The BON

D&S Proj. #: 2014-316

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

Date of Notification (1)	1	lame of Bu	ilding Owr	ner	/Operator (2)												
0 8 / 0 4 / 1 4		ILAN HI	GH SCH	O	OL					AUG 1	2						
Agencies Notified Type Notification	on S	treet Addre	ess						1007-000-	1100	201	+					
DEP Amended		215 BRC	DAD STI	RE	ET												
Amendment #:		City, State,	Zip Code														
DOL Emergency		EASTO	NTOWN	I, N	NJ 07724						2/					-	
DOH (including justification)	N	ame of Co	ntact			-				Telephor	ne Numb	per			00		
DCA Cancellation	- 11	RALPH	CAPPO	LA	A						1020	r					
Cancellation				_	ITY INFORM	MOITA	N					=					
Name of facility where abatement is	taking pla	ace (3)							Тур	oe of Facility	(4)						
ILAN HIGH SCHOOL		(-/								=	ol (K - 1 napter 8		r th:	an K-	12)		
Street Address				_							(Private						
										Bldgs	./Homes		_	-			
215 BROAD STREET				_					So	quare Feet	# of Flo	oors		Blo	g. Ag	е	
City (5)	Cou	nty (6)						ode (7)	-		2-1 M le -	ata a ala		liaha	۹/		
EASTONTOWN	MC	ONMOUT	TIT			(516	ate use	e Offiy)		urrent Use (F	rior it be	eing a	emo	lisne	a)		
Name of Monitoring Firm Hired by E				_	ASCM No.	-	TNam	e of Abatemer	nt Cont	ractor (9)			=				
*************************************	25			1		-		& S RESTO									
MCCABE ENVIRONMENTA Street Address	IL SERV	ICES, L.	.L.C.	1.	#00118	=		et Address	MII	JIV, IIVC.		-	-				
	пп							California	A ve								
464 VALLEY BROOK AVEN City, State, Zip Code	VUE			_		-	_	State, Zip Cod					_				
LYNDHURST, NJ 07071								aterson, NJ (
Project Manager for Monitoring Firm	IP	hone Num	be	er	_		phone Number			Licen	se Nu	mb	er				
		1	01 420 4	102	20			973-345-802	.0			0116	59				
RALPH CAPPOLA Start Date (10)	Ischar	d. Complet	01-438-4				Nam	e of OSHA Mo	onitor								
5.855 - 85 U.		- 10	ion Dato (,	'		_	& S Restora	ation, l	Inc.	***						
08/18/14	08/2			-		_		et Address	650								
Occupancy Status During Abatemen							_	California A		e							
Facility closed/vacated during Abatement performed outside							City,	State, Zip Coo	ie								
Describe:		idomity mos						aterson, NJ	7502								
Other-Describe: NORMAL H						$= \bot$	<u> </u>						_			=	
Scope of Work (check all that apply								2	-	Containment enclosure	w/negat	ive pre	essu	ire			
\boxtimes >3 sf or >3 lf	Renovati	on						F		ebag proced	ure						
≥160 sf or ≥260 lf	Demolitio	n			2000					-Exempted (*					edure		
Location of		on normally		ely								l F		R e	E n	Е	
asbestos-containing material (acm) to be	staff(12)	tenance/cu	Stoulai					tos-containing		Amount (Specify	SF or	n	- 1	р	c	n	
abated in facility (13)	Yes	No	N/A		material	(ACIVI))			LF)		o v		a i	a	L	
x 2		1,0	13//5									е	_	r	_	_	
BASEMENT		$\square X$			PIPE INSU	JLAI	TON			60 l ft	-	_ 2	<u>u</u>	븻	부	片	
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						and a solution			-			4	4	ᆜ	ᆜ	片	
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												_ L			Ц	Ш	
Registered Waste Hauler D & S RESTORATION, INC.		EP Hauler 506	ID#		bic Yards of	Waste	e Nar	me of Register	ed Lan		FCOV	FRV					
	13	200	Disposal	_	YD ate			ty, State	v, KE	JOURCE P	LCO V	LICI	-				
City, State PATERSON, NJ 07503			08/20				1000	ULLYTOW	N. PA								
Completed by (Print or Type) Title Signature							شالت				Date	е	_				
BOGDAN JOLDZIC	PRESI	DENT			- Commence of the Commence of						08/0	04/ 20)14				
ASB-41	Do not u	se this form	n for asbe	sto	s licensure ex	cempt	ted act	ivities.									

D&S Proj. #: 2014-319

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

J											
Date of Notification (1)	Name of	Building Owne	r/Operator (2)				*				
0 8 / 0 5 / 1 4		ilsterman							-		
Agencies Notified Type Notifica	Street Ad	dress				AUG 13 20	14				
DEP Amended		est sadle rive	r road,								
	#: City, State	e, Zip Code						ŧ.			
Emergency		O-KUS, NJ	07423								
DOH (including justification	Name of 0	Contact				Telephone	Number	- 4			
☐ DCA ☐ Cancellation		vilsterman									
		FACIL	ITY INFORM	ATION							
Name of facility where abatement	t is taking place (3)					Type of Facility (4) (K - 12)				
icha wilataman						=	A control of the control	u Alas	- L	10\	
john wilsterman Street Address	_=						pter 8 (Othe Private/Com			12)	
Street Address							lomes, etc.		JIC.1		
748 west sadle river road,						Square Feet #	of Floors		Blo	dg. Ag	ge
City (5)	County (6)	4000000			ty Code (7)			_			
HO-HO-KUS	hergen			(State	use only)	Current Use (Pri	or if being d	emo	lishe	:d)	
Name of Monitoring Firm Hired by	bergen y Bldg. Owner (8)	T	ASCM No.	1	Name of Abatement C	ontractor (9)			_		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 5 , ,	1			D & S RESTORA	TION INC					
Street Address				- ₁	Street Address	Tion, ive.					
Officer Address					20 California Ave	э.					
City, State, Zip Code					ity, State, Zip Code						
					Paterson, NJ 075	03					
Project Manager for Monitoring Fir	m .	Phone Number	er	- -	elephone Number		License Nu	ımbe	er		
					973-345-8020		011	69			
Start Date (10)	Sched. Comp	etion Date (11)	-	Name of OSHA Monito						
		84.0 (1964.1) (20) 20 (20) 20 (20) 20 (20)	• 6		D & S Restoratio	n, Inc.		_			
09/15/14 Occupancy Status During Abateme	09/30/14				Street Address	30.555					
Facility closed/vacated durin					20 California Ave City, State, Zip Code	enue				-	
Abatement performed outside					Jity, State, Zip Code						
Describe: NORMAL	HOURS			-11	Paterson, NJ 075	503					
Scope of Work (check all that app						ull Containment w/	negative pr	essi	ıre		
≥3 sf or >3 lf	- 1700					fini-enclosure	nogativo pi	Jobs			
						alovebag procedure					
≥160 sf or ≥260 lf	Demolition Is location normal	Il., used solely				Non-Exempted (*) a	The second secon	able R T	proce R	edure	-
Location of asbestos-containing	by maintenance/				baataa aaatalalaa	Amount	100	9	е	n	E n
material (acm) to be	staff(12)		material		bestos-containing	(Specify SI	For I	m	p a	c a	C
abated in facility (13)	Yes No	N/A	100000000000000000000000000000000000000	Market 2000* 7.		LF)		/	i	p	L
DACEMENT			PIPE INSU	ПАТТ	ON	115 L FT			ń	П	t
BASEMENT		-	III DI 115C	111				Ħ	Ħ	Ħ	市
			-					Ħ	一	Ħ	市
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							F	5	f	Ħ	T
Registered Waste Hauler	NJDEP Hau	ler ID# C	ubic Yards of	Waste	Name of Registered			= 1			1
D & S RESTORATION, INC		2	. yds		TULLYTOWN, I	RESOURCE RE	COVERY				
City, State		Disposal D			City, State	D.4					
PATERSON, NJ 07503		09/16/1			TULLYTOWN,	PA	Doto				
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT		Signature				Date 08/05/14	4			
ASB-41	* Do not use this fo	orm for asbesto	s licensure ex	xempted	activities.	- P		_		-	
M(31)*** 1											

Aug 5 2014 09:40am Notification of Asbestos Abatement D&S Proj. #: 2014-317 (Pursuant to NJAC 8:60 and 12:120) APPROVED N.I. Dept. A Health & Senier Services Date of Notification (1) Name of Building Owner/Operator (2) 0 18 1/10 14 1/11 14 david gasper Agencies Notified Type Notification Street Address EPA Initial 3 AUG 539 2nd street Amended DEP City, State, Zip Code Amendment #: X DOL **Emergency** carlstadtani 07072 (including DOH Name of Contact Telephone Number という justification) T DCA david gasper Cancellation FACILITY INFORMATION Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) david gasper Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bidgs:/Homes, etc. 539 2nd street Square Feet # of Floors Bldg, Age City (5) County (8) County Code (7) (State use only) Current Use (Prior If boing demol shed) carlstadt BERGEN 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 Name of OSHA Monitor Start Date (10) School Completion Date (11) D & S Restoration, Inc. 08/22/14 Street Addition Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (chack all that apply) Full Containment w/negative pressure >3 sf or >3 if 図 Renovation Mini-anclosure ___ ≥160 sf or ≥260 lf Glovebag procedure Demolition Non-Exempted (*) and Non-friable procedure Location of is location normally used solely by maintenance/custodial Е asbestos-containing 0 0 п Description of asbestos-confaining Amount material (acm) to be staff(12) ш n (Specify SF or C material (ACM) abated in facility (13) 0 ¢ R Yes No N/A L p BASEMENT PIPE INSULAITON 130 l ft X 1 前 拉克 100 Registered Waste Hauler NJDEP Hauter ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 2 yds TUELYTOWN, RESOURCE RECOVERY City, State Disposal Date Olty, States PATERSON, NJ 07503 08/08/14 TULLYTOWN, PA Completed by (Print or Type) Signature Title Date BOGDAN JOLDZIC PRESIDENT 08/04/2014 ASR-41 Do not use this form for aspestos licensure exempted activities.

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

D&S Proj. #: 2014-317

BOGDAN JO	LDZIC	* Do not us	se this form	for asbe	esto	s licensure exemp	pte	d activities.							
Completed by (Pr		Title PRESII	DENTT.			Signature					Date 08/04/	201	1		100/sec
City, State PATERSON,	NJ 07503			08/08			_	TULLYTOW	N, P.	Α	I Data				
D & S RESTO	KATION, INC.	13:	506	Disposa	_	yds ite	-	City, State	1, 10	JO O TROLL NO					
Registered Waste	Hauler		EP Hauler	ID#		bic Yards of Was	te	Name of Register	red La	indfill ESOURCE RE	COVER	Y			
										1600			Ш	Ш	
											-	Щ	屵	님	11
													屵	님	11
												님	片	片	++
BASEMENT			X			PIPE INSULA	IT	ON	_	130 l ft		N.	片	믐	H
abated in fa		Yes	No	N/A			-	O.V.				e IV1	i	Р	<u>-</u>
Location of asbestos-comaterial (ac		by mainte staff(12)	n normally enance/cus	todial	- I	Description of material (ACM		sbestos-containing		Amount (Specify SF LF)	or	e E o	e p a	n c a	E n c
≥160 sf or ≥	260 lf	Demolition		ماهم است	a la al		_		Nor	n-Exempted (*) a	na Non-t	R	R	E	T_
_		Renovatio						<u> </u>	Glo	vebag procedure	nd Non f	riable	nroo	dure	
Scope of Work (compared to be seen as	heck all that apply							1	=	i-enclosure	•				
	ribe: NORMAL H						Ц	1 aicison, 143	150	Containment w/	negative	press	ure		
Abatement p	ed/vacated during performed outside	of normal f	od of abater acility hour	ment. s-				Dity, State, Zip Coo Paterson, NJ (3					
Occupancy Status							L	20 California A		ie		-	_		
08/07/14		08/22					100	Street Address				31 <u>-</u>		-850	
Start Date (10)		Sched.	Completio	n Date (1	11)			D & S Restora		Inc.				-	
							1	Name of OSHA Mo							
Project Manager fo	or Monitoring Firm		Pho	one Numi	ber		T	elephone Number 973-345-802				169	-1		
9050 P.S.								Paterson, NJ C			icense N	lumbe	er		
City, State, Zip Coo	de						C	ity, State, Zip Code							
23 001 / 1001 000								20 California A	_						- COM
Street Address					_		5	Street Address							
Tame of Monitori		3	****			nanados destro de 2000.		D & S RESTOR	RATI	ON, INC.					
carlstadt Name of Monitorin	na Firm Hired by B				A	SCM No.	I	Name of Abatemen	t Cont	ractor (9)					
1 1		DED	GEN			(Sta	ale	use only)		urrent Use (Prio	ii being	delilo	1131160	V.	
City (5)		Count	y (6)	2E1				y Code (7) use only)	-	urrent Use (Prio	r if heing	derno	lisher	1)	
539 2nd street									So	quare Feet #	of Floors		Bldg	J. Ag∈	9
Street Address										Bldgs./Ho	mes, etc				
david gasper							_			Subchapt Other (Pr				2)	
Name of facility wh	nere abatement is	taking plac	e (3)							School (
		tokina -la-	0 (3)	1 701	1	51		T	Tyr	oe of Facility (4)		-		-	
	Cancellation				H IT	Y INFORMATION	V								
☐ DCA	justification) Cancellation		david gasj	per						_					
⊠ DOH	(including		ne of Conta							Telephone N	lumber i	and the second			
DOL	Emergency	- 1	arlstadt, i		72			Carrier and the second			:				
☐ DEP	Amended Amendment #:		, State, Zip		_		-	AUU	112						
☐ EPA	Initial		39 2nd str					AUG	1 3	201/					
Agencies Notified	Type Notificatio		avid gaspe eet Address												_
Date of Notification	(1) 1711 14 1	- 11			3170	porator (2)				38					
		I I Nar	me of Build	ing Owne	er/O	perator (2)	_				ionia,				

X 001308

D&S Proj. #: 2014-323

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

Date of Notification (1) 0 8 / 0 7 / 1 4	Name	of Building Own	er/Operator (2)					7						
		n kramer				AUG 1 3	001/							
Agencies Notified Type Notification	Street	Address				1.00 - 0	2011	Nile I	1		E-MARKET AN			
DEP Amended		igh street												
Amendment #:	City,	State, Zip Code							•					
☑ DOL ☐ Emergency	w	EST ORANGE	. NJ 07052				*		1					
DOH (including		of Contact				Telephone	e Number							
☐ DCA ☐ justification)														
Cancellation	<u>br</u>	ian kramer						=						
			ILITY INFORM	ATION										
Name of facility where abatement is	s taking place (3)				Type of Facility (4) (K - 12)							
brian kramer							apter 8 (Othe	r tha	n K-	12)				
Street Address						The state of the s	Private/Com)				
							Homes, etc.							
9 high street						Square Feet	# of Floors		Bld	g. Ag	je			
City (5)	County (6)			nty Code (7)									
		_		(Stat	e use only)	Current Use (Pr	ior if being d	ernol	ishe	d)				
WEST ORANGE	ESSEX													
Name of Monitoring Firm Hired by B	3ldg. Owner (8)	ASCM No.	-	Name of Abatement	Contractor (9)								
					D & S RESTOR	ATION, INC.								
Street Address					Street Address									
					20 California A	ve.								
City, State, Zip Code					City, State, Zip Code			711.0						
				- 11	Paterson, NJ 0	7503								
Project Manager for Monitoring Firm		Phone Numb	oer	—	Telephone Number		License Nu	mbe	-					
					973-345-8020	1	011	69						
					Name of OSHA Mor		-							
Start Date (10)	Sched. Co	ompletion Date (1	1)	- 11	D & S Restorat									
08/19/14	08/29/14	ĵ.		- 11	Street Address				-					
Occupancy Status During Abatemer	nt (Check only	one)			20 California A	venue								
Facility closed/vacated during	entire period o	f abatement.	1.83		City, State, Zip Code			-						
Abatement performed outside	of normal facil	ity hours-			,,,									
Describe: NORMAL H	OURS			-11	Paterson, NJ 0	7503								
Scope of Work (check all that apply	100000					Full Containment w	/nogative pr	2000						
					누	Mini-enclosure	megative pr	Jesui	C					
	Renovation				∀	Glovebag procedu	re							
≥160 sf or ≥260 lf □	Demolition					Non-Exempted (*)		ble p	roce	dure				
Location of		rmally used solel	У				1.00	3	R	Е	E			
asbestos-containing	by maintenar staff(12)	nce/custodial	Description	on of as	sbestos-containing	Amount	l r	n	e p	n	n			
material (acm) to be	Stati(12)	1	material ((ACM)	19	(Specify S LF)	F or		a	а	С			
abated in facility (13)	Yes	No N/A					\		<u> </u>	р	-			
DACEMENT/CDAWI CDACE			PIPE INSU	II.ATI	ON	51 1 ft		3 1		П	\Box			
BASEMENT/CRAWL SPACE BASEMENT			BARE HEA			25 1 ft	-	ŧ	득	×	Ħ			
DINDLINI			1 DINCE III	1111	J. II 110	20111		= ++	╡┤	H	H			
			-					╡┼	井	井	#			
			4		- Whateler			╡┼	=	井	1			
]	Mari	T	11 15"				Ш				
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP I 13506		Cubic Yards of 1 1 YD	vvaste	Name of Registere	d Landfill , RESOURCE RI	COVERY							
		Disposal			City, State	, ILBOOKEL IG	JOO TENT	-						
City, State PATERSON, NJ 07503		08/20/2												
Completed by (Print or Type)	Title	00/20/	Signature	_	TOLLITOWI	1, 1 Th	Date	+		_				
BOGDAN JOLDZIC	PRESIDEN	ΙΤ	J.g. iataro				08/07/14							
		is form for asbes	tos licensure ex	cempte	d activities	7.770	03/0//11	-#		_				

State of NJ

B & G proj. #:

2014-126

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

Check # 6682

Date of Notification (1) 0 8 / 1 1 / 1 4 Fred Gorgas Agencies Notified Type Notification Street Address				
EPA Initial 48 Kenvil Avenue			3	
☐ DOL ☐ Amendment ☐ City, State, Zip Code Succasunna, NJ 07876				
Name of Contact Telephone Number	er			
DCA Cancellation Fred Gorgas	==			
FACILITY INFORMATION				
Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12)	')		59112	
Fred Gorgas Subchapter 8 (0		nan K-	-12)	
Street Address Other (Private/C	Comme		25	
48 Kenvil Avenue Square Feet # of Floor		Blo	dg. Ag	ge
City (5) County (6) County Code (7)				
Succasunna, NJ 07876 Morris (State use only) Current Use (Prior if being residential	ng dem	olishe	ed)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9)				-
B & G Restoration, Inc.				
Street Address Street Address 105 Ryerson Road				
City, State, Zip Code City, State, Zip Code				-
Lincoln Park, NJ 07035				
(973)696-6869 <u>0</u>	e Numb 0378	er		
Scheduled Start Date (10) Sched. Completion Date (11) Sched. Completion Date (11) B & G Restoration, Inc.				
08/21/2014 08/22/2014 Street Address				
Occupancy Status During Abatement (Check only one) 105 Ryerson Road				
Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: City, State, Zip Code				
Other-Describe:				
Scope of Work (check all that apply) Demolition Full Containment w/negative pressure Glove	ehad or	ocedi	ıre	
T No.	-friable			
Is location normally used solely	TR	R	Е	E
by maintenance/custodial by maintenance/custodial Description of asbestos-containing Amount	e m	p	n	n
material to be abated in facility (13) Yes No N/A material (ACM) (Specify SF of LEF)	v	i	a p	L
	e [X]	Ó		
pasement x pipe insulation 132 lf				
basement pipe insulation 132 lf			ΙП	lП
basement pipe insulation 132 lf	44	片	믐	十二
basement pipe insulation 132 lf			層	博
Registered Waste Hauler			冒	
Registered Waste Hauler B & G Restoration, Inc. NJDEP Hauler ID# 19563 Cubic Yards of Waste Name of Registered Landfill Tullytown Resource & Recovery	L] L] y Cen	ter		
Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill	y Cen	ter		

0/245

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

Date of Notification (1) 8-12-14						Owner/Operator nental Re		s, Inc.			40457		
Agency Notified	Type Notification				Address	owship R	oad. Sui	te 300 AUG	1:	2 2	2012	1	
CXEPA CXDEP EDOL	☐ Initial ☐ Amended Amendment # 1		Ci	itv. St	ate. Zip (AUC		, <u>.</u>	.01		
	□ Emergency (includi	ng		020-000	of Contac			Telephone N	·			_	-
DADOH DADCA	justification) □ Cancellation		20.00			Hirsch			- 1 / C	,			
1				FACIL	ITY INF	ORMATION							
Name of Facility Where	Abatement is Taking Pta	ice (3)					Type of Facility	(4)					
vacant kito	chen bldg, st	coraç	ge/n	nec:	h bl	dg.	☐ School (K-12 ☐ Subchapter	8 (Other than K-12)					
512 Lakelan	d Road					3	homes, etc.						
City (5)							Square Feet	# of Floors	Bldg.				
Gloucester	Township						7,000	2	+/	-5	0		
County (6)) (STATE USE	Current Use (P	rior if being demolis	shed)				
Camden			0	NLY)			vacant	64			e ,		
Name of Monitoring Fir	m Hired by Bullding Own	er AS	SCM N	ło.		Name of Abatem							
(8) Pennoni A						Pepper E	ices	3,	Ir	C			
Street Address 515 Grove S	t., Suite 1E	3	40			Street Address 2251 Fr	aley Str	reet					
City, State, Zip Code	ghts, NJ 080	35				City, State, Zip (Philadel					_		
Project Manager for Mo	onitoring Firm	Tele	phone			Telephone No.		License No.				-	_
R. Alan Lloy					0505	215-533 - Name of OSHA		01166					_
Start Date (10) 8-19-14	Scheduled C	ompletion 3 0 – 14		:(11)			Associat	ces					
Occupancy Status Duri	ing Abatement (Check on	ly one)	10 10 10 10 10 10 10 10 10 10 10 10 10 1			Street Address	0+ (
☐ Abatement Performe	ated During Entire Period and Outside of Normal Fac	ility Hour				City, State, Zip (ve St., S	NJ 08035	-			·	_
Other - Describe: O	utside remov	al											_
Scope of Work (Check □ ≥ 3 sf or ≥ 3 lf □≥ 160 sf or ≥ 260 lf	all that apply) * abat	ement	L	ı ken	r to ovation nolition	☐ Mini	-Enclosure /ebag Procedure	Negative Pressure d Non-Friable Proc					
		Isl	ocatio	n	1	- 11011	Excitipted () at			At	ate		t
Asbestos-Contain TO BE IN F	tion of ing Material (ACM) ABATED acility 3)	No Used Main Cu S	Solely Solely tenand stodia Staff? (12)	by cel		Description stos Containing M ., thermal systems surfacing, VA other miscellan	laterial (ACM) s insulation, T, or	Amount (Specify SF or LF)		Removal	\neg	m	Enclosure
		Yes	No	N/A	1			£0			1		
				х	*see a	ttached*							
						ocommocomersors				х	4	4	_
				1000							-	+	
Name of Registered W		NJD ID N	EP W	aste F	lauler	Cubic Yards of Waste		stered Landfill		لــــا			
Service Tra	nsport					Min	A & L S	salvage			-		_
City, State Morrisville	e, PA				7	Disposal Date	City, State Libson	, OH					
Completed by Jennifer N		f Ope	era	tio	ns	Signature			Date 8-1	2-	14		_
													_

ASB-41

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

512 Lakeland Road

Kitchen Bldg.				
DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	Amount	Code**	Code**
fire door insulation	storage/mechanical bldg.	6	SF	REM
window glazing putty a/w partition walls	storage/mechanical bldg.	150	LF	REM
9x9 gray floor tile	storage/mechanical bldg.	170	SF	REM
mastic a/w gray 9x9 floor tile	storage/mechanical bldg.	170	SF	REM
roofing system materials(a/w all layers of the flat roof	storage/mechanical bldg.	3000	SF	REM
window glazing putty	storage/mechanical bldg.	500	SF	REM
block pipe insulation	crawlspace	160	LF	REM
corrugated pipe insulation	conn hallway from senior ctr to WIC	8	LF	REM
brown sheet flooring	conn hallway from senior ctr to WIC	650	SF	REM
mastic/paper a/w brown sheet flooring	conn hallway from senior ctr to WIC	650	SF	REM
fire door insulation	conn hallway from senior ctr to WIC	6	SF	REM
window glazing putty	conn hallway from senior ctr to WIC	750	SF	REM
fire door insulation	original kitchen bldg.	6	SF	REM
9x9 brown floor tile	original kitchen bldg.	60	SF	REM
mastic a/w brown 9x9 floor tile	original kitchen bldg.	60	SF	REM
window glazing putty	original kitchen bldg.	200	LF	REM

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

Date of Notification (1) 8/6/14					ng Owner/C		(2) Iy Medical Ce	nters.	Inc.	4.	140		
Agencies Notified Type Notificati	on		Street A	ddress	e Circle		23	, 13		-	į		
DEP Amended Amended Amended	ent #		City, Sta Hamm		Code , NJ 080)37			ž.				
DOH Emergency justification Cancellat			Name of Ms. Lir	Contac	ct		5)	Tele	ephone Nu	mber			
			FACI	LITY IN	FORMATI	ON			-		-		
Name of Facility Where Abatement is Ta Southern NJ Family Medical Cer	king Place (3 nter	3)					Type of Facility						
Street Address 651 High Street			-				School (K-Subchapte Other (i.e.	r 8 (Othe			dings,	hom	es.
City (5) Burlington				-			etc.) Square Feet 20,000	# of 2	Floors		Bldg. A	ge	
County (6) Burlington			County C	ode (7) ISE ONL))		Current Use (Pr Medical Faci		ng demolis	hed)			
Name of Monitoring Firm Hired by Buildin Cardno ATC	g Owner (8)		ASCM	No.			of Abatement Co ervices, LLC	ntractor	(9)	20	- 10.15		
Street Address 3 Terri Lane							Address Vest Lincoln I	Highwa	ıy, Suite	500			
City, State, Zip Code Burlington, NJ 08016							ate, Zip Code i, PA 19341				-		
Project Manager for Monitoring Firm John Lutz		4.0	Felephon		0	Telepho	one No. 372-8884		License 1	Vo.			-
Start Date (10) 8\12\14	Schedule 8/15/14		pletion D	ate (11)	Name of EMSI	of OSHA Monitor			ali29			
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire	Period of A	hateme	ant				Address Route 130 No	rth			der C		
Abatement Performed Outside of Not Other – Describe: 7:00 am - 12:00	mal Facility	Hours					ate, Zip Code aminson, NJ	08077					
Scope of Work (Check All That Apply)						Oli li le	1111113011, 140		-			_	-00
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	The same of the sa	enovati emolitio				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				Α.	
	ls l	Location	n			스	Non-Exemple	u () and	1 NOII-I IIa	DIE 1 10	Abate	emen	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair Custo	ormally d Solely ntenanc odial Sta (12)	by ce/		stos Conta e. thermal s	ystems ng, VAT	aterial (ACM) insulation, , or	(S	mount pecify or LF)	Remova	Repair	e Encapsulate	1.000
	Yes	No	N/A									te	L
Mechanical Room	×					/AT			5 SF	Х			L
Old Lab Room	×		-			/AT		48	0 SF	X	-		H
ame of Registered Waste Hauler					T =								
coservices, LLC		Hau	DEP Was uler ID No 112602	0.	of Waste		Minerva		red Landfi fill	II.			
ity, State kton, PA					Disposa TBD	l Date	City, Stat Wayne		ОН			7	
ompleted by ck Bally	Title Sr. Pro	oject M	/lanage		Sig	nature	Mally	(T)	5	ate 3 12	14		
SB-41 (R-06-08)							use this form for	asbest				activ	itie

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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) ,		1.2			7	
8 /12	14			Glas	sboro H	ousing Authori	ty				The state of the s		
Agencies Notified Type No	tification			Street	Address						- 1		
				141	Delsea N	lanor Dr.		AUG 13 2	014				
☑ DOLWD ☐ Ame			Î	City, S	tate, Zip C	ode							
2 5011	dment #	35 2/57		Glas	sboro N	J 08028						*	
	gency (ir cation)	ncluaing		Name	of Contact			Telephone Number	er		777		
(NSAC 3.23-8)	- 8			000000000000000000000000000000000000000	Miller Jr							- 4	
								1		-		-	
	11 Table	Disease	(2)	FAC	ILII T IN	FORMATION	Type of English	(4)					
Name of Facility Where Abatemen			(3)				Type of Facility (☐ School (K-12	1. 5					
Whtitney Gardens B Build	ing- Ho	tei						(Other than K-12)					
Street Address							Other (i.e., pr	rivate and commerc	ial bu	ild ng	S,		
30 Williams St.							homes, etc.)						
City (5)							Square Feet	# of Floors		lg. Ag	je		
Glassboro NJ 08028							10,000	2	283	50+	200		
County (6)				Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Pri	ior if being demolish	ied)				
Gloucester							housing						
Name of Monitoring Firm Hired by	Building	Owner ((8)	ASCM	No.	Name of Abatem					10		
Health And Safety Services				117		Controlled E	Systems						
Street Address						Street Address							
318 12th Street						1121 N. Beth	thlehem Pike - Suite 60						
City, State, Zip Code			-		-	City, State, Zip C							
Hammonton, NJ 08037						Spring Hous	e, PA 19477						
Project Manager for Monitoring Fir	m		Tele	phone	No.	Telephone No.		License No.	-				
Jim Proctor			10000000000	09-704		215 542 7000)	00847					
Start Date (10)	Scho	dulad C		etion Da		Name of OSHA							
8 / 25 / 14	Scrie			/ _		CES	wormtor						
	-t (Cho					Street Address						_	
Occupancy Status During Abatem	and the second second						lehem Pike - S	uita 60					
☐ Facility Closed/Vacated During ☐ Abatement Performed Outside					crihe	PARTY CONTROL SPECIAL	uite 60		-	50-10035-2			
Time of Abatement: 7:00AM-5					Cribc	City, State, Zip C							
						Spring Hous	e, PA 19477						
Scope of Work (Check all that app	y)					☐ Full Cor	tainment with Neg	gative Pressure					
≥3 sf or ≥3 lf			enovat			☐ Mini-En	closure	,					
≥160 sf or ≥260 lf		☐ De	emoliti	on		☐ Gloveba	g Procedure	n-Friable Procedur					
						☐ NOII-EX	empted () and No	III-FIIADIE FIOCEUUI	_				
		3103	Loca Norma			Description					ent T		
Location of Asbestos-Containing Material (ACM)	Use	ed Sol	ely by	Asbe	Description stos Containing M		Amount	Rer	Repair	E .	Enc	
TO BE ABATED	,		inten	ance/ Staff?		., thermal systems	insulation,	(Specify	Removal	12	aps	Enclosure	
IN Facility		Cus	(12)			surfacing, VA7 other miscelland		SF or LF)	<u> 8</u>		Encapsulate	le le	
(13)		Yes	No		1	Other miscelland	5003)				(D)		
0.4100.0040.4.0400.4040.04		-		-	Fishings	in machanical		80 LF	\boxtimes				
24/26 32/34 36/38 40/42 Mech	Room				Fittings	in mechanical	rooms	OU LF	M				
			П			Wellisten W							
Name of Registered Waste Hauler			1	NJDEP I	Naste	Cubic Yards of	Name of Regis	stered Landfill					
Allied			1	Hauler II	O No.	Waste	Constoga						
City, State	+					1 Disposal Date	City, State						
Telford, PA						9/6/14	Morganto	wn, PA					
Completed By (Print or Type)	Tit	le				Signature,		Da	te ,		1		
Patricia Visco	2523	Office	Mana	iger		Pate	icia V	(see)	8/1	2/	14		

ASB-41 JAN 13

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

/12/2014/TUE 03:	53 PM	BJDS					FAX No. 21	5-322-1616		P.	001		
0112-08	2	j	NOT		HOITA	OF AS	low Jorsey IBESTOS ABAT AC 8:60 and 5:1		DOL - 10	DA	Y	_	
Date of Notification (1)		14			Name	of Building	ng Owner/Operator (ECHOOL DIST	RICT ALL	1	14		
Agencies Notified	Type Notif	cation	_		Street	Address		10 1 1 20	WATVER AP	PR	nv	=	
図 DOLWD 図 DHSS	Amend				100000000000000000000000000000000000000	tate, Zip			MEIAFULL			-	
DCA (NJAC 8:23-8)	Emerge Justifica	stion)	duding	1		of Conta	J 08080		Telephone Numbi				
	1000			_	FAC	ILITY II	NFORMATION			+		-	
Name of Facility Where WASHINGTON TO				10 10				Type of Pacifity School (K-12 Subchapter 8	(4) 2) 3 (Olher than K-12) rivate and commerc				
529 HURFVILLE-C	ROSS KEY	'S ROA	.D				*	homes, etc.)	rivale and commerc	ial bu	uiding	-	
CIN (5)								Square Feet >50,900	of Floors	1	dg. A Sû	-	
County (6)	louces				Coun	ty Code (7)/STATE USE ONLY)						
Name of Monitoring Firm	n Hired by Bu	iliding Q		È)	ASCM		Name of Abatem	ant Contractor (9)		_			
MORIZON ENVIRO	NHENTAL	GRP.,	INC		0007	3	DELTA/BJD8 Street Address	, ING		-		-	
P.Q. Box 316							1348 INDUST						
City, State, Zip Code WEST DEPTFORD,	N I O O O O O		C-1090C			1.0.000	City, State, Zip Co	xie ON, PA 16988					
Project Manager for Mon				Tele	phone I	Y0.	Telephone No.	WI FA 10000	License No.				
David Flanigan		- · ·	1. 7.6		848	30000	215 322-2900 Name of OSHA M		00793				
818 ft Date (10) 8/ / 13 /	14	Schede 8		3510	_ /	1922 (5)	N/A	ionijor					
Occupancy Status During							Street Address			Т	3 - Allen	•	
☐ Facility Closed/Vecal: ☐ Abatement Performed Time of Abatement: 2	d Outside of	Normal I	Fedilly	Hour	s - Das	oribe	City, State, Zip Co	ode					
Scope of Work (Chack a									NA CONTRACTOR	-			
⊠ ≥3 sf or ≥3 lf □ ≥160 ef or ≥260 ff			Rei Dec	novat) ostila	DU.		☐ Gloveba	ainment with Neg losure g Procedure	jative Prassura n-Friable Procedura				
		T		Locat				T			atem	-	
Location	Majorial (AC ATED Illy	IM)	Mai	d Sole Intensi Indial (12)	Hy by nce/ Steff?		Description of the period of t	tensi (ACM) insulation, or	Amount (Specify SF or LF)	Removal	Repair		
Asbestos-Containing TO BE ABA IN Facility		Ì	Yes	No	N/A	Boil	other miscaliane	Dus)					
TO BE ABA				×			NS AND DEBRIS		50	X			
TO BE AB/ IN Facil (13)										X		1	
TO BE AB/ IN Facil (13)				_						X			
TO BE AB/ IN Facil (13)										_		1	
TO BE AB/ IN Facil (13) BOILER RM 11/12/ W	VING					Unam	Cubic Varda of	Name of Carlo	IlBhrin I benef	X			
TO BE AB/ IN Facil (13) BOILER RM 11/12/ W	VING	JP INC			JOEP V	No.	Cubic Varde of Waste	Name of Regia MINERVA		X			
TO BE AB/ IN Facil (13) BOILER RM 11/12/ W Name of Registered West SERVICE TRANSPORT City, State	VING eta Haular ORT GROL				JOEPV	No.		MINERVA I	LANDPILL	X			
TO BE AB/ IN Facil (13) BOILER RM 11/12/ W Name of Registered Was SERVICE TRANSP	VING Paular ORT GROU		1972		JOEP V	No.	Waste	MINERVA I					

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)							
	14		-]	WAS	SHINGTO	N TOWNSHIP S	SCHOOL DISTE	RICT		4		9		
Agencies Notified Type Notif	cation		Street Address 30 CHURCH ROAD AUG 1 3 2014											
☑ EPA ☐ Initial				30 C	CHURCH	ROAD	AU	0 10 201.						
☑ DOLWD ☐ Amend			İ	City, S	tate, Zip C	ode								
	ment #_			SEV	VELL NJ	08080								
		iciuaing	1	Name	of Contact			Telephone Nun	nber	340				
Cance			- 1					×						
			-	FAC	ILITY IN	FORMATION		· · · · · · · · · · · · · · · · · · ·	-					
Name of Facility Where Abatement i	Taking	g Place	(3)				Type of Facility	(4)			-			
WASHINGTON TOWNSHIP H		78	300000				School (K-12	\$. 55						
Street Address							Subchapter 8	Other than K-1	(-12)					
529 HURFVILLE-CROSS KEY	s RO	AD					homes, etc.)	rivate and comme	erciai bu	liding	5,			
City (5)							Square Feet	# of Floors	Blo	lg. Ag	je			
SEWELL							>50,000	2		50	2012			
County (6)				Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demo	lished)					
Gloucester							SCHOOL							
Name of Monitoring Firm Hired by B	uilding (Owner (8)	ASCM I	No.	Name of Abatem	ent Contractor (9)							
HORIZON ENVIRONMENTAL	GRP.	, INC		0007	3	DELTA/BJDS	, INC							
Street Address						Street Address								
P.O. Box 316														
City, State, Zip Code						City, State, Zip C	ode		9					
WEST DEPTFORD, NJ 08086						SOUTHAMP								
Project Manager for Monitoring Firm		-5.857 WEFE	Tele	phone I	No.	Telephone No.								
David Flanigan			85	6 848	0800	215 322-2900		00793						
Start Date (10)	Sched	duled C	omple	tion Dat	te (11)	Name of OSHA N	Monitor							
8/ /13 /14		8 /	_ 27	/ _	14	N/A								
Occupancy Status During Abatemer	t (Chec	k only c	ne)			Street Address								
☐ Facility Closed/Vacated During E				ment										
☐ Abatement Performed Outside of	Norma	I Facility	y Hour	s - Des	cribe	City, State, Zip C								
Time of Abatement: 7:00AM	PM	/ <u>11:00</u> F	PM	AN	1									
Scope of Work (Check all that apply														
≥3 sf or ≥3 lf		⊠ Re	novati	on			☐ Full Containment with Negative Pressure ☐ Mini-Enclosure							
\ \sum_ ≥160 sf or ≥260 lf		De				☐ Gloveba	g Procedure							
== ====						☐ Non-Exe	empted (*) and No	n-Friable Proced	dure					
			Locat Norma			220 74 720			Ab	atem	ent T			
Location of Asbestos-Containing Material (A	\N/\		d Sole		Ashe	Description of stos Containing Ma		Amount	Re	Repair	E	Enclosure		
TO BE ABATED	JIVI)	3070750	intena			., thermal systems	insulation,	(Specify	Remova	Dair.	aps	dos		
IN Facility		Cus	todiai (12)	Staff?		surfacing, VAT other miscellane		SF or LF)	<u>a</u>		Encapsulate	ure.		
(13)		Yes	No	N/A	1	Other Hiscelland	50u3)				е			
BOILER RM 11/12/ WING			\boxtimes		BOILER	R INS AND DEBI	RIS	50						
	$\frac{1}{1}$	$\overline{\Box}$			-									
Name of Registered Waste Hauler	1		Waste	Cubic Yards of	Name of Regis	stered Landfill				-				
SERVICE TRANSPORT GRO	F	NJDEP Waste Hauler ID No. 20990 Cubic Ya Waste			MINERVA	LANDFILL								
City, State				20330		Disposal Date	City, State	AND THE RESERVE AND THE		4.0				
58 PYLES LANE, NEW CAST	LE, DI	E 1972	0				WAYNESE	BURG, OH 446	88					
Completed By (Print or Type)	Tit	le				Signature	1	TI II	Date			_		
DAMIAN LAVELLE							in-An	elle	S	-12	1.	4		