# C (5235)

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

Date of Notification (1)			-terror	Name	of Building Owner	(Onerato	r (2)				7			
8/9/2013				IMT	- Bayonne	Operato	1 (2)			48				
Agencies Notified	Type Notification				Address				1.1.	1+				
X EPA	Initial				East 22nd Stree	et								
X EPA X DEP X DOL	Amended Amendmen	*****			tate, Zip Code			10.1						
	Emergency		-		nne, New Jers	ey 070	02							
DOH DCA	justification)			100000000000000000000000000000000000000	of Contact				Telenhon	<u>Num</u>	ber	7		
DCA .	Cancellation	1			ey Hotard						-			
Name of Facility Where	Abatement is Takir	ng Place (3	)	TA	CILITY INFORMAT	TION	Type of F	acility (4)						
IMTT - Bayonne		,						5						
Street Address							Subo	ol (K-12) hapter 8	Other than	K-12)	ř			
250 East 22nd Stre	et						○ Othe	r (i.e. priv	ate & comr	nercia	bui	ldings	, hom	ies,
City (5)							etc.) Square Fe	et	# of Floors	S	1	3ldg.	Age	
Bayonne, New Jers	ey 07002									500 948		30+	. igc	
County (6) Hudson					Code (7)		Current Us	se (Prior i	being den	nolishe	ed)			
	TP 11				USE ONLY)	_								
Name of Monitoring Firm Envirovision Consu		Owner (8)		000	M No.	Name	of Abateme	nt Contra	ctor (9)					
Street Address	ntarito, mo.			000	19		ations, In	C.						
20-21 Wagaraw Ro	ad Bldg 34A						Address Edwards	A	20					
City, State, Zip Code	,g. 0 // t								<del></del>					
Fair Lawn, New Jers	sey 07410					Hara	tate, Zip Co	ae						
Project Manager for Moni	itoring Firm		$\neg$	Telepho	one No.		one No.		Licon	se No.				
Guillermo Morales	3				36-9145	100000000000000000000000000000000000000	733-5033		0112	anger, inches				
Start Date (10)				mpletion	Date (11)	Name	of OSHA Me	onitor						
8/17/2013		8/24/20	1000			Envir	ovision C	onsulta	nts, Inc.					
Occupancy Status During							Address						-	
Facility Closed/Vaca Abatement Performs	ted During Entire F	Period of At	ater	nent			Wagara		, Bldg. 34	‡A				
Other - Describe: A	rea unoccupied	al racinty i	Tour	s 			tate, Zip Co Lawn, Ne		. 07440					
Scope of Work (Check All	That Apply)					I all I	Lawii, ive	w Jerse	y 0/410					
23 sf or ≥3 lf	,	T Po	nove	ation					2424029	3 9227				
≥160 sf or ≥260 lf		STREET, STREET	moli			1996	Mini-End	tainment v losure	with Negati	ve Pre	ssu	re		
						×	Gloveba	Procedu	ire			2		
		le l	ocat	ion.	I		Non-Exe	mptea (*)	and Non-F	riable		District Control	e ement	-
Location	of	No	rmal	ly	Des	scription	of						ре	
Asbestos-Containing N	Material (ACM)	Used Main			Asbestos Cont	aining M	aterial (ACN	1)	Amount	Γ			m	
TO BE ABA		Custo	dial S		(i.e. thermal	systems cing, VAT			(Specify SF or LF)		Rer	Re	nca	Enc
(13)	53		(12)			niscellan			SI UI LIF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A				1		- 1	=		ate	8
Tank 450	07		X		Surfa	ice Ma	stic	_	900 sf	X		-		$\overline{}$
		$\vdash$		-						- 1	-	-		
		+-+		-							_			
Name of Registered Waste	Herica		1										1	
	e nauler		1	JDEP W auler ID					stered Lan	dfill				
reehold Cartage				2265	<20 c)		IES	I						
City, State Dunmore, PA					Disposi			State						$\neg$
Completed by		Tie-			8/26/2		Bet	hlehem,	PA					
Aubrey Hotard		Title Corpora	ate :	Safety	Director	gnature	1/01	VA		Date	0044	,		
		- John Control		Juicty	Director	MY	L X A	14	V	8/9/2	UI.	0		

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

CK#005165

D&S Proj. #: 2013

City (5)	ı. Age	ge
Agencies Notified	ı. Age	ge
EPA	ı. Age	ge
DEP   Amendment #:     City, State, Zip Code   MONTVALE, NJ   Name of Contact   EVAN COLGAN   Telephone Number   Street Address   Street Ad	ı. Age	چور ge
DOL	ı. Age	ge ge
Name of Contact   EVAN COLGAN   Telephone Number	ı. Age	ير ge
DCA	ı. Age	ge
School (K - 12)   School (K	ı. Age	ge
Name of facility where abatement is taking place (3)  EVAN COLGAN  Street Address  23 HILLSIDE TERRACE  City (5)  MONTVALE  Name of Monitoring Firm Hired by Bidg. Owner (8)  Street Address  Street Address  Street Address  Street Address  City, State, Zip Code  Project Manager for Monitoring Firm  Phone Number  Project Manager for Monitoring Firm  Phone Number  Start Date (10)  08/14/13  08/30/13  Coccupancy Status During Abatement (Check only one)  Facility closed/vacated during entire périod of abatement.  Abatement performed outside of normal facility hours- Describe:  Other-Describe:  Other-Describe:  Name of Normal facility (4)  School (K - 12)  School (F)  School (F - 10)	ı. Age	ge
EVAN COLGAN  Street Address  23 HILLSIDE TERRACE  City (5)  Nontrolar Bergen  Name of Monitoring Firm Hired by Bidg. Owner (8)  Street Address  20 California Ave.  City, State, Zip Code  Project Manager for Monitoring Firm  Phone Number  Project Manager for Monitoring Firm  Name of Abatement Contractor (9)  D	ı. Age	ge
EVAN COLGAN  Street Address  23 HILLSIDE TERRACE  City (5)	ı. Age	ge
Street Address  23 HILLSIDE TERRACE  City (5)	ı. Age	ge
23 HILLSIDE TERRACE  City (5)		ge
City (5)		
MONTVALE  Name of Monitoring Firm Hired by Bldg. Owner (8)  Street Address  City, State, Zip Code  Project Manager for Monitoring Firm  Phone Number  Project Manager for Monitoring Firm  Phone Number  Project Manager for Monitoring Firm  Phone Number  Start Date (10)  08/14/13  Occupancy Status During Abatement (Check only one)  Facility closed/vacated during entire périod of abatement.  Abatement performed outside of normal facility hours- Describe:  Other-Describe:  Other-Describe:  Name of Abatement Contractor (9)  D & S RESTORATION, INC.  Street Address  20 California Ave.  City, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  Name of OSHA Monitor  D & S Restoration, Inc.  Street Address  20 California Avenue  City, State, Zip Code  Paterson, NJ 07503  Street Address  20 California Avenue  Full Containment winegative pressure  Mini-enclosure  Glovebag procedure  Non-Exempted (*) and Non-friable proce	)	
Name of Monitoring Firm Hired by Bldg. Owner (8)   ASCM No.   Name of Abatement Contractor (9)		
D & S RESTORATION, INC.		
Street Address  City, State, Zip Code  Project Manager for Monitoring Firm  Phone Number  Start Date (10)  Start Date (10)  O8/14/13  Occupancy Status During Abatement (Check only one)  Facility closed/vacated during entire period of abatement.  Abatement performed outside of normal facility hours- Describe: Other-Describe: Other-Describe: Other-Describe: NORMAL HOURS  Street Address 20 California Ave.  City, State, Zip Code Paterson, NJ 07503  Telephone Number 973-345-8020 01169  Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue  City, State, Zip Code  Paterson, NJ 07503  Scope of Work (check all that apply)  Full Containment w/negative pressure Mini-enclosure Glovebag procedure Non-Exempted (*) and Non-friable proce- Non-Exempted (*) and Non-friable proce-		
20 California Ave.		
City, State, Zip Code  Project Manager for Monitoring Firm  Phone Number  Phone Number  Phone Number  Start Date (10)  08/14/13  Occupancy Status During Abatement (Check only one)  Facility closed/vacated during entire period of abatement.  Abatement performed outside of normal facility hours-  Describe:  Other-Describe:  Other-Describe:  NORMAL HOURS  City, State, Zip Code  Paterson, NJ 07503  Scope of Work (check all that apply)  Full Containment w/negative pressure  Mini-enclosure  Glovebag procedure  Non-Exempted (*) and Non-friable proces		
Paterson, NJ 07503  Telephone Number 973-345-8020 01169  Start Date (10) Sched. Completion Date (11) 08/14/13 08/30/13  Occupancy Status During Abatement (Check only one)		-
Project Manager for Monitoring Firm  Phone Number  Phone Number  973-345-8020  Name of OSHA Monitor  D & S Restoration, Inc.  Street Address  Coccupancy Status During Abatement (Check only one)  Facility closed/vacated during entire period of abatement.  Abatement performed outside of normal facility hours- Describe:  Other-Describe:  NORMAL HOURS  Paterson, NJ 07503  Full Containment w/negative pressure  Paterson, NJ 07503  Full Containment w/negative pressure  Mini-enclosure  Glovebag procedure  Non-Exempted (*) and Non-friable proce	8	
Start Date (10)   Sched. Completion Date (11)   D & S Restoration, Inc.    O8/14/13   O8/30/13   Street Address   O Caupancy Status During Abatement (Check only one)   Facility closed/vacated during entire period of abatement.   Abatement performed outside of normal facility hours-Describe:   Other-Describe:   NORMAL HOURS   Paterson, NJ 07503   Full Containment w/negative pressure   S of or >3 sf or >3 lf   Renovation   Renovation   Renovation   Demolition   Renovation   Renovatio		
Start Date (10)  O8/14/13  Occupancy Status During Abatement (Check only one)  □ Facility closed/vacated during entire period of abatement. □ Abatement performed outside of normal facility hours- Describe: □ Other-Describe: □ Other-Describe: □ NORMAL HOURS  Scope of Work (check all that apply) □ ≥3 sf or >3 lf □ Renovation □ ≥160 sf or ≥260 lf □ Demolition  Name of OSHA Monitor D & S Restoration, Inc.  Street Address 20 California Avenue City, State, Zip Code  Paterson, NJ 07503  □ Full Containment w/negative pressure □ Mini-enclosure □ Glovebag procedure Non-Exempted (*) and Non-friable proces		
Start Date (10)  08/14/13  Occupancy Status During Abatement (Check only one)  □ Facility closed/vacated during entire period of abatement. □ Abatement performed outside of normal facility hours- □ Describe: □ Other-Describe: NORMAL HOURS  Scope of Work (check all that apply) □ ≥3 sf or >3 lf □ Renovation □ ≥160 sf or ≥260 lf □ Demolition  □ D& S Restoration, Inc.  Street Address 20 California Avenue  City, State, Zip Code  Paterson, NJ 07503  □ Full Containment winegative pressure □ Mini-enclosure □ Glovebag procedure □ Non-Exempted (*) and Non-friable proces	-	
08/14/13       08/30/13         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:       Paterson, NJ 07503         Scope of Work (check all that apply)       Full Containment w/negative pressure         ☐ >3 sf or >3 lf       Renovation         ☐ >160 sf or ≥260 lf       Demolition		
☐ Facility closed/vacated during entire period of abatement.       20 California Avenue         ☐ Abatement performed outside of normal facility hours-       City, State, Zip Code         ☐ Describe:       NORMAL HOURS         Scope of Work (check all that apply)       Full Containment w/negative pressure         ☐ So f or >3 If       Renovation         ☐ Slovebag procedure       Glovebag procedure         ☐ Non-Exempted (*) and Non-friable procedure		
Abatement performed outside of normal facility hours- Describe:  ☐ Other-Describe: NORMAL HOURS  Scope of Work (check all that apply) ☐ Full Containment winegative pressure ☐ Sign > 3 sf or > 3 lf ☐ Renovation ☐ Sign > 3 sf or > 3 lf ☐ Demolition ☐ Non-Exempted (*) and Non-friable processing the location permally used solely.		
Describe: NORMAL HOURS  Scope of Work (check all that apply)  Scope o		
Scope of Work (check all that apply)       ☐ Full Containment winegative pressure         ☑ >3 sf or >3 lf       ☑ Renovation         ☐ ≥160 sf or ≥260 lf       ☐ Demolition         ☐ Non-Exempted (*) and Non-friable proces		
☐ Glovebag procedure ☐ ≥160 sf or ≥260 lf ☐ Demolition ☐ Non-Exempted (*) and Non-friable procedure		
Is location normally used solely	ure	)
Location of hymaintenance/custodial e e e	E	Е
material (acm) to be staff(12)  Description of aspestos-containing m   p	n c	n
abated in facility (13)  Yes No N/A  material (ACM)  (Specify SF or o a labeled in facility (13)  Yes No N/A	a p	L
e r		<del> </del>
GARAGE DUCT INSULATION 40 SQ FT	=	ዙ
	$\dashv +$	뷰
		ዙ
	=\-	井
Registered Waste Hauler   NJDEP Hauler ID#   Cubic Yards of Waste   Name of Registered Landfill		1
D & S RESTORATION, INC. 13506 1 YD TULLYTOWN, RESOURCE RECOVERY		
City, State Disposal Date City, State		
PATERSON, NJ 07503 08/15/13 TULLYTOWN, PA		
Completed by (Print or Type) Title Signature Date  BOGDAN JOLDZIC PRESIDENT 08/02/2013		
BOGDAN JOLDZIC PRESIDENT 08/02/2013		

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

D&S Proj. #: 2013

CK# 005164

Data of National Control	LIN	ame of B	uilding Own	er/Operator (2)									
Date of Notification (1)			17) 										
Agencies Notified   Type Notificat	-	DA VID	COLLINS	S									
☐ EPA ☐ Initial													
☐ DEP ☐ Amended			RAY CO	URT									
DOL Amendment #			Zip Code					2		er 3			
☐ Emergency (including			PPANY, 1	NJ 07054						(33)			
justification)	Na	me of Co	ontact					Telepho	ne Numb	er			
☐ DCA ☐ Cancellation	n	DAVII	COLLÍN	S				h					
			FAC	ILITY INFORM	ATION				77	1>	)	S	
Name of facility where abatement	is taking plac	ce (3)					П	Type of Facility	(4)				
DAVID COLLINS								=	ol (K - 12 hapter 8 (		han K	(-12)	
Street Address							7	○ Other	(Private/	Comme	Same.	,	
21 MURRAY COURT							11		./Homes,				
City (5)	Count	v (6)				-b. O. d. (7)	=	Square Feet	# of Floo	ors	В	dg. A	ge
ony (o)	Count	., (0)			N 2200 3200	nty Code (7) te use only)	1 -	Current Use (I	Dries if hai			- 4\	
PARSIPPANY	MO	RRIS			(****			Current Ose (i	Prior ii bei	ng den	iolisn	ea)	
Name of Monitoring Firm Hired by	Bldg. Owner	(8)		ASCM No.	П	Name of Abatem	ent Co	ontractor (9)			-		
2						D & S RESTO	OR A'	TION, INC.					
Street Address						Street Address				-			
.= 3						20 California	a Ave						
City, State, Zip Code						City, State, Zip Co	ode						
S-1						Paterson, NJ	J 0750	03					
Project Manager for Monitoring Firm	1	Р	hone Numb	er		Telephone Numb	er		Licens	e Num	er		
						973-345-80	)20			01169		-	
Start Date (10)	Sched.	Complet	ion Date (11	1)		Name of OSHA							
08/19/13	08/28/	/13				D & S Resto Street Address	ration	n, Inc.					
Occupancy Status During Abateme						20 California		150412					
Facility closed/vacated during	70		ement.		-	City, State, Zip Co		nue					
Abatement performed outside	of normal fa	acility hou	ırs-			Oity, Otate, Zip Oi	ouc						
Describe: NORMAL F	IOURS				-11	Paterson, NJ	0750	03	7	*			
Scope of Work (check all that appl					-		□ Fi	ill Containment	w/negativ	e pres			_
≥3 sf or ≥3 lf	Renovation	1					=	ini-enclosure	winegativ	e pies	uie		
≥160 sf or ≥260 lf	Demolition						⊠ GI	ovebag proced	ure				
		normally	used solely	,			∐ N	on-Exempted (*	) and Nor	-friable	proc		
Location of asbestos-containing	by mainter					sbestos-containing	_	Amount		е	e	E n	E
material (acm) to be	staff(12)			material		spesios-containin	y	(Specify	SF or	m	p	c a	n c
abated in facility (13)	Yes	No	N/A					LF)		V	i	p	L
BASEMENT		V	7	PIPE INSU	T.A.TI	ON		35 L FT		e	r	$\Box$	t
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			#							17	H	H	一
Registered Waste Hauler		P Hauler	ID# C	ubic Yards of	Vaste	Name of Registe	ered L	andfill		-1		ഥ	1
D & S RESTORATION, INC.	1350	06	1	l YD		TULLYTOW			ECOVE	RY			
City, State	15		Disposal D			City, State		SHE					
PATERSON, NJ 07503			08/20/1			TULLYTOV	VN, F	PA					
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDE	ENT		Signature					08/0	5/2013	3		
ASB-41	* Do not use	this form	for asbest	os licensure ex	empted	d activities.							

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

D&S Proj. #: 2013

CK# 166

								£.	00	,			
Date of Notification		Na	me of Build	ding Own	er/Operator (2)	)			7		4		
10  8  /10  5		s	STEVE TI	RICARI	CO				1/2			30	7
Agencies Notified EPA	Type Notification	on Str	eet Addres	SS					*,	7:			1.7
☐ DEP	Amended	11	14 MORC		ACE								
	Amendment #:	Cit	ty, State, Z	ip Code				20					
□ DOL	Emergency	1 1			GTON, NJ								
□ DOH	(including justification)	Na	me of Con	tact				Telephone	Number				
☐ DCA	Cancellation	- 11	STEVE	TRICAR	ICO								
	1			FAC	ILITY INFORM	IATION		- No.					
Name of facility w	here abatement is	s taking plac	ce (3)					Type of Facility (4)					
STEVE TRICA	ARICO							Subchar	(K - 12) oter 8 (Othe	r tha	an K.	12)	
Street Address	naco							Other (P	rivate/Comr			12)	
							İ		omes, etc.	_	- DI	- A	
14 MORGAN	PLACE	T Carre	L. (C)					Square Feet #	of Floors		Bid	g. Ag	,e
City (5)		Count	.y (b)			16.25	nty Code (7) e use only)	Current Use (Prid	or if being de		licho	d)	
NORTH ARL	INGTON	Berg	gen			(5,00)		. Current use (PIR	. Il Dellig de	51110	3116	-,	
Name of Monitori	CACY LINES INCOME MANAGEMENT		4		ASCM No.	ΉП	Name of Abatement	Contractor (9)					
		*			ļį.		D & S RESTOR	ATION, INC.					
Street Address					-	=	Street Address		1000000				
							20 California A	ve.					
City, State, Zip Co	de						City, State, Zip Code						
epi							Paterson, NJ 0	7503					
Project Manager fo	or Monitoring Firm	1	Ph	one Numl	per		Telephone Number		License Nu		er		
							973-345-8020		0116	59		_	
Start Date (10)		Sched	. Completic	on Date (1	1)		Name of OSHA Mon D & S Restorat						
08/13/13		08/28	/13			- 11	Street Address	ion, me.					
Occupancy Status	During Abatemer						20 California A	venue	*0				
	ed/vacated during						City, State, Zip Code						
Describe:	performed outside		acility hour	rs-									
Other-Desc	ribe: NORMAL F	IOURS				_	Paterson, NJ 0	7503					
	check all that appl							Full Containment w/	negative pre	essi	ıre		
$\ge 3 \text{ sf or } >3$	lf 🖂	Renovatio	n					Mini-enclosure					
≥160 sf or ≥	260 If	Demolition	1				F	Glovebag procedure Non-Exempted (*) a		ble	proce	edure	į.
Location of			n normally		ly					₹	R	Е	E
asbestos-co	ontaining	by mainte staff(12)	enance/cus	todial	Descrip	tion of a	sbestos-containing	Amount	l r	n	e p	n c	n
material (ad abated in fa		110		T	- material	(ACM)		(Specify SF LF)	- 01   0	81 1	a	а	L
apatou iii ie	, (10)	Yes	No	N/A				5% 	e	9	ŗ	р	_
BASEMENT			$\square X$		BASEME	NT		80 L FT		X	Ц	ᆜ	닏
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Registered Waste	Hauler RATION, INC.		EP Hauler	ID#	Cubic Yards of 1 YD	vvaste	Name of Registere	id Landfill I, RESOURCE RE	COVERY	8			
City, State	idition, mc.	15.		Disposal			City, State	,					
PATERSON,	NJ 07503			08/14/			TULLYTOW	N, PA					
Completed by (Pr		Title			Signature				Date				
BOGDAN JO		PRESID							08/05/2	013			
ASB-41		* Do not us	e this form	for asbes	stos licensure	exempte	ed activities.						

### D&S Proj. #: 2013

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



Date of Natification (4)		Name of Pi	ilding Own	er/Operator (2)								
Date of Notification (1)	- 11'											
Agencies Notified   Type Notifica	tion	JOSEPH Street Addr	FERRAF	RO					- G2			
☐ EPA ☐ Initial	11							100		5		
DEP Amended			STREET	————————————————————————————————————				17.	<u> </u>	1		
DOL Amendment #		City, State,						1			4.	
☐ Emergency (including				NJ 07003					9			
justification)		lame of Co	ntact				Telephon	e Numbe	r .			
DCA Cancellation	1	JOSEPI	I FERRA	RO			1,		Į		-	
			FAC	ILITY INFORM	ATION							
Name of facility where abatement	is taking pl	ace (3)		<del>200   10</del>			Type of Facility (	(4)		-		
JOSEPH FERRARO							1 =	I (K - 12)		lasses I	(10)	
Street Address					17		Other      Ot	apter 8 (C (Private/C	omme		(-12)	
59 NEW STREET								Homes, e		В	ldg. A	ne
City (5)	Cou	nty (6)			Cou	nty Code (7)	J Square r set	<i>"</i> 01 1 100	.5		iug. i	,gc
W2552 40 Ed						te use only)	Current Use (P	rior if bein	g den	nolish	ed)	
BLOOMFIELD, NJ 07003	The second second	SEX					18	-				
Name of Monitoring Firm Hired by	Bldg. Own	er (8)		ASCM No.		Name of Abatement	Contractor (9)					
					_	D & S RESTORA	ATION, INC.					
Street Address						Street Address						
						20 California Av	re.					
City, State, Zip Code						City, State, Zip Code						
						Paterson, NJ 07	503				12	19
Project Manager for Monitoring Firm	1	Ph	one Numb	er		Telephone Number		License		er		
			W			973-345-8020		0	1169		- 2	
Start Date (10)	Sched	d. Completi	on Date (11	1)		Name of OSHA Moni	AA41					
08/14/13	08/2	8/13				D & S Restoration	on, Inc.				_	
Occupancy Status During Abatemen		000000000000000000000000000000000000000				20 California Av	enile					
Facility closed/vacated during Abatement performed outside	entire peri	od of abate	ment.			City, State, Zip Code	chac				-	
Describe: NORMAL F					_	D NI OZ	502					
					- 11	Paterson, NJ 07	503					
Scope of Work (check all that apply >3 sf or >3 if	3.5						full Containment w	/negative	press	ure	12	
	Renovation	on				=	Mini-enclosure Glovebag procedur	-				
≥160 sf or ≥260 lf	Demolitio	n			300003		Non-Exempted (*)		friable	proc	edure	9
Location of		n normally enance/cus							R	R	E	E
asbestos-containing material (acm) to be	staff(12)	Sharloe/cus	todiai			sbestos-containing	Amount (Specify S	E or	m	e p	n	n
abated in facility (13)	Yes	No	N/A	material (	ACM)		LF)	r or	0	a	a	C
*									е	ŗ	р	
BASEMENT		L X		PIPE INSU	LATI	ON	88 L FT		X			10
									III.	<u> </u>	닏	14
											Ш	<del> </del>
											닏	닏
Registered Waste Hauler			D# 1.0	La Varda a CO	Vast-	N 75 : :				Ш		
D & S RESTORATION, INC.	135	EP Hauler I		ubic Yards of V YD	vaste	Name of Registered TULLYTOWN, I		COMED	v			
City, State	l <u></u>		Disposal D			City, State	LEGOORCE RE	COVEN	. 1			
PATERSON, NJ 07503			08/15/1			TULLYTOWN,	PA					
Completed by (Print or Type)	Title			Signature		1		Date				
BOGDAN JOLDZIC	PRESID	ENT						08/05	/2013			

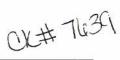
\* Do not use this form for asbestos licensure exempted activities.

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



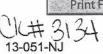
Date of Notification (1)				Building C		Operator	(2)		W	700 2		•			
08/06/2013					e Graha	ım								Ď.	
Agencies Notified	Type Notification		100	Street Ad							-1			7	
☐ EPA			1		gert St		0.54					E .		N.	
DEP	Amended			35350	e, Zip Coo									-	-
⊠ DOL	Amendment Emergency				ck, NJ 0	7000				1 = 1	N				<u> </u>
<b>▼</b> DOH	justification)		232	Name of						Tele	phone Num	ber			1
☐ DCA	Cancellation	1			e Graha							-			
Name of Facility Where	Abatement is Takin	n Place (3)	-	FACIL	ITY INFO	KMAII	ION	Type	of Facility (4)	,					
Teaneck Residence		ig i idoo (o)										•			
Street Address			-						School (K-12) Subchapter 8		er than K-12	)			
135 Bogert Street								×	Other (i.e. pri				lings,	home	s,
City (5)						1			etc.) re Feet	# of	Floors	В	ldg. A	ae	
Teaneck, NJ								oquu.					3	3-	
County (6)	20.00		-	County C	ode (7)			Curre	nt Use (Prior	if bei	ng demolish	ed)			
Bergen					SE ONLY)						-	SS(1.5)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.		Name	of Abat	tement Conti	ractor	(9)			75.100	
CA Environmental								er, LL(							
Street Address			-				Street	Addres	SS						
2200 Paterson Pla	nk Rd # 7						168	Arund	lel Rd						
City, State, Zip Code				<del></del>			City, S	tate, Zi	p Code						
North Bergen, NJ (	07047				•		Para	mus,	NJ 07652						
Project Manager for Mo	nitoring Firm		Π.	Telephor	ne No.		Teleph	one No	0.		License No	).			
Carmelo Almonte	1000 18			(201)8	64-6583		1	)336-(			001195				
Start Date (10)		Schedule	d Com	pletion [	Date (11)		Name	of OSI	A Monitor						
08/22/13		08/29/1	3				Test	or Ted	ch				Uncontrol		
Occupancy Status Durin	ng Abatement (Che	ck Only One	2)					Addres							
➤ Facility Closed/Vac	cated During Entire	Period of A	batem	ent					kson Ave						
	ned Outside of Non	mal Facility	Hours	i					p Code						
Other – Describe:			747				LIC,	NY 1	1101						
Scope of Work (Check /	All That Apply)						_	-							
≥3 sf or ≥3 lf			enova				-		I Containme	nt with	Negative P	ressu	re		
2160 sf or ≥260 lf			emolit	ion			×		ni-Enclosure ovebag Proce	edure					
								No	n-Exempted	(*) an	d Non-Friab	e Pro	0.000	100	
**		ls	Locati	on										ement rpe	i i
Locatio	n of		ormal				escription					-	٠,	l l	
Asbestos-Containing			Sole				ntaining N				mount Specify	70		5	ш
TO BE AS		Custo	odial S	Staff?	(1.6.		acing, VA		auon,		F or LF)	Remova	Repair	cap	nclo
(13)	)		(12)			other	miscellar	neous)				oval	a:	Encapsulate	Enclosure
		Yes	No	N/A										6	
Basen	nent			X		Pine	e Insula	tion		1	30 LF	Х			
Dasen	none.			+~								1		-	
												-			
			161												
Name of Registered Wa	aste Hauler		1763	JDEP W		1 - 2 3 3 5 5 5 5 5	c Yards		Name of F	Regist	ered Landfill				
SUPER, LLC	300	lauler ID 34893	No.	of Wa	aste		GROW	NS L	ANDFILL						
City, State				Dispo	osal Date	1	City, State								
Paramus, NJ					TBD		2	Morrisvi	11,0 F	PA					
Completed by		Title					Signatur	e /	7/1	5	Da				
Tailor Dominguez		Proje	ct Ma	anager				1	7//9	1	0	3/06/	13		
				089				-	10-1						

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



Date of Notification (1)	7 .	42					Own	er/Operator (	2)					
	<del></del>	13			Eve	rgreens			**	C	•			
Agencies Notified  EPA	Type Notificat  Initial	ion			-000-000-00-0	Address Bridgeb	oro F	Rd.			17			
□ DOLWD	☐ Amended	70.000 <u>000</u> 00		ŀ	Post Contraction	tate, Zip C	0.000	RT100						-
☑ DHSS	Amendme	V 10 10 10 10 10 10 10 10 10 10 10 10 10				restown		08057						
DCA (NJAC 5:23-8)	☐ Emergency justification		uding	-		of Contact				Telephone Nur	nber			
(110/10/03.25-0)	☐ Cancellation					Collins				9				
			0.7			ILITY IN	EOD	MATION						
Name of Facility Where A	hatament is To	kina E	Diago	(2)	rac	ILII Y IN	FUR	WIATION	Type of Facil	tu (4)				
Gardner Building	batement is 16	iking r	lace	(3)					School (K	-12)				
Street Address										er 8 (Other than K-1 , private and comm		ildina		
309 Bridgeboro Rd.									homes, et		erciai bu	liding	э,	
City (5)					-				Square Feet	# of Floors	Blo	lg. Ag	e	
Moorestown, NJ 080	057								100,000	1		÷0		- 1
County (6)					Coun	ty Code (7)	(STAT	E USE ONLY)	Current Use	Prior if being demo	lished)		XX	
Burlington														
Name of Monitoring Firm	Hired by Buildi	ng Ow	mer (8	3) /	ASCM I	No.	Nam	e of Abateme	ent Contractor	(9)				$\neg$
BT Environmental					NA	***************************************	200		ronmental S					
Street Address					STATE STATE		Stre	et Address	and the second s					
3984 Penn Ave.							55	0 East Uni	on St.					
City, State, Zip Code				-			City,	State, Zip Co	ode				-	
Sinking Spring, PA 19608 West Chester, PA 19382														
Project Manager for Monit				Tele	phone i	No.		phone No.	<u> </u>	License No.				
Project Manager for Monitoring Firm Telephone No. Telephone No. License No. License No. 00508														
Start Date (10)	So	chedul	led Co	mple	ion Dat	e (11)	Nam	e of OSHA M	Ionitor					
8 / 26 /	Start Date (10)         Scheduled Completion Date (11)         Name of OSHA Monitor           8         / 26         / 13         8         / 30         / 13         AET													
Occupancy Status During	Abatement (C	heck o	only o	ne)			Stre	et Address						
☐ Facility Closed/Vacate							28	N. Pennel	Road					
Abatement Performed Time of Abatement: 5/					s - Des	cribe		State, Zip Co						
Scope of Work (Check all	that apply)				11.									
≥3 sf or ≥3 lf			⊠ Rer □ Der					☐ Mini-End	losure	Negative Pressure				
☐ ≥160 sf or ≥260 lf			_ Der	поща	)П 			☐ Non-Exe	g Procedure mpted (*) and	Non-Friable Proced	dure			
20	2075			Locat Iorma							Ab	atem	ent T	/pe
Location Asbestos-Containing I				d Sole		Ache	etne (	Description of Containing Ma		Amount	Re	Re	En	Ē
TO BE ABA				ntena				mal systems		(Specify	Removal	Repair	cap	Enclosure
IN Facilit	ty		Cust	(12)	Staff?			urfacing, VAT er miscellane		SF or LF)	<u>a</u>		Encapsulate	ure
(13)		Ī	Yes	No	N/A		Ott	ier miscellane	ous)				te	
Business Office				$\boxtimes$		Ceiling	Tile			120 SF	$\boxtimes$			
Name of Registered Was	te Hauler				JDEP \		F 2000 2000	ic Yards of	Name of R	egistered Landfill	,			
N.E.T.S.				F	lauler II 18947		Was	00	Allied B	FI Imperial				
City, State								oosal Date	City, State					7.00 = 1 0 =
Hazelton, PA							Т	BD	Imperia	I, PA				
Completed By (Print or T	ype)	Title						Signature	11		Date			
Mark Griffin		Es	tima	tor					WI		8-	7-	lЗ	

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



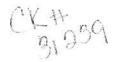
Date of Notification (1) 08/06/2013			- 0		Building O		perator	(2)			3.				
Agencies Notified	Type Notification			Street Ad 560 Pa	ldress alisade A	ve					7		``	Ž.	
EPA DEP	Initial Amended		- 1	City, Stat	e, Zip Cod	e					-	<del>-</del>			
X DOL	Amendment				ck, NJ 07										· .
⊠ DOH	Emergency justification)			Name of	Contact					Tel	ephone Nur	nber			1
DOH DCA	Cancellation		4 9	Patricia	a Eliot					4					
				FACIL	ITY INFO	RMATIC	N								
Name of Facility Where		g Place (3)	7					Type	of Facility (4	1)			1		
Teaneck Residenc	e								School (K-12						
Street Address								***************************************	Subchapter				inan	hama	.
560 Palisade Ave									Other (i.e. pretc.)	ivate	x commerci	ai Dullo	ings,	nome	:5,
City (5)					M-117-1-11			Squar	e Feet	# 0	Floors	В	dg. A	ge	- 8
Teaneck, NJ															
County (6)				County C				Curre	nt Use (Pric	r if bei	ng demolish	ned)			
Bergen				(STATE U	ISE ONLY)										
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.				tement Con	tractor	(9)				
CA Environmental							A0126457 6 477	er, LL							
Street Address								Addres							
2200 Paterson Pla	nk Rd # 7					1	168	Arund	lel Rd						
City, State, Zip Code									ip Code		- 83				
North Bergen, NJ (	07047						Para	mus,	NJ 07652	2		e *		3	
Project Manager for Mor	nitoring Firm			Telephon	ne No.			none No			License N	0.			
Carmelo Almonte				(201)8	64-6583		(201	)336-	0477		001195				3
Start Date (10)		Schedule		npletion [	Date (11)				HA Monitor						
08/16/13		08/23/1	3		-			or Te							200-2001
Occupancy Status Durin	ng Abatement (Che	ck Only On	e)					Addres							
	cated During Entire								kson Ave	¥					
Abatement Perform Other – Describe:		mal Facility	Hours	3					ip Code			8			
Other - Describe.							LIC,	NY 1	1101						
Scope of Work (Check A	All That Apply)	987 may.						-							
≥3 sf or ≥3 lf		Management .	enova				-		I Containme		n Negative F	ressu	re		
2160 sf or ≥260 lf		L D	emolit	ion			>		ni-Enclosure ovebag Prod						
									n-Exempted		d Non-Friat	le Pro	cedur	9	
		Is	Locat	ion									Abate		t
Locatio	n of	N	lormal	lly		Des	cription	n of					1 9	ре	
Asbestos-Containing	g Material (ACM)		d Sole ntena			os Conta					mount	_		щ	m
TO BE AE		100000000000000000000000000000000000000	odial S		(i.e. t	thermal	system cing, VA		ation,		Specify F or LF)	err	Repair	cap	ncl
(13)			(12)			other m					/	Removal	oair	Encapsulate	Enclosure
55 (0)		Yes	No	N/A								-		ate	0
		1.55		-		Dina	ماريمما	ation.			50 LF	х			<del> </del>
Basen	nent			X		Pipe	Insula	auon			JU LF	Α_	-		-
44															
							10000-1000-								
								1,845							
Name of Registered Wa	aste Hauler		1	JDEP W	/aste	Cubic	Yards		Name of	Regist	ered Landfil	1			
			1000	lauler ID	No.	of Was	ste		GROW	NS I	ANDFILL				
SUPER, LLC			0	34893					1						
City, State						193	sal Date	9	City, Stat		2.4				
Paramus, NJ						TBD			Morrisy	Jue 1		-4-			
Completed by		Title				S	ignatur	e /	///	1/2		ate 8/06/	12		
Tailor Dominguez		Proje	CT IVI	anager				-/	9//	4		0/00/	10	-	

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

N	X	
C	7010	5
	1,30	

Date of Notification (1)					Nan	ne of Buildin	na Owner/	Operator	(2)		-	- <u> </u>	10	
08/	7 /	13			100	avid Edel		Operator	(4)					
Agencies Notified	Type Notific	cation			1	et Address			****		Sec.		5	
☑ DOLWD	☐ Amende	ed			100	12 Summi	7.5075.7				<u>S.</u>		7	
☑ DOH	Amendm	nent #		_		State, Zip					1		Š	Ė.
☐ DCA	☐ Emerger		cludin	g		estfield N				The state of the s				4
(NJAC 5:23-8)	justificat				100000000000000000000000000000000000000	ne of Conta	1707			Telephone Nu	ımber_	1		
	☐ Cancella	ation			D	avid Edels	son			1		·		13.58
N (5 19 100						ACILITY II	NFORMA	MOITA				z z	is.	
Name of Facility Where A	batement is	Taking	Place	e (3)					Type of Facility  School (K-12	*				
Street Address									Subchapter 8		12)			
642 Summit Ave									Other (i.e., phomes, etc.)	rivate and comn	nercial b	uildin	gs,	
City (5)									Square Feet	# of Floors	TE	Bldg. A	ge	
Westfield			8										•	
County (6) Union	e e e e e e e e e e e e e e e e e e e		-//6		Co	unty Code (	7)(STATE U	SE ONLY)	Current Use (Pri	or if being demo	olished)			
Name of Monitoring Firm	Hirad by Duil	dina C	)	(0)	LACCE	4 NI=	Mana	£ A b _ / _	10 1 1 70					
Bio Terra Solutions	miled by Buil	aing C	wner	(0)	ASC	/I NO.			ent Contractor (9)					
Street Address							Street A		MAGENIENT	LC				
P O Box 1224							94445A 1864	utwater l	lano		(2)			
City, State, Zip Code		4						ate, Zip Co						
Union NJ								eld NJ 0						
Project Manager for Monit	oring Firm	= Periston		Te	elephone	e No.	Telepho		7020	License No.				
Rick Eustaquio	•			1 23		4 3762		28 4888		1188				
Start Date (10)		Sched	uled C			ate (11)		f OSHA M						
08/17/	13	_0	8_ /	'	18_ /	13			NAGEMENT LI	_C	5			
Occupancy Status During							Street A	ddress						
☐ Facility Closed/Vacated							27 0	utwater l	_ane suite B					
Abatement Performed Time of Abatement:	Outside of N AM	ormal PN	Facilit //	y Ho Pi	urs - De VI	scribe _AM	1 STORY	ate, Zip Co						
Scope of Work (Check all	that apply)	<del></del>							V 2014					-
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			☐ Re					Mini-Encl	ainment with Neg losure g Procedure mpted (*) and Nor		lure			
			Is	Loc	ation				1			patem	ent T	vre
Location o					ally		Des	scription of	f			_		-
Asbestos-Containing M TO BE ABAT		1)			olely by nance/				terial (ACM)	Amount	em	Repair	nc	nc
IN Facility				todia	I Staff?	(I.e	e., thermal	systems i sing, VAT,		(Specify SF or LF)	Removal	#	sde	Enclosure
(13)		}	V	(12	1	-		niscellane		0. 0. 2. )	-		Encapsulate	9
Basement			Yes	No	N/A	+	sulation	-		10 SF		-	$\boxtimes$	
Basement						+	sulation	· · · · · · · · · · · · · · · · · · ·		18 LF		H		
1						1 100 111	Sulduon			10 LF		믐		
				П									무	
Name of Registered Waste	Hauler			_	NJDEP	Manta	Cubin	ando es	Name of David				Ц	Ш
ALL PRO MANAGEM				211	Hauler	D No.	Cubic Ya Waste		Name of Regist IESI Landfil					
City, State					0034	000	As No Disposal		City, State					
Garfield NJ							TBD		Bethlehem,	PA				
Completed By (Print or Typ	e)	Title					Sign	nature /	Di Ci	Ic	Date :	1		
Ted Veskov		PN	Л					t. L	HEST		8/7	11	3	

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:-120-7)



Date of Notification (1)				uilding Owner/O	perator	(2)	5					
08/09/13					Princeton I	University		1, 1,61		1,		
Month/Day/Year	Tone News				C44 A 4 4				-			
Agency Notified EPA	Type Notif	ncatio Initia		1	Street Add P.O. box 21	T. 17. 7. 70.						
DEP	x	V2	ı ficatio	.		, Zip Code						
DCA		Amer		"	Princeton I							
			iueu ficatio	_	Name of C	ALC: NO.		Talank	NI			
DOH			ncano ellatio	-	Robert Ote			Telepho	one Mui	nber		
						Y INFORMAT	ION				-	
Name of Facility Where Abate	ment is Tak	ing P	ace (3	3)		West Control of the C		Type of Facility (4)				
Princeton University Eno H								School (K12)				
Street Address								Subchapter 8 (				
Main Campus - Eno Hall								buildings, hor			CIAI	
A.								Square Feet # of Flo		Bldg.	Age	
City (5)		Coun	ty (6)			County Code (	2.0	25000 3		70+		
Princeton						(STATE USE ONLY	)	Current Use (Prior if bei University	ng dem	olished	)	
Name of Monitoring Firm Hir	ed by Build	ing O	wner	(8)		IASCM No.	Name	of Abatement Contractor	(9)			
Pennoni Associates Inc				(-)				ated Specialty Contracting				
Street Address							Street	Address				
515 Grove Street Suite 1B							98 LaC	Crue Avenue				
City, State, Zip Code Haddon Heights NJ							57.00	tate, Zip Code fills, PA 19342			MANAGEMENT STREET	
Project Manager of Monitorin	g Firm			T	Telephone	Number	Teleph	one Number		Licenc	e Numb	er
Alan Lloyd					856-547-05	505	610-36	4-9622		1103		
Scheduled Start Date (10)			Scheo	l. Com	pletion Date	(11)	Name	of OSHA Monitor				
08/21/13					09/21/13		Criteri	ion Labs				
Month/Day/Year		- 1			onth/Day/Yea	ır	Character					
Occupancy Status During Aba Facility Closed/Vacated			atement			Address Progresive Drive						
x Abatement Performed					-	tate, Zip Code						
Hours - Describe:								em PA 19020				
Other - Describe:												
Scope of work (Check all that a	ipply)					·		Full Containment with N	egative	Pressu	re	
Demolition					Renovation	1		Mini - Enclosure				
>3 sf or >3 if								Glovebag Procedure				
x >160 sf or >260 if							x	Non-Friable Procedure				
			Is						Ab	atemen	Туре	
Location of		100.000	cation			ription of					E	E
Asbestos - Containing		1000000	mally			s-Containing		Amount	R		N	N
Material (ACM)		200	sed			rial (ACM) ermal systems		(Specify SF or	E	R	C	C
TO BE ABATED			lely					LOTTING THE LOTTING	M	1	A	L
In Facility			Main-		and the second second second	surfacing, VAT	,	LF)	O V	P	P	0
(13)		250000	ance/		or other	miscellaneous)			A	A	S	S
		E 800 C 11	ff (12)						L	R	L	R
		Yes	фтююнчинайн	N/A					_	-	_	E
Throughout Bldg			x		floor tile &	mastic		40 SF (20 ea2SF spots)	x			
***************************************												
				THE RESERVE TO THE RESERVE TO THE PERSON NAMED IN COLUMN TWO PARTY.								
Name of Registered Waste Ha	uler			NJDE	EP Waste	Cubic Yards		Name of Registered Lan	dfill	-		
Horizon Disposal		Haule	er ID No.	of Waste		GROWS						
City, State				Disposal Date		City, State						
Trenton NJ					As needed		Morrisville PA					
Completed By (Print or Type)				Title		- Allenda de m	Signat	ure 6.61			Date	
Mark Goshow				Proje	ct Manager		11	Wil Sohn			3.9	100

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

CR# 2482

Date of Notification (1)		40						er/Operator (2		200				
8 / _	/	13			Will	ingboro	Broa	d of Educat	ion		,		Entre La	
Agencies Notified  ☑ EPA	Type Notificat Initial	ion				Address Beverly-	Ran	cocas Rd			, 	÷ 3	į	
⊠ DOLWD	☐ Amended Amendme				City, S	tate, Zip C	ode		Augustine Charles	· · · · · · · · · · · · · · · · · · ·				
DHSS □ DCA	Amename  Emergenc		ludina		Will	ingboro,	NJ (	08046		*** *****				
(NJAC 5:23-8)	justificatio		auding		Name	of Contact				Telephone Nur	nber			
100000000000000000000000000000000000000	☐ Cancellation	on			Kel	vin Smith	1		54	4				
					FAC	CILITY IN	FOR	MATION						
Name of Facility Where A	batement is Ta	aking	Place	(3)					Type of Facility (	4)				
Willingboro Memor	ial Middle So	hoo	I						School (K-12					
Street Address									☐ Subchapter 8 ☐ Other (i.e., pr			ildino	S.	
451 Van Sciver Parl	kway								homes, etc.)				-,	
City (5)									Square Feet	# of Floors	1	dg. A	ge	
Willingboro									75,000	2		40+		
County (6)					Cour	ty Code (7)	)(STA	TE USE ONLY)	Current Use (Pri	or if being demo	lished)			
Burlington									School					
Name of Monitoring Firm	dir de la comencia del la comencia de  la comencia de  la comencia de  la com	ing O	wner (	8)	ASCM	No.	100000000000000000000000000000000000000		ent Contractor (9)					
TTI Environmental	inc.						В	RISTOL EN	VIRONMENTAI	_, INC.			2000	
Street Address			00.000.000				Stre	et Address						
1253 N. Church St								123 BEAVE		*				
City, State, Zip Code								, State, Zip Co						
Moorestown, NJ 08	NOATE VESSEL							RISTOL, PA	19007					
Project Manager for Moni	itoring Firm			-	ephone		0.0000000000000000000000000000000000000	ephone No.		License No.				
Jim Guilardi					56-840		_	15-788-6040	05	00509		W02000		
Start Date (10)	W19575				etion Da			ne of OSHA N						
8 / 19 /	13	8	/	_2	3_/	13	В	RISTOL EN	VIRONMENTAI	_, INC.				
Occupancy Status During	Abatement (C	heck	only o	ne)			Stre	et Address			2.00			
☐ Facility Closed/Vacate	-							123 BEAVE						
						cribe		, State, Zip Co						
Time of Abatement. 1	.00/\lvi-0.001	.41/		<u> </u>			В	RISTOL, PA	19007					
Scope of Work (Check all	I that apply)							□ Full Cont	ainment with Neg	native Pressure				
≥3 sf or ≥3 lf			⊠ Re	nova	tion			☐ Mini-Enc	losure	jauve i iessuie				
≥160 sf or ≥260 lf			☐ De	molit	ion			☐ Gloveba	g Procedure mpted (*) and No	n-Friable Procer	lure			
			Is	Loca	ation			Z NOII-EXO	Inplod ( ) dila 110	II THADIO I TOGGG		atem	ent T	vpe
Location	of			Norm				Description of	of			_		1
Asbestos-Containing		)			lely by ance/			Containing Ma		Amount	em	Repair	nca	nole
TO BE ABA				todia	Staff?	(i.e		rmal systems surfacing, VAT		(Specify SF or LF)	Remova	=	Encapsulate	Enclosure
(13)		-		(12	1	-		her miscellane					late	0
			Yes	No	N/A						-	_		_
Throughout						Floor ti	le ar	nd mastic		6800 SF	×			
Throughout				Pipe Fit	tting	Insulation-	Wrap & Cut	450 LF						
Rooms 318 and 319				$\boxtimes$		Counte	rtop	s		600 SF	×			
Room 510						Linoleu	ım			720 SF	$\boxtimes$			
Name of Registered Was				- 1	NJDEP		1000000	oic Yards of	Name of Regis					
SERVICE TRANSPO	ORT GROUP	, INC	). 		Hauler I 2099		Wa		MINERVA	LANDFILL				
City, State				100			Dis	posal Date	City, State					
NEW CASTLE, DE	19720								WAYNESE	URG, OH 446	88			
Completed By (Print or T	ype)	Title	i i					Signature	2 A	1	Date /	-1	2	
Brian Scafiro		E	stima	tor				Brian	Scofero	1 il	8/3	1/	2	

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

B & G proj. #: 2012-139- 9

Check #6053

Description of State Date (10)   Sched. Completion Date (11)   State. Zip Code   Crunbury, NJ 07101   Essex   Street Address   State   Street Address   Stree	Date of Notification (1)	1131	f D. IIdia O.						-					
General Notifical   Specification   Specific				ner/Operator (2	.)									
GPA   DEP   DOL   Amendment   Size   Double   Dol   Done   Done   Dol   Done   Dol   Done   Dol   Done   Dol   Dol   Done   Dol   Done   Dol							14					<del>}_</del>		
DOH	T EPA							•						
Newark, NJ 07101   Name of facility where abstement is taking place (3)   Stanley S Bergen Jr. Building, GA Level & 6th Floor *****(Non Sub 8)*****   Stanley S Bergen Jr. Building, GA Level & 6th Floor *****(Non Sub 8)*****   Stanley S Bergen Jr. Building, GA Level & 6th Floor *****(Non Sub 8)*****   Street Address   School (K-12)   Subchapter & (Other than K-12)   Other (Private/Commercials Biggs, Ahroes, etc. Square Feet # of Floors   Bildy, Age   Current Use (Prior if being demolished)	□ DEP													
Newark, NJ 07101   Name of facility where abstement is taking place (3)   Stanley S Bergen Jr. Building, GA Level & 6th Floor ****** (Non Sub 8)*****   Sched (K-12)   School (K-12)   School (K-12)   Stanley S Bergen Jr. Building, GA Level & 6th Floor ****** (Non Sub 8)*****   Street Address   Street Address   Sides, Application of the street place of the street	DOL Amendm	nent	₩ 1200											
DCA	_	The second second	Company of the Compan	)l			L Tolombono Mumba-							
DCA   Matthew Peterson   FACILITY INFORMATION			or Contact				Telephone Number							
Name of facility where abatement is taking place (3)  Stanley S Bergen Jr. Building, GA Level & 6th Floor ***** (Non Sub 8)*****  Street Address  65 Bergen Street  Clay (5)  Newark, NJ 07101  Essex  Name of Monitoring Firm Hired by Bidg. Owner (8)  Whitman Company  Street Address  7 Pleasant Hill Road  Cly, State, Zp Code  Cranbury, NJ 08512  Project Manager for Monitoring Firm  Phone Number  732-390-5858  Scheduled Start Date (10)  8/16/2013  8/16/2013  Scouparcy Status During Abatement (Check only one)  Pacific Josed/wacated during entire period of abatement.  Abatement performed outside of normal facility hours- Describe;  Other-Describe; occupied shift. 4:00 pm -12:30 em  Non-friable procedure  Location of abatement performed outside of normal facility hours- Describe; occupied shift. 4:00 pm -12:30 em  Non-friable procedure  Location of abatement objective of abatement.  Location of abatement objective or abated in facility (13)  Yes No N/A  N/A  Window glazzing & caulking 90 windows   100 sf   100 s	☐ DCA ☐ GUINGING		thew Peterso	n			9		_					
Stanley S Bergen Jr. Building, GA Level & 6th Floor ******(Non Sub 8)*****    Street Address   Street Street   Street Street Street   Street Street Street   Street Street   S			FAC	CILITY INFORM	NATION	1-								
Stanley S Bergen Jr. Building, GA Level & 6th Floor ******(Non Sub 8)*****   Street Address   G5 Bergen Street   G6   Garden	Name of facility where abatement is	taking place (3	)	SANSAR		T					out to			
County Code (7)   County Code (7)   County Code (7)   Current Use (Prior if being demolished)	Stanlay C Dancen In Duilding	CA Lough &	6th Eloor ***	**/Non Cub	0/****	*	E-2	VV - 525		-				
Series Street  City (5)  Newark, NJ 07101  Essex  Name of Monitoring Firm Hired by Bidg. Owner (8)  Whitman Company  Whitman Company  Outline Street Address 7 Pleasant Hill Road  City, State, Zip Code Cranbury, NJ 08512  Project Manager for Monitoring Firm  Phone Number 732-390-5858  Scheduled Start Date (10)  8/30/2013  Cocupancy Status During Abatement (Check only one)   Scheduled Start Date (10)   Scheduled Start Da	Control of the Contro	GA Level &	our Floor	(Non Sub	8)									
City (5)  Newark, NJ 07101  Essex  Name of Monitoring Firm Hired by Bidg. Owner (8)  Whitman Company  Outline Street Address 7 Pleasant Hill Road  City, State, Zip Code Cranbury, NJ 08512  Project Manager for Monitoring Firm  Phone Number 732-390-5858  Scheduled Start Date (10)  Scheduled Start Date (11)  Scheduled	Street Address													
Newark, NJ 07101   Essex   Current Use (Prior if being demolished)	65 Bergen Street						Square Feet #	of Floors	3	Bld	g. Ag	ge		
Newark, NJ 07101   Essex   Name of Monitoring Firm Hired by Bilg. Owner (8)   ASCM No.   O0110   B & G Restoration, Inc.   Street Address   T Pleasant Hill Road   City, State, Zip Code   Cranbury, NJ 08512   Project Manager for Monitoring Firm   Phone Number   732-390-5858   T Pleasant Hill Road   City, State, Zip Code   Cranbury, NJ 08512   Project Manager for Monitoring Firm   Phone Number   732-390-5858   Name of OSHA Monitor   Scheduled Start Date (10)   Sched. Completion Date (11)   B & G Restoration, Inc.   Street Address   O378   Name of OSHA Monitor   Scheduled Start Date (10)   Sched. Completion Date (11)   B & G Restoration, Inc.   Street Address   O5HA Monitor	City (5)	County (6)	*											
Name of Monitoring Firm Hired by Bidg. Owner (8)  Whitman Company  Street Address  7 Pleasant Hill Road  City, State, Zip Code  Cranbury, NJ 08512  Project Manager for Monitoring Firm  Revin Lovely  Scheduled Start Date (10)  8/16/2013  Cocupancy Status During Abstement (Check only one)  Facility closed/wacated during entire period of abatement.  Abatement performed outside of normal facility hours- Describe:  Other-Describe:  Cocupancy Status During Abstement (Check only one)  Facility closed/wacated during entire period of abatement.  Abatement performed outside of normal facility hours- Describe:  Other-Describe:  Scope of Work (check all that apply)  Emolition  Renovation  Full Containment w/negative pressure  Glovebag procedure  Non-friable pr	N. 1 NI 07101	Fagay			(Stat	State use only)  Current Use (Prior if being demolished)								
Street Address 7 Pleasant Hill Road City, State, Zip Code Cranbury, NJ 08512 Project Manager for Monitoring Firm Kevin Lovely 8/16/2013 Coccupancy Status During Abatement (Check only one) □ Facility closed/vacated during entire period of abatement. □ Abatement performed outside of normal facility hours- □ Describe: □ Couple of Work (check all that apply) □ Demolition □ Park NJ 07035  Scope of Work (check all that apply) □ Demolition □ Location of ababestos-containing material to be abated in facility (13) □ Is location normally used solely by maintenance/custocial staff(12) ■ Abatement (Specify SF or on a specified of abated in facility (13) ■ Coccupancy Status During Abatement (Check only one) □ Facility closed/vacated during entire period of abatement. □ Abatement performed outside of normal facility hours- □ Describe: □ Completed Viving (Check all that apply) □ Demolition □ Full Containment w/negative pressure □ Glovebag procedure □ Non-friable pro			<u> </u>	I ACCM No.	<del>-                                     </del>	Name of Ahatement Cor	atractor (9)				-			
Street Address 7 Pleasant Hill Road City, State, Zip Code Cranbury, NJ 08512 Project Manager for Monitoring Firm Revin Lovely 732-390-5858 Scheduled Start Date (10) 8/30/2013 Cocupancy Status During Abatement (Check only one)   State Start Date (10)   Sched. Completion Date (11)   By 30/2013 Cocupancy Status During Abatement (Check only one)   Facility closed/vacated during entire period of abatement.   Abatement performed outside of normal facility hours- Describe: occupied shift: 4:00 pm -12:30 am   Street Address	TO SECTION AND AND ADDRESS OF THE PARTY OF T	olug. Owner (0)					1.00							
T Pleasant Hill Road  City, State, Zip Code  Cranbury, NJ 08512  Project Manager for Monitoring Firm  Phone Number  732-390-5858  Scheduled Start Date (10)  8/16/2013  Cocupancy Status During Abatement (Check only one)  Facility closed/vacated during entire period of abatement.  Abatement performed outside of normal facility hours-  Describe:  Other-Describe:  Other-Describe:  Other-Describe:  Other-Describe:  I coation of asbestos-containing material to be abated in facility (13)  Throughout 6th floor  Throughout 6th floor  Throughout 6th floor  Signature  NIDEP Hauler ID# 10 years  Disposal Date Signature  Disposal Date Signature  Signature  City, State, Zip Code  Lincoln Park, NJ 07035  Lincoln Park, NJ 07035  City, State, Zip Code  Lincoln Park, NJ 07035  Telephone Number 973-696-6869  Name of CSHA Monitor  B & G Restoration, Inc.  See Gestoration, Inc.  See GRestoration, Inc.  Signature  Description of asbestos-containing material to be abated in facility (13)  Non-friable procedure  Non-fr				00110										
City, State, Zip Code  Cranbury, NJ 08512  Project Manager for Monitoring Firm  Revin Lovely  Sched. Lincoln Park, NJ 07035  Telephone Number  732-390-5858  Scheduled Start Date (10)  8/30/2013  Occupancy Status During Abatement (Check only one)  Facility closed/wacated during entire period of abatement.  Abatement performed outside of normal facility hours- Describe:  Other-Describe: Other-Des				- 11										
Cranbury, NJ 08512  Project Manager for Monitoring Firm  Kevin Lovely  Scheduled Start Date (10)  8/16/2013  Scoepancy Status During Abatement (Check only one)  Facility closed/wacated during entire period of abatement.  Abatement performed outside of normal facility hours- Describe:  Other-Describe:  Other-Describe:  Demolition  Renovation  Full Containment w/negative pressure  Mini-enclosure														
Project Manager for Monitoring Firm   Phone Number   732-390-5858														
Revin Lovely   732-390-5858   Scheduled Start Date (10)   8/30/2013   Sched. Completion Date (11)			Phone Num	her			7033	License I	Numb	er				
Name of OSHA Monitor   Scheduled Start Date (10)   8/30/2013   Scheduled Start Date (10)   Date (10)   Scheduled Start Date (10)   Date (10)   Date (10)   Date (10)   Scheduled Start Date (10)   Date (10)   Date (10)   Date (10)   Scheduled Start Date (10)   Date (10)   Date (10)   Date (10)   Scheduled Start Date (10)   Date	17. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19					이 그리 열면서를 잃었다. 이번 생생님이 없는 이번 경험에 가지 않는데, 것				-				
8/16/2013  8/30/2013  Occupancy Status During Abatement (Check only one)  Facility closed/vacated during entire period of abatement.  Abatement performed outside of normal facility hours- Describe:  Other-Describe:		101-10	_											
Occupancy Status During Abatement (Check only one)    Facility closed/vacated during entire period of abatement.   Abatement performed outside of normal facility hours-Describe:   Octupic-Describe:   Occupied shift: 4:00 pm - 12:30 am				11)		B & G Restoration,	Inc.							
Facility closed/vacated during entire period of abatement.   Abatement performed outside of normal facility hours-Describe:   Other-Describe:   Occupied shift: 4:00 pm - 12:30 am						Street Address								
Abatement performed outside of normal facility hours- Describe:  Other-Describe: _occupied shift: 4:00 pm - 12:30 am  Scope of Work (check all that apply)  Demolition  Renovation  Full Containment w/negative pressure  Glovebag procedure  Non-friable procedure  Location of asbestos-containing material to be abated in facility (13)  throughout 6th floor  Throughout 6th floo														
Describe: Occupied shift: 4:00 pm - 12:30 am    Lincoln Park, NJ 07035					City, State, Zip Code					***************************************				
Completed by (Print or Type)   Completed by (Print or Type)   Completed by (Print or Type)   Title   Cubic Yards of Wards   Containment wind parts   Containment winded parts   Containm	Describe:	■1			11		NI 07025							
Demolition	Other-Describe: occupied shift	t: 4:00 pm - 12:30	) am		_	Lincoln Park, NJ 0								
Location of asbestos-containing material to be abated in facility (13)  throughout 6th floor  Staff(12)  Throughout 6th floor  Staff(12)  Registered Waste Hauler  B & G Restoration, Inc.  City, State  Lincoln Park, NJ 07035  Lis location normally used solely by maintenance/custodial staff(12)  Pescription of asbestos-containing material (ACM)  Description of asbestos-containing material (ACM)  Description of asbestos-containing material (ACM)  Description of asbestos-containing material (ACM)  N/A  Description of asbestos-containing material (ACM)  Description of asbestos-containing material (ACM)  N/A  Description of asbestos-containing	Scope of Work (check all that apply	1)												
Location of asbestos-containing material to be abated in facility (13)  throughout 6th floor  Sth floor  Registered Waste Hauler B & G Restoration, Inc.  Description of asbestos-containing material (ACM)  NJDEP Hauler ID#  Description of asbestos-containing material (ACM)  Description of asbestos-containing material (ACM)  Description of asbestos-containing material (ACM)  LF)  Amount (Specify SF or LF)  M p c c c c c c c c c c c c c c c c c c	☐ Demolition ☑	Renovation			∐ F	ull Containment w/negati	ve pressure							
Location of asbestos-containing material to be abated in facility (13)  Throughout 6th floor  Throughout 6th f	✓ >3 sf or >3 lf	≥160 sf or ≥260	lf		₩ N	fini-enclosure	<u> </u>	Non-fri	able p	oroceo	lure			
asbestos-containing material to be abated in facility (13)  Throughout 6th floor  Staff(12)  Yes No N/A  Window glazing & caulking  Window glazing & caulking  Window glazing & caulking  Staff(12)  Window glazing & caulking  Windows  Wind	Location of			ely					120	200		E		
throughout 6th floor  Start on walls (wall mastic)  Tart on walls (wall mastic)  Registered Waste Hauler B & G Restoration, Inc.  Disposal Date Lincoln Park, NJ 07035  Completed by (Print or Type)  Title  No N/A  Window glazing & caulking  90 windows  I Date V i P P V i	[ 1 : [ [ - 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1		æ/custodiai			sbestos-containing		For	10000	100m/ 1				
throughout 6th floor    X			No N/A		(ACM)			0.	-	a		L		
6th floor  X tar on walls (wall mastic)  100 sf  Registered Waste Hauler B & G Restoration, Inc.    NJDEP Hauler ID#   Cubic Yards of Waste   Name of Registered Landfill   Tullytown Resource & Recovery Center    City, State   Disposal Date   8/16/13 - 8/30/13   Tullytown, PA    Completed by (Print or Type)   Title   Signature   Cardena Content   Carden	,	165	NO   N/A						е	r	р			
Registered Waste Hauler B & G Restoration, Inc.    Disposal Date   Signature   Signature   Condition	throughout 6th floor		X	window g	lazing	& caulking	90 windows							
B & G Restoration, Inc. 19563 10 Years Tullytown Resource & Recovery Center  City, State Lincoln Park, NJ 07035 8/16/13 - 8/30/13 Tullytown, PA  Completed by (Print or Type) Title Signature Cardinal Graphs (Print or Type) Title On the Complete Cardinal Graphs (Print or Type) Title On the Cardinal Graphs (Print or Type) On the Cardinal Gr			X	tar on wa	alls (wa	Il mastic)	100 sf							
B & G Restoration, Inc. 19563 10 Years Tullytown Resource & Recovery Center  City, State Lincoln Park, NJ 07035 8/16/13 - 8/30/13 Tullytown, PA  Completed by (Print or Type) Title Signature  Completed by (Print or Type) Title Signature												10		
B & G Restoration, Inc. 19563 10 Years Tullytown Resource & Recovery Center  City, State Lincoln Park, NJ 07035 8/16/13 - 8/30/13 Tullytown, PA  Completed by (Print or Type) Title Signature  Completed by (Print or Type) Title Signature												14		
B & G Restoration, Inc. 19563 10 Years Tullytown Resource & Recovery Center  City, State Lincoln Park, NJ 07035 8/16/13 - 8/30/13 Tullytown, PA  Completed by (Print or Type) Title Signature  Completed by (Print or Type) Title Signature							160			Ш	Ш			
Lincoln Park, NJ 07035    Signature   Completed by (Print or Type)   Title   Signature   Completed by (Print or Type)   Title   Signature   Completed by (Print or Type)   Title   Signature   Completed by (Print or Type)   Date   Completed by (Print or Type)   Title   Signature   Completed by (Print or Type)   Date   Date   Completed by (Print or Type)   Date   Date   Date   Date   Date   Date   Date   Date				10 Years	r Waste	Tullytown Resource	e & Recovery	Center						
Completed by (Print or Type) Title Signature Candidate Op (Pc 12012)						3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -								
Completed by (Print or Type) Title			0/10/					Data			-	-1-		
	Completed by (Print or Type) Gordana Luna	Title Treasurer		Signature	(	Gordana Luna								



## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20)

Date of No 8/6/13	otification (1):				ner/Operator (2): TADDEO			R.						
Agencies Notified	Type Notification	Street A	Address											
(X) EPA	(X) Initial Notification	City, S	ate, Zi	p Code:		5 May 1								
(X) DEP (X) DOL	( ) Amendment Notification	Name o	of Cont		190		Telephone	Number:			100			
(X) DOH ( ) DCA	( ) Emergency ( ) Cancellation	CHRIS	TOPH	ER					es Nasa		**			
· / · ·		J			FACILITY INFO	RMATION								
Name of F	Facility Where Abate	ment is T	aking l	Place (3	): RESIDENTAL	Type of Faci		Ť		•				
						( ) School (K-12) ( ) Subchapter 8 (Other than K-12)								
Street Add	dress: 61R FAIRMO	NT STRI	EET			(X) Other (i.e., private & commercial buildings, homes, etc.)								
City & Sta	ate (5): WESTFIELD	), NJ				Square Fee	t: NA	# of Floors: 1	F	Bldg. A	lge: N	IA		
County (6 UNION	):			nty Cod	e (7) SE ONLY)	Current Us VACANT	e (Prior if being	demolished):						
Name of	f Monitoring Firm	Hired	by B	uilding	ASCM No.:	Name of A	batement Contr	ractor (9):						
Owner:(8)					NA	S/M Enter	prise of NJ, la	nc.						
-Street Ad		LING OF	COOF,	LLC	J	Street Add	ress:	and the same of th						
РО ВОХ	8466					3.39 North Street								
	e, Zip Code:					City, State, Zip Code:								
	ON, NJ 07538					Prospect Park, NJ 07508  Telephone No.: License No.:								
	lanager for Monitoria NDO VILLA	ng Firm:			Telephone No.: 973-418-4036	Telephone Ivo.								
Start Date		Schedule	d Com	pletion	Date (11):	Name of OSHA Monitor:								
8/16/13	: (10):	8/22/13	d Com	piction	Date (11).	S/M Enterprise of New Jersey, Inc.								
17 35	Status During Abatem					Street Add	ress: STREET							
( ) Abater	y Closed/vacated Durin ment Performed Outsid – Describe:	e of Norma	riod of il Facili	Abatementy Hours	ent	City, State, Zip Code: PROSPECT, NJ 07508								
Scope of V	Work (Check all that ap	ply):					( ) Full	Containment with	n Nega	tive P	ressur	re		
$(X) \ge 3 \text{ s}$ $(X) \ge 16$	for $\geq 3$ lf 0 sfor $\geq 260$ lf			(X) R ( ) D	enovation emolition	( ) Wrapping ( ) Glovebag Procedure (X) Non-Friable Procedure								
			Locati		Do	scription of				Abate Ty	ment pe	t		
	Location of -Containing Material	Used	ormal I Sole	y by	Asbestos Cont	aining Mate	rial (ACM)			Γ	T	177		
	(ACM)	Ma	intena	nce/	Asbestos Cont (i.e., therma surfa	cing, VAT,	or	Amount	Removal	Cleaning	Encapsulat	Enclosure		
TO	BE ABATED IN Facility		ustodi: Staff?		other	miscellaneo	us)	(Specify SF or LF)	3401	min	psul	osur		
	(13)	Van	(12) No	N/A				SF OI LI')	-	00	at	(i)		
ATTIC/	RAFFTERS	Yes	X	INA	VERMICULITE	INSULAT	ION	900 LF	X		_	-		
									+-	-		+		
,				-				-	-			<del>                                     </del>		
None	Dagistared Waste II	ouler:		1	NJDEP Wast		oic Yards	Name of Regis	stered	landfi	11:			
Name of Registered Waste Hauler.  NEWARK CARTING, INC.  Hauler ID 18693						o.: of V	Vaste:	IESI						
City, Sta PO BOX	ite: ( 5670, NEWARK N	J 07105	Disp 8/23/	osal Dat	c:		RIAL, PA 1512							
Completed By: MIKE ALTADOUKA Title: PRESIDENT						Signature:	AC	Date: 8/06/13						

#### STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)					Name of Building Owner/Operator (2)									
08/06/2013					Yayine Melaku									
Agencies Notified	Type of Notific	ation		Street Address										
( ) EBA	/ V \ Imitial A	latifiantian		526 Hudson St.										
( ) EPA	(X) Initial N			City, State, Zip Code										
(X)NJDEP	( ) Amend			43 to 100										
(X) NJ DOL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	lment#		Hoboken, NJ 07030										
(X)DOH		ency (includi	ng	Name of Contact Tel. Number										
( ) DCA	justifica			Yayine Melaku										
	( ) Cancel													
		F	ACILITY	Y INFORMA										
Name of Facility Where Abateme	nt is Taking Place	(3)		Type of Facility (4)										
Residential Property				( ) School (K-12)										
Street Address					hapter 8 (other									
526 Hudson St.				(X ) Other (i.e. private & commercial bldgs., homes, etc.										
City (5)	County (6)	County Code	e (7)		5 000		4		. 6	2				
	Journey (b)	(State Use C		Sq. Feet:	5,000	# of Floors	s <u>4</u>	Bldg.	Age 6	<u>J</u>				
Hoboken	Hudson		70 1800.0	Current	lse (if being de	moliched)								
Name of Monitoring Firm Hired by		ACCMAIL				industieu)	-							
N/A	/ blag. Owner (8)	ASCM No.			ontractor (9)	г.	101	) <u>2</u> ( <b>¥</b> )	~					
		TWA			al Safety &	Environ	mental Sol	utions	, Inc.					
Street Address N/A				Street Add										
				V. CONT. P. L. CONT. P. C.	udson Aveni	ue								
City, State, Zip Code					City State, ZipCode									
N/A  Project Manager for Monitoring Firm   Telephone Number					Union City, NJ 07087									
Project Manager for Monitoring Fi	Telephone Number License Number													
N/A	(201)325-0055 01124													
Scheduled Start Date (10)	Name of OSHA Monitor													
08/15/2013	ISES, Inc													
Occupancy Status During Abatem	08/22/20 nent (Check only o			Street Add	ress									
( ) Facility Closed/Vacated During Entire Period of Abatement					udson Aveni	ne								
( ) Abatement Performed Outside of Normal Facility Hours -														
( X ) Other - Describe:	عام مساسية المحاسب			City, State		22127								
Work area in basement unocc		atement			City, NJ 070	87								
Source of Work (Check all that ap	oply) (	) Demolition		( X	) Renovation									
/ \\!														
( ) Minor Project (< 25 SF or < 10 LF ACM)					) Full Contain		Negative Pre	essure			- 8			
( X ) Small Project ( >25 <160 SF or >10 <260 LF ACM) ( ) Large Project (>160 SF or > 260 LF ACM)				( X	) Mini-Enclos									
( ) Large Project (>100 SP	01 - 200 LF AC	IVI)		(	) Glove-bag l ) Non-Exempt			Drood	uro					
Location of Asbestos-	Is Location Nor	mally Used			iption of ACM	ieu ( ) and	Amount			nt Type				
Containing Material (ACM)	Solely by Main		(i.e.	. thermal systems insulation, surfacing, (Specify SF										
To be Abated in Facility (13)	Custodial St	aff? (12)		VAT, or oth	er miscellaneou	s.)	or LF)			m	т.			
								Remova	곲	Encapsulate	Enclosure			
								l o	Repair	psu	osu			
	YES NO	N/A						<u>a</u>	=-	late	лге			
Basement Area	sement Area X TSI b					boiler Insulation 20 SFT X								
1st Fl Bathrrom	X	Cailin	g surface			50 SFT	X							
T I Data Toll	Tri Datiniom A Celling						30 01 1	1		-				
Name of Reg. Waste Hauler NJDEP Waste Hauler ID #					Cubic Yards of	Waste	Name of Reg	. Landfill						
NEWARK CARTING 04509					1		IESI BETH	_		DFILL	,			
City, State Disp. D				Date			City, State				-			
369 Raymond Blvd., Newark, NJ 07105 08/22							BETHLEH	ЕМ Р	180	15				
Completed by (Print or Type) Title Signat					11.	$\overline{}$	Date	21749 1 1	- 100					
Signat					1/100 / // 200									
David Camacho	Project Su	08/06/2013												
			11	-										

0, 328V

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

Date of Notification (1)				Name of Building Owner/Operator (2)												
8/8/13					50 Bryla, LLC											
Agencies Notified Type Notification						Street Address										
	Initial				22	Maple Av	/enu	ie								
	] Amended	d				1.57										
☐ DCA (NJAC 5:16) ☐ DHSS								City, State, Zip Code  Morristown, NJ 07960								
DCA	icy (incli	uding					07300		of to the same							
41110 - 00 -	tion				of Contac	-			Telephone Numb	er						
					ry Kardo	-				-						
Name of Facility Where Abatement is Taking Place (3)						FACILITY INFORMATION										
SGC Warehouse	i aking r	lace (	3)					Type of Facility								
Street Address						School (K-1)	<sup>2)</sup> 8 (Other than K-12)									
50 Bryla Street						Other (i.e., p	rivate & commercia	l build	dings							
									homes, etc.	)	See See See See			garanta and a		
City (5)									Square Feet	# of Floors	В	ldg. A	ge			
Carteret									180,000	1		50+				
County (6)					Cour	nty Code (7	7)(STA	ATE USE ONLY)	Current Use (Pr	rior if being demolis	hed)					
Middlesex									Warehouse	Ď.						
Name of Monitoring Firm Hire	ed by Build	ding Ow	ner (8	)	ASCM	No.	Na	me of Abateme	ent Contractor (9)	1						
N/A				1000		nvironmental										
Street Address								eet Address	iivii Oiliileiitai .	Systems						
onest / idaress										1 20 122						
City State 7:- O-1-									lehem Pike - S	uite 60						
City, State, Zip Code				Cit	y, State, Zip Co	ode										
						Spring House, PA 19477										
Project Manager for Monitoria	ng Firm			Tele	phone	No.	License No.									
N/A							2	15-542-7000		00847						
Start Date (10)		Schedul	ed Co	nple	tion Da	on Date (11) Name of OSHA Monitor										
8 / 19 / 1	13	9	_ /	27	/ _	13	0	CES								
Occupancy Status During Ab	atement (	Check o	nly on	6)	Street Address											
☑ Facility Closed/Vacated D	100				mant		1000		laham Dila O							
☐ Abatement Performed Ou						cribe			ehem Pike - S	urte 60						
Time of Abatement: 6:00	AM	_PM/ <u>6:</u>	00PM		AM	Cribc	1	y, State, Zip Co Spring House								
Scope of Work (Check all that	it apply)						L							-		
≥3 sf or ≥3 lf		г	] Ren	ovoti.	on				ainment with Neg	gative Pressure						
⊠ ≥160 sf or ≥260 lf			Dem					☐ Mini-Enc ☐ Glovebag								
	ma								Ion-Friable Procedure							
				ocat							Ab	atem	ent T	ype		
Location of		.	Used	rmal				Description o		7	T-20	-	-			
Asbestos-Containing Mate TO BE ABATED		1)	Main					Containing Ma	Amount	en	Repair	2	nc			
IN Facility	_		Custo		Staff?	(i.e., tile	imai	VAT, or	tion, surfacing,	(Specify SF or LF)	Removal	a:	aps	Enclosure		
(13)				(12)			oti	her miscellane					Encapsulate	ē		
		1	es	No	N/A								0			
Roof		10	ו כ			Asbesto	os R	loofing		140,000 SF	$\boxtimes$		П			
		T	] [	]	$t_{\Box}$	3-3819			140,000 01							
													=			
													Ш			
Name of Registered Wests Haules							-									
1					JDEP V auler ID		Cut	oic Yards of	Name of Regis		110-2- 11-11	42000				
010					20900		100000	ste 00	Minerva La	andfill						
City, State								posal Date	City, State							
New Castle, DE										rg, OH 44688						
Completed By (Print or Type) Title								Signature	1	Ţ	ρ.	7				
Patricia Visco Office Manage										i jane						
Office Maria								1 acm	ucio 1600 0/8/13							