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

B & G proj. #: 2017-111

	88						Chec	K# 8526			
Date of Notification (1)	1	Name of Bu	uildina Ow	ner/Operator (2	)	3-70-70-70-70-70-70-70-70-70-70-70-70-70-					
10  8  / 1  1  / 1  7		State T		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ME	CE	] [	V [	<b>E</b> [m]
Agencies Notified   Type Notific	ation	Street Addr						<b>9 6</b>	U		2,11
EPA Initia	.	15 Livir	igston A	venue				AUG 1	5 21	117	And the second s
	dment	City, State, New Br	10.5	, NJ 08901			and print				-
X DOH	1	Name of Co					Télepho	ne Number	ON	Tho	
DCA Cance	ellation	Craig V	Verner				T reception	ne Number	SING	à	
			FAC	ILITY INFORM	ATIC	N				,	
Name of facility where abatemen	t is taking p	place (3)					Type of Facility				
State Theatre								ool (K - 12) hapter 8 (O	ther th	nan K.	-12)
Street Address							the second secon	r (Private/Co			12)
15 Livingston Avenue								# of Floor	tc.		dg. Age
City (5)	Co	unty (6)				ounty Code (7)	Oquale i eet	# 01 1 1001:	•	Dic	ig. Age
New Brunswick	M	iddlesex			(St	tate use only)	Current Use (I	Prior if being	j dem	olishe	d)
Name of Monitoring Firm Hired by	Bldg. Ow	ner (8)		ASCM No.	$\neg$	Name of Abatement					
				n/a		B & G Restorat	ion, Inc.				
Street Address						Street Address 105 Ryerson F	Road				
City, State, Zip Code					-	City, State, Zip Code		-			
						Lincoln Park,	NJ 07035				
Project Manager for Monitoring Fire	m	Ph	one Numb	er		Telephone Number (973)696-686	9	License 1	Number 378	er	
Scheduled Start Date (10)	ISche	d. Completic	n Date (1	1\	_	Name of OSHA Moni			510		
08/22/2017	1	a. odripicac /23/2017	n Date (1	'/		B & G Restorat	ion, Inc.				8
Occupancy Status During Abateme					-	Street Address 105 Ryerson R	nad				
Facility closed/vacated during	g entire per	iod of abater	ment.			City, State, Zip Code					
Abatement performed outside Describe:	e of normal	facility hour	s-								
Other-Describe:					-	LincolnPark, N.	J 07035				
Scope of Work (check all that app	**				_						
	Renovati					Full Containment w/neg	ative pressure	X Gloveba	ag pro	cedur	е
	≥160 sf or				X	Mini-enclosure		☐ Non-fria	ıble pı	rocedi	ure
Location of asbestos-containing		n normally u enance/cust		00000	1728	27 80 00000 000			R	Re	E E
material to be	staff(12)	1		Description material (A		sbestos-containing	Amount (Specify S	SF or	m	р	c n
abated in facility (13)	Yes	No	N/A				LF)		v	a i	a p
basement	X			pipe insula	tion		100 LF		e X		
Registered Waste Hauler	INID	EP Hauler ID	<u> </u>	ibic Yards of W	acto	I Name of Desistered	250	[			
B & G Restoration, Inc.		19563		1	uole		Resource & Re	covery C	ente	r	
City, State Lincoln Park, NJ			08/2	ate 3/2017		City, State Tullytown, F	PA				4
Completed by (Print or Type)	Title	/T		Signature	- (	Gordana Luna		Date			
Gordana Luna	Secreta	ry/Treasur	er			Jordana Luna		08/11/2	2017	8	

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

B & G proj. #: 2017-110

Check # 8525

Date of Notification (1)													
10 18 1/1111/			Patrick (		ner/Operator (2)				EC	E	1	/ /	E II
	ype Notifica	ation	Street Addre					<del>-    4</del> F			-		ᆀ
☐ EPA ☐	k Initial	- 11	oti ooti ilaan						ALIC	1 !	- 20	117	
☐ DEP ☐		11	City, State,	Zip Code					AUG		) (	118	
X DOL	Amend	iment	South C	orange,	NJ 07079				ODEOT				V1 0
▼ DOH	¬		Name of Cor	ntact				Telephoi	ne Numb	er <sub>EN</sub>	SINC	3	
☐ DCA L	_ Cancel	lation	Patrick	Curry					Land 1	ı	ETHE THE PERSON		***************************************
				FAC	ILITY INFORMA	ATIO	N	er e		,			
Name of facility where	abatement	is taking p	ace (3)					Type of Facility					
Patrick Curry								=	ol (K - 12				
Street Address								A COLOR DE LA CONTRACTOR	apter 8 ( (Private/			12)	
								Bldgs.	/Homes,	etc.		lde l	^
City (5)		Cou	rity (6)			Co	unty Code (7)	Square Feet	# of Floo	ors		ldg. A	Age .
South Orange		Es	sex				ate use only)	Current Use (P	rior if bei	ng der	nolish	ed)	
Name of Monitoring Fir	m Hirad by				4001111		IN	residential					
Name of Monitoring Fil	III miled by	biag. Own	er (o)		ASCM No. n/a		Name of Abatement Co	105					
Street Address			-			-	B & G Restoratio	n, Inc.					
							105 Ryerson Ro	ad					
City, State, Zip Code						-	City, State, Zip Code						
Designat Manager for Man	14 - 3 Fi		To			_	Lincoln Park, N.	J 07035					
Project Manager for Mon	nitoring Firn	1	Pn	one Numb	er		Telephone Number (973)696-6869		License 0	Num 0378	ber		
Scheduled Start Date (1	0)	ISched	d. Completio	n Date (1	1)	_	Name of OSHA Monito	*					
08/21/2017			22/2017		,		B & G Restoratio	n, Inc.					
Occupancy Status Durin	g Abateme					-	Street Address 105 Ryerson Roa	ad					
X Facility closed/vac	ated during	entire peri	od of abater				City, State, Zip Code						
Abatement perform Describe:	med outside	of normal	facility hour	S-				200000					
Other-Describe:						-	Lincoln Park, NJ	07035					
Scope of Work (check a			_			П.			_				
	×	Renovatio					ull Containment w/negat	ive pressure	Glove				
		≥160 sf or	n normally u	sed solely		X	/lini-enclosure		Non-f	TR R	ргосе		
Location of asbestos-containing	ng	by mainte	enance/cust			n of a	sbestos-containing	Amount		е	R e	E n	E
material to be abated in facility (1	13)	staff(12) Yes	N-	T	material (A			(Specify S LF)	For	o	p a	c a	c
		res	No	N/A						v e	i r	р	
Basement				X	pipe insulat			175 lf		X			早
basement				X	paper boar	d in	sulation	5 sf		X		븜	쓔
						-				ዙ	H	믐	十
						-				計		늄	十
Registered Waste Hauler B & G Restoration,			P Hauler ID 9563	)# Ci	ubic Yards of W	aste	Name of Registered La	ndfill esource & Re	covery	Cent	er		
City, State Lincoln Park, NJ				isposal D 08/2			City, State Tullytown, PA		201019	30111	-	•	
Completed by (Print or Ty	ype) T	Title		- 30/2	Signature	_		•	Date			- 5	
Gordana Luna			y/Treasur	er	:000		Gordana Luna		08/1	1/201	7		

Keayest	HOK HAI	738	NOTII (I	FICATIO	State of New ON OF ASBES of to NJAC 8:	STOS ABAT	EMENT 20)	ario	inc	e	0		
Date of Notification (1) August 08, 2017	4 1-11		,		of Building Ov of Garfield	wner/Operat	or (2)	M	EC	E		TE	
Agencies Notified T	ype Notification				Address Outwater La	ane			AUG	3 1 5	201	7	
DEP X DOL	Amended Amendment Emergency (				tate, Zip Code eld, NJ 076				1	) 1 0	20	g	
DOH DCA	justification) Cancellation	incidum	9		of Contact 1 J. Boswel	I, PE City	Engineer	Te	lephone, N	ighiper -	DAL.	ROL	&
Name of Facility Where Aba Former Fire No. 4 Fire	atement is Taking ehouse	Place	(3)	FAC	CILITY INFOR	RMATION	Type of Facil	55 505					
Street Address Corner of Ray Street a	and Semel Av	enue						oter 8 (Oth	ner than K- & commer		ldings	, hom	ies,
City (5) Garfield		W					Square Feet 5,700	# 0	of Floors		3ldg. /	Age	
County (6) Bergen					Code (7) USE ONLY)		Current Use Vacant	Prior if be	ing demoli	ished)			
Name of Monitoring Firm Hi	red by Building C	wner (8	3)	ASC	M No.		e of Abatement nuzzi Enviro			s, Inc.	8		
Street Address						- "TOTAL	et Address Kinnelon Rd						
City, State, Zip Code							State, Zip Code nelon, NJ 074	105					
Project Manager for Monitor				Telepho			hone No. -218-0880		License 01228	No.			
Start Date (10) 8/22/1-	7	9	1/5	npletion //7	Date (11)	Yan	of OSHA Moni nuzzi Enviro		Services	s, Inc.			
Occupancy Status During At	During Entire P	eriod of	Abaten	nent		135	t Address Kinnelon Rd	•					
Abatement Performed ( Other – Describe:		al Facilit	y Hours			111	State, Zip Code nelon, NJ 074	105					
Scope of Work (Check All Th ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	nat Apply)		Renova Demolit	773,773			Full Contain Mini-Enclos Glovebag F Non-Exemp	ure rocedure	- <del>-</del>			e	
Location of			Locati Normal	ly		Description	n of					ement pe	
Asbestos-Containing Mai TO BE ABATE In Facility (13)		Ma	ed Sole iintenar todial S (12)	nce/ Staff?	(i.e. the	Containing I	Material (ACM) as insulation, AT, or	(S	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
Entire Structu	ıre	Yes	No	N/A	Uı	nsafe Stru	ıcture	-				б	
				74									
N(D													
Name of Registered Waste H Yannuzzi Group, Inc.	auler		H	JDEP W auler ID '467	No. of	ubic Yards Waste 00 CY	Name GRO	-0.00 000 000 <del>1</del> -100 000 0	red Landfil	I			
City, State Kinnelon, NJ		7				isposal Date	City, St	ate	4				
Completed by Charles F. Imbimbo		Title Proje	ct Ma	nager		Signature	611	Hoff	Santanan III Santa	ate 8/08/1	7		

D&S Proj. #: 17-209

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

				200101122	
ASIC	. 4	c :	2049		
AUC	1	J 6	2017	i	Unar Company

Date of Notification (1)	T	Name of	Building Ov	vner/Operator (2	2)			AUG 1	5 2	017	- 1	111
0   8   /   0   7   /   1   7   Agencies Notified   Type Notified		mary b	ougel								į	Standers,
EPA Initial	cation	Street Ad	dress				ASBE	STOS	CON	TRO	_&	1
☐ DEP ☐ Amended							A SER IN A CONTROL TO SERVICE	LICEN	SINC	)		
DOL Amendment		Senior Control	e, Zip Code									
DOH Emergen		CRAN Name of 0	NFORD, N	J 07016								
J DCA justification	250						Telepho	ne Numb	er			
Cancellat	ion	mary	bugel				<u> </u>			_		
No. 10 mg			FAC	CILITY INFORM	1ATIC	DN				19		
Name of facility where abatemer	nt is taking	place (3)					Type of Facility					
mary bugel							1 =	ol (K - 12	200	4h 1	K 40)	
Street Address								hapter 8 ( (Private/0				
							Bldgs	./Homes,	etc.			
City (5)	Co	unty (6)			Co	ounty Code (7)	Square Feet	# of Floo	ors	8	lldg. A	Age
CRANFORD	1,,	MON			0.000	tate use only)	Current Use (F	Prior if bei	ng der	nolish	ed)	
Name of Monitoring Firm Hired b		NION ner (8)		ASCM No.	_	Name of Abatement C	Contractor (O)					
<del>-</del>		(3)		ASCIVI NO.								
Street Address					-	D & S RESTORA Street Address	HON, INC.					
						20 California Ave	e.					
City, State, Zip Code						City, State, Zip Code						
Project Manager for Monitoring Fir	m	LE	Ohana Mirri		_	Paterson, NJ 075	03					
-,gor to: morntoring   n			hone Numb	per		Telephone Number 973-345-8020		License	Numb 1169			
Start Date (10)	ISche	d. Comple	tion Date (1	1)	_	Name of OSHA Monito	or	1	1109		_	
08/18/17		1/17	ζ.	.,		D & S Restoration	n, Inc.					
Occupancy Status During Abateme					_	Street Address						
Facility closed/vacated during	g entire per	iod of abat	ement.			20 California Ave.	nue					
Abatement performed outside Describe:		facility hou	ırs-			only, state, zip soue						
Other-Describe: NORMAL					-	Paterson, NJ 0750	)3					
Scope of Work (check all that app		·				Fu	Il Containment w	/negative	press	ure		
_							ni-enclosure					
≥160 sf or ≥260 lf	Demolitio	7.5.					ovebag procedur on-Exempted (*)		friable	proce	edure	ŧ
Location of asbestos-containing		n normally enance/cus	used solely stodial						R	R	Е	E
material (acm) to be	staff(12)			Description material (A	n of a	sbestos-containing	Amount (Specify S	For	m	p	n c	n
abated in facility (13)	Yes	No	N/A	,	,		LF)		0 V	a i	a p	L
pasement				PIPE INSUL	ATI	ON	87 l ft		e			
										님	Ħ	H
egistered Waste Hauler		EP Hauler	ID# C	ibic Yards of W	aste	Name of Registered La	n dell					
O & S RESTORATION, INC.	135			yd	<b>4316</b>	TULLYTOWN, RE		COVER	Y			
ity, State PATERSON, NJ 07503			Disposal Da			City, State						
ompleted by (Print or Type)	Title		08/19/17	Signature	_	TULLYTOWN, PA	4					
BOGDAN JOLDZIC	PRESID	ENT		Jigilature				Date 08/07/2	2017			
ASB-41 *	Do not use	this form	for ashestos	s licensure even	nnton	Lastivities		00/07/	~VI/			

m Ck	h		NOT		ASBESTOS ABA N.J.A.C. 7:26-2.1			E C		VE	
Date of Notification (1) 08/11/17						ding Owner/Operator	2)	AUG	1 5 2	017	
Agencies Notified		Notification	туре		Street Addres		-				Seement 1
(X) EPA () DEP (X) DOL (X) DOH () DCA		(X) Initial N ( ) Amenda ( ) Cancell	ed Certifica	ation	126 E. Lincol City, State, Z Rahway, NJ Name of Con			ESTOS LICE	CON	TROL 8	
				FACILITY	Sandra Sche NFORMATION	nk, Director S&E			-		
Name of Facility Where At No ACM – Demolition ONL Street Address			7	TAGILITY	Type of Facili  ( ) School (K  ( ) Subchapte		bldgs., ho	omes, etc	;.		
126 E. Lincoln Ave. City (5)	Caustin (C)				Sq. Feet 368	# of Floors4 - ope	n grating;	no roof_	_		
Rahway	County (6) Union			Code (7) Ise Only)	Bldg. Age 2	5 prior if being demolishe	ad) Struc	turo for A	- Hochus	or silet :	alast
Name of Monitoring Firm H		. Owner (8)	ASCM N	No.	Name of Cont		su) Struc	ture for A	Merburi	ier pilot j	plant
Street Address			1		Brandenburg Street Addres	Industrial Service Com	pany				
					2217 Spillmar	n Dr					
City, State, Zip Code					City State, Zip						
Project Manager for Monito	oring Firm	Telephone N	Number		Bethlehem Pe	ennsylvania 18015 imber	Licer	se Numi	per		
					610-691-1800		0072	1			
Scheduled Start Date (10) 8/28/2017		Scheduled ( 9/29/2017	Completion	Date (11)	Name of OSH	A Monitor	<u> </u>				
Occupancy Status During A  ( ) Facility Closed/Vacated ( ) Abatement Performed C	During Entir	e Period of Al	palemani	СМ	Street Address	S					
Describe_ Demolition_ (x ) Scheduled Demo Start Scheduled Demo Comp	8/28/17 Detion 9/29/2				City, State, Zig	O Code		N.			
Source of Work (Check all t	hat apply)										
(x) Demolition () Renov () Large Proj. (>160 SF or 2 () Full Containment with No	>260 LF ACI	M) ( ) SM Pro sure ( ) M	j. (>25<16 ini-Enclosi	0 SF or >10 <26	60 LF ACM) ( yebag Procedure	) Minor Proj. (<25 SF o	or <10 LF	ACM)			
Location of Asbestos- Containing Material (ACM) i Facility (13)	n Solely I Staff? (		todial	Description of thermal syster surfacing, VAT	ACM (i.e. ns insulation,	Amount (Specify SF	or LF)	Abate	ment Ty	pe	
No Asbestos	YES	NO	NA_	miscell.)				Rem.	Rep.	Encap	Enclose
		-								-	
Name of Reg. Waste Hauler		NJDEP Wast	te Hauler I	D#	Cubic Yards of	Waste	Name	of Reg.	Landfill		
City, State											
City, State					Disp. Date		City, S	tate			
Completed by (Print or Type	)	<u>Title</u>			Signature		Date				
Jennifer Polzer		Contract Man	nager		10	8	08/11/	17			
Mail to: NJDEP-DSHW-BF 401 E. State St., F Trenton, NJ 08625	0 414	Telephone 60	9-984-662	20			C:\WO!	RD\MYD	OCSVAS	SBESTO	s

	M		NOTII	FICATION OF A (Pursuant to <u>N</u>	.J.A.C. 7:26-2.12	2)	Recommendation of the second s		G	E I	V [	
Date of Notification (1) 08/11/2017					Name of Build	ding Owner/	Operator (2)		AUG	15	2017	1111
00/11/201/					CITGO Petro	leum Corno	ration	ek bes		30 mg		lacenered
Agencies Notified		Notification	Туре		Street Address	SS		ASB	ESTO	S CO	NTROL	8
(X) EPA		(x) Initial No		u Vertector	City, State, Zi		Langua			ENSI		- 01
( ) DEP (X) DOL		( ) Amende ( ) Cancelle		tion	Donnoukon	N.I. 0040E						
(X) DOH		( ) Gariooni	ou		Pennsauken, Name of Conf			T=1 11				
() DCA					Glenn Milarcz							
				FACILITY IN	I NFORMATION					=		
Name of Facility Where Demol	lition is Ta	aking Place (	3)		Type of Facilit							
CITGO Petty's Island Tank Fai	rm				( ) School (K-		K 45)					
Asbestos removed by others p	rior to der	molition			( ) Subchapte (X) Other (i.e.	private & co	ommercial blo	das hom	es etc			
Street Address					1			.go.,	,			
1200 36th Street					Sq. Feet #	of Floors Va	arious					
City (5) Cou	unty (6)		County C		Bldg. Age5	0+						
Pennsauken Car	mden		(State Us	se Only)	Current Use (	prior if being	g demolished)	Tank Fa	arm and	associ	ated bld	gs
Name of Monitoring Firm Hired		Owner (8)	ASCM N	0.	I.		Name of De	emo Cont	ractor (	9)		
							Brandenbur	o Industr	ial Can	ice Cor	nnanu	
Street Address		The state of the s			Street Address	<u>s</u>	Diandenbui	g maasa	iai Gerv	ice con	прану	
					2217 Spillman	Dr.						
City, State, Zip Code					City State, Zip	Code						
							4004=					
Project Manager for Monitoring	Firm T	Telephone I	Number		Bethlehem Pe Telephone Nu		18015	License	e Numb	er		
	!								7 1 1 1 1 1 1 1	21		
Scheduled Start Date (10)		Scheduled (	Completion	Date (11)	610-691-1800 Name of OSH			L				
		2011044104	<u>Joinpietteri</u>	24.0 (117	Name of Corp	/ WOIIIOI					3.	
ACM Removed by others prior demo												
Occupancy Status During Abat  ( ) Facility Closed/Vacated Dur	tement (C	heck only on	<u>e)</u>		Street Address	3						
( ) Abatement Performed Outs	ide of No	mal Facility	Hours -		2217 Spiliman	Drive						
					City, State, Zip							
Describe_ Demolition_ (x ) Scheduled Demo Start 08/2	24/17											
Scheduled Demo Completic		17			Bethlehem, PA	A 18015						
Source of Work (Check all that	apply)											
(X) Demolition ( ) Renovation ( ) Large Proj. (>150 SF or >26 ( ) Full Containment with Nega	0 LF ACI	VI) ( ) SM Pro					oj. (<25 SF or	<10 LF A	ACM)			
Location of Asbestos-		tion Normally	Mini-Enclos	Description of	ovebag Procedu ACM (i.e.		Specify SF or	IE)	Ahater	ment Ty	ne	_
Containing Material (ACM) in	Solely b	y Maint./Cus		thermal system	ns insulation,	/ Miloune (s	opening of the	-1/	Avaiel	nent ry	<del>pe</del>	
Facility (13)	Staff? (	12) NO	NA	surfacing, VAT miscell.)	, or other	İ		1	Rem.	Ren	Encap	Enclose
		110	14/1	moson.)							T	1
ACM Removed by others prior to demo												
prior to dollo		+									-	-

City, State Disp. Date City, State Completed by (Print or Type) Title Signature, Date

Stephen Carne

Name of Reg. Waste Hauler

**Environmental Engineer** 

Cubic Yards of Waste

08/11/17

Name of Reg. Landfill

NJDEP Waste Hauler ID #

Completed By (Print or Type) Allen Monchik

Chall	04		NOT		CATIO	N OF AS	New Jersey SBESTOS ABA AC 8:60 and 5:1		DE	C	E		/ E
Date of Notification (1)					Nam	e of Buildi	ng Owner/Operator	(2)					
08/	11 /	17					Property Manag		struction	AUG	1 5	20	17
Agencies Notified	Type Notif	ication				et Address							
⊠ EPA	☐ Initial				1 (-0.00000000000000000000000000000000000		Street, 3 <sup>rd</sup> Floor		ASBI	ESTO	500	TIAC	201
☑ DOLWD		ed			-	State, Zip			1 , 10,55		ENIS		TIOL
⊠ DOH	Amenda	-	•		10000				The same of the sa	- Carried Control	T-PROTEIN ST. AV		
DCA (NJAC 5:23-8)	☐ Emerge		cluding	3		enton, N.			11 15	500			
(NJAC 5.23-6)	justifica Cancell				18.53	e of Conta ck Ferrer	777		Telephone Nun	nhar			
					FA	CILITY	NFORMATION						_
Name of Facility Where A	batement is	Taking	Place	(3)			· · · · · · · · · · · · · · · · · · ·	Type of Facility	(4)				
Commercial				10 (0)				School (K-12					
Street Address								Subchapter 8	(Other than K-1)	2)			
152 Fostertown Roa	d- Buildir	na 9						Other (i.e., pr	ivate and comme	ercial b	uildin	gs,	
City (5)								homes, etc.) Square Feet	4 -5	1-			
Lumberton, NJ								Square reet	# of Floors	B	ldg. A	\ge	
County (6)		- N			Cou	nty Code /	7)(STATE USE ONLY)	Current H /D:					
Burlington					300	y code (	MOTATE USE ONLY)	Current Use (Pri	or it being demoli	ished)			
Name of Monitoring Firm	Hired by Bui	ilding O	wner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Bio Terra Solutions								NAGEMENT LI	C				
Street Address							Street Address	CEMENT E					
P.O. Box 1224							27 Outwater	l ane					
City, State, Zip Code							City, State, Zip Co						
Union, NJ							Garfield, NJ						
Project Manager for Monit	oring Firm			Tel	ephone	No	Telephone No.	07020	I Lineana Nie				
Rick Estaquio	3			100000	73-494		973-928-4888		License No.				
Start Date (10)		Schedu	led Co	1			Name of OSHA M		1188				
06 /28 _ /	17				9 /		The state of the s	NAGEMENT LL	0				
Occupancy Status During								NAGEWENT LL					
Facility Closed/Vacated	During Ent	ire Pari	off of A	hoto	mont		Street Address						
Abatement Performed	Outside of N	lormal F	acility	Hou	rs - Des	crihe	27 Outwater I						
Time of Abatement:	AM	PM		_PM		AM	City, State, Zip Co				335		
Scope of Work (Check all	that anniv)			-100			Garfield, NJ	07026					
☐ >3 sf or >3 lf	таг арргу)	г	Rer		ion		Full Cont	ainment with Nega	ative Pressure				
≥160 sf or ≥260 lf			☑ Der				☐ Mini-Encl ☐ Glovebag						
							⊠ Non-Exer	mpted (*) and Non	-Friable Procedu	re			
1				Loca orma							atem	ent T	vpe
Location o Asbestos-Containing M		A)			ely by	Asha	Description of	f			_		
TO BE ABAT		""	Maii	ntena	ance/	(i.e	stos Containing Mat	terial (ACM)	Amount (Specify	Removal	Repair	nce	Enclosure
IN Facility			Custo		Staff?		surfacing, VAT,	or	SF or LF)	ova	₩.	psu	nso
(13)		-	Yes	(12) No	N/A		other miscellaneo	ous)		-		Encapsulate	9
Throughout				/===/5	100							(U	
i iii ougiiout						RACM							
		[										П	
		1								1=			
			5							12			ᆜ
Name of Registered Waste	Hauler				│ LJ IJDEP V	Noote	Cubic V1	<u> </u>					
All Pro Management,				100	lauler ID		Cubic Yards of Waste	Name of Registe					
City, State					00348		As Needed	IESI Bethleh	nem Landfill				
- 17.70 - 1.20 18.80 - 2.144							Disposal Date	City, State					
Garfield, NJ							TBD	Bethlehem,	PA				
Samuelated D. (D.)	530 M	1					( ) 10				- 1		- 1

**Project Manager** 

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Chall	(4)		E 011000E001	(P	ursua	nt to NJA	AC 8:60 and 5:1	6)	IM E	SE	1	// [	E
Date of Notification (1)					Nam	e of Buildin	g Owner/Operator (	(2)					=
	26 /	17			Di	vision of	Property Manag	ement and Cor	struction A	IG 1 5	20.	17	
Agencies Notified	Type Notific	cation			Stree	et Address		-	ind Li Pro	,010	20	1 //	rem
⊠ EPA					20	W. State	Street, 3rd Floor	1					ĺ
☑ DOH	Amende				City,	State, Zip (	Code		ASPES	TOS C	DIVITE	POL	8
□ DCA	Amendri Emerger			-	Tre	enton, NJ	08608	i.		ICENS.	ING	OT FING TO MAKE	
(NJAC 5:23-8)	justificat		Cludin	g		e of Contac			Telephone N				
	☐ Cancella				Ric	ck Ferrera	ì		1 1				
					FA	CILITY IN	IFORMATION						
Name of Facility Where A	batement is	Taking	Plac	e (3)				Type of Facility	(4)				
Commercial								School (K-12					
Street Address								☐ Subchapter 8	Other than K-	-12)			
152 Fostertown Roa	d- Buildin	g 9						Other (i.e., pr homes, etc.)	rivate and comr	nercial b	uilding	gs,	
City (5)			Marie III					Square Feet	# of Floors	I p	Ildg. A	~~	
Lumberton, NJ								oquale i eet	# 01 1 10015		iug. A	ge	
County (6)					Cou	ntv Code (7	)(STATE USE ONLY)	Current Use (Pri	or if boing down	- li-b d\			
Burlington						, oodo ( <i>i</i>	NOME OUT ONE	Odifelit Ose (FII	or it being dem	olisnea)			
Name of Monitoring Firm H	lired by Buil	dina C	)wner	(8)	ASCM	No	Name of Abateme	ont Contractor (0)					
Bio Terra Solutions		5		(0)	, room	110.		NAGEMENT LI	0				
Street Address							Street Address	NAGEWIENT LE					
P.O. Box 1224							27 Outwater I	ana					
City, State, Zip Code							City, State, Zip Co						
Union, NJ							Garfield, NJ						
Project Manager for Monito	orina Firm			Tele	phone	No	Telephone No.	07026	I				
Rick Estaquio						-3762	973-928-4888		License No.				
Start Date (10)		School	ulad C	1		ite (11)			1188				30.00
06 /28 / _	17				3_ /	USS 15	Name of OSHA M ALL PRO MA	onitor NAGEMENT LL	.c				
Occupancy Status During /	Abatement (	Check	only o	one)	-		Street Address			21000			700
	<b>During Enti</b>	re Per	iod of	Abate	ment		27 Outwater L	ane					
☐ Abatement Performed (	Dutside of No	ormal	Facilit	v Hour	s - Des	cribe	City, State, Zip Co						
Time of Abatement:	AM	PN	1/	_PM-		AM	Garfield, NJ (						
Scope of Work (Check all t	hat apply)											_	
≥3 sf or ≥3 If			Пр	novati			☐ Full Conta	ainment with Nega	ative Pressure				
≥160 sf or ≥260 lf				molitic			☐ Mini-Encl ☐ Glovebag						
							⊠ Non-Exer	npted (*) and Non	-Friable Proce	dure			
₩100 (*2000) \$100 (*100)		1		Locat							ateme	ent T	vne
Location of Asbestos-Containing M		.		Norma d Sole			Description of			100	1 1		T
TO BE ABAT		')	Ma	intena	nce/	Asbes	tos Containing Mat thermal systems in	erial (ACM)	Amount (Specify	em	Repair	nce	ncl
IN Facility			Cust	todial	Staff?	(	surfacing, VAT,		SF or LF)	Removal	¥	sde	Enclosure
(13)		ŀ	Vac	(12)	L NIZA	-	other miscellaneo			=		Encapsulate	ē
Thursday 1			Yes	No	N/A							w	
Throughout					$\boxtimes$	RACM							
												П	П
207-72-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2								4					
												П	Ш
Name of Registered Waste	Hautes			Ц									
				0.000	JDEP V		Cubic Yards of Waste	Name of Registe	ered Landfill				
All Pro Management,	LLC			1.0	00348	20 (C. 1) C. 10 C.	As Needed	IESI Bethlel	nem Landfill				
City, State							Disposal Date	City, State					
Garfield, NJ							TBD	Bethlehem,	PA				
Completed By (Print or Typ	e)	Title					Signature		T	Date /	- /		
Allen Monchik		Pr	oject	Mana	ager		11 /9(1)	10		1/1	111.	7	

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

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Chr.#3249

(Pursuant to N.J.A.C. 8:60 and 12:120)

Data of North Co. (4)		- 1		-					EC		$\mathbb{W}$	15	[
Date of Notification (1) 8/11//17		1	Name	e of B	uilding	Owner / Operatinip BOE	or (2)						
Agencies Notified Type Notifie	cation			t Add		IIP BOE		11	3 0 0 1 0		2049		
EPA		-				eb Road		A CONTRACTOR OF THE CONTRACTOR	AUG	1 5	2017	1	interpret
☐ DEP ☐ Initia					& Zip C			CONT. PROPERTY.					
	ended				J, 070	59		Property	ASBEST	OS CO	NTRO	DL 8	L
	ergency cellation			ael F	ontact				L	Teleph	ione N	umb	er
		IN										01.70	
Name of Equility Where Abeter		/0	FA	CILI	TY INF	ORMATION							
Name of Facility Where Abatem A.L.Tomaso School	ient is Taking Pla	ace (3	)			Type of Faci							
Street Address							0	Other than K-	12)				
46 Washington Valley Road	d							te & commer		inas, ho	mes. e	etc.)	
						Square Feet		# of Floors		Bldg. A		,	
City (5)	County (6)	Cou	inty (	Code	(7)	20000		1			76		
Warren	Somerset					Current Use	(Prior if	being demol	ished)				
N		1				School							
Name of Monitoring Firm Hired I	by Building Owne	er (8)		AS	CM No.			Contractor (9					
Street Address						Street Addre		NMENTAL	INC				
1253 North Church Street						1123 BEAV		REET					
City, State & Zip Code Moorestown, NJ 08057						City, State &							
Project Manager for Monitoring I	Firm	Teleph	one	Num	hor	BRISTOL, I Telephone N		07	1 :	Nicosia			
Mike Stocku		309-3			Dei	215-788-60			License	005			
	Scheduled Com	pletior	n Dat	te (11	)	Name of OSI		itor	1				
August 21, 2017		ıst 22		)17		BRISTOL E		NMENTAL	INC				
Occupancy Status During Abate Facility Closed/Vacated	ment (Check onl During Entire Pe	y one) riod o	) f Δhs	ateme	nt	Street Addres		DEET					
Abatement Performed O						1123 BEAV City, State &							
Describe: 10pm -6am					- op.,,	BRISTOL, F							
Facility Occupied During						,							
Scope of Work (Check all that a	oply)				11				888	.761 G.			
≥3 sf or ≥3 lf			Don	ovatio	20			Full Containm		Negative	e Pres	sure	
≥160 sf ≥260 lf		H		nolitio				Mini-Enclosur Glove Bag Pr		6			
			Don	TOTALO	•			Non-Exempte			e Proc	edu	re
Location of		Is Lo	ocati	on		Description	2		Amount		ateme		
Asbestos-Containin	g	Norma				Asbestos-Con			Specify		Т		,,-
Material (ACM) TO BE ABATED	١,	Sol Mainte	ely b	y se or		Material (Ad (i.e., thermal st	CM)	S	F or LF)	ي	_	Enc	ᄪ
in Facility		Custoc			ir	sulation, surfac		т		Remova	Repair	aps	cls
(13)			12)			or other miscella				va	¥-	Encapsulate	Enclsoure
Danie 46			No	N/A								е	
Room 16				H		Chalkboard r	mastic	,	111 SF				
		-	+	H							1	님	님
		41	H	H					V 7	닉님	HH	님	님
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										一百	tHt	Ħ	Ħ
Name of Registered Waste Haul	er				Strategic and the second	Cubic Yards	Name	of Registered	d Landfill		1		
SERVICE TRANSPORT GRO	IIP INC		209	ıler ID aan	200	of Waste 1	MINE	RVA LANDI	=11 1				
City, State	0., 110.		200			Disposal Date	City, S		ILL	-			
NEW CASTLE, DE 19720						TBD		NESBURG,	OH 4468	88			
Completed By (Print or Type)	0		Title			Signature			1020	Date			
PATRICK T. DeCARO			Est	imat	or	Votos	TI	DOPAND	100V	8/11	17		
			1			I (I A / A ( IIA .	. 1 1	11/1/1/1	1411				- 1

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

Date of Notification	(1)		-	IN	ame	of F	Quildin	~ O	wner / Operat	1 (2)		- 111	115	1/2			V/	E
	8/11//17			W	larr	en -	Town	ehir	BOE	tor (2)		II had	$\langle    $		to the same in a			=-/
Agencies Notified	Type Notific	cation		St	treet	Add	dress	31111	DOL				1	120	-			- {
☐ EPA								reb	Road			164	A	UG 1	5	20	17	7 9
☐ DEP		al					& Zip					-			-			1
□ DOL	☐ Ame	ended					NJ, 07						ASBE	STOC	00	D. I man	-	
□ DOH		ergency					Contac					1	" New Carling	Trele	phoi	10-A	101	200
☐ DCA	☐ Can	cellation		M	icha	ael	Pate					ing.	And the second second	il no	15357333			-
				-1-	FAC	CILI	TY IN	IFOI	RMATION				100			-		
Name of Facility Wi	here Abatem	ent is Taking	Place	(3)	1710	JIL.	1 1 114	01	Type of Fac	ility (4)								
Mount Horeb Sc	hool			. ,					School									
Street Address											(Other tha	an K-12	2)					
80 Mount Horeb	Road								Other (i	.e. priv	ate & con	nmerci	- <i>)</i> al buildi	nas t	ome	95 E	etc.)	
									Square Feet		# of Flor		ar banar	Bldg.			,(0.)	
City (5)		County (6)	(	Cour	ity C	ode	(7)		20000		01110	1		Diag.	-	76		
Warren		Somerset					1.7		Current Use	(Prior	if heina d	emolic	hed)			10		
									School	(1 1101	ii beilig a	CITIONS	neu)					
Name of Monitoring	Firm Hired b	y Building Ow	ner (	8)		TAS	CM No	_	Name of Aba	atemer	ot Contrac	tor (0)						
TTI Environment	al	,		-,		,	/OIII 140	200	BRISTOL E									
Street Address						_			Street Addre		OIVIVILIV	IALI	IVC					
1253 North Churc									1123 BEAV		TREET							
City, State & Zip Co								$\overline{}$	City, State &		and the second second second							
Moorestown, NJ									BRISTOL, I									
Project Manager for	Monitoring F	irm			one I				Telephone N			L	icense	Numb	er	-100		
Mike Stocku					4-39			_	215-788-60					00	509	)		
Scheduled Start Dat		Scheduled Co					1)		Name of OSI							10000		
August 22, 2		Au	gust	23,	201	17			BRISTOL E		ONMEN.	TAL II	VC					
Occupancy Status D Facility Clos	od//acated l	ment (Check o During Entire F	only o	ne)	۸ b م ا				Street Addre		27-27-00-00-00							
Abatement 5	Performed O	utside of Norm	enoc	u 01 /	Abai	terne	ent		1123 BEAV		The state of the s							
Describe:	10nm fam	utside of North	iai H	ours	- /	am 1	to 3pm		City, State &									
Facility Occu		Abatamant						- 1	BRISTOL, F	PA 190	007							
Scope of Work (Che			_															_
ecope of Work (one	on all triat ap	(Piy)									Full Cont	oinmo	nt with I	Manak	F			
≥3 sf or ≥3 lf			X	F	Reno	vati	on				Full Cont Mini-Enc		nt with i	vegati	ve F	res	sure	
≥160 sf ≥260	) If		Ħ		)emo		E-1974			~ ~	Glove Ba		eduros					
										X	Non-Exe				hlo I	)roc	od.	
	cation of		Is	Loc	catio	n			Description		TTOTI EXC		nount		bie			
	os-Containing	g	100		ly Us			Α	sbestos-Con				pecify	1	T	1116	111	/pe
	rial (ACM)				ly by			250	Material (A				or LF)		_		ш	ш
	E ABATED Facility		Cus	nten	ance	e or			e., thermal sy						Remova	Re	Encapsulate	Enclsoure
	(13)		Cus	(1:		ап?		insu	lation, surfactory	ong, V	AI				VOD	Repair	nsc	nos
	,		Yes		-	N/A		OI (	other miscene	aricous	)				<u>n</u>	1	ate	Гe
Room 10C				1	1	П		CF	nalkboard r	mactic		E	0.00		7 -	$\dashv$	$\overline{}$	
				1	$\dagger$	H		Ci	iaikboaiu i	IIasuc		0(	) SF			4		井
			H	Th	Ħ	H		200							뷔늗	4	H	屵
			H	十	+	러									╬	4	井	井
			H	++	+	H		- S-2-17- S-						<b> -</b>	┽┝	4	4	님
														<b></b>  -⊨	井늗	4	4	님
Name of Registered	me of Registered Waste Hauler							Cut	oic Yards	Namo	of Regis	tored I	on dfill					Ш
							O No.	000000000	Vaste	Ivallie	oi Regis	terea L	anomi					
SERVICE TRANSP	ORT GRO	UP, INC.		2	2099	90		1		MINE	RVA LA	NDFIL	_L					
ity, State								Dis	posal Date	City, S								
NEW CASTLE, DE								TB			NESBUR	RG, O	H 4468	8				
completed By (Print of				7	itle			Sign	nature			•		Date	e			-
PATRICK T. DeCA	RO			E	Estir	mat	or	0		- 1	10	. //	$\mathcal{M}$		_ 1/17			
								1/1	etnick.	1.1	101º a	10/	111		0.000			

2h 216!	7	N	OTII				SBESTOS ABAT AC 8:60 and 5:1		ME	G [	5 1		
Date of Notification (1)					Nam	e of Buildi	ng Owner/Operator (	(2)					
	11 /	17	-				ry Township	(-)		AUG '	1 5	201	7
Agencies Notified	Type Notific	cation			Stree	t Address				12			
☑ EPA ☑ DOLWD	☐ Initial				22	61 Van H	lorne Road						
⊠ DOH	☐ Amende Amendm	100			City,	State, Zip	Code		ASBE	STOS			OL
□ DCA	Emerger		dina		Be	lle Mead	, NJ 08502		-	LICE	114.01	NO	HINT ZOAMW
(NJAC 5:23-8)	justificat		ung		Name	e of Conta	ct		Tolonk	•			
	Cancella				La	uren Wa	silauski						
					FA	CILITY	NFORMATION						
Name of Facility Where Al	batement is	Taking P	lace (	(3)				Type of Facility (4	4)				
Commercial								School (K-12)					
Street Address								Subchapter 8	(Other than K-1	2)			
150 Hollow Road								Other (i.e., pri homes, etc.)	vate and comm	ercial b	uilain	gs,	
City (5)								Square Feet	# of Floors	B	ldg. A	ae.	_
Belle Mead									" 01110013		iug. A	ge	
County (6)					Cour	nty Code (	7)(STATE USE ONLY)	Current Use (Pric	r if heing demol	liched)	-		
Somerset						,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Schedule for		iisiicu)			
Name of Monitoring Firm F	lired by Build	ding Own	ner (8)	) [	ASCM	No.	Name of Abateme		demontion				_
Bio Terra Solutions		3	(-,			5995	The state of the s	NAGEMENT LL	C	12			
Street Address				_	001		Street Address	NAGEWENT LL	· ·				
P.O. Box 1224							27 Outwater I						
City, State, Zip Code													
Union, NJ							City, State, Zip Co						
Project Manager for Monito	oring Firm		-	Tolo	phone	No	Garfield, NJ 0	77026					
Rick Eustaquio	Jing i iiii		1			-3762	Telephone No. 973-928-4888		License No.				
Start Date (10)	5	Schedule	d Cor				Name of OSHA M		1100				$\dashv$
08 /21 / _	17	09	_ / _	21	_ / .			NAGEMENT LL	С				
Occupancy Status During					(v		Street Address						
Facility Closed/Vacated	During Entir	re Period	of Ab	pater	nent		27 Outwater L	ane					- 1
Abatement Performed ( Time of Abatement:	Jutside of No	ormal Fac	cility F	Hours	s - Des		City, State, Zip Co	de					
		PIVI/		PIVI-		AM	Garfield, NJ 0	7026					
Scope of Work (Check all t	hat apply)						_						-
≥3 sf or ≥3 If		П	Reno	vatio	on		☐ Full Conta	ainment with Nega	tive Pressure				
≥160 sf or ≥260 lf			Dem				☐ Glovebag	Procedure					
							Non-Exer	npted (*) and Non-	Friable Procedu	ıre			
Location o			0.50	ocati rmal						Ab	atem	ent Ty	/pe
Asbestos-Containing M		n   t	Jsed	Sole	ly by	Ache	Description of estos Containing Mat	eriel (ACMA)		Z,	Z	m	Ш
TO BE ABAT	ED		Maint	tenar	nce/	(i.e	e., thermal systems in	nsulation.	Amount (Specify	Remova	Repair	nca	nclo
IN Facility		10		ปลา 8 (12)	Staff?		surfacing, VAT,	or	SF or LF)	ova	=	psu	Enclosure
(13)		Ye		No	N/A	1	other miscellaned	ous)	5-000 000 000 000 00 00 00 00 00 00 00 00			Encapsulate	6
Ground Level				]		Transit	e Siding		40 SF				
			-	]			3		10 01				
			-		1000000	-					Ш	Ш	Ш
			-										
Name of Registered Waste				5.500	JDEP V		Cubic Yards of	Name of Registe	red Landfill				
All Pro Management,	LLC				auler II 00348		Waste As Needed	IESI Bethleh	em Landfill				
City, State							Disposal Date	City, State	-				
Garfield, NJ							TBD	Bethlehem,	PA				
Completed By (Print or Typ	e)	Title					\$ignature/		l D	ate _	<i>j</i>	1.	-
Allen Monchik		Proje	ect N	lana	ger			1		9/	111	17	

ASB-41 JAN 13

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

Data of Natification (4)				27	1			1	111	- 1	2049		11/
Date of Notification (1)	7 /	17					g Owner/Operator	1 3 4	708-2221 C		2017		homous
							ituleis LP	7 300 #1			4770		
Agencies Notified  EPA	Type Notific					et Address 99 Hamilt	ton Blvd	1.0	ASBESTOS LICE	CON	VTRO IG_	3L 8	
☑ DOLWD ☑ DHSS	Amende				City,	State, Zip (	Code	Sec. Process	ang kanahan dan pengganggan di dan pengganggan dan pengganggan pengganggan pengganggan pengganggan penggan pen	Part September September 1	, and (1)		-
□ DCA	Amendr			- a	Br	einigsville	e, PA 18031	E <sup>r</sup> la					
(NJAC 5:23-8)	justifica	tion)	Jiudiii	9	Nam	e of Contac	et		Telephone Num	her			
	☐ Cancella	ation			Do	ug Rolan	ido						
					FA	CILITY IN	FORMATION	-					
Name of Facility Where A	Abatement is	Taking	Place	e (3)				Type of Facility (	(4)				
Buckeye Pipeline								School (K-12					
Street Address					21,200			Subchapter 8	(Other than K-12 ivate and comme	) rcial h	uildin	ac	
123 Plainsfield Roa	d	-113- 70-						homes, etc.)	ivate and comme	Ciai D	ullulli	ys,	
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Metuchen								90	NA		NA		
County (6)		The second second			Cou	nty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			77.55
Middlesex								Exterior Site	- No Building				
Name of Monitoring Firm	Hired by Bui	Iding O	wner	(8)	ASCN	No.	Name of Abateme	ent Contractor (9)					
NA							1	d Mold Service	s, Corp.				
Street Address							Street Address						
City State 7in Code							3859 Sylon B						
City, State, Zip Code							City, State, Zip Co					125-0-000	
Project Manager for Monit	toring Firm			T= 1			Hainesport, N	IJ 08036		-500			
Project Manager for Monit	toring Firm			I ele	ephone	No.	Telephone No.		License No.				
Start Date (10)	-	Schodu	ulad C	omnio	tion D	ate (11)	609-702-0400		00862				
_8_/_7_/						17	Name of OSHA M	7.7.51.5.75.1					
Occupancy Status During							EMSL Analyti	cai, inc.					200 6
☐ Facility Closed/Vacated					mont		Street Address	400 11 11					
☐ Abatement Performed	Outside of N	ormal F	acilit	v Hou	rs - Des	scribe	200 U.S. Rout						
Time of Abatement:	AM	PM/	/	_PM-		AM	City, State, Zip Co						
Scope of Work (Check all	that apply)						Cinnaminson	, NJ 08077					
							☐ Full Cont	ainment with Nega	ative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		-	_	novati molitic			☐ Mini-Encl ☐ Glovebag	osure					
		-	_ 00	monac	)II		□ Glovebag     Non-Exer	npted (*) and Non	-Friable Procedur	e			
				Locat						_	atem	ent T	ype
Location of Asbestos-Containing N		4)		lorma d Sole			Description of				_		
TO BE ABAT		")	Ma	intena	nce/	Asbes (i.e.	stos Containing Mat , thermal systems i	erial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility	4		Cust	odial ( (12)	Staff?	, , , , , , , , , , , , , , , , , , , ,	surfacing, VAT,	or	SF or LF)	val	=	lusc	sure
(13)			Yes	No	N/A		other miscellaned	ous)				ate	(0
Exterior		-		П	1026-0100	Broken	Transite			-	_	_	
		- 1		=		Broken	ransite		15 LF		Ш	Ц	
		- 1		Ц						$\boxtimes$			
		]											
ε		[											
Name of Registered Waste	e Hauler			1000	JDEP \		Cubic Yards of	Name of Registe	ered Landfill				
Waste Management				1000	auler II 17273	SCOOL SECTION 10	Waste 5	Grand Cent	ral				
City, State							Disposal Date	City, State					
Lafayette, NJ							8/7/17	Penn Argyle	, PA				
Completed By (Print or Typ		Title					Signature	1 ()	Dat	е			
Kimberly A. Trumbet	tti	Offi	ice C	oord	inator		CX	11	-	0.	7-	17	

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

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

DECEIVED

D-1- 511 115 11 110								/	11/2				
Date of Notification (1)	10 /	4	7				ng Owner/Operator	(2)	Job #1708-2220	15	20	17	1
	10 /	1			Pa	ssariello	s Pizza & Resta	urant / .	Job #1708-2220	) (	Chk.	#477	2 ====
Agencies Notified	Type Notifi	cation	Ė		Stree	et Address						ntreus vou	
☐ EPA  ☑ DOLWD	☐ Initial	a al			11	9 Kings I	Highway		ASBEST	OS CI		ROL	. &
☑ DHSS	Amendr				City,	State, Zip	Code		1	or Garling	1/11/3	American Street	
☐ DCA	☐ Emerge			ig	На	ddonfiel	d, NJ 08033						
(NJAC 5:23-8)	justifica	tion)			Nam	e of Contac	ct		Telephone Nur	nher			
	☐ Cancella	ation			Te	d Barker							
					FA	CILITY I	NFORMATION				-		
Name of Facility Where A			g Plac	e (3)				Type of Facility	(4)				
Passariellos Pizza 8	& Restaura	ant						School (K-1					
Street Address								Subchapter	8 (Other than K-1 private and comme	2)	uildin	~~	
119 Kings Highway								homes, etc.		erciai L	unun	gs,	
City (5)		A.C.						Square Feet	# of Floors	E	Bldg. A	Age	
Haddonfield								9,500	2		70 4	-/-	
County (6)			7 / Series		Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being demol	lished)			
Camden								Vacant					
Name of Monitoring Firm I		lding (	Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)	)				
Criterion Laboratori	es						Asbestos an	d Mold Service	es, Corp.				
Street Address							Street Address						
400 Street Road							3859 Sylon E	Boulevard					
City, State, Zip Code							City, State, Zip C	ode					
Bensalem, PA 19020		Jan Jan					Hainesport, I	NJ 08036					
Project Manager for Monito	oring Firm			11 7092500	ephone		Telephone No.		License No.				
Mike Panepresso				1		-1300	609-702-0400	)	00862				
Start Date (10)						ate (11)	Name of OSHA N	Monitor					
8/19/					9_/	17	EMSL Analyt	ical, Inc.					
Occupancy Status During	Abatement (	(Chec	c only	one)		7/2-12	Street Address						
☐ Facility Closed/Vacated	During Ent	ire Pe	riod of	Abate	ment		200 U.S. Rou	te 130 North					
Abatement Performed (	Outside of N	lormal	Facilit	y Hou	rs - Des	scribe	City, State, Zip Co	ode					
Time of Abatement:			VI/	PIVI		AM	Cinnaminsor	n, NJ 08077					
Scope of Work (Check all t	hat apply)												$\neg$
≥3 sf or ≥3 lf			⊠ Re	novat	ion		☐ Full Cont	tainment with Neg	ative Pressure				
☐ ≥160 sf or ≥260 lf				molitic				g Procedure					
							☐ Non-Exe	mpted (*) and No	n-Friable Procedu	ıre			
Location o			833	Locat Vorma			_			At	atem	ent T	уре
Asbestos-Containing M		<b>1</b> )	Use	d Sole	ely by	Ashe	Description o stos Containing Ma		Amount	Re	Re	Щ	ш
TO BE ABAT	ED		Ma	intena	nce/ Staff?	(i.e.	., thermal systems i	insulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facility (13)			Ous	(12)	Stall		surfacing, VAT, other miscellane	or	SF or LF)	val	"	Encapsulate	sure
()			Yes	No	N/A		other miscellane	ous)				ate	
Crawlspaces						Dine Inc	letien				-	_	
			<u> </u>		-	Pipe Ins	sulation		95 LF		Ш	Ш	
					$\boxtimes$								
										ĪП	П	П	П
			П		П					=			
Name of Registered Waste	Hauler				JDEP V	Vaste T	Cubic Varda of	Nome of Desire	ored L 45"			Ц	
Waste Management				1100000	auler ID	\$6.63.03.05.0cm	Cubic Yards of Waste	Name of Regist					
City, State					17273	10000	5	Grand Cent	ıraı				
Lafayette, NJ							Disposal Date	City, State					
	- \						8/19/17	Penn Argyl	e, PA				
Completed By (Print or Type		Title	· -				Signature	Parameter Commission		ite			
Kimberly A. Trumbett	u	Of	rice C	oord	inator		YW I			8-1	0-1	7	

ASB-41 MAY 11

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

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1	M	1/	MA
D&S Proj. #	ا ار 17-214 :	1	- 1

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

m	E	C	E		W	E	F
		Old Processing				_	
	ı	AUG	1	5	2017		

								AUG 1	5	2017	111	IJI
Date of Notification (1)		Name of	Building Ow	ner/Operator (2	?)						<del>-i</del>	
10 8 / 10 7 / 1 17		justin ł	ornstein				ASB	ESTOS	CON	VTRO	L &	Total Marie
Agencies Notified Type Notification	ation	Street Ad	dress				The second secon	LIGH	YON	9_	- Contraction	
DEP Amended									*-			
Amendment	#:  <b>†</b>	City, State	e, Zip Code									
DOL	, —	highla	nd park, nj	08904								
DOH (including justification	. It	Name of C			-		Telepho	ne Numbe	er			
DCA Cancellation	. 11	inetin	hornstein				1					
Cancellatio	" 11	Justin		CILITY INFORM	IATIC	NA1	_		=			
Name of facility where abatement	is taking p	place (3)	TAC	JILIT I INFORM	ATIC		Type of Facility	(4)				
justin hornstein	, , , , , , , , , , , , , , , , , , ,							ol (K - 12	)			
Street Address								napter 8 (0			(-12)	
Street Address								(Private/0 /Homes, o		ercial		
							Square Feet	# of Floo		В	ldg. A	ge
City (5)	Cou	unty (6)			Co	ounty Code (7)		00 (0.130)(0.00)	.0.70		•	5
TORREST MICE AN INTE					100	ate use only)	Current Use (F	rior if beir	ng der	nolish	ed)	
highland park		IDDLES.	EX		L.,		V					
Name of Monitoring Firm Hired by	Bldg. Owr	ner (8)		ASCM No.		Name of Abatement C	Contractor (9)					
						D & S RESTORA	TION, INC.					
Street Address						Street Address						
001						20 California Ave	ð.				N. W. W. W.	
City, State, Zip Code						City, State, Zip Code						
Project Manager for Monitoring Firm			DI		_	Paterson, NJ 075	03					
Froject Manager for Monitoring Fire	n	1	Phone Numb	per		Telephone Number 973-345-8020		License				
0. 12 1 12						Name of OSHA Monito	\r_	1	1169			
Start Date (10)	Sche	d. Comple	tion Date (1	1)		D & S Restoratio						
08/28/17		1/17				Street Address	ii, iiio.	-				
Occupancy Status During Abateme						20 California Ave	nue					
Facility closed/vacated during	entire per	iod of aba	tement.			City, State, Zip Code						
Abatement performed outside Describe:		racility no	urs-									
Other-Describe: NORMAL I					-	Paterson, NJ 075	03					
Scope of Work (check all that appl	y)	W				Fi	ıll Containment w	/negative	press	sure		
$\boxtimes$ >3 sf or >3 lf	Renovati	on					ini-enclosure					
≥160 sf or ≥260 lf	Demolitio	n				A G	lovebag procedu on-Exempted (*)	re and Non-	friable	nroc	edure	
Location of			used solely	/				-11011	R	R	E	
asbestos-containing material (acm) to be	by maint staff(12)	enance/cu	stodial			asbestos-containing	Amount		e m	e	n	E n
abated in facility (13)	Yes	Ne	1	material (A	ACM)	·	(Specify S LF)	For	0	a	c a	C
	165	No	N/A						v e	i	р	L
basement		LX.		PIPE INSUI	LAT	ION	117 L FT		Ĭ			
basement boiler		LX		BOILER IN	SUL	ATION	50 sq ft		X			
Registered Waste Hauler D & S RESTORATION, INC.		EP Hauler 506		ubic Yards of W	/aste	3.010.00		0011				
City, State		700	Disposal D	2 yds.		TULLYTOWN, R City, State	ESOURCE RE	COVER	Y			
PATERSON, NJ 07503			08/29/1			TULLYTOWN, P	Δ					
Completed by (Print or Type)	Title			Signature	_	I TODE I TOWN, F		Date				
POGDAN IOLDZIC	DDEGID	EN ITE						Date				

State of NJ Notification of Asbestos Abatement D&S Proj. #: 17-213 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 0 8 / 0 7 / 1 7 jim peterson Agencies Notified Type Notification Street Address EPA Initial | ASSESTOS CONTROL & LICENSING Amended DEP Amendment #: City, State, Zip Code DOL ☐ Emergency MOUNTAINSIDE, NJ 7092 DOH (including Name of Contact Telephone Number justification) ☐ DCA Cancellation jim peterson **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) jim peterson Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) MOUNTAINSIDE UNION Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Start Date (10) Name of OSHA Monitor Sched. Completion Date (11) D & S Restoration, Inc. 08/16/1717 08/28/17 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure  $\ge 3$  sf or >3 If Renovation Mini-enclosure Glovebag procedure ≥160 sf or >260 lf Demolition Non-Exempted (\*) and Non-friable procedure Is location normally used solely Location of by maintenance/custodial E asbestos-containing е e n Description of asbestos-containing Amount staff(12) material (acm) to be n m p Ç material (ACM) (Specify SF or abated in facility (13) C 0 a Yes No N/A LF) а V garage duct INSULATION 120 sq ft X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 2 yds. TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 08/17/17 TULLYTOWN, PA Completed by (Print or Type) Title Signature **BOGDAN JOLDZIC** PRESIDENT 08/07/2017

### State of NJ Notification of Asbestos Abatement D&S Proj. #: 17-212 (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 0 8 / 0 7 / 1 7 diana and george piper Agencies Notified Type Notification Street Address US CONTROL & ☐ EPA Initial | LICENSING Amended DEP City, State, Zip Code Amendment #: DOL ☐ Emergency BLOOMFIELD, NJ 07003 (including DOH. Name of Contact Telephone Number justification) DCA diana and george piper Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) diana and george piper Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) BLOOMFIELD **ESSEX** 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) Sched. Completion Date (11) D & S Restoration, Inc. 08/22/17 08/28/17 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure >3 sf or >3 lf Mini-enclosure Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (\*) and Non-friable procedure Is location normally used solely Location of F E by maintenance/custodial е e asbestos-containing n Amount Description of asbestos-containing staff(12) m p material (acm) to be C (Specify SF or material (ACM) C 0 abated in facility (13) a a LF) Yes No N/A ٧ p basement PIPE INSULATION 79 1 ft Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 08/23/17 TULLYTOWN, PA Signature Completed by (Print or Type) Title Date

ROGDAN IOI DZIC

DDECIDENT

Ch 1019	N		CATION	ate of New J OF ASBES to NJAC 8:6	TOS AB			And the second section of the second		EC	E		$\mathbb{V}$		
Date of Notification (1) 8/8/17				Building Own Brosius	/ner/Ope	erator (	(2)	And the set of defense		AUG	1	5	2017	of the same of	IU)
Agencies Notified Type Notification  EPA Initial		5	Street Ad	ddress				The state of the s	L	BEST(	201	201	ITOC	1 8	and the second
DEP Amended Amendment #				te, Zip Code it NJ 0790				L,	7 100		CEN			/ L. U	
DOH justification Cancellation	cluding	1000		Contact ne Yewais	eis				Tele	enhone N	dıımt	er			
DCA Cancellation				LITY INFOR	10000						_				
Name of Facility Where Abatement is Taking	Place (3	)	1 Aon	LITT IN OR	MATION			of Facility	access.						
Street Address							S X	chool (K- ubchapte ther (i.e.   tc.)	r 8 (Othe			build	lings,	nome	ıs,
City (5) Summit							Square		# of	Floors		В	ldg. A	ge	
County (6) Union				Code (7) USE ONLY)		_	Curren	t Use (Pri	ior if bei	ng demo	lishe	d)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCN	No.	N	ИKD	Prope	ement Co erty Mai							
Street Address					1 2		Address /an Ri	s per Ave	)						
City, State, Zip Code							tate, Zip n , NJ	Code 07011							
Project Manager for Monitoring Firm			Telephoi	ne No.	1 700		one No 399-90			License 01336					
Start Date (10) 8/20/17		ed Com		Date (11)	N	lame o	of OSH	A Monitor			-				
Occupancy Status During Abatement (Check	Only Or	ne)			S	Street /	Addres	S							
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Norma Other – Describe:					-   0	City, St	tate, Zip	Code		-					
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renovat Demoliti				×	Mini Glov	Containm i-Enclosur vebag Pro i-Exempte	re ocedure	Ü				2	
	Ι .	1		T			1 1401	-LXemple	l / an	d Non-i	labic	, 1 10	Abate		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normall Normall ed Solel iintenan todial S (12)	y y by ice/		Descriss Contains termal sy surfacing other miss	ning M stems ng, VA	laterial s insula T, or	(ACM) tion,	(8	mount Specify or LF)		Removal	Ty	e Encapsulate	Enclosure
	Yes	No	N/A							70.20					
1 ST FL LIVING ROOM JOINT COM		X		Su	urfacing	g mat	terials	i		46		X			
								4.50							
Name of Registered Waste Hauler		1 000	JDEP W		Cubic Ya			Name o	f Registe	ered Lan	dfill				
TBD		100000	auler ID 3D		of Waste 1 YD					mpany	/				
City, State	4				Disposal			City, Sta Melvill		11747					
Completed by Darko Raloski	Title Proje	ect Ma	nager		Sign	nature	USA	e ·			Date 8/8	e 3/17			

												Γ	D	rint l
Ch 1090			FICATIO	State of Ne DN OF ASE at to NJAC	BESTOS	ABATE		т	R	E C	E		E	The same
Date of Notification (1) 8/8/17				of Building ard Witko		Operator	(2)	the product like		AUG	1 5	201	7	
Agencies Notified Type Notification	1		Street	Address				of the second	AS	BEST	OS CO	ONTE	ROL	04
EPA Initial Amended  DEP Amended  Amendmen	ıt #			tate, Zip C						Li	DENS	ING		
× DOH justification  DCA Cancellatio	(including	g		of Contact	300000000000000000000000000000000000000						Irmhor			
Caricellatio	п			NI ITY INIT	ODIES	011			/	19 11				
Name of Facility Where Abatement is Takin Witkowski's Residence	ng Place (	(3)	FAC	ILITY INF	ORIVIATI	ON	Тур	e of Facility	(4)					
Street Address							H	School (K- Subchapte		er than K	-12)			
							×	Other (i.e. etc.)				ildings	s, hom	es,
City (5) Northvale NJ 07647							Squ	are Feet	# of	Floors		Bldg.	Age	
County (6) Bergen				Code (7) USE ONLY	n		Cun	rent Use (Pr	ior if beir	ng demol	ished)			
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASCI	M No.				patement Co perty Mai			;			
Street Address						Street 105		ess Riper Ave	)					
City, State, Zip Code						City, S	tate,	Zip Code J 07011						
Project Manager for Monitoring Firm			Telepho	one No.		Teleph 201-8				License 01336	No.	-		
Start Date (10) 8/23/17	Schedul 8/31/1		mpletion	Date (11)				SHA Monitor						
Occupancy Status During Abatement (Chec	ck Only O	ne)				Street	Addre	ess						
Facility Closed/Vacated During Entire     Abatement Performed Outside of Norr     Other – Describe:	Period of nal Facilit	Abater y Hour	ment s			City, S	tate,	Zip Code	- 17		11	- 2		
Scope of Work (Check All That Apply)									1					
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		Renova Demoli				×	M G	ull Containm ini-Enclosure lovebag Pro on-Exempte	e cedure	•			re.	
	ls	s Locat	ion						G ( ) GIIG	14011111		Abat	emen	t
Location of		Norma ed Sole				cription					-	T	уре Т	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	aintena stodial ( (12)	nce/				insu T, or	lation,	(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
Pagamant	Yes	No	N/A		D-"		4.			0.5			ate	ė
Basement		X	-		Boller	insula	tion			35	X	-		
Name of Registered Waste Hauler		H	IJDEP W lauler ID		Cubic 'of Was			Name of			ill			
City, State			BD		1yd Dispos	al Date		City, State		прапу				
Completed by	TEAL													
Darko Raloski	Title Proie	ect Ma	anager		Si	gnature	16	De .			ate 8/8/17			

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

Check # 25563

			(Purs	uant to NJA	AC 8:60 and 5:16	5)	MEC	E	7	П	E	
Date of Notification (1)	/11/17		N	ame of Buildi	ng Owner/Operato	r (2) Regan			<u> </u>	<u> </u>		
Agencies Notified	Type Notifi	cation	Si	treet Address	3		AUG	G 1	5 20	17	1	
DEP	Initial Amende			ity, State, Zip	Code					_		
DOL_	Amendr	nent #_ ncy (includin	2.00		Pe	nnington, NJ	08534SBEST	OSC	TMOC	RO	L &	
M DOH □ DCA	justifica Cancella	ation)	_	ame of Conta	ict		Telephone N.	T-10	21/11/19		=.	
					Melissa Regan							
Name of Facility Where	Abatament is	Taking Dlag		FACILITY IN	FORMATION	I = 68 W						
realite of Facility vertere		Residenti				Type of Facility  School (K-1	500031050					
Street Address						☐ Subchapter	8 (Other than K- private & commer	12) cial bui	ldings,			
City (5)			recas ov			Square Feet	# of Floors	E	Bldg. Age			
Court (6)	Penni	ngton, N.				3000	_ 2	_   _	200	+/-	_	
	Mercer		_   '	County Code ( USE ONLY)			Prior if being demo	lished)				
Name of Monitoring Firm (8)	n Hired by Buil MECS	lding Owner	AS	CM No.		nent Contractor (9		т.				
Street Address	WILCS	W			Street Address	vens Environ	mental Service	ces, I	nc.		_	
	PO Box	x 341				PO I	Box 322					
City, State, Zip Code	rosswicks,	NI 08514	5		City, State, Zip C		n, NJ 08501					
Project Manager for Mo		143 0031.	Telepho	one No.	Telephone No.	Allelitow	License Ne.				_	
	eisgarber		635	298-4070		59-9688		0049	3			
Start Date (10) 8/21/17		Scheduled C		Date (11)	Name of OSHA		TECS				=	
Occupancy Status Duri	ng Abatement		3/31/17 one)		Street Address	IVI	IECS				_	
▼ Facility Closed/Vaca	ted During Ent	ire Period of	Abatemer	nt		PO E	30x 341					
☐ Abatement Performe☐ Other - Describe:			y Hours		City, State, Zip C		sswicks, NJ 08515					
Scope of Work (Check	The second second					Closswick	8, NJ 08313				_	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovation emolition		☐ Mini-End	ag Procedure	gative Pressure on-Friable Procedi	ure				
		No	ocation omally					1	Abatem			
Location Asbestos-Containing I			Solely by ntenance/		Description of tos Containing Mat		Amount		П			
TO BE ABA	TED	Cu	istodial Staff?		thermal systems in	nsulation,	(Specify	Re	מ	Encapsulate	Enc	
(13)			(12)		surfacing, VAT, other miscellaneo	or ous)	SF or LF)	Removal	Repair	nsde	Enclosure	
		Yes	No N	/A				<u>n</u>		ate	Гe	
Attic		_ x			Vermiculit	te	850 sf	×				
Name of Registered Was	eta Haular		LNIDE	D Mosts	Cubia Vanda	T.N(D.)						
Stevens Environn		vices, Inc.	Haule	P Waste r ID No. 8292	Cubic Yards of Waste 15 cu	Name of Regis	Fairless Lan	dfill				
City, State	Allonto	NIT			Disposal Date	City, State	4	n :				
Completed By	Allentow	n, NJ			8/31/17   Signature/	14	Morrisville,	PA			_	
Mahlon E. Ste	vens	Wilderston Common	oject M	anager			Date	8/11	1/17			

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

Check	,	#	25	5	62
CHECK	1	11	20	J	UZ

			(Pu	ırsuaı	nt to NJA	C 8:60 and 5:16	i)	ME	C	E	7 [	$\sqrt{I}$
Date of Notification (1			Т	Name	e of Buildin	g Owner/Operato			<u>()</u>		<u> </u>	<u>y</u>
and a second	8/11/17			_		Muscon	etcong Water			4	0.0	4.90
Agencies Notified	Type Notificatio	n		Stree	t Address		100 Rt 206 N		AUG	1 5	20	117
EPA DEP	Initial Amended		-	Cih	Ctata 7in (		100 Kt 206 IV	Orth				
DOL.	Amendment		_	City,	State, Zip (		eapeck, NJ 0	7034 ASBE	STO	S C	ONT	RO
<b>⊠</b> DOH	Emergency (	including	g	Name	e of Contac		eapeck, NJ 0	Telephone Norm	HO	ENS	HIĢ	
☐ DCA	Cancellation			ivaiii		/illiam Gieke		releptione is				
				FA	CILITY INF	ORMATION						
Name of Facility When		1700				A Comment of the Comm	Type of Facility	2007000				
Street Address	ruii	р Ног	ise				School (K-1	2) 8 (Other than K-1	2)			
Street Address	152 Asbury	West	Ports	1 P.d			Other (i.e., p	orivate & commerc	ial bui	ldings	,	
City (5)	132 Asoury	WCSt	1 0116	II IXU	•		homes, etc	.) # of Floors	1.0	idg. A	00	_
Oity (O)	Asbury	NIO	8802				3200	7	10	(6) (5)	+/-	
County (6)	1100417	, 110 0	0002		ntv Code (	7) (STATE		rior if being demol	ished)	) )	17-	_
Н	unterdon				ONLY)				101100)			
Name of Monitoring Fir (8)		Owner		ASCM	No.		ment Contractor (9	The second secon				
	MECS						vens Environ	mental Service	es, I	nc.		_
Street Address	DO D 2	1 1				Street Address	DO I	200				
Oit - Ot-1 - 7 - O - I	PO Box 34	ł I						30x 322				_
City, State, Zip Code	Crosswicks, NJ	0851	5			City, State, Zip C		n, NJ 08501				
Project Manager for M		0001		phone	No	Telephone No.	1 Milento II	License No.				_
670	eisgarber		1	33	8-4070		59-9688		0049	3		
Start Date (10)	Sche	eduled C	omplet	ion Da	ate (11)	Name of OSHA						_
8/25/17		8	3/31/1	17			M	IECS				
Occupancy Status Dur			- 5			Street Address	2.2.					
Facility Closed/Vac								30x 341			-	_
<ul><li>☐ Abatement Perform</li><li>☐ Other - Describe:</li></ul>		al Facilit	y Hour	S		City, State, Zip C		NII 00515				
Scope of Work (Check							Crosswick	cs, NJ 08515		_		_
Scope of Work (Check	( all that apply)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovation emolition				closure ag Procedure					
		A	7110IIII0			Non-Ex	empted (*) and No	on-Friable Procedu	ıre			
		100000000000000000000000000000000000000	ocatio						1	Abate		
Location	n of	10000	Solely			Description o	f			Тур	е	_
Asbestos-Containing TO BE ABA		1-0000000000000000000000000000000000000	ntenano			os Containing Ma		Amount (Specify			Ш	
IN Facil		5	Staff?		(i.e.,	thermal systems surfacing, VAT		SF or LF)	Remova	Repair	Encapsulate	1
(13)			(12)			other miscellane	ous)	30000 - 400000 1884	lova	oair	sula	Circiosais
		Yes	No	N/A					-		ate	π
Ground	Floor	×			Th	ermal Pipe In	sulation	70 lf	×			
Ground	Floor	×			Th	ermal Tank I	nsulation	40 sf	×			
Variuos		×				Debris Clear	n up	30 sf	×			
Name of Registered W	aste Hauler			JDEP \		Cubic Yards	Name of Regi	stered Landfill				
Stevens Environ	mental Service	es, Inc	.   Ha	auler ID	No. 292	of Waste 2cu		Fairless Lan	dfill			
City, State				102		Disposal Date	City, State					_
	Allentown,	NJ				8/31/17	1/2/	Morrisville,	PA			
Completed By	Titl			5 8		Signature	77	Date				
Mahlon E. St	tevens	Pr	oject	Mar	nager	NA	1 /		8/1	1/17		

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)			Name	e of Buildin	g Owner/Operator (	(2)			and the same bearing	-	
8/11/	17		Cit	y of Cam	den		MEG	E			
Agencies Notified Type Notific	ation		Stree	t Address				5 1	1 0		711
			PC	Box 951	20						277.00
☑ DOLWD ☐ Amende			City,	State, Zip (	Code		AUG	15	201	7	
☑ DOH   Amendm     ☐ DCA   ☒ Emerger		ina	Ca	mden, N.	J 08101						i and
DCA Emerger (NJAC 5:23-8) iustificati		ing	Name	e of Contac	t		Telenham			nonement of the last	-
☐ Cancella			Jai	mes Rizz	0				_ "	iv.L	Ct
1			FA	CILITY IN	IFORMATION		٠. ٠.	"1 ==	_	=	-
Name of Facility Where Abatement is	Taking Pla	ce (3)				Type of Facility	(4)		(40)		-
THURMAN STREET STRUCTU	RE					School (K-1					
Street Address						Subchapter	8 (Other than K-12) private and commerce	olal bui	ildinaa		
1212, 1210, 1208 THURMAN S	TREET S	TRUC	TURE			homes, etc.		Jiai bui	iumgs,		
City (5)						Square Feet	# of Floors	Bld	lg. Age	)	
Camden						varies	varies	5	<del>50+</del>		
County (6)			Cou	nty Code (7	()(STATE USE ONLY)	Current Use (P	rior if being demolish	hed)		-	
CAMDEN						HOUSING I	DEEMED UNSAF	E			
Name of Monitoring Firm Hired by Buil	ding Owne	er (8)	ASCM	No.	Name of Abateme	ent Contractor (9	)				
7000 (300)					Controlled E	nvironmental	Systems				
Street Address					Street Address						
					1121 N. Beth	lehem Pike - S	Suite 60				
City, State, Zip Code					City, State, Zip Co	ode					
					Spring House	e, PA 19477					
Project Manager for Monitoring Firm		Te	lephone	No.	Telephone No.	1911	License No.				
					215 542 7000		00847				
Start Date (10)	Scheduled	Comp	etion Da	ate (11)	Name of OSHA N	lonitor					
_8_/_14_/_17_	9	/ _3	80 /	_17	CES						
Occupancy Status During Abatement (	Check onl	y one)			Street Address					-	
☐ Facility Closed/Vacated During Enti			ement		1121 N Bethle	ehem Pike -Su	ite 60				
☐ Abatement Performed Outside of N	ormal Fac	lity Ho	urs - Des	scribe	City, State, Zip Co	ode					
Time of Abatement: 7:00AM-5:00	PM/I	PM	AM		Spring House						
Scope of Work (Check all that apply)						25 Deta 1000	7920 1260				
☐ ≥3 sf or ≥3 lf	П	Renova	tion		☐ Full Conf	tainment with Ne	gative Pressure				
⊠ ≥160 sf or ≥260 lf	1	Demoli				g Procedure					
				·	Non-Exe	mpted (*) and No	on-Friable Procedure	9			
Verendenne		Is Loc				_		Aba	atemen	it Ty	ре
Location of Asbestos-Containing Material (ACN	n U		lely by	Ashe	Description o stos Containing Ma		Amount	Re	Re	E	En
TO BE ABATED	, N	/lainter	ance/ I Staff?		., thermal systems	insulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facility (13)		15todia (12			surfacing, VAT, other miscellane	or	SF or LF)	<u>a</u>		Encapsulate	ure
(1.5)	Ye	s No	N/A		other miscellane	ous)				6	
See Attached Notice of Hazard				See Att	ached Notice of	Hazard	200 YD per res			$\exists$	П
							200 15 por 100			=	
			_					-		4	믬
										4	Ш
Name of Registered Waste Hauler		100	NJDEP Hauler I		Cubic Yards of Waste	Name of Regi	stered Landfill		2000		
Waste Management of NJ			1727		200/residenc	GROWS					
City, State					Disposal Date	City, State					
Fairless Hills, PA					9/30/17	Tullytown	PA				
Completed By (Print or Type)	Title		1000000		Signature	01	Dat	e ,	i		
Patricia Visco	Office	Mana	ager		Katie	cea Usa	co 8	1/11	120	67	

1	11_		17-	7
1	1/	M		- 1
1	1	1		- 1

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

n E	C	E	V	Prin	t For
们	200			Marie Company	
	AUG	15	2017	24.5	

									****		000	90.			
Date of Notification (1) 8/11/17				of Building oils, Inc		Operator	(2)		AUG	15	201	· ·			
Agencies Notified Type Notificatio	n			Address Iew Brui	nswick	Avenu	Α		ASBEST(	OS CO	TNC	70L	&		
EPA Initial Amended			City, St	ate, Zip C	ode	7 (0)10			LIC	CENS	ING	MANAGE SALES			
X DOL Amendmen		-		ay, NJ				e*	20 2214	larra d	2 8	ï			
DOH justification Cancellation				of Contact Chimchir				Ţ	elephone N	umbor					
Name of Facility Where Abatement is Tak	ng Place (3	3)	FAC	ILITY INF	ORMATI	ON	Type of Fac	sility (A)							
API Foils	ng riace (c	,,						l (K-12)							
Street Address	11-		70.0 W 201				Subch	apter 8 (O	ther than K-						
329 New Brunswick Avenue City (5)	/ii						etc.)		e & commer		-		nes,		
Rahway							Square Fee 400,000	t  #	of Floors	1793	Bldg. 30+	Age			
County (6) Union	An		County (STATE	Code (7) USE ONLY	)		Current Use Manufact	se (Prior if being demolished) cturing							
Name of Monitoring Firm Hired by Building Roux Associates	Owner (8)		ASC	И No.			of Abatemen	t Contracto	ntractor (9)						
Street Address							ervices, LL Address	.0							
402 Heron Drive	47						3 National	Road							
City, State, Zip Code Logan Township, NJ 08085							tate, Zip Cod n, PA 1934								
Project Manager for Monitoring Firm Rob Chimchirian	W		Telepho 856-42	ne No. 23-8800			one No. 372-8884		License 01161	No.					
Start Date (10) 8/26/17	Schedule 8/25/18		npletion	Date (11)		Name EMS	of OSHA Mor	nitor							
Occupancy Status During Abatement (Che					0	Address		<del>,</del>							
Facility Closed/Vacated During Entire	Period of A	Abaten	nent			200 F	Route 130	North							
Abatement Performed Outside of Nor Other – Describe:	mal Facility	Hours	City, State, Zip Code Cinnaminson, NJ												
Scope of Work (Check All That Apply)	***								<del></del>				111.55- 1-1		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					-			
	Is	Locati	ion		•		I NOII-EXEII	ipied ( ) a	IIG INOII-FIIZ	ible Pic	emen	t			
Location of	N	lormal d Sole	ly			cription				-	Ty	/pe			
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>	Mai	ntena	nce/				aterial (ACM) insulation,	9 10 10	Amount (Specify	R	_	Enc	ш		
In Facility (13)	Cust	odial S (12)	staπ?		surfac	ing, VA	Γ, or		F or LF)	Remova	Repair	Encapsulate	Enclosure		
, ,	Yes	No	N/A		outer it	nooonari	0000)			/al	=	ılate	ure		
Throughout Manufacturing Area		X		As	bestos	pipe in	sulation	1,	010 LF	X					
				Ea	ch wor	k area	<200 If								
Name of Registered Waste Hauler		l Ni	JDEP W	aste	Cubic \	Yarde	Name	of Pegist	ered Landfi	11					
Waste Management of NJ		10000	auler ID		of Was			DWS Lar							
City, State	70				Dispos	al Date	City,								
Newark, NJ	40.4				TBD			risville, F	PA						
Completed by Jack Bally	Title Sr. P	rojec	t Mana	ger	Si	gnature	rd I	mil		ate /11/17	7				
		- 3		2		111	WWW	une			_				

### CK 2536

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

2	7	E	C	E	Constitution	W	Bin Equ	m
	以下							

0110000									135	11 /	AUG	15	201	17	سا!		
Date of Notification (1) 8/11/2017				Name of JCPer		Owner/O	perator	(2)	Part of College								
Agencies Notified  X EPA	Type Notification			Street A	Address Legacy	Drive				ASBE		S CO ENS		70L	å		
EPA DEP DOL	Initial Amended Amendmen	#			ate, Zip C						11-11-						
DOH DCA	Emergency justification) Cancellation				f Contact	Jeff Voo	rhees		-	Telepho	one Nu		->				
	Caricenation					ORMATIC					_						
Name of Facility Where A		g Place (3	)					Type of Fa	acility (4) ol (K-12)								
Street Address 4405 Black Horse F	Pike			Subcha						apter 8 (Other than K-12) i.e. private & commercial buildings, homes,							
City (5) Mays Landing		5						Square Fe 5000+	et	# of Flo	ors	- 4	Bldg. /	Age			
County (6) Atlantic					Code (7) USE ONLY	)	_	Current Use (Prior if being demolished) Retail									
Name of Monitoring Firm Watterson Environn		Owner (8)		ASC	Л No.				batement Contractor (9) esponse, Inc.								
Street Address 1827 Walden Office	Square, Suite	100						Address Technolog	gy Lane	<del></del>							
City, State, Zip Code Schaumburg, IL 601	173							tate, Zip Co ort, PA 156									
Project Manager for Mon Jeff Voorhees	itoring Firm		- 1	Telepho 224-77	ne No. 77-0661			none No. 325-3330			ense N	lo.					
Start Date (10) 8/21/2017		Scheduled Completion Date (11)  8/23/2017  Name of OSHA Monitor  Watterson Environmental															
Occupancy Status During	e)					Address			100.00 200	0.14040004							
Abatement Performe	Facility Closed/Vacated During Entire Period of Abate  Abatement Performed Outside of Normal Facility Hou						s City, State, Zip Code					100	1				
Other – Describe: _				Schaumburg, IL						L 60173							
Scope of Work (Check Al	l That Apply)	-					Full Containment with Negative Pressure										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedur									
		le	Locati	on				1 NOII-LXC	Non-Exempted (*) and Non-Fria					ble Procedure  Abatement			
Location	of	N	lormal	ly		Desc	cription	of					Ту		_		
Asbestos-Containing TO BE ABA	TED	Mai	d Sole ntenar odial S	nce/		thermal s	ntaining Material (ACM)			Amou (Spec	fy	Re	R	Enca	Enc		
In Facili (13)	ty	- T	(12)	T		other mi	ng, VA iscellan			SF or L	.F)	Removal	Repair	Encapsulate	Enclosure		
Colon		Yes	No	N/A	Minne	0 A a		tad Maati	_	216 S	-	17	-				
Salon			_	X	IVIIITO	JIS & AS	Socia	ted Mastic	-	210 8	)F	X	-	-			
		1															
Name of Registered Was	te Hauler		100000	JDEP W		Cubic Y		Nar	ne of Re	gistered	_andfill						
Waste Management			10000	auler ID W1724		of Wast	е	GF	ROWS	Landfill							
City, State Trenton, New Jersey		VOII 194 - 1944 - 204		20132		Disposa 8/23/20			, State rrisville	e, PA							
Completed by Jessica Wolfe		Title Admir	nistra	tive Su	pport	Sig	gnature	PODIO	all	) ALK	Da 8/	te 11/2	017				
							715	1111111	1/2 1/0	1111111							

Ch 4792			IFICATIO	ON OF AS	New Jers SBESTOS AC 8:60 ar	ABATE		ΙΤ	The second of th	) E				rint l
Date of Notification (1) 8/2/17				of Buildin Stead	ng Owner	Operato	or (2)		Market Market		AUG '	1-5-	201	
Agencies Notified  Type Notification  EPA  DEP  Initial  Amended	n			Address						ASBE	ESTOS LICE			OL 8
DEP Amended Amendmen Emergence		ıa	Vince		NJ 0808	38								
	1)	3		of Conta Stead	ct				Iei	a;- '- '		У		
Name of Facility Where Abatement is Tak	ing Place	(3)	FAC	CILITY IN	FORMAT	ION	Typ	e of Facility	(4)					
Same Street Address	VIII.	900 					×	School (K- Subchapte	I					ies,
City (5) Vincentown NJ 08088							300	are Feet	# of	Floors		Bldg. 50+	Age	
County (6) Burlington			(STATE	Code (7	) 		Re	rent Use (Pr sidence (1	not beir	ng dem	lished) nolishe	d)Va	cant	
Name of Monitoring Firm Hired by Building  O  Street Address	Owner (8	3)	ASC	M No.		Activ	e Er	oatement Co nvironmer			gies			
City, State, Zip Code						Street 203 I	Pine							
								NJ,08060						
Project Manager for Monitoring Firm		Telepho	one No.		Teleph 609-		No. 1500		License 01299					
Start Date (10) 8/14/17	Schedu 8/16/1		mpletion	Date (11	(11) Name of OSHA Monitor									
Cocupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of	Abater	ment s			Street City, Si		ess Zip Code						
Scope of Work (Check All That Apply)						×								
≥3 sf or ≥3 If × ≥160 sf or ≥260 If	-	Renova Demoli					Mi	ull Containm ini-Enclosure ovebag Pro	e cedure					
		Locat Norma						JII Exemple	u ( ) anu	NOH-FIR	Abatemen			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole aintena todial ( (12)	elý by nce/	Asbe (i.e	stos Conta thermal surfac	escription of taining Material (ACM) I systems insulation, icing, VAT, or miscellaneous)			Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								l a	=	ilate	лге
Basement		X			Pipe	Insulat	ion		16	OLF	Х			
ame of Registered Waste Hauler ctive Environmental Technologies,	Inc	H	JDEP W auler ID 5704		Cubic \ of Was			Name of I		d Landf	ill			
ity, State t Holly NJ 08060	Waster and the same of the sam			oodi — oo	Disposa 8/17/1			City, State		Α				
Completed by Title Sucressing Completed by						gnature	_		Date					7

Ch113		CATION	ate of Ne NOF ASE to NJAC	BESTOS		EC	; E		<u> </u>						
Date of Notification (1) 08-02-17					f Building son Pub		and the second second second	(2)		AU	G 1	5 21	)17		
Agencies Notified	Type Notification			Street A	ddress				1					T	
EPA DEP	Initial Amended				ate, Zip C	ode			-	ASBES	TOS C	ON	FRO	 _ &	
DOL	Amendment				son, NJ						ICEN				
DOH DCA	Emergency justification)				f Contact				LTA	lenhane N	ımber				
■ DCA	Cancellation	1			McQua		ION						SS INCOME		
Name of Facility Where	Abatement is Takin	g Place (	3)	FACI	LITY INF	ORWAI	ION	Type of Facility	(4)						
Emerson Jr. High S	School							School (K-							
Street Address 131 Main St.									oter 8 (Other than K-12) e. private & commercial buildings, homes						
City (5)								etc.) Square Feet		f Floors		Bldg. A			
Emerson								20,000 +	770	1		50	_		
County (6) Bergen					Code (7) USE ONLY	)		Current Use (Pr	ior if be	ing demoli	shed)				
Name of Monitoring Firm Westchester Enviro		Owner (8	)	ASCN 0012				e of Abatement Contractor (9) fa Contracting LLC.							
Street Address 307 N Walnut St.								Address 7th St.							
City, State, Zip Code West Chester, PA 1						tate, Zip Code n City NJ 0708	37				0.000				
Project Manager for Mon Philip Conteh		Telepho (610) 4	ne No. 431 <b>-</b> 754	5		none No. 216-9603		License 01206	No.						
Start Date (10) 08-07-17		Schedul 08-14-		mpletion I	Date (11)	Ü.	F 1	of OSHA Monitor Contracting I		1					
Occupancy Status During	g Abatement (Chec	k Only O	ne)					et Address 2 7th St.							
Facility Closed/Vaca Abatement Perform						0		tate, Zip Code							
Other - Describe: _		- Com						n City NJ 070	37						
Scope of Work (Check A	ll That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		process	Renova Demoli	olition Mini-E Glove					ontainment with Negative Pressure inclosure lag Procedure kempted (*) and Non-Friable Procedure						
		4	s Locat									W. C.	ement pe		
Location Asbestos-Containing			Norma ed Sole		Achae		scription	of laterial (ACM)	Δ	mount		1)			
TO BE ABA	ATED	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	aintena todial			thermal	systems	s insulation,	(5	Specify	Rei	R	Encapsulate	Enc	
In Facili (13)	ity		(12)				cing, VA niscellar		Si	or LF)	Remova	Repair	psul	Enclosure	
		Yes	No	N/A							<u>w</u>		ate	e e	
1st Floor / Train	ners Room		Х			Pipe	Insula	tion	18	80 LF	X				
1st Floor / Train	ners Room		Х		Cinde	rblock	wall w/	Vermiculite	70	00 SF	X				
Name of Registered Was Delfa Contracting LL			11 19	NJDEP W lauler ID 3524(	No.	Cubic of Was		1	11.5	ered Landfi source F		ery F	acilit	y	
City, State Union City, NJ						Dispos	sal Date	City, Stat	e			-			
Completed by	NEW TO SERVICE	Title	Man	08-11-17   Signature					, 1 /	D	ate 8-02-	17			
Jaime Delgado Proj. M				agui.				164							

CK 1021

	1001										1	45.			777	0.25
1001				NO	OTIFICA (Pursi	TION OF	of New Je ASBESTO	SARATI	EMEN	NT	Transport of the last of the l	123		10	L <sub>7</sub>	Prin
Date of Notification (1)		_	-		4000		ding Own		170		_	1 .11	11 -	1 4	^~	,
7/24/17					Jai	ne Ferla	anti	nOperato	r (2)				-	デノ	ZU11	
Agencies Natified	Туре	Notificat	ion		Stre	et Addre	ss				1		_/	V		
EPA DEP		Initial										WAIVE	DI	DDI	701	15-1
X DOL		Amended Amendm			City	, State, Z	ip Code	_			-		11/1		U.	141)
ĭ DOH	1×	Emergen	cy (includ	ding			NJ 0747	0								The particular section of the last section of
DCA		ustification Cancellat				ne of Con ne Ferla					_	Telonha			E-Co-article	
Name of Carllet 144					100000	STEEDING STORY	INFORMA	TION			II.			1	Bill	F
Name of Facility Where A	Abatem	ent is Ta	king Plac	æ (3)			THE OTHER	TION	Тур	e of Faci	itv (4)		- Section 1	- 11		
Street Address									П	School	I was	11				
										Subcha	pler 8	Other the	8-12)	5 %	2017	1
City (5)									X	etc.)	e pnv	te & comm	ercial t	uildin	gs, h	omes,
Fairlawn NJ 07470									Squ	are Feet	9	# of Floors		Bldg	. Age	5L &
County (6)					Caun	ty Code (	(7)		C		B	ASE	CEN	SIN		ال قد
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ASB-41 (R-06-08)

<sup>\*</sup> Do not use this form for asbestos licensure exempled activities.

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

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	AUG	1	5	2017		

D&S Proj. #: 17-215		(Purs	uant to NJA	C 8:6	0 and 12:120)		IKT.		- A	849		
Date of Notification (1)	Name	e of Building Ow	ner/Operator (2	2)			144 9	NUG 1	5 2	111	1	4
10 8 /10 9 /117	LE	ONARD MAZ	ZUR								İ	
Agencies Notified   Type Notifica	tion -	t Address					ASBE	5105			- å	+
_		F-71 F-770 S						LICEN	ISING	3		
Amendment #	City,	State, Zip Code				_			-	_		
DOL Emergency		Γ. LAKES, NJ	07046									
DOH (including	Name	of Contact	07040			-	Telephor	ne Numb	er			
DCA justification	11	OODY IONE	C						<b>-</b> 10			
Cancellatio	n   w	OODY JONE	CILITY INFORM	IATIO	N				-			
Name of facility where abatement	is taking place (	AVAICAS	JILIT INFORM	ATIO	N .	T 1	T	/ 4 X				
wante of facility where abatement	is taking place (	3)					Type of Facility (	(4) of (K - 12	)			
LEONARD MAZUR							_	apter 8 (		han k	(-12)	
Street Address						1		(Private/				
						1	Bldgs.	/Homes,	etc.			
City (5)	County (6	3)		I 0-		4	Square Feet	# of Floo	ors	В	ldg. A	ige
City (c)	Journey (c	7		100.000	unty Code (7) ate use only)	-	Current Hea (P.	eles lébel			- 0	
MT. LAKES	MORRI	S		, , , , ,	,		Current Use (P	rior ir bei	ng der	nolish	ea)	
Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No.		Name of Abateme	nt Co	intractor (9)					
					D & S RESTO	RAT	TION, INC.					
Street Address				=	Street Address							
					20 California	Ave.						
City, State, Zip Code				_	City, State, Zip Coo	de		12 472 -411				
					Paterson, NJ	0750	3					
Project Manager for Monitoring Firm	Phone Numb	per		Telephone Numbe			License	Numi	per			
					973-345-802				1169			
Start Date (10)	Sched. Cor	npletion Date (1	1)	_	Name of OSHA Mo							
08/10/17	08/25/17				D & S Restora	ation	, Inc.					
Occupancy Status During Abatemen		ne)	DOMESTIC OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PA	-	20 California A	A wan	110					
Facility closed/vacated during					City, State, Zip Coo		uc					
Abatement performed outside Describe:	of normal facility	y hours-										
Other-Describe: NORMAL H	IOURS			_	Paterson, NJ (	0750	3					
Scope of Work (check all that apply	/)				-	Ful	Containment w	/negative	press	ure		
☐ > <u>3</u> sf or > <u>3</u> If	Renovation					=	ni-enclosure	5				
≥ 160 sf or ≥260 lf	Demolition				-		vebag procedur					
Location of	Is location norr	nally used solely	/	-		] NO	n-Exempted (*)	and Non-	TR	Proc	edure E	1
asbestos-containing	by maintenanc staff(12)	e/custodial	Descriptio	n of a	sbestos-containing		Amount		e	е	n	E
material (acm) to be abated in facility (13)		.00	material (/		g		(Specify S	For	m o	p a	c a	c
assiss in asim, (10)	Yes N	lo N/A					LF)		v e	i	р	L
BUILDING EXTERIOR			ROOF				600 SQ FT	-10-00	Ď		П	
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								- growing co-				
Registered Waste Hauler	NJDEP Ha		ubic Yards of W	Vaste	Name of Registere			0. W. C. (1971)				
D & S RESTORATION, INC.  City, State	13506		0 YDS		TULLYTOWN	, RE	SOURCE RE	COVER	Y			
PATERSON, NJ 07503		Disposal D 08/11/1			City, State TULLYTOWN	JPA						
Completed by (Print or Type)	Title		Signature		I TODEL TOWN	1, 1 /		Date			_	_
BOGDAN JOLDZIC							08/09	/2017				

08/09/2017 10:43AM 9733458060 D&S RESTORATIO PAGE 02/05 State of NJ Notification of Asbestos Abatement D&S Proj. #: 17-215 (Pursuant to NJAC 8:60 and 12:120) AUG 1 5 2017 Date of Notification (1) Name of Building Owner/Operator (2) 0 18 1/10 19 1/11 17 LEONARD MAZUR Agencies Notified Type Notification CRECTA SCONTROL Street Address ☐ EPA initial LICENSING Amended DEP Amendment s: City, State, Zip Code DOL. Emergency MT. LAKES, NJ 07046 DOH DOH (including Name of Contact ustification Telephone Number DCA Cancallation WOODY JONES FACILITY INFORMATION Name of facility where abetement is taking place (3) Type of Facility (4) School (K - 12) LEONARD MAZUR Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bidgs./Homes, etc. Square Feet | # of Floors Bidg, Aga City (5) County (8) County Code (7) (State use only) Current Use (Prior if being demolished) MT. LAKES MORRIS Name of Monitoring Firm Hired by Bidg. Owner (B) ASCM No. Name of Abatement Contractor (9) D& S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Start Date (10) Sched, Completion Date (11) Name of OSHA Monitor D & S Restoration, Inc. 08/10/17 Sheel Address Occupancy Status During Absternant (Check only one) 20 California Avenue Facility closed/vscated during entire period of abatement. City, State, Zis-Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure ≥3 sf or >3 H Removation Mini-enclosure ≥160 at or ≥260 if Demolition Glovebag procedure Non-Exempted (\*) and Non-frieble procedure is location normally used solely Location of by maintenance/custodial asbeatos-containing P Description of sabastos-containing alaff(12) Amount n material (acm) to be m П material (ACM) P (Specify SF or abated in facility (13) 0 0 Yes Na N/A 9 BUILDING EXTERIOR ROOF 600 SO FT X Registered Waste Heuler NJDEP Hauter IDA Cubic Yards of Weste Name of Registered Landfill D & 5 RESTORATION, INC. 13506 10 YDS TULLYTOWN, RESOURCE RECOVERY City, State Isposei Date City. State PATERSON, NJ 07503 08/11/17 TULLYTOWN, PA Completed by (Print or Type) Title Signature Date BOGDAN JOLDZIC PRESIDENT

The not use this form for asbestos illomours exampled activities.

08/09/2017