 14 \				(D :: : : : : : : : : : : : : : : : : :						V						
Date of Notification (1)	4-27-	15	Name	Pet	wner/Operato		unt	TO	,	9	n.,**	: : ::::::::::::::::::::::::::::::::::				
Agencies Notified	Type Notification	4 4 4 4	Street	Address	Dlasa	1.		2	()	1-	- [77				
□ EPA .	Initial		City S	II od State, Zip Cod	Pleas	ant 6	Rove	Ko	201	<u>ښ</u> .	- 5.					
DOL	Amended Amendment		- Oity, 0	Long	Valle	er No	J- (78	53	5						
DOH -	☐ Emergency (justification) ☐ Cancellation	including	Name	of Contact	Jan BR	1	Tel	inne Mi	mher							
D DCA): =										
Name of Facility Where																
Street Address Street Address Subchapter 8 (Other										1						
0	private &	nan K-1 ommerc	2) ial buil	al buildings; homes,												
City (5) /	easant	GRO!		Road	_	etc.) Square Feet	, # of	pors	E	Bldg. A	Age					
Long	County (6) QQ (V) 07853 County (6) QQ (County Code (7)							254-								
County (6)	DRRIS		Current Use (F	rior if beir	demolished)											
Name of Monitoring Firm	n Hired by Building C	wner (8)	ASC	M No.	Name	of Abatement C	ontractor	A 1								
Street Address	e name le	Sies		MA	Ctrus	erc te	chi	Die	ie	5_	Ir	76				
Ro.	Street Address RO. Box 337 Street Address RO. Box 337															
City, State, Zip Code		NT	AC	533	City S	State, Zip Code		711	A	04	7 9	9				
Project Manager for Mo	sid ril of Firm	NO	Teleph	one No	Telen	hone No.	101	cense N	U	0	10	3				
Project Manager for Morarril government Telephone No. 609 758-336						758-33	65		5	39	4					
Start Date (10)	Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor															
Occupancy Status Durin	g Abatement (Check	Only One)	40;	2015		EPC Tec	chno	gies	I	Inc						
Facility Closed/Vac	ated During Entire P	eriod of Aba	itement		1 6	0. Bor	33			912						
☐ Abatement Performed Outside of Normal Facility Hours City, State, Zip Code																
Scope of Work (Check All That Apply) New Egypt A										08533						
≥3 sf or ≥3 lf	≥3 sf or ≥3 if ☐ Renovation							gative P	ressu	re						
☐ ≥160 sf or ≥260 lf ☐ Demolition						☐ Mini-Enclosu Glovebag Pr										
		Г		Т	.,,	Non-Exempt	ed (*) and	on-Friable Procedure Abatement								
Location	n of	98.3043	cation mally		Description	of			Туре			Ţ				
Asbestos-Containing		iolely by enance/		s Containing N	Material (ACM)	2.00	unt	_		ш	- E					
TO BE AB.			ustodial Staff? (i.e. thermal sy surfacin			T, or		ify LF)	Remova	Repair	Encapsulate	Enclosure				
(13)		-	lo N/A	- '	other miscellar	neous)			val	air	ulate	sure				
Proces		Yes N	IO IN/A	20	7	<i>r</i>	fD a					-				
Bosement		X	-	Pipe	Lasu	lation	100	1	X			-				
		-	-	 												
			-													
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Register Hauler ID No. of Waste																
EPC Technologies 17000 2 WasteM.								lagen	ement of PA							
City, State Disposal Date City, State								-	19772		-					
New Egypt NJ 5-11-15 Mornisvil								Da	PA							
Steve Schenker President Steve Schenk							ch		4-	27	7-15					

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

Date of Notification (1) 4/28/15					Name of Building Owner/Operator (2) One Comcast Center										
Agencies Notified	Type Notification		Street Address 1701 John F. Kennedy Blvd. City, State, Zip Code Philadelphia, PA 19103-2838							15					
DEP DOL	Initial Amended Amendment									none Number					
X DOH □ DCA	justification) Cancellation														
				FAC	ILITY INF	ORMATI	ION				-				
Name of Facility Where No Name	Abatement is Takin	g Place (3	3)					Type of Facility School (K	20050						
Street Address 1000 Chew Street						Subchapte Other (i.e.	er 8 (Othe	:han K-1 ommero	-12) rcial buildings, homes,						
City (5) Hammonton, NJ								etc.) Square Feet 480	# of	oors		3ldg	Age		
County (6) Atlantic		County Code (7) (STATE USE ONLY)					Prior if beil demolished)								
Name of Monitoring Firm Hired by Building Owner (8) Accredited Environmental Technology					ASCM No. Na			of Abatement Co	-						
Street Address					Str			Address	-						
28 N. Pennell Road	3	ē.		40				West Lincoln	Suite 500						
City, State, Zip Code Media, PA 19063						itate, Zip Code n, PA 19341									
Project Manager for Monitoring Firm Dave Turotsy					Telephone No. 610-891-0114			Telephone No. 484-872-8884			icense No. 11161				
Start Date (10) 5/11/15	ed Cor	10.05			Name EMS	of OSHA Monito L	-								
Occupancy Status Durin	ng Abatement (Chec	k Only Or	ne)				Street	Address				-			
Facility Closed/Vacated During Entire Period of Abate Abatement Performed Outside of Normal Facility Hou					ement			200 Route 130 North City, State, Zip Code							
Other - Describe:					21			naminson, NJ							
Scope of Work (Check A	All That Apply)						_	-							
≥3 sf or ≥3 lf Reno ≥160 sf or ≥260 lf X Demo							×	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte							
		Is	Locat	ation					Ju () and	Abatement				t	
Location of N			Normally				Description of					Ty	/pe		
Asbestos-Containing TO BE AB In Faci (13)	Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A			Asbestos Containing N (i.e. thermal systems surfacing, VA other miscellan			ns insulation, (STAT, or ST		unt cify	Removal	Repair	Encapsulate	Enclosure		
1 o t		165	140	S. Syles A. Se			-					_			
1st Flo	oor			X Floor til		e and mastic 2		20	SF	X					
Name of Registered Was	ste Hauler		IN	JDEP W	/aste	Cubic	Yards	Name of	Register	Landfill					
ecoservices, LLC			100000	Hauler ID No. Cubic Yards of Waste 2				GROW							
City, State Exton, PA	01					Dispos	al Date	City, Sta Morris	te ville, PA						
Completed by Title Jack Bally Sr. Project					ct Manager Signature					Date 4/28/15					
ASB-41 (R-06-08)							Do no	t use this form fo	r asbesto				activi	ties.	