UKH 8010

PAID

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

"OPEN NO	TIFICATION Print Form
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Date of Notification (1) 4/16/18			ame of Buildin	g Owner/C	Operator	(2)	<u> </u>			1.27		
Agencies Notified Type Notification	n	10000	reet Address 000 HADLE	EY ROAI	D		APR	9-5-7	2018			
DEP Initial Amended Amendme	nt #		ty, State, Zip ( OUTH PLA		) N.I.O.	7080		200			Issue	+
□ Emergenc     i justification     □ DCA     □ Cancellation		-	ame of Contac	t			Teler	phone Nu	mber	<u>. i.</u>		
Name of Facility Where Abatement is Tak			M i k			ALE		48.	45	9-	e 7 9 —	13
PSEA C	ing Place (3)					Type of Facility  School (K						
Street Address  900 WEST CI	CANS	\ S	7.			Subchapte  Subchapte  Other (i.e.	er 8 (Other private & o	than K-1	2) ial bui	ilding:	s, hom	nes,
City (5) ELizABET	14					Square Feet	# of F	loors		Bldg.	Age	_
County (6)  UN io N	//		unty Code (7)			40,000 Current Use (P				ppx	18	YA
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM No.	"/	Name o	Sup of Abatement Co	STA	Tio	N			
ENVIRONMENTAL TACTICS Street Address	95. ZA		0045		UNIQ	UE SYSTEM	IS OF AN	MERIC.	A IN	0		
64 BROAD STREET					Street A 396 W	ddress /HITEHEAD	AVE.					
City, State, Zip Code MATAWAN, NJ 07747			p.			ate, Zip Code 'H RIVER, N	.1 08882					
Project Manager for Monitoring Firm TOM GEIGER			ephone No. 2-290-2217	,	Telepho	A STATE OF THE STA	IL	icense N	0.			
Start Date (10) 4/30/19		Comple	tion Date (11)		Name of	OSHA Monitor		01111				
Occupancy Status During Abatement (Che	ck Only One)	130	1/18		Street A	JE SYSTEM	S OF AN	MERICA	A INC	).		
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	nal Facility H	atement ours		2		HITEHEAD , te, Zip Code	AVE.					
Other - Describe: Out Doo Scope of Work (Check All That Apply)	2.9	-		_		H RIVER, N.	J 08882					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novation nolition				Full Containm Mini-Enclosur	е	egative P	ressu	re		
					X	Glovebag Pro Non-Exempte	cedure d (*) and N	on-Friab	1			
Location of	Nor	cation mally Solely by	,		ription of						ement pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mainte Custod (*	enance/ ial Staff 12)	? Aspes	thermal sy	ystems in ng, VAT,	or	Amor (Spec SF or	cify	Removal	Repair	Encapsulate	Enclosure
RooF	Yes 1	10 N	/A	0							le	
NOO!			/+C M	MATE	ER:A	Ashing t	120	5/5	X			
Name of Registered Waste Hauler		NJDE	P Waste	Cubic Ya	ards	Name of I	Registered	landfill				
VASTE MANAGEMENT		Haule 1125	r ID No.	of Waste		FAIRLE		caraill				
City, State LIZABETH, NJ				Disposal	-	City, State	SVILLE,	PΔ				
Completed by CAROL RAIMO	Title OFFICE	MGR		Sign	anturn	e Laur			41	///	18	_
	D SEC TREATS	IDSTANTACIO		16	wed	e rais	100		1/1	6/	18	

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

Print Form

Date of Notification (1)			5216	ant to NJAC						*8/11	
L'4/10/18			Nan	ne of Building ( de, LLC	Owner/Operat	or (2)		APF	1	7 2	018
Agencies Notified Type Notific			Stre 200	et Address ) Somerset	Corporate	Blvd, Suite 70			250		
DOL Amendi	ment #_	lina	City, Bric	State, Zip Coo dgeport, NJ	de						
DCA justifica	tion)	9		e of Contact n Schultz		Religion Company	Telephone	Numb	er		_
Mana of E. Mana				ACILITY INFO	DMATION		609-970	-1118	}		
Name of Facility Where Abatement is T Former Linde	aking Plac	e (3)		TOTELL LIKE OF	RWATION	Type of Facility	y (4)				
Street Address						School (K	(-12)				
38 Porcupine Road						Subchapte	er 8 (Other than private & comm	K-12) ercial b	ouildin	as ho	mae
City (5) Pedricktown						Square Feet	# of Floors			. Age	
County (6) Salem			Count	y Code (7) E USE ONLY)		NA Current Use (Pr	NA rior if being dem	olished	~60		
Name of Monitoring Firm Hired by Buildi	na Owner (	(8)		CM No.		Former indu	strial site				
EHS Street Address	9		ASC	OM NO.	Name ecos	of Abatement Co ervices, LLC	ontractor (9)				
411 Southgate Court, Suite E City, State, Zip Code						Street Address 303 B National Road					
Mickleton, NJ					City, S	City, State, Zip Code Exton, PA 19341					
Project Manager for Monitoring Firm Jack Carney			one No.	Teleph	Telephone No. License No.						
Start Date (10) 5/21/19		mpletion	224-0080 Date (11)		372-8884 of OSHA Monitor	01161					
Occupancy Status During Abatement (Ch	ack Only O	Leli	118		EMSI						
Facility Closed/Vacated During Entire Abatement Performed Outside of No.	e Period of	Abater	ment		Street A	th					
Scope of Work (Check All That Apply)	emical plant	y nour	5		City, Sta	ate, Zip Code minson, NJ				e in const	
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demolit				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					
Location of		Locati Vormali					( ) and 14011-F116	JUIE PR		emen	t
Asbestos-Containing Material (ACM)	Use	d Solel	y by	Ashartas C	Description o Containing Ma	f			Ty	rpe	
In Facility (13)		intenar todial S (12)		(I.e. theri St	mal systems i urfacing, VAT, er miscellaned	nsulation. or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
Open field	Yes	No	N/A					<u>a</u>	1	late	ıre
- Polit Hold		X	Т	ransite pipe	е	300 LF	х				
								-			
ame of Registered Waste Hauler		ALI	DED W	into I a						-	
aste Management	NJDEP Waste Hauler ID No. Cubic Yard of Waste 35				egistered Landfill Ounty Landfill						
City, State Fenton, NJ				Disp	City, State	y, State					
empleted by	Title	-		TBE	Signature	Alloway, I					
ck Bally	Manage	er	CA L	-116	100						

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

			(	Pursu	ant to N.	JAC 8:60 and	5:16)	in E	U B	2 0	21 7 1 2	(,)2 (,2)			
Date of Notification (1)				Na	me of Build	ing Owner/Operat	or (2)		5 <i>0</i> 1:	<u> </u>		227			
_4 / _11	/	18	228157			Job # 1802-527									
Agencies Notified Type N	otificati	бп	-	Str	eet Address	3		- [[] [[] A	PR	1 7_	2018				
☐ EPA ☐ Initia	II .			4	000 Hadle	ey Road									
	ended endmen	+ #1		City	, State, Zip	Code		ASSE		172	.: /	. 1. (2			
□ DCA □ Eme			ina 1	/ s	outh Plai	nfield, NJ			4						
(NJAC 5:23-8) justi	fication,	_	/	Nar	ne of Conta	ect		Telephone No	umber						
Can	cellation	1/		R	yan Thon	nasen		973-941-8							
No. (5 West)				F	ACILITY I	NFORMATION									
Name of Facility Where Abatemen		ing Pla	ce (3)				Type of Facili	ity (4)							
PSE&G- Plainfield Gas Fac Street Address	ility						School (K	-12)	71825UM						
40 Rock Avenue							Other (i.e.	er 8 (Other than K- , private and comn	12) nercial	huildir	าตร				
City (5)							homes, et	c.)	TOTOIG	Dullali	.95,				
Plainfield, NJ 07036							Square Feet	# of Floors		Bldg. /	Age				
County (6)				10-		71/07177					211-2-1-2				
Union				Col	unty Code (	7)(STATE USE ONL)		Prior if being demo	olished)	)					
Name of Monitoring Firm Hired by I	Building	Owne	(8)	ASCN	4 No	Name of Abete	District Of	1000000							
Health & Safety Services		O mile	(0)	AGGI	1140.	Name of Abate AbateTech	9)								
Street Address						Street Address	mic.	nc.							
PO Box 365							ve. PO Box 25								
City, State, Zip Code						City, State, Zip									
Berlin, NJ 08009						Lumberton,									
Project Manager for Monitoring Firm	1		Tel	ephone	No.	Telephone No.									
Jim Proctor					2-1311	609-265-210									
Start Date (10)					ate (11)	Name of OSHA	Monitor				2007				
4/18/18				4_ /	18	EMSL Analy									
Occupancy Status During Abatemer						Street Address									
☐ Facility Closed/Vacated During E ☐ Abatement Performed Outside of	Norma	Priod of	Abate	ment	anile a	200 Route 1									
Time of Abatement:AM	P	M/	PM-	- -	AM	City, State, Zip C									
Scope of Work (Check all that apply)					-	Cinnaminso	n, NJ 08077								
						☐ Full Cor	ntainment with Ne	egative Pressure							
≥3 sf or ≥3 if     ≥160 sf or ≥260 if			novati molitic				closure	gauverressure							
		Пре	monuc	Ш		☐ Gloveba	ng Procedure	on-Friable Procedo	IFA						
			Locat				omprod ( ) dild itt	I Habie i rocedi		atom	ent Ty	/00			
Location of Asbestos-Containing Material (AC	20.41	100000000000000000000000000000000000000	Norma d Sole			Description				1					
TO BE ABATED	-IVI)	Ma	intena	nce/		tos Containing Ma thermal systems		Amount (Specify	Removal	Repair	inca	inclo			
IN Facility (13)		Cus	todial s (12)	Staff?	(	surfacing, VAT	, or	SF or LF)	oval	Ŧ	Encapsulate	Enclosure			
(13)		Yes	No	N/A		other miscellane	eous)				ate	Œ			
Exterior					Doof Flo	ahin n			+_	_					
xterior				101-100	Roof Fla			1,200 SF		Ш		Ш			
		$\boxtimes$	Roof Tai			130 SF									
xterior	-[	$\boxtimes$	Roof Wa	Iking Pads		600 SF									
	/														
ame of Registered Waste Hauler				JDEP V		Cubic Yards of	Name of Regis	stered-Landfill							
<b>Environmental Transport Gro</b>	ир	/		auler ID		Waste	G.R.O.W.S								
ity, State	_	/		NJDOC	006920	Disposal Dáte	City, State	)							
Flanders, NJ 07836						4/24/18	Morrisville	, PA							
ompleted By (Print or Type)	Title					Signature			ate			_			
Gwendolyn Trumbetti	0	peratio	ons C	oordi	nator	_	Charle	7 1	4/ (	11	8				
B-41							- VVVVI		3.5	101	0				

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

Date of Notification (1)				Na	me of Buil	ldina	Owner/Operato	r (2)			12	77	11-7
4/11/	1	8					# 1802-5274		#10019	Onto any and hou		÷.	15 . ;
Agencies Notified  EPA  DOLWD  DHSS  DCA  (NJAC 5:23-8)  Type Not  Amend Amend Amend Cance	ded dment # ency (ir ation)	1	ing	City S Nar	eet Addres 000 Had , State, Zi outh Pla ne of Cont yan Tho	ip Co ainfi tact	ode eld, NJ		Telephone 973-941		5.7	_	
			/	F	ACILITY	INF	ORMATION						
Name of Facility Where Abatement is PSE&G- Oakland Gas Facility Street Address 20 Van Dooren Drive City (5)		g Pla	ce (3)					Type of Facili  School (K- Subchapte Other (i.e.,	-12) er 8 (Other than I private and con	K-12) nmercial	buildir	ngs,	
Oakland, NJ 07436								Square Feet	# of Floors		Bldg.	Age	
County (6) Bergen					100 100 100 100 100 100 100 100 100 100		TATE USE ONLY)	District Of	100000	nolished			
Name of Monitoring Firm Hired by Bu	ilding C	)wner	(8)	ASCN	ΛNo.	N		ent Contractor (	9)				
Health & Safety Services Street Address							AbateTech,	lnc.					
PO Box 365						S	Street Address						
City, State, Zip Code							-	e. PO Box 25					
Berlin, NJ 08009						C	ity, State, Zip C						
Project Manager for Monitoring Firm			17-0			1_	Lumberton,	NJ 08048					
Jim Proctor				ephone	: No. 2-1311		elephone No.	_	License No				
	Schedi	iled (			ate (11)	-	609-265-2107		00529				
_4_/_16_/_18					18	22220	ame of OSHA N EMSL Analyt		8				
Occupancy Status During Abatement Facility Closed/Vacated During Ent Abatement Performed Outside of N Time of Abatement:AM	Check ire Peri	only od of	one) Abate v Hou	ment	scribe	St	treet Address  200 Route 13 ty, State, Zip Co	0 North					
Scope of Work (Check all that apply)							Cinnaminson	i, NJ 06077					
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			novati molitic				☐ Mini-Enc ☐ Glovebag	ainment with Ne losure g Procedure mpted (*) and No					
			Locat							Al	atem	ent T	ype
Location of Asbestos-Containing Material (ACN TO BE ABATED IN Facility (13)		Use	Normal d Sole intena todial S (12)	ly by nce/		e., the	Description of Containing Maternal systems is surfacing, VAT, ther miscellaneous	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Exterior			П		Roof FI	lash	ina		400 SF	N7			
Exterior					Tar & P								
	-				Tar & F	ape			50 SF		Ш	Ш	Ш
and the same of th	_												
lama af David All Market	1												
lame of Registered Waste Hauler Environmental Transport Group ity, State	0	)	Ha	IDEP V JUILET ID NJD00	V 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Wa 4	bic Yards of ste	Name of Regis G.R.O.W.S		,			
Flanders, NJ						1	posal Date /17/18	City, State Morrisville	ΡΔ /	(1)			
Completed By (Print or Type)	Title							orrisville					
Gwendolyn Trumbetti		eratio	ons C	oordi	nator		Signature	MAL		Date 4/[(	110	>	
B-41								IV		1/10	113	۵	
NY 11	* Do	not u	ise this	form i	for asbesto	os lic	ensure exempt	ed activities.					

PALL

Print Form

Check # 25577

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

Date of Notification (1)			Name	of Building	g Owner/	Operator	(2)				7.22	2. 100 P	10-49 1-4 	
4/9/2018							pping Millenn	ials		10	1.1			
Agencies Notified Type Notification	ו		Street	Address				: 1 :						
EPA X Initial DEP Amended			0.11					* 1 * 1		AΠ	n 1	7 1	2018	
X DOL Amended Amendmen	nt#		City, S	State, Zip C	Code	Sou	th Divor NI	00000	111	AP	()			
□ Emergency justification		g	Name	of Contact	f	300	th River, NJ						216	
DCA			- rame		Oakma	in		Tele	ephone N	umber				
Nome of Facility 147			FAC	CILITY INF	ORMATI	ION			r r	- 29				
Name of Facility Where Abatement is Taki Residential		(3)					Type of Facility	(4)						
Street Address	37						School (K-							
							Subchapte  Other (i.e.	r 8 (Othe	r than K-	12)	ildina			
City (5)							etc.)			Jai Du	liulings	s, non	ies,	
South River, N.	J 08882						Square Feet 1800	# of	Floors 2		Bldg.			
County (6)			County	Code (7)		-		or if hoio		b a d)	80 -	-/-		
Middlesex				USE ONLY	n		ouncill ose (i ii	rior if being demolished)						
Name of Monitoring Firm Hired by Building	Owner (8	)	ASC	M No.		Name o	of Abatement Co	ntractor (	9)					
MECS Street Address						Steve	ns Environme	nental Services, Inc.						
PO Box 341						Street A								
City, State, Zip Code							ox 322							
Chesterfield, NJ 085	15						ate, Zip Code own, NJ 0850							
Project Manager for Monitoring Firm Bill Weisgarber			Telepho			Telepho	ne No.		License N	lo.				
Start Date (10)				298-4070		Vient New York Control	59-9688	1	00493					
4/25/2018	Schedul		mpletion 1/30/20	Date (11) 18		Name of MECS	OSHA Monitor							
Occupancy Status During Abatement (Chec	k Only Or	ne)		1000		ddress								
Facility Closed/Vacated During Entire	Period of	Abater	nent			PO Bo	x 341							
Abatement Performed Outside of Norm Other – Describe: 8 am 4 pm	nal Facility	/ Hour	City, State, Zip Code Chesterfield, NJ 085											
Scope of Work (Check All That Apply)					erfield, NJ 08	515								
≥3 sf or ≥3 If	□ -													
≥160 sf or ≥260 lf	Transport of the last of the l	Renova Demolit				Full Containment with Negative Pressure Mini-Enclosure								
	_					×	Glovebag Procedure							
	Τ.			Γ -			Non-Exempted	(*) and I	Non-Friab	le Pro	K. C			
Location of	01	Locati Iormal	17.55%		_						5.51(0)503543.	ement rpe	t	
Asbestos-Containing Material (ACM)	Use	d Sole	ly by	Asbest	Desc os Conta	cription of ining Mat	erial (ACM)	Ame	ount					
TO BE ABATED In Facility	1 222	odial S		(i.e. t	thermal s	ystems in	nsulation,	(Spe	ecify	Re	D	Enca	E	
(13)		(12)				scellaneo		SF 0	r LF)	Remova	Repair	Encapsulate	Enclosure	
	Yes	No	N/A							a	-	late	ıre	
Basement		X		The	ermal P	ipe Insi	ulation	25	sf	Х				
Crawl Space			The	ermal P	ipe Insi	ulation	6	lf	х			П		
Name of Registered Waste Hauler		l N	JDEP W	note	Out to V									
Stevens Environmental Services	auler ID	No.	of Waste	Cubic Yards Name of Registered Landfill f Waste										
City, State	18292 1 Fairless Lan					I								
Allentown, NJ			Disposal	Date 0/2018	City, State Morrisvil									
Completed by				nature /	1 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7	Dat	Α						
Mahlon E. Stevens	nager			11	12	6	- 1	4/16/	18					

PAID

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

Ch#3347

Date of Notification (1)		Nom	o of Decitalia	- 0 10			JE 41 5511							
	3/18	Well	s Fargo E	g Owner / Opera	tor (2)									
Agencies Notified Type	Notification		t Address	Jank										
□ EPA		One	South Br	oad Street			7 22							
DEP DEP	Initial		State & Zip		1111111									
Ø DOH □	Amended	Phila	delphia,	PA 19107										
DCA H	Emergency Cancellation	105	of Contac			APR 1 7 20	Telephone Number							
	Caricenation	Anm	ar Baban			AIT 1 / 20	212-703-3647							
Name of Facility Mills A		FA	CILITY IN	<b>IFORMATION</b>										
Name of Facility Where A Wells Fargo NBOC	batement is Taking	Place (3)		Type of Fac	cility (4)		Šē.							
Street Address				School										
100 Fidelity Plaza				Subcha	apter 8 (Other t	han K-12)	/a 20 20							
,				Square Fee	t # of F	ommercial building								
City (5)	County (6)	County (	Code (7)	75,00		loors	Bldg. Age							
North Brunswick	Middlesex		0000 (1)		(Prior if being	demolished)	45+							
				Banking C		demonstred)								
Name of Monitoring Firm I	lired by Building Ov	vner (8)	ASCM N		atement Contra	actor (9)								
Environmental Conne	ction	503		Bristol Environmental, Inc.										
Street Address 120 North Warren Stre	-4			Street Addre	Street Address									
City, State & Zip Code	et			1123 Beav										
Trenton, NJ 08010				City, State 8 Bristol, PA	∠ip Code									
Project Manager for Monito	oring Firm	Telephone	Number	Telephone N		Il iconso N	Number							
Rollie Jones		609-392-4			(215) 788-6040 License Number 00509									
Scheduled Start Date (10)	Scheduled Co		te (11)	Name of OS		10000								
4/23/18	<u> </u>	4/25/18		Bristol Env	/ironmental	Inc.								
Occupancy Status During .	Abatement (Check of cated During Entire	only one)	tomont	Street Addre	17.7									
Abatement Perform	ned Outside of Norn	nal Hours - 7	7am to 3nn	1123 Beave City, State &										
Describe: 5:00P	M to 1:30AM	iai riodio i	ani to opii	Bristol, PA										
Facility Occupied [	Ouring Abatement			Director, 1 A	13001									
Scope of Work (Check all	that apply)				Me-sow		***************************************							
≥3 sf or ≥3 lf							legative Pressure							
2160 sf ≥260 lf			ovation olition		Mini-Enclosure									
		☐ Dell	IOIIIIOI			Bag Procedures	F: D							
Location		Is Location	on	Descriptio		Amount	n-Friable Procedure Abatement Type							
Asbestos-Con	taining	Normally U		Asbestos-Cor	ntaining	(Specify	Abatement Type							
Material (A TO BE ABA		Solely b Maintenance		Material (A		SF or LF)	7							
in Facilit		Custodial S		(i.e., thermal sinsulation, surface	systems cing VAT		Enclsour ncapsula Repair Remova							
(13)		(12)	.)	or other miscell	aneous)		Enclsoure Encapsulate Repair							
			N/A		•		Te e							
Storage Room				Pipe insula	ation	40 LF								
Storage Room				Mastic		220 SF								
			H											
			H -											
Name of Registered Waste	Hauler	N,IC	EP Waste	Cubic Yards Name of Registered Landfill										
			ler ID No.	of Waste	Ivaille of Neg	istered Landilli								
Service Transport Inc.		209	90	1 CU YD	Minerva La	ndfill								
City, State				Disposal Date	City, State									
New Castle, DE	- \		4/25		4/25/18 Waynesburg, Ohio									
Completed By (Print or Type Gino Pizzigoni	e)	Title		Signature										
o i izzigoiii		22,232	Project Manager Lind Punggon / In 4/13/18											
		1		10000011	1 1 101	. 1 11	1							

## State of NJ

B & G proj. #: 2018-76B

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

				Marcon 12 (12 (12 (12 (12 (12 (12 (12 (12 (12				Che	ck# 8884		* *;	7.					
Date of Notification (1	)		Name (	of Building Ov	vner/Operator (	2)				-107		C 7 mg - 1					
10 13 1/12 13 1/	118				tional Guard		ony		100	<b>2</b> 0 000							
	Type Notific	ation	Street A			7 1111	Югу		APR	17	2018						
EPA DEP	X Initia	E	430	Western A	venue			į				loom					
N DOL [	¬		City, Sta	ate, Zip Code							<del></del>	i de					
	Amen	dment	Mor	ristown, N.	J 07960				* * * *		•	4 33					
ĭ DOH	7 0		Name of	Contact				Teleph	one Number			-					
DCA L	Cance	ellation	Joe	McBride				1000	530-7136								
				FA	CILITY INFORM	ИАТК	ON										
Name of facility where	abatemen	t is taking	place (3)					Type of Facilit	v (4)								
Morristown Natio	nal Guar	ď					1	Sch	ool (K - 12)								
Street Address								Subchapter 8 (Other than K-12									
430 Western Ave	enue							U Othe Bldgs	(Private/Commercial ./Homes, etc.								
City (5)		C	ounty (6)			I c	ounty Code (7)	Square Feet	# of Floors	T	Bldg.	Age					
Morristown			Morris .				tate use only)	Current Use (	Prior if being	demo	lished)						
Name of Monitoring Fir	m Wirod by																
The Whitman Co			mer (8)		ASCM No.		Name of Abatement	Contractor (9)									
Street Address	- inpanie	, ino.			0110	tion, Inc.											
7 Pleasant Hill F	Road						Street Address 105 Ryerson F	Poad									
City, State, Zip Code						-	City, State, Zip Code	NOAU			-						
Cranbury, NJ 08							Lincoln Park,	NJ 07035									
Project Manager for Mor	nitoring Firm	n		Phone Numb	per	-	Telephone Number		License N	umbe	r						
Kevin Lovely				732-390-5			(973)696-686 Name of OSHA Moni		003	78							
Scheduled Start Date (10	0)	Sch	ed. Compl	etion Date (1	1)		7.7.1		72								
04/23/2018			1/27/2018				B & G Restorat	ion, inc.									
Occupancy Status During							105 Ryerson Road										
Facility closed/vac	ated during	entire pe	riod of aba	atement.			City, State, Zip Code										
Describe:			ii raciity no	ours-		_											
Scope of Work (check a						-	LincolnPark, NJ 07035										
Demolition	iii that appi	/) Renovat					1702-04-1 4702										
>3 sf or >3 lf	_						Full Containment w/neg	ative pressure	Glovebag	proc	edure						
	K	≥160 sf o	(Jing)		1	الا	Mini-enclosure		Non-friab	le pro	cedure						
Location of asbestos-containing	a		on normali tenance/cu	y used solely ustodial					e e	₹   F		E					
material to be		staff(12)	1		Description material (A		sbestos-containing	Amount (Specify S	For n	n p	C	n					
abated in facility (1	3)	Yes	No	N/A	,	ţ.		ĹF)	v	-	a	Ľ					
hower Room				X	ceiling plas	ter	<del> </del>	380 saft	e x		1	+					
										itr		一					
Registered Waste Hauler		Trus								] [							
B & G Restoration, I	Inc.	NJD	EP Hauler 19563	r ID#   Cu	ibic Yards of W 4	aste	Name of Registered L Fairless Landfill					-2					
city, State Lincoln Park, NJ				Disposal Da	sal Date City, State 04/23-27/2018 Morrisville,PA												
completed by (Print or Ty	pe) T	Title		1 - 04/20	Signature				I Dati								
Gordana Luna			ry/Treas	urer	Gordana Luna Date 03/23/2018												
										A							

- would

D&S Proj. #: 18-90

PAIN

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

								F			71.7		
Date of Notification (1)		Name	of Building (	Owner/Operator	(2)			: i L=	1 27			120	
0   4   /   1   1   /   1   8   Agencies Notified   Type Noti		NAN	CY MUL	LAN									
Agencies Notified Type Noti	fication	Street A							APR	17	2018	ė .	
DEP Amende	d												
☑ DOL Amendmen	nt #:	City, Sta	ate, Zip Cod	e				- 1, 1, 1		9 %	16	-14	ė
L Emerger	ncy	clifto	n, nj 0701	2							38	-	
DOH (includin justificati			Contact				-	Talant					
DCA Cancella	25	NAN	ICY MUL	LANI				releph	one Num	nber			
	don	11 1111											
Name of facility when the			F/	ACILITY INFORM	MATI	NC							
Name of facility where abateme	nt is takin	ig place (3)					T	Type of Facility	(4)				
NANCY MULLAN									ool (K - 1	12)			
Street Address							-	Subo	hapter 8	(Othe	r than	K-12	)
								Othe     Bldgs	r (Private s./Homes	/Comr	nercia	1	
City (5)	10	County (6)					_	Square Feet	# of Flo		TE	3ldg. /	Age
	1	Journey (6)				ounty Code (7)	71					3	3-
clifton		PASSAIC			) (S	tate use only)		Current Use (I	Prior if be	eing de	molis	ned)	
Name of Monitoring Firm Hired b	y Bldg. O	wner (8)		ASCM No.		Name of Abatem		onten et - (O)					
								00 10 -000-400 00 000 00 1 - 1 - 1 - 1 - 1 - 1 - 1 -					
Street Address					_	D & S REST(	JKA	TION, INC.					
						20 California	Α 1/0						
City, State, Zip Code					-	City, State, Zip Co				-	_	-	
Project Manager 6 Mg in						Paterson, NJ		)3					
Project Manager for Monitoring Fir	m		hone Num	ber	_	Telephone Number		75	Licens	e Num	her		
Charl Date (48)						973-345-802				01169			
Start Date (10)	Sch	ned. Comple	tion Date (1	1)	_	Name of OSHA M							
04/26/1818	05/	/10/18				D & S Restor	ation	, Inc.					
Occupancy Status During Abateme	ent (Checl	k only one)			-								
Facility closed/vacated during Abatement performed outsid	g entire pe	eriod of aba	tement.			20 California / City, State, Zip Coo		ue					
Describe.			urs-			0.15, Olato, 21p 000	ue						
Other-Describe: NORMAL					-	Paterson, NJ (	0750	3					
Scope of Work (check all that app								Containment w	/pogotive				_
	Renova	tion				Ē		i-enclosure	negative	piess	ure		
≥160 sf or ≥260 lf	Demoliti	ion				₽	Glo	vebag procedur	е				
Location of	Is locati	ion normally	used solely	/			_ Noi	n-Exempted (*)	and Non-	-friable	proce		
asbestos-containing material (acm) to be	staff(12	ntenance/cus )	stodial	Description	of as	sbestos-containing		Amount		е	e	E n	E
abated in facility (13)	Yes	No	N/A	material (A	CM)	<b>.</b>		(Specify SI	or or	m o	p a	С	n c
basement		,,,,	18//					LF)		V	ĭ	p	L
ousement		ILX.		PIPE INSUL	ATI	ON		130 l ft		e		П	П
										H	Ħ	H	一
		-									F	計	一
												<u></u>	
egistered Waste Hauler	IN.IF	EP Hauler I	D# 1 C:	ibic Yards of Wa	nate 1								
D & S RESTORATION, INC.		506	1000	yds.	iste	Name of Registered	d Lan	dfill	2011				
ity, State			Disposal Da	ate	-	TULLYTOWN, City, State	, RES	SOURCE REC	OVER	Y			
PATERSON, NJ 07503			04/27/18		_	TULLYTOWN	, PA						
completed by (Print or Type) BOGDAN JOLDZIC	Title	NEXIT.		Signature			,		Date			_	_
	PRESIE Do not us		for nohe of	licensure exem					04/11/	2018			
	not us	11110 101111	or aspestos	icensure exem	pted :	activities	15						

State of N.I. Notification of Asbestos Abatement D&S Proj. #: 18-91 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 0 4 / 1 1 / 1 8 FAITH AND GARY TAYLOR Agencies Notified Type Notification Street Address ☐ EPA | Initial F ... Amended DEP Amendment #: City, State, Zip Code M DOL ☐ Emergency SO. ORANGE, NJ 07079 DOH. (including Name of Contact justification) Telephone Number DCA Cancellation FAITH AND GARY TAYLOR **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) FAITH AND GARY TAYLOR School (K - 12) Street Address Subchapter 8 (Other than K-12) Other (Private/Commercial Bldgs./Homes, etc. Square Feet City (5) # of Floors Bldg. Age County (6) County Code (7) (State use only) SO. ORANGE Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor D & S Restoration, Inc. 04/24/1818 05/10/18 Occupancy Status During Abatement (Check only one) Street Address Facility closed/vacated during entire period of abatement. 20 California Avenue Abatement performed outside of normal facility hours-City, State, Zip Code Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply)  $\ge 3$  sf or >3 If Full Containment w/negative pressure Renovation Mini-enclosure ≥160 sf or ≥260 lf Demolition Glovebag procedure Non-Exempted (\*) and Non-friable procedure Is location normally used solely Location of asbestos-containing by maintenance/custodial E E staff(12) е material (acm) to be Description of asbestos-containing е Amount n m n abated in facility (13) material (ACM) p (Specify SF or C Yes No 0 C N/A a LF) a p ent (WATER METER, LAUNDRY AND BOILER RM) **DUCT INSULATION** 24 SQ FT X legistered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste D & S RESTORATION, INC. Name of Registered Landfill 13506 I YD. TULLYTOWN, RESOURCE RECOVERY ity, State Disposal Date City, State PATERSON, NJ 07503

04/25/18

Do not use this form for ashestos licensura avamentad anticition

Signature

completed by (Print or Type)

**BOGDAN JOLDZIC** 

ASR-41

Title

PRESIDENT

TULLYTOWN, PA

Date

04/11/18

2018-98

B & G proj. #:

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

Data of November 11						-		C. C	heck # 8	3920				
Date of Notification (1)		N	ame of B	uilding Ow	ner/Operator (2	2)		I E	(°)	Famell Control	···.			
10  4  / 1  3  /			Atlantic	Health :	System				¥9 5.			, i	i	
Agencies Notified Ty	pe Notification	on St	reet Add	ress		-		111			1	1 11	1	
DEP DEP	Initial			adison A	venue			A A	PR 1	7 2018			1	
X DOL X	Amendm	ent Ci		Zip Code	07000			1.,,			1			
X DOH		Na	me of Co	town, NJ	07960			<i>.</i>			; .d			
□ DCA □	Cancellat	1.15						Tel	ephone N	umber		!		
			Peter	Palmer				(9	73)971-	-4194				
				FAC	CILITY INFORM	IATIO	NC	*16						
Name of facility where a	batement is	taking plac	e (3)		H-1021	23.000	1	Type of Fa		. 0000				
Morristown Medica	al Center	(NON	Sub 8	)					School (K					
Street Address						_			Subchapte					
100 Madison Aver	nue							B	ther (Priv ldgs./Hon	nes, etc.	nercial			
City (5)		Count	/ (6)			-	-1015	Square Fe	et # of	Floors	E	ldg. A	ge	
Morristown						17/27/29	ounty Code (7) tate use only)	Current Us	e (Prior i	f hoing do		- d\		
46	IP II BY	Morr		-				Hospital	(non su		molisi	lea)		
Name of Monitoring Firm T&M Associates	i Hired by Blo	dg. Owner	(8)		ASCM No.		Name of Abatement	Contractor (9)			-			
Street Address	-				0145	B&G Restoration, Inc.								
11 Tindall Road	11 Tindall Road						Street Address 105 Ryerson R	nad					8	
City, State, Zip Code		-	City, State, Zip Code	oau										
Middletown, NJ 0							Lincoln Park, I	NJ 07035						
Project Manager for Monit	toring Firm		1	one Numb			Telephone Number		Lio	ense Num	ber			
Kevin Burns				2-676-40			(973)696-6869			00378				
Scheduled Start Date (10)		1		on Date (11	)		Name of OSHA Monit B & G Restorati							
04/23/2018		04/24					Street Address	on, mc.						
Occupancy Status During				20			105 Ryerson Ro	pad						
Facility closed/vacat Abatement performe	ed auring en ed outside of	normal fac	or abate	ment. s-		1	City, State, Zip Code							
Describe: WC						-1	LincolnPark, NJ	07035						
Scope of Work (check all						-		07033				-1		
☐ Demolition		enovation				П	Full Containment w/nega			120	8			
	□ >16	60 sf or >2	60 If				Mini-enclosure	auve pressure		lovebag pi				
Location of			20.22	sed solely						on-friable	-	_		
asbestos-containing		maintena aff(12)	nce/cust	odial	Description	of a	sbestos-containing	Amou	nt	е	e R	E n	E	
material to be abated in facility (13)	,  -	Yes	Ma	T	material (A	CM)	oootoo oomaniig	(Spec	ify SF or	m	p a	c a	n c	
Deal : 1 5 500		103	No	N/A				LF)		v e	i	р	L	
Deskovick 5 Elder Li	×	VAT/mastic	)		130 sf		X							
Program Of														
					The second secon									
										_ _				
Registered Waste Hauler			Hauler ID	)#   Cu	bic Yards of Wa	aste	Name of Registered L	andfill			Ш	Щ		
B & G Restoration, In	IC.	195	63		2		Tullytown R		Recove	ery Cent	er	20		
ity, State Lincoln Park, NJ				oisposal Da 04/24/2			City, State Tullytown, P							
completed by (Print or Type	e) Tit	e	L	7 112-112		_	I uniytown, P	^	15:			1		
Completed by (Print or Type)  Gordana Luna  Title  Signature  Secretary/Treasurer						Gordana Luna Date								

OK#8871

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

Date of Notification (1)			T					11.	•				7
4/16/18			PSE	of Building ( &G	Owner/0	Operato	(2)		APR	1.7	2018	ŗ	
Agencies Notified Type Notification  EPA   Initial	1			Address HADLEY	' ROA	D	1		(A)	4 4	CUN	).	I Insulativ
DEP Amended Amendmer	nt #			State, Zip Co ITH PLAIN		) NI (	7000	3		-		W.	
Emergency	(including	g	Pis.	of Contact	NITELL	J, NJ (	77000						
DOH justification Cancellatio			7	ANATL	10.1	11.11	A-GONZE	le.	ephone N	lumbe	,		10
			FA	CILITY INFO	RMATI	ON	A-GONZE	4/69	908-	do	(-0	27	9
Name of Facility Where Abatement is Taki	ng Place (	(3)					Type of Facilit	y (4)					
PSE4G Street Address							School (K						
950 TERECH	111	C					Subchapt  Other (i.e	ter 8 (Oth	er than K-	·12)	ildina	hon	200
City (5)	MY	<u> </u>					etc.)			Clai bu			iles,
958 JERSEX City (5) NEW BRUNSU County (6)	1:05	,					Square Feet	# 0	Floors		Bldg.		
County (6)	// _ /		County	Code (7)			Current Use (F	Prior if hai	na domali	abad\	4ppx	68	yRs
MIDDLESEX			(STATE	USE ONLY)		_			7:01				
Name of Monitoring Firm Hired by Building	Owner (8	)	100000000000000000000000000000000000000	M No.		Name	of Abatement C	ontractor	(9)				
ENVIRONMENTAL TACTICS			004	15		UNIC	UE SYSTEM	MS OF	AMERIC	CA IN	С		
Street Address 64 BROAD STREET							Address VHITEHEAD	\ \\/\_					
City, State, Zip Code							ate, Zip Code	AVE.					
MATAWAN, NJ 07747	20						TH RIVER, N	1J 0888	2				
Project Manager for Monitoring Firm TOM GEIGER				one No. 90-2217			one No.		License	No.			
Start Date (10)	Schedul	ed Cor		Date (11)			32-8350 of OSHA Monito	r	01111				
4/25/18		41	27/	18			UE SYSTEM		MERIC	A IN	C.		
Occupancy Status During Abatement (Chec						Street A		A > 45					
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm	al Facility	Hours	2		F		VHITEHEAD	AVE.					
Other - Describe: Mecassary	ples	tor	on	ly	_		ate, Zip Code ΓΗ RIVER, Ν	IJ 0888	2				
Scope of Work (Check All That Apply)	_												
≥3 sf or ≥3 If ≥160 sf or ≥260 If	The same of the sa	enova emolit					Full Containm	nent with	Negative	Pressu	ıre		
		remone	1011				Mini-Enclosus Glovebag Pro						
	1					Z	Non-Exempte		Non-Frial	ble Pro			
Tank-196		Locati Iormal									Abat	emeni rpe	t
Location of Asbestos-Containing Material (ACM)	Use	d Sole	ly by	Ashestos		cription o	of eterial (ACM)	۸.,	nount		T	Ĺ	
TO BE ABATED In Facility		ntenar odial S		(i.e. th	ermal s	ystems	insulation,	(Sp	ecify	Re	ת	Enc	En
(13)		(12)				ng, VAT scellane		SF	or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A	22.74			,			/al	=	late	ure
MIDDLE OF BUILDING		X		TRAN	IS.TE	P	ANG/S	12	SF	X			
10 10 11		×		wies		500	K		LF	X			
								20		1			
Name of Parish 1111													
Name of Registered Waste Hauler WASTE MANAGEMENT		0.000	JDEP W auler ID		Cubic Yaste				ed Landfill				
The state of the s			125	and the second s	PAX	10	FAIRLE	ESS					
City, State ELIZABETH, NJ					Disposal	Date	City, Stat						
Completed by	7				TB	D		ISVILLE					
CAROL RAIMO	Title OFFI	E M	GR		Sig	nature	eral Lo		Da	ite 4/	1	/	
	OFFIC	J	GIV.			40	era 20	cem	0	1/	161	18	-