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

2013-152C B & G proj. #:

Check # 6065

					Operator (2)				7.7.	700				
Date of Notification		Nar	ne of Buildir	ng Owner/	Operator (2)	ent As	ssociates LLC			* * U	* . #:	· _		
0 18 1/1 16	1/1 <u>13</u>		7.00		edevelopine	111.7	000010100					17		
Agencies Notified EPA	Type Notification	11	et Address								84			
	X Initial	11	20 Alban									-		
DEP	☐ Amendme	nt City	y, State, Zip New Brun	Code cwick N	J.I 08901									
<b>▼</b> DOL		11			43 00001			Te	lephon	e Number				
DOH	On hold	- 11	ne of Conta						-					
☐ DCA	Cancellati	on    .	David Ch	ristianse	en			=	==					=
				FACIL	ITY INFORMA	TION								
No. of facility set	here abatement is	taking plac	æ (3)					Type of F	acility ( Schoo	(4) I (K - 12)				
		•						l H		apter 8 (O	her th	an K-	12)	
Vacant Buildi	ing							X	Other	(Private/Co	mmer			
Street Address										/Homes, et		Bld	g. Ag	e
3 Seminary A	Avenue							Square I	-eet	# 01 1 1001	•		<b>3</b>	
City (5)		Count	y (6)				nty Code (7) te use only)	Current	Use (P	rior if being	dem	olishe	d)	
New Brunsw	vick, NJ 08901	Mid	dlesex			(0.2		reside	ntial h	ousing				
	ng Firm Hired by B	Ida Owne	r (8)		ASCM No.	$\neg$	Name of Abatement	Contractor	(9)	A STATE OF THE STA				
The Louis B	erger Group, I	nc.	ν-,				B & G Restorat	ion, Inc.						
						-	Street Address	d		1300				
Street Address 412 Mount	Kemble Avenu	Э					105 Ryerson R					_		
City State Zip Co	de						City, State, Zip Code Lincoln Park,	N I 0703	5					
Morristown,	NJ 07960						Telephone Number	143 0703		License	Numb	er		_
Project Manager f	or Monitoring Firm			ne Numbe			(973)696-686	9		The state of the s	378			
Craig Napo	litano			3-407-10			Name of OSHA Mon							
Scheduled Start D	Date (10)	Sched	. Completion	n Date (11	)		B & G Restora							
08/26/2013	3	09/0	7/2013				Street Address							
Occupancy Status	During Abatemen	(Check o	nly one)				105 Ryerson R							
IVI Facility clos	advacated during	entire perio	od of abaten	nent.			City, State, Zip Code							
Abatement   Describe:	performed outside	or normal	actility flours			-	LincolnPark, N	J 07035						
Other-Desc														
7000 F	check all that apply						Full Containment w/ne	ative pres	sure	Glove	bag pr	ocedi	ıre	
☑ Demolition	<u> </u>	Renovatio					Mini-enclosure	J		☐ Non-f	riable	proce	dure	
$  \mathcal{E}   > 3 \text{ sf or } > 3$	if .	160 sf or		d a a lob		<u>~</u>					TR	R	E	E
Location of		by mainte	n normally unance/cust	odial		on of a	asbestos-containing		mount		m	e p	n	n
asbestos-o material to		staff(12)			material	(ACM)			Specify F)	SF or	O V	.a	а	L
abated in fa	acility (13)	Yes	No	N/A			ma.com		· 		e	1	P	<u></u>
behind walls 1s	+ & 2nd floors			×	pipe insul.	ass	oc w/mudded join	ts 20	O If		M	붜	님	ዙ
Defilitu Walls 13	at a Zha noore										╬	片	H	ዙ
											#	片	片	片
								-			耑	H	H	盲
		Tivis	Dillevies		ubic Yards of	Waste	Name of Registere	d Landfill			-1			
Registered Waste B & G Restora	Hauler ation, Inc.	NJD	EP Hauler II 9563		5 yards		Tullytown	Resource	& Re	ecovery (	Cente	er		
City, State				Disposal D	Date	7/40	City, State Tullytown	PA					324	
Lincoln Park				08/2	6/13 - 09/07	1113				Date			v	
Completed by (Pr	rint or Type)	Title Secreta	ry/Treasu	ırer	Signature		Gordana Luna			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	16/20	13		
Gordana Lur	na	- Secreta	1 y/ 1 16 a 3 C											

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

B & G proj. #: 2013-152A

Check # 6063

B & G proj. #:		•					2513 N	10.00					_
Date of Notification	(1)	Nam	e of Buildin	g Owner/	Operator (2)			19 20 - 21 to:	31				
10 18 1/116		Co	llege Av	enue Re	edevelopme	ent As	sociates LLC				-		-
Agencies Notified	Type Notification	11	t Address				1.	a 64					
☐ EPA	X Initial		20 Alban										
☐ DEP	5,50	City,	State, Zip	Code	11.09001			4	2	<b>5</b>			
X DOL	Amendmen	11			NJ 08901			Telephone	e Number				
▼ DOH	On hold		e of Conta		12			4	F 1	5000			
☐ DCA	☐ Cancellatio	<u>"-                                     </u>	David Ch							_=			
				FACIL	ITY INFORMA	ATION	— т	Type of Facility (	(4)				_
Name of facility wi	here abatement is ta	aking place	(3)					School	i (K - 12)			a.	
Vacant Buildi								T	apter 8 (Other			2)	
								M Other Bldgs.	(Private/Comm /Homes, etc.				
Street Address 564 George	Street	-53						Square Feet	# of Floors	T	Bldg.	Age	
		County	(6)				nty Code (7)				bod		_
City (5)		110000000000					e use only)	Current Use (F residential h	rior if being de	moiis	ned)		
New Brunsw	vick, NJ 08901	Midd	llesex			L.,,	Name of Abatement		lousing		-r/-	-	
Name of Monitori	ng Firm Hired by Blo	dg. Owner	(8)		ASCM No.		B & G Restora						
The Louis B	Berger Group, In	c.				-	Street Address	ition, mo.					
Street Address							105 Ryerson	Road					
	Kemble Avenue	) 				-	City, State, Zip Code	9					
City, State, Zip Co Morristown,	ode NJ 07960						Lincoln Park		License Nu	mher	-		
	for Monitoring Firm			ne Numb			Telephone Number (973)696-68	69	0037				
Craig Napo			973	3-407-1	000		Name of OSHA Mo						
Scheduled Start D		Sched.	Completio	n Date (1	1)		B & G Restora						
08/26/2013		09/0	7/2013				Street Address						
	s During Abatement	(Check or	nly one)				105 Ryerson			_	_		<del></del>
TO71	- disconted during 6	enfire perio	d of apater	ment.			City, State, Zip Cod	le					
Abatement Describe:	performed outside	of normal t	actity nour	5-		-	LincolnPark,	NJ 07035	v				
Other-Desc						= 1							
	check all that apply	)	12			П	Full Containment w/r	negative pressure	Glovebag				
▼ Demolition		Renovatio				100	Mini-enclosure		■ Non-friab	le pr	oced	ure	
> 3  sf or $> 3$	It 🔀 3	160 sf or	normally	used sole	Ivl						R	E ·	E
Location of asbestos-	f containing	by mainte	nance/cus	todial	Descrip	tion of	asbestos-containing	Amount (Specify		n	p a	С	n
material to	be	staff(12)		Τ	- materia	I (ACM)	)	ĹF)		/	i	a p	L
abated in f	facility (13)	Yes	No	N/A				5,512 s		Z I			
Bsmnt under	concrete slab			X	and the second second		ater proofing	3,312 s	The second secon	X			
bsmt under c	oncrete slab			-	seam sea	alaill						$\Box$	口
on	Terra Cotta			#	+					][	긔	무	쓔
		-		#	1				[			Ц,	
Registered Wast	e Hauler	NJD	EP Hauler	ID#	Cubic Yards C		Name of Register	red Landfill n Resource & R	ecoverv Ce	nter			
B & G Restor	ration, Inc.		9563	Disposal	40 yard	15	City State						
City, State	, N.I			08/	26/13 - 09/	07/13		rn, PA	I Data		_		
Lincoln Park		Title		L===	Signature		Gordana Lun	æ	Date 08/16	/201	3		
Gordana Lu	ina		ry/Treas	urer			g						

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

B & G proj. #: 2013-152B

Check # 6064

Ba G proj										75			
Date of Notification (1)	I I Name o	of Building	Owner/C	perator (2)		_ 20	113 A	13.20		ţ			
10 18 1/1 16 1/1 13 1	Colle	ege Ave	nue Re	developme	nt As	sociates LLC							_
Agencies Notified   Type Notification		Address				8			- 4	9784			
☐ EPA 🕱 Initial	120	Albany	Street							-			_
☐ DEP ☐	City, S	tate, Zip (	Code										
DOL Amendme	ent Ne	w Bruns	wick, N	J 08901				Telephone	Number	*			
DOH On hold	100000000000000000000000000000000000000	of Contac	t							+			
☐ DCA ☐ Cancellat	on    Da	vid Chr	istianse	n			<u> </u>						=
			FACILI	TY INFORMA	TION				4)				-
Name of facility where abatement is	taking place (	3)					Туре	of Facility (	1 (K - 12)	53			
								Subch	apter 8 (Of	her tha	ın K-1	2)	
Vacant Building								Other	(Private/Co /Homes, et	mmer	cial		
Street Address							Sau		# of Floor		Bldg	. Age	e
1 Seminary Avenue					_	t. Codo (7)	Squ	late i cot					
City (5)	County (6	6)				ty Code (7) e use only)	Cui	rrent Use (P	rior if being	demo	lished	)	
New Brunswick, NJ 08901	Middle	esex			•010.00010			sidential h	ousing			_	
Name of Monitoring Firm Hired by E	ilda, Owner (8	)		ASCM No.		Name of Abatement	Contra	ctor (9)		2			
The Louis Berger Group, I	nc.	š			_	B & G Restorat	tion, I	nc.			_	_	_
Street Address						Street Address 105 Ryerson F	Poad						
412 Mount Kemble Avenu	е					City, State, Zip Code	_						
City State Zin Code	1		300		- 11	Lincoln Park,	NJ 0	7035					
Morristown, NJ 07960		I Dha	ne Numbe		-	Telephone Number			License		er		
Project Manager for Monitoring Firm	¥.		-407-10		- 11	(973)696-686			00	378	_	_	
Craig Napolitano			Date (11)			Name of OSHA Mor		Ino					
Scheduled Start Date (10)			Date (11)	,		B & G Restora	tion,	inc.					
08/26/2013	09/07/				-	105 Ryerson F	Road						
Occupancy Status During Abateme	nt (Check only	one) of abatem	ent.			City, State, Zip Code							
Facility closed/vacated during  Abatement performed outside	of normal fac	ility hours	•										
Describe:					=	LincolnPark, N	4J 070	035			_		
Other-Describe: Scope of Work (check all that appl	v)												
Scope of Work (check all that appli	Renovation					full Containment w/ne	egative	pressure	Glove				
>3 sf or >3 If	≥160 sf or ≥2	60 If			X	Mini-enclosure			∐ Non-	riable	R		
	Is location n	ormally us	sed solely					Amount	D.	e	e	E	E
Location of asbestos-containing	by maintena staff(12)	ance/custo	odial	Descripti material	on of a	sbestos-containing	- 1	(Specify		m o	p a	a	c
material to be abated in facility (13)	Yes	No	N/A	material	(ACIAI)			LF)		v e	i	P.	
	100		×	l pipo incul	2660	oc w/mudded joir	nts	20 lf		X			
behind walls 1st & 2nd floors				l pipe irisui	. ass	oc williadeed je.							
										10	믺	出	14
										井	H	片	卄
						IN A POLICE	ad I ac	dfill				سا	1-
Registered Waste Hauler		Hauler II	)# C	ubic Yards of 1 yard	Waste	Name of Registere Tullytown	Resc	ource & R	ecovery	Cente	er		
B & G Restoration, Inc.		563 II	Disposal D	Date		City, State	3753						
City, State Lincoln Park, NJ	M =====		08/2	6/13 - 09/0	7/13	Tullytowr			Date			_	<u> </u>
Completed by (Print or Type)	Title			Signature	8	Gordana Luna	:		100000000000000000000000000000000000000	/16/20	013	200 2001	
Gordana Luna	Secretary	/I reasu	rer			0							

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

		NC				STOS ABATEM 3:60 and 12:120		1/# 184	11			
Date of Notification (1) 08/12/	2013			Name o	of Building dywine S	Owner/Operator Senior Living L	(2) LC	200	-+			
Agencies Notified	Type Notifica			525 F		ip Road, Suite 3	360		/			
☐ DEP ☐ DOL	Amended		-		tate, Zip C nt Laurel	ode , NJ 08054						_
☑ DOH □ DCA	justificati  Cancellat	on)	Ī		of Contac Heaney	ı		Telephone Numb	er	-		-1
				FAC	ILITY INF	ORMATION		_				
Name of Facility Where Former Haddonfiel	Abatement is T	aking Place	(3)				Type of Facility School (K-12					
Street Address 132 Warwick Road							Subchapter 8 Other (i.e., p	Other than K-1 2 vivate & commercia		ings,		
City (5)							homes, etc.) Square Feet 25000	# of Floors	Blo	ig. A	ge	$\exists$
Haddonfield County (6)						7) (STATE	Current Use (Pr	or if being demolis	hed)			-
Camdon				1000000	ONLY)		Vacant Buildi					_
Name of Monitoring Fir		ding Owner		ASCM I	No.	Name of Abatem Valiant Asso	nent Contractor (9) ociates, LLC					_
Street Address						Street Address						
171 Windsor Stree	t, Suite 210					145 Mill Stre						_
City, State, Zip Code Kearny, NJ 07032						Paterson, N	IJ 07501	The state of				
Project Manager for Mo Stephen Pharai	onitoring Firm			ephone   2-372-		Telephone No. 973-553-53	74	License No. 01108				_
Start Date (10)		Scheduled C	omple	etion Da	te (11)	Name of OSHA						
08/26/2013		10/15/20				Valiant Asso	ociates, LLC			_		_
Occupancy Status Dur						Street Address						
Facility Closed/Vac	ated During Ent	ire Period of	Abate	ement		145 Mill Stre				_		
Abatement Perform Other - Describe:	ed Outside of N	ormai Facili	у ноц	irs .		City, State, Zip C Paterson, N						_
Scope of Work (Check	all that apply)						ntainment with Ne	gative Pressure				
>3 sf or >3 lf \(\simes^{160}\) sf or \(\simes^{260}\) lf			enovat Demol		2	Goveb	iclosure ag Procedure xempted (*) and	Non-Friable Proce	edure			
		100000	Locati							bate Ty	ment be	
Locatio Asbestos-Containing TO BE AB IN Faci (13)	Material (ACM) ATED lity	) Mai	d Sole intenar custodi staff? (12)	nce/ al	Asbes (i.e.	Description of tos Containing Ma , thermal systems surfacing, VAT other miscellane	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A					1		e	
See Attached			-	-			-		-		H	
		_	-	+	-				+			
		-	-	-								
Name of Registered V	Vaste Hauler		4	NJDEP	Waste	Cubic Yards	Name of Reg	stered Landfill		1		-
Weigle Trucking (				Hauler II 17634		of Waste	Minerva L	andfill			_	
City, State 274 Reynolds Road, L	inden PA 17744					Disposal Date 10/15/2013	City, State Waynesbu	rg, OH 44688				
Completed By		Title				Signature	- Came	Date				
Miodrag Stamenov	ric	Project 1	Mana	iger		100000	wane	n 60/12	/2013			

### List of Asbestos Containing Materials to be Removed from the Following Location:

37

Note: Is location normally used by maintenance/custodial: N/A

Haddonfield Senior Living Center 132 Warwick Road Haddonfield, NJ

Location of ACM to abated in facility	Description of ACM (i.e thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)
North Crawl Space	Pipe Insulation	650 LF
South Crawl Space	Pipe Insulation	800 LF
Attic	Pipe Insulation	475 LF
Above Ceiling and Chases	Pipe Insulation	500 LF
1st and 2nd floors	Floor tiles	3,675 SF
Basement Area	Floor tiles	550 SF

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

Name-of-Building-Owner/Operator (2) Date of Notification (1)-Wall Township BOE 08/15/2013 Street Address Type Notification Agencies Notified 1620 18th Street Initial **EPA** City, State, Zip Code × DEP Amended Wall, NJ 07719 Amendment # DOL Emergency (including Telephone Number Name of Contact justification) DOH Paul Guarneri Cancellation DCA × FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Wall Township High School School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 1630 18th Street # of Floors Bldg. Age Square Feet City (5) Wall Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) School Ocean Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) VMC Company, Inc. 00120 Omega Environmental Street Address Street Address 208 Piaget Ave. 280 Huyler Street City, State, Zip Code City, State, Zip Code Clifton, NJ 07011 Hackensack, NJ Telephone No. Telephone No. License No. Project Manager for Monitoring Firm 00704 973-253-8828 Geiser Fajardo Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) VMC Co. Inc. 08/29/2013 08/26/2013 Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: occupied Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Encapsulate Maintenance/ Enclosure (i.e. thermal systems insulation. (Specify Remova TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)No N/A Yes 240 SF X Water Tank Insulation Х Boiler Room Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler Hauler ID No. of Waste **GROWS** Landfield Freehold Cartage, Inc. 10 Disposal Date City, State City, State 08/29/13 Morrisville, PA Freehold, NJ

Signature

Title

President

Date

08/15/2013

Completed by

Voytek Roszkowski

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

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

Name of Building Owner/Operator (2) Date of Notification (1) PIVER TOMS ype Notification Street Address Agencies Notified HOOPER 1144 □ EPA Initial DOL Amended City, State, Zip Code Amendment # TOMS Emerger.cy (including DOH DCA elephone Number justification)

Cancellation Name of Contact JULE FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) CHOO Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings, RD homes, etc.) Square Feet # of Floors Bldg. Age City (5) TOMS PINER Current Use (Prior if being demolished) County Code (7) (STATE County (6) USE ONLY) OCEAN SCHOOL Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. COMPANY VMC DXFORD ENGINEERING Street Address Street Address 208 PLAGE City, State, Zip Code City, State, Zip Code 1010 CAMPEN CLIFTON License No. Project Manager for Monitoring Firm Telephone No. Telephone No. 00704 1973/253 856-541-070 WAYNE MORAN Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 02/23/2013 08/23/2013 Street Address Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure ∑≥3 sf or ≥3 lf Renovation Mini-Enclosure Demolition 1≥160 sf or ≥260 If Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Used Solely by Description of Location of Asbestos-Containing Material (ACM) Maintenance/ Asbestos Containing Material (ACM) Amount (i.e., thermal systems insulation, Custodial (Specify TO BE ABATED Remova Staff? surfacing, VAT, or SF or LF) IN Facility (13)(12)other miscellaneous) YES No N/A EXTERIOR Name of Registered Landfill Name of Registered Waste Hauler Cubic Yards NJDEP Waste Hauler ID No. of Waste GROWS NEWARK CARTING City, State City, State Disposal Date NEMYS Completed By Signature Title PRESIDENT NONIEK BOSSKONSK

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

		NOTIF	ICATI Pursua	ON OF A	ASBESTOS AB AC 8:60 and 1	12.120)	7	UL	# 333	360			1
te of Notification (1)			Nam	e of Build	ding Owner/Op	erator (	(2)	2013	AUS 20 .	1			
3/14/2013	de la composición de		1000000		rea YMCA				1, 12	मिन्	11		1
encies Notified	Type Notification		111	et Addres Kings	Road								+
EPA DEP DOL	Initial Amended Amendment #_		City,	State, Z	ip Code NJ 07940			* -	* * 1, r, . *	3	4		-
DOL	Emergency (inc	luding	Nan	ne of Cor	ntact	E-13		I	elephone Numb	er 	. 4,		*
DOH DCA	justification) Cancellation				Conley	211					30, 50,		1
	T-line	Place (3)	F	ACILITY	INFORMATIO	JN	Type of Fa	cility (4)					
ame of Facility Where Madison YMCA	Abatement is Taking F	riace (5)					School	ol (K-12)	Other than K-12)				
treet Address							Subci Subci	napter 8 (C (i.e. priva	te & commercial	building	s, ho	mes,	
11 Kings Road							etc.) Square Fe		# of Floors		. Age		
ity (5) Madison								na /Prior if	being demolishe	ed)			
County (6)			Co	unty Coo	ie (7) E ONLY)		Current U	se (Piloi ii	Dellig delliene	/			
Morris		(0)	1	ASCM N		Nam	e of Abateme	ent Contra	ctor (9)				
Name of Monitoring Fi	rm Hired by Building O	wner (8)		ASCINITY		Kie	Iczewski C	orporati	on				_
EnviroVision						Stree	et Address Watchun	α Δνε					
Street Address 20-21 Wagaraw F	₹d.					A Louis August	State, Zip C			_			
City, State, Zip Code						We	st Orange	, NJ 070	)52				
Fairlawn, NJ 074			T	elephone	No.	Tele	phone No.		License N 01171	0.			
Project Manager for N William Morales	Monitoring Firm		9	73-636	5-9145	20700000	3-243-987 ne of OSHA		01171				
Start Date (10) 08/14/2013		Scheduled 08/15/20		pletion D	ate (11)		1,500						_
Occupancy Status Di	uring Abatement (Chec	k Only One	e)			Stre	eet Address						
Facility Closed/	Vacated During Entire lormed Outside of Norm	Period of A	bateme	ent		City	, State, Zip	Code					
Other - Describ	e:						8.00						
Scope of Work (Che	ck All That Apply)	157 n	enova	tion			Full C	Containme	nt with Negative	Pressur	е		
≥3 sf or ≥3 lf ≥160 sf or ≥260	) If		emolit	ion				Enclosure ebag Proc	edure		and the	_	
≥160 sf or ≥260	,						☐ Non-	Exempted	(*) and Non-Fria	able Prod	Abate	ement	
		Is	Locati	ion							Ту	ре	_
Loc	ation of	Use	Normal ed Sole	lly ely by	Ashartas C	ontaini	otion of ng Material (	ACM)	Amount	77		E	Ī
Ashestos-Conta	ining Material (ACM)  ABATED	Ma	intena todial	nce/	(i.e. ther	mal sys	tems insulat , VAT, or	ion,	(Specify SF or LF)	Remova	Repair	Encapsulate	Lington
In In	Facility	Cus	(12)		oth	ner misc	cellaneous)			val	¥	ulate	1
	(13)	Yes	No	N/A						_	-	-	$\vdash$
Lasker room	n-basement area			X			on-glove b		8lf	x	-	+	+
	n-basement area			х	pipe in	sulati	on-wrap &	cut	20lf	x	+-	-	+
Edditor (Com										-	+	+-	$\dagger$
						- b1- 37	rdo	Name of	Registered Lan	dfill	1_		
Name of Registere	d Waste Hauler			NJDEP Hauler I	VVadio	ubic Ya f Waste		7.2	toga Landfill				
Kielczewski Co						Disposa	Date	City, Sta	ite				
City, State						nsposa	Dale	Morga	ntown PA				_
West Orange, I	NJ	Title				Sig	inature /			Date 08/14	1/201	3	
Completed by Slawomir Kielc:	zoweki		sider	nt	200		inature ()()	uwyu					

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

CV.# 3307

Date of Notification (1) 08/15/2013	A.	Na M	me of Bi andelb	uilding Owr aum & K	ner/Ope Trupnic	rator (2) k LLC		251	3 Alinaa -				
Agencies Notified Type Notification			eet Add ) Main	ress Street #5	510				3 AUR 20 E.	110:5	į.		
EPA DEP DOL Amended Amendment #_ Emergency (inc) justification)		W		, Zip Code ange, NJ ontact	0705	2			Telephone Nun		10 		
DOH justification) Cancellation													_
Name of Facility Where Abatement is Taking	Place (3)		FACILI	TY INFORI	MATION	N T	ype of	Facility (4)	)			-	
Former A&P Supermarket Space  Street Address	1800 (0)						Sci Su	hool (K-12	) 3 (Other than K-12	<u>2)</u>	b		
598 Central Avenue						2	etc	:.)	ivate & commerci				_
City (5) New Providence							quare		# of Floors		g. Ag	e 	
County (6) Union			ounty Co	ode (7) SE ONLY)		_	Current	Use (Prior	r if being demolish	ned)			
Name of Monitoring Firm Hired by Building O	wner (8)	1	ASCM	No.				ment Cont					
Sky Environmental Services Inc. Street Address		1	-			Street A	GI.	32 - 1				154	
140 Boulevard			150 500					ing Ave					
City, State, Zip Code Mountain Lakes, NJ 07046						City, Sta West (		Code ge NJ 07					
Project Manager for Monitoring Firm Leonid Shereshevsky		- 1	elephon	e No. 8-4821		Telepho 973-24			License N 01171	No.			
Start Date (10)	Scheduled	0.160	pletion D	ate (11)		Name of	OSHA	A Monitor					
Occupancy Status During Abatement (Check					-	Street A	ddress	3				>	
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of Ab	atem	ent	·	_	City, Sta	ate, Zip	Code					
Scope of Work (Check All That Apply)						Page 1							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat moliti				×	Mini	-Enclosure rebag Pro				e	
	Т.						14011	-LACITIPIO	a ( ) and Home		Abate	ement	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used Mair	ocation or mall Solel of tenar odial Solel (12)	y ly by nce/	(i.e. t	os Conta hermal surfac	scription of aining Ma systems bing, VAT niscelland	aterial insula , or	(ACM) tion,	Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Enclosure
	Yes	No	N/A				4!-		13500sf	x			
ground level-main room			Х			ile & m				_		-	
mezzanine			Х		pipe	insulat	ion		250lf	x	-		
			-										
Name of Registered Waste Hauler Kielczewski Corporation		100	IJDEP W lauler ID	72573733377	Cubic of Was	Yards ste			 Registered Land toga Landfill	fill			
City, State West Orange NJ 07052			1		Dispos	sal Date		City, Sta Morga	ite ntown NJ				
Completed by Slawomir Kielczewski	Title Presi	dent			5	Signature	low	4000 CONT.		Date 08/15/	2013	3	

<sup>\*</sup> 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)

Date of Notification (1)			T			Owner/Operator (2		a 01 1- d	45400			
8/	15 / 13	3		Mo	nmouth C	County Purchasi	ng 4913 / 130	5-4647 Check	75429			_
Agencies Notified	Type Notification			Street	Address			rd =				
⊠ EPA						rds Annex, 1 Ea	st Main Street 3	3 Floor				-
☑ DOLWD	☐ Amended			City, S	State, Zip C	Code						
☑ DHSS	Amendment #	ALL CHICKS OF COME		Fre	ehold, N.	J 07728						$\dashv$
☐ DCA (NJAC 5:23-8)	☐ Emergency (i justification)	ncluding		Name	of Contac	t		Telephone Numbe	Г			1
(NJAC 5.25-0)	☐ Cancellation			Joi	Moren				7			-
				FA	CILITY IN	<b>IFORMATION</b>				10.74		_
Name of Facility Where	Abatement is Takir	ng Place (	3)	10000			Type of Facility (	4)				
Bridge S-17	Abatement to Tana						School (K-12)	)				
Street Address							Subchapter 8	(Other than K-12) ivate and commerci	al buildi	ings,		
3 Rector Place							homes, etc.)					
							Square Feet	# of Floors	Bldg.	Age		
City (5)												
Red Bank				Cou	nty Code (	7)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ed)			
County (6) Monmouth							Bridge					
Name of Monitoring Firm	n Hired by Ruilding	. Owner (8	) [	ASCN	l No.	Name of Abatem	ent Contractor (9)					
Environmental Co	nnection	3.0111101 (	'			AbateTech,	Inc.		33			
	Illiection					Street Address						
Street Address 120 North Warren	Stroot					30 Maple Av	e. PO Box 25		S-2-3Y-15			
1	Street					City, State, Zip C						
City, State, Zip Code						Lumberton,						
Trenton, NJ 08608			Tel	ephon	No.	Telephone No.		License No.				
Project Manager for Mo			312000		2-4200	609-265-210	7	00529				
Ryan Broadwater	Sch	neduled Co	1			Name of OSHA	Monitor					
Start Date (10) 8 / 26	, 400,000	8_ /				EMSL Analy						
Occupancy Status Duri		E				Street Address						
☐ Facility Closed/Vaca	ng Abatement (On	Period of	Abate	ement		108 Haddor	Ave.					
☐ Abatement Perform	ed Outside of Norn	nal Facility	Hou	ırs - D	escribe	City, State, Zip	Code					
Time of Abatement:	AM	PM/	_PN	1	_AM	Westmont,					0	
Scope of Work (Check							ntainment with Ne	agative Pressure				
la cità		100	novo	tion		⊠ Mini-E	nclosure	gative i resoure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		☐ Re	molif	tion		Gloveb	ag Procedure	Frieble Brocodu	<b>-</b> 0			
₩ ≥100 st ot ≥200 ii						⊠ Non-E	xempted (*) and N	on-Friable Procedur	Aba	teme	nt T	me
				ation								
Location	on of		Norm	lally olely by	, Δε	Description bestos Containing I	тот Иaterial (ACM)	Amount	Remova	Repair	Encapsulate	Enclosure
Asbestos-Containir TO BE A		Ma	inter	nance/	1 (	i.e., thermal system	ns insulation,	(Specify	IOVS	ar	sde	nso
IN Fa		Cus	todia (12	al Staff	?	surfacing, VA other miscella		SF or LF)	=		ılate	6
(13	3)	Yes	N	-	A	Other miscena	neous)				W.	
				33		Up Roofing		450 SF	$\boxtimes$			
Exterior			-	-		Insulation		15 SF				
Basement					-	Insulation				П	П	
									計		$\overline{\Box}$	
					]			: 1 d L d E II			Ц	
Name of Registered W	Vaste Hauler				P Waste	Cubic Yards of Waste		gistered Landfill				
AbateTech, Inc.				100000000000000000000000000000000000000	er ID No. 7 <b>50</b>	8	T.R.R.F.	Lanuill			70%	
City, State				10		Disposal Date	City, State				.12	
Lumberton, NJ						8/28/13	Tullytow	n, PA		9		
Completed By (Print o	r Type)	Title				Signature	6	D	ate ( )	-1	7	
Gwendolyn Trum	1		tion	s Coo	rdinator		nu t		8/1	511	2	
Gwelldolyll Ituli			nescont.				14.					

ASB-41 MAY 11 \* Do not use this form for asbestos licensure exampted activities.

# State of New Jersey 1308-4683 Check #5504 NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification							77.0	Owner / Operato	or (2)							
Agencies Notified	8/16/13	dia a						1 Facilities								
EPA	Type Notifica	ation				idres	ss Drive									
□ DEP							Zip C		-							
⊠ DOL	☐ Amer							J 08012								
☑ DOH	☐ Emer	gency				Con		7 00012			IT	eleph	non	e N	lumb	er
☐ DCA		ellation					lish				غل	Ciopi	-		uiiib	<b>A</b>
				200				ODMATION			٩			-		
Name of Facility Wh	ere Ahateme	ent is Taking Pl	ace (3		CIL	-111	IINL	Type of Facil	lity (4)			-				
Kennedy Memori			200 (0	,				School (								
Street Address										Other than	K-12)					
18 East Laurel Ro	d.										nercial building	s, ho	me	s, e	etc.)	
								Square Feet		# of Floors		dg. A				
City (5)		County (6)	Co	unty	Cod	le (7	)						10 Tem (10 Tem)			
Stratford		Camden						Current Use	(Prior i	f being den	nolished)					
								Hospital		1970						
Name of Monitoring		y Building Own	er (8)		Α	SCN	ΛNo.	Name of Aba	atemen	t Contracto	r (9)					
Criterion Laborat	ories, Inc.							AbateTech								
Street Address								Street Addre	(7)(7)							
3370 Progress Di								PO Box 25								
City, State & Zip Co Bensalem, PA 19								City, State &								
Project Manager for		irm	Telep	hone	a Nu	ımhe	ar .	Lumberton Telephone N		0040	License No	ımha	r	-		
	chael Panepresso						.1	609-265-21			Licerise ivi	005		)		
Scheduled Start Dat		Scheduled Con	npletio	n Da	ate (	11)		Name of OSI	HA Mo	nitor		- 00,000				
8/26/13			8/30					EMSL Anal	ytical							
Occupancy Status D								Street Addre								
		During Entire P				ment		108 Haddo								
		utside of Norma	al Hou	ırs –				City, State &								
	6 PM - 2A upied During							Westmont,	NJ 08	108						
Scope of Work (Che																
coope of tronk (one	or all triat ap	P-3/							$\boxtimes$	Full Conta	inment with Ne	gativ	e F	res	sure	<u> </u>
≥3 sf or ≥3 lf	F		$\boxtimes$	Re	nova	ation			Ħ	Mini-Enclo						
≥160 sf ≥260	) If			De	moli	tion				Glove Bag	Procedures					
											pted and Non-					
	cation of			_oca				Description			Amount	Al	bat	em	ent T	ype
	os-Containino erial (ACM)	9	Norm			d		Asbestos-Con			(Specify					
	E ABATED		Maint	olely		or		Material (A (i.e., thermal s			SF or LF)	١,		21 <u></u>	Ē	ш
	Facility		Custo				i	insulation, surface				1	3	Repair	cap	nclo
	(13)	1		(12)				or other miscell	laneou	s)		Nerrioval		air	Encapsulate	Enclosure
		11	Yes	No	N/	/A									te	W.
Same Day Surger	v Hallway/I	Restrooms	ni	П		at		Asbestos Fire	proofi	na	150 SF		111	$\neg$	$\Box$	
	<i>y</i>		Ħ	Ħ	TÉ	i		.020010011110	proon	9	.00 0.		iti	Ħ	Ħ	H
				一	T	1						TE	iti	T	Ħ	Ħ
					TĒ			***************************************						=		
												TE		Ī		
							-11		V) 11/13			TE				
Name of Registered	ame of Registered Waste Hauler							Cubic Yards	Name	of Registe	ered Landfill					
AbateTech, Inc.							No.	of Waste 4	TRR	F Landfill						
City, State				-				Disposal Date	City,							
Lumberton, NJ								8/30/13		town, PA						
Completed By (Print	or Type)			10000	le	823	1120	Signature	2	Į.		Date				1
Gwen Trumbetti				O	ops.	Cod	ord.	-	MI			8/1	6/	13		
									10000							

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

1307-4676 Check #5502

		(Pur	suar	nt to	N	.J.	A.C.	8:60	and 12	2:12	20)	1	la C	in	0 C	K.		
Date of Notification	(1)		Na	me c	f Bi	uildi	ing Ow	ner / (	Operator on Hospita	(2) al		,,						
A L Notice d	8/15/13 Type Notifica	tion		reet A														
Agencies Notified  EPA	Type Notifica	don	0	ne R	obe	ert '	Wood	Joh	nson Pla	ce								_
□ DEP	☐ Initial						ip Cod											
⊠ DOL		ded #					vick, N		901					2				_
	N 53-27	gency		ame o							3			Telep	hone	Nu	mbe	t
□ DOH □ DCA		ellation	100	m M										-		millionii o	-	- 31
					- T		INFO	RMA	TION									
Name of Facility W	here Abateme	ent is Taking Pla	ce (3)						of Facility School (K-									
Robert Wood Jo	nnson Hos	onai									Other than	K-1	2)					
Street Address		Diese						l⊠ .	Other (i.e.	priv	ate & com	merc	ial buildin	igs, h	ome	s, et	c.)	
One Robert Woo	od Jonnson	Place							are Feet	•	# of Floo			Bldg.				
City (5)		County (6)	Cou	nty C	ode	e (7)	)	_			· · · · · · · · · · · · · · · · · · ·	!	-bod)			. 500		$\dashv$
New Brunswick		Middlesex							ent Use (P <b>pital</b>	rior	if being de	moii	snea)					
		5 7 7 0	(0)		TAG	100	l No.			emer	nt Contract	or (9	)			on the		
Name of Monitoring	g Firm Hired b	y Building Owne	er (ø)		A	SCIV	i NO.	and the second second	teTech, I		it continue.		,					
Omega Environ	mentai		_		_	_			et Address								THE SPECIAL CONTROL OF	
Street Address	-4								Box 25									
280 Huylar Stree			1000	- 0)-(-C		_			State & Z	ip C	ode							
City, State & Zip C South Hackensa		16							nberton,				W-2					
Project Manager fo		Telep	hone	Nui	mbe	er	Tele	phone Nu	mbe	r		License						
Geiser Fajardo	or wormorning i	201-4					7-10-0-10-0	-265-210					0	0529		_	_	
Scheduled Start D		Scheduled Com			e (1	11)			ne of OSH. SL Analy									
8/9/13 Occupancy Status		ment (Check on	8/18/		_				et Address									
Facility Clo	sed/Vacated	During Entire Pe	eriod o	of Aba	ater	nen	t	108	Haddon	Ave	е							
Abatemen	t Performed C	outside of Norma	al Hou	ırs				City	, State & Z	Zip C	ode							
Describe:	Working Fri	11PM, Sat & pos	sibly S	unda	у			We	stmont, l	NJ 0	8108							
☐ Facility Oc	cupied During	Abatement																
Scope of Work (C										$\square$	Full Con	tainr	nent with	Nega	ative	Pres	sure	
			<b>N</b>	D		-ti				H	Mini-End							
≥3 sf or ≥3			$\bowtie$	Rer						H			rocedures	s				
≥160 sf ≥2	260 If		Ш	Der	non	ILION	l			H	Non-Exe	empt	ed and N	on-Fr	iable	Pro	cedu	ıre
			1-1		ion	_		Г	escription	of	11011 2211		Amount					ype
	Location of			Locat					estos-Conf		na		(Specify	-				Т
	estos-Containi aterial (ACM)	ng		olely		-		M	laterial (AC	CM)		- 8	SF or LF)	)	70		Ē	ш
	BE ABATED		Main			or		(i.e.,	thermal sy	yster	ns				em	Rep	cap	J.C.
100	in Facility	•	Custo		Sta	ff?	ii	nsulat	ion, surfac	cing,	VAT				Remova	Repair	Encapsulate	Enclosure
	(13)		Yes	(12) No	N	I/A		or oth	er miscella	anec	ous)				=		ate	0
4St Floor Corrid	lor.			×	17	7	Floo	r tile.	Linoleu	m 8	Mastic		900 SF		$\boxtimes$			
1 Floor Corrid	1 <sup>st</sup> Floor Corridor																	
	H	H	卞	Ŧ						FL.								
			Ħ	Ħ	Ti	Ŧ							5—33	-	Ц	Ц	Щ	14
			П	IT	T										Ш			井
			Ħ	I	TĪ	7									Ш	Ш		
Name of Register	red Waste Ha	uler						Cubic of Wa	Yards	Na	me of Reg	ister	ed Landfi	Ш				
AbateTech, Inc						875		0, 110	12	110	RF Land	lfill						
City, State	ty, State								sal Date /18/13		y, State	PA						
Completed By (P			-		itle			Signa		1	N				Date	014	:142	
Gwen Trumbetti				0	ffic	e C	oord.			Á	112	/				0/1	5/13	

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

D&S Proj. #: 2013-13-298

D&S Proj. #: 2013-13-298						( V :	中 005	210					
	1 Name	of Building	Owner/O	perator (2)		2011	16 20 KILIO.						
Date of Notification (1)  0  8  / 1  5  / 1  3		Mary's of t				1		31_					_
Agencies Notified Type Notification		Address	IIC Lake				72	41					
	1.000.000.00000000000000000000000000000	Madison A	venue							_			-
☐ DEP ☐ Amended		State, Zip C			e.								
Amendment #:	. 11 **	kewood, N								_		Ø	_
M DOH (including		of Contact					Telephone	e Numbe	1			7	
justification)	To	seph Cahi	11							_	_	_	=
DCA Cancellation	1 30	зери сши		TY INFORMA	TION								
			FACILIT	T IIII OT CONT		T	Type of Facility (	4)					
Name of facility where abatement is tal	king place	(3)						I (K - 12				v.	
Joseph Cahill								apter 8 ( (Private/				)	
Street Address							Bldgs.	/Homes,	etc.				27
				*			Square Feet	# of Flo	ors	E	3ldg.	Age	
43 Madison Avenue	County	(6)				Code (7)			in a dop	olie	hed)	_	_
City (5)					(State u	se only)	Current Use (F	rior it be	ing den	10113	neu)		
Lakewood		MOUTH		ASCM No.	TINA	me of Abatement	Contractor (9)						_
Name of Monitoring Firm Hired by Bld	g. Owner (	8)		ASCIVI NO.	1 1	& S RESTOR							
						reet Address							
Street Address						20 California A				_			-
A Codo					Cit	y, State, Zip Code		2	- 47			! -,-• , !	
City, State, Zip Code	H 9 1	- 25				Paterson, NJ 07	7503	Llicon	se Num	her	-	1	_
Project Manager for Monitoring Firm	;	Phor	ne Numbe	er	Te	973-345-8020		Licen	01169				
T TO JOSE MENTO				8		ame of OSHA Mor			300				
Start Date (10)	Sched.	Completion	Date (11	)		D & S Restorat				_			_
	09/12/	13			s	treet Address							
08/29/13 Occupancy Status During Abatement	(Check on	ly one)				20 California A				-	-		
Tradity placed/yacated during e	ntire period	d of abatem	nent.		C	ity, State, Zip Code	9						
Abatement performed outside of	if normal 18	acility nours			11	Paterson, NJ 0	7503						
Describe:NORMAL HO	URS				$=$ $\perp$	Taterson, res	Full Containmer	nt w/nega	ative pre	ssu	е		_
Scope of Work (check all that apply)						. [	Mini-enclosure						
	Renovation					₽	Glovebag proce Non-Exempted	dure (*) and N	Non-frial	ole p	roce	dure	
≥160 sf or ≥260 lf	Demolition		lalos bos	vI			1 Non-Exemptes	( )	P		R e	E	Е
Location of	by mainte	normally u	odial	Descrit	otion of as	bestos-containing	Amour	nt fy SF or	n	۱ ۱	p	n c	n
asbestos-containing material (acm) to be	staff(12)		Τ		al (ACM)		LF)	iy 01 01	v		a i	a p	L
abated in facility (13)	Yes	No	N/A				00 Y 707		e		<u></u>	·	
GARAGE		X		PIPE INS			80 L FT 800 L FT			_	H	片	旨
CRAWL SPACE		X		PIPE INS	SULATION	ON	800 L 1		-	it	亍	ō	
CIGIVIS										5			
				<del></del>						]			
		ED III-	ID#	Cubic Yards	of Waste	Name of Registe	red Landfill		A III TO T			1	1
Registered Waste Hauler D & S RESTORATION, INC.		EP Hauler 506		10 YDS		TULLYTOW	N, RESOURCE	RECO	VERY	-	_		
City, State			Disposal			City, State TULLYTOW	N PÁ						
PATERSON, NJ 07503			08/30/	/13   Signature		TOLLTION	119 2 2 2	_	ate			on sixt	,019.40
Completed by (Print or Type)	Title PRESII	DENT		Signature					08/14/1	3	-	==	-
BOGDAN JOLDZIC	PRESI	on this form	for asbe	stos licensure	e exempte	d activities.							

### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

16 Cheek

Date of Notification (1)						Owner/Operator (2)					
			/ED DV DO		City of Atlantic	City					
	DAY NOTIFIC			<u> </u>	Street Address						
Agencies Notified		Notification	туре		1301 Bacharacl	h Blvd					
(X)EPA		( )Initial No	tification	t	City, State, Zip Co						
(X) DOL		(X) Amend		on <u>No. 1</u>	Atlantic City, N						
(X) DOH		( ) Cancell	ed		Name of Contact	WANDRA 2247 DESPREA	Phone		-		
() DCA					Wally Shields (	Atlantic City		_			
					Dept of Bldgs)						
				FACILITY INF							
Name of Facility Where A	batement is T	aking Place (	3)		Type of Facility (4)				\$		-
Apartment Building		11			( ) School (K-12) ( ) Subchapter 8						
Street Address					(X) Other (i.e. priv	vate & commercial bld	gs., hom	nes, etc.			
3827 Boardwalk	0		County Co	do (7)	(-,						
City (5)	County (6)		(State Use		Sq. Feet_80,000	SF No. of Floors	:5				1
Atlantic City	Atlantic		(Glato Gu	,	DId= A== 90						1
Aciditio Oily	7.0.0				Bldg. Age 80 y	r if being demolished)	Vaca	nt (Prio	r use: A	partme	ents)
					Ourrent Osc (prior	in being demoneray		(	7 (1907) 17 (1907) (1907)	3 <b>.</b>	
Name of Monitoring Firm	Hired by Blda	Owner (8)	ASCM No			Name of Co	ntractor	(9)		- Edn -	
Health & Safety Servi	ces	(-,	00117		70.0	Superior A	batem	ent, Inc	3.		
Street Address			A		Street Address						
318 12th Street					2 Henderson D						
City, State, Zip Code	50. (A85)				City State, Zip Co						
Hammonton, NJ 0803	37				West Caldwell,		Lissas	e Numbe			
Project Manager for Moni	toring Firm	Telephone			Telephone Number		00411		31		
Jim Proctor		(609) 704	-8850		(973) 808-1616		00411	1.			
O-b-did-d Otest Date (10		Schodulad	Completion	Date (11)	Name of OSHA M	Monitor					
Scheduled Start Date (10 7/18/2013	)	8/30/2013	Completion	Date (11)	Superior Abate						
Occupancy Status During	Abatement (		ne)		Street Address						
() Facility Closed/Vacate	d During Entir	e Period of A	batement		2 Henderson D	rive, Ste. A					
( ) Abatement Performed	Outside of No	ormal Facility	Hours –								
(X) Other - Describe: : U	nsafe Vacant	Building – E	ntire Struct	ture is being	City, State, Zip Co						
disposed as asbestos o	ontaining Ma	iterial			West Caldwell,	, NJ 07006					
O	II that applied										
Source of Work (Check a	ii that apply)										
(X) Demolition () Re	novation										
/ Marga Proj (S160 SE	or >260   F A	CM) ( ) SM P	roj. (>25<16	0 SF or >10 <26	OLFACM) () N	Minor Proj. (<25 SF or	<10 LF	ACM)	D	_1	
( ) Full Containment with	Negative Pre	essure ()	Mini-Enclosu	ure () Glovebag	Procedure ( ) No	Amount (Specify SF	r Asbest	OS ROOI	ment Ty	al.	
Location of Asbestos-Cor		ocation Norn	nally Used	Description of	ACM (i.e. thermal tion, surfacing,	Amount (Specify SF	OI LF)	Abatel	nent iy	pe	
Material (ACM) in Facility		aff? (12)	Custoulai	VAT, or other r							
	N/		NO	,				Rem.	Rep.	Encap	Enclose
Basement		X		Debris		10,800 CF		Х		-	
Basement		Х		Pipe Insulatio	n	500 LF		X		-	+
Throughout		X		Pipe Fittings		128 EA		X		-	-
Kitchens/Bathrooms		X		Flooring		2,900 SF 10 LF		X		-	+
Kitchen		X		Pipe Insulatio	n	6,500 SF		x		-	-
Roof		X		Roofing Roof Flashing		430 LF		X		<del>                                     </del>	
Roof Access Stainway		X	-	Siding		600 SF		X		1	
Roof Access Stairway Attic		X	+-+	Loop Insulation	on	500 LF		X			
Name of Reg. Waste Har	the same and the s		ste Hauler I		Cubic Yards of W			of Reg.			
R&D Debris, LLC		NJDEP 29			7500			tic Cou	nty Util	ities	
**							Autho				
City, State					Disp. D	ate	City, S	tate			
Hainesport, NJ					TBD		Egg H	arbor T	wp., NJ		
\$400. CSV.		T'41 .			Signatura	11	Date				
Completed by (Print or Tr	ype)	Title President			Signature	/////	08/12/	2013			
Nick Petrovski		riesiuent		,	1/1/1	of form	100000000000000000000000000000000000000				
					100	C:\WOR	DIMYDO	CSVASE	BESTOS	9/18	3/00

### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

No Check

Date of Notification (1)					Name of Building C	Owner/Operator (2)					
	NATIFICATI	ONINAIVE	n BY DOI		City of Atlantic	City	A) p	٠. ــــــــــــــــــــــــــــــــــــ			
	( )Initial Notifi ( X ) Amender ( ) Cancelled acility Where Abatement is Taking Place (3) at Building ress rdwalk				Street Address			3/			
Agencies Notified				1	1301 Bacharach						
(X) EPA	1	( )Initial No	otification		City, State, Zip Coo	de					
(X) DOL		(X) Amen	ded Notificati	on <u># 1</u>	Atlantic City, N.	J 08401					
(X) DOH	- 1	( ) Cance	lled		Name of Contact	MI	Phone		-		1
() DCA		2 2			Wally Shields (	Atlantic City					
	1				Dept of Bldgs)	- C					
				FACILITY IN	FORMATION			5X - 550			
	tomont in To	king Dlace	(3)		Type of Facility (4)						
Name of Facility Where Aba	tement is 1	iking riace	(5)		( ) School (K-12)						
Apartment Building					( ) Subchanter 8	(other than K-12)	over nerosense				1
Street Address					(X) Other (i.e. pri	vate & commercial bld	gs., hom	ies, etc.			
3825 Boardwalk	County (6)		County Co	ode (7)	0 5 4 00 000	SF No. of Floors:	5				1
City (5)	County (0)		(State Use		Sq. Feet 80,000	SF NO. 01 F10015.					
Adlandia Cita	Atlantic				Bldg. Age 80 y						
Atlantic City	Atlaittic				Current Lies (prior	if being demolished)	Vacan	t (Prior	use: A	partme	ents)
					Current Ose (prior	il bellig demoleries)				•	
			1001111			Name of Cor	tractor (	9)			
Name of Monitoring Firm H	ired by Bldg.	Owner (8)	ASCM No	).		Superior A					
Health & Safety Servic	es		00117		Street Address	- Cuponon					
Street Address					2 Henderson D	rive Ste A					
318 12th Street											
City, State, Zip Code	711111111111111111111111111111111111111				City State, Zip Co West Caldwell,	N I 07006					
Hammonton, NJ 08037	•						License	e Numbe	er		
Project Manager for Monito	oring Firm	Telephon	e Number		Telephone Number		00411		•		
Jim Proctor		(609) 70	4-8850		(973) 808-1616		004				
16/4 (CTV)				- : (14)	Name of OSHA N	Appitor					
Scheduled Start Date (10)			d Completion	Date (11)	Superior Abate						
7/18/2013		8/30/2013		-		ement, mo.					
Occupancy Status During	Abatement (	Check only	one)		Street Address 2 Henderson D	Drivo Sta A					
( ) Facility Closed Vacated	During Entir	e Period of	Apatement		2 Menderson L	rive, sie. A					
() Abotement Dorformed (	Intelde of No	rmal Facilit	v Hours –	ia baina	City, State, Zip C	odo	-				- 250
(X) Other – Describe: Unsa	afe Vacant I	Building – I	entire Struct	ure is being	West Caldwell	NI LOZOOS					
disposed as asbestos co	ntaining Ma	iteriai.			West Caldwell	, 145 07 000					
Source of Work (Check all	that apply)										
(X) Demolition () Rer (X) Large Proj. (>160 SF	novation	ACM) ( ) SI	4 Proi (>25<	160 SF or >10 <	260 LF ACM) (	) Minor Proj. (<25 SF o	or <10 LF	FACM)		ē:	
( X ) Large Proj. (>160 SP () Full Containment with I	Negative Pre	ssure ()	Mini-Enclos	ure ( ) Glovebag	Procedure () Non	-friable Procedure for	Asbesto	s Roof F	Removal	•	
Location of Asbestos-Cont	taining Is	ocation No	rmally Used	Description of	ACM (i.e. thermal	Amount (Specify SF	or LF)	Abater	ment Ty	pe	
Material (ACM) in Facility (		lely by Mair	nt./Custodial	systems insul	ation, surfacing,			1			
Material (ACM) in radiity		aff? (12)		VAT, or other	miscell.)			Rem.	Rep.	Encap	Enclose
	N		NO			44 500 05		X		T	1
Basement		X		Debris		11,500 CF 500 LF		X	-	-	
Basement		X		Pipe Insulati		128 EA		X	-	_	
Basement		X		Pipe Fittings				^	-		
Basement		X			all Compound	5,000 SF		X		+	+
Kitchens/Bathrooms		X		Flooring		2,900 SF 80,000 SF		X	_	+	_
Throughout		X		Plaster Base		80,000 SF 430 LF		X	-	+	1
Roof		X		Roof Flashir	ng			X	-	+	-
Roof Access Stairway		X		Siding		600 SF		X		+	
Stairwell		X	6	Texture Pair		2,000 SF 500 LF		-^-		+	
Attic		X		Loop Insulat	tion		Nome	of Reg.	l andfill		
Name of Reg. Waste Hau	ler		Naste Hauler	· ID #	Cubic Yards of V	Vaste	Maine	tic Cou	ner Titil	lities	
R&D Debris, LLC		NJDEP	29439		7500		120-2000		nty Cti	ities	
,							Auth				
City, State					Disp. I	Date	City, S	tate	TIT		
Hainesport, NJ					Daily		Egg H	Iarbor T	wp., 143		
i alliesport, No							I D-tr				
Completed by (Print or Ty	rpe)	Title			Signature	////	Date	/2013			
Nick Petrovski	- 7	Preside	nt		11.1	Mhhan	00/12	12013			
					1/11/1	C:\WOR	DIMADO	200140	RESTO	S 9/1	8/00
					0	C:NVOR	ים ז ואורם.		D_0100	- 0,1	

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 08/14/2	0013		Т				ng Owner/Operator	(2)	20 600	1			
Agencies Notified	Type Notif	ication	_	-		et Address	ssociates		10 Brown			_	
EPA	Initial	ication					oute 17 Suite 10	00	1				
DEP DOL	Amend	ed ment #				State, Zip							
	☐ Emerge	ency (incli	uding	-		amus, NJ			*				
☑ DOH ☐ DCA	justification Cancell				10000000	e of Contac Adair	ct		Telephone Nun	nher	a a		
			+-				ORMATION					_	_
Name of Facility Where	Abatement is	Taking F	lace	(3)		- INI	ORMATION	Type of Facili	ty (4)				
CVS Pharmacy								School (K-					
Street Address Route 17 & Franklin	Tule								r 8 (Other than K-1 private & commerc		ilding	\$	
City (5)	Трк							homes, et	c.)				
Ramsey						-		Square Feet 4000 SF	# of Floors	- 1	31dg. 70+	Age	
County (6) Bergen county					USE	inty Code (	7) (STATE	Current Use ( CVS Pharm	Prior if being demolacy	ished	)		
Name of Monitoring Firm	Hired by Bu	ilding Ow	ner	$\overline{}$	ASCM	No.	Name of Abatem	nent Contractor	(9)				
(8) N/A Street Address							Valiant Asso	ociates, LLC					
Street Address					Street Address 145 Mill Stre	- t							
City, State, Zip Code	-	-			City, State, Zip C								
	City, State, Zip Code						Paterson, N						
Project Manager for Mon	itoring Firm		T	Tele	phone	No.	Telephone No.		License No.				
Start Date (10)		Cab - dula					973-553-537		_ <u>01108</u>				
08/24/2013		Schedule 08/25/			tion Da	ate (11)	Name of OSHA N Valiant Asso						
Occupancy Status During	Abatement						Street Address	olatoo, EEO			_		
Facility Closed/Vacate							145 Mill Stre						
Abatement Performed Other - Describe:	Outside of h	Normal Fa	cility	Hour	\$		City, State, Zip C						
Scope of Work (Check all	that apply)						Paterson, NJ	107501					_
>3 sf or >3 If >160 sf or >260 If		X		ovatio moli			Mini-End		egative Pressure				
			] De	mon	uon				Non-Friable Proce	edure			
5 - A 4 - A 5 - A 6 - A			1178	catio mally	958						Abate Ty	ment	
Location o Asbestos-Containing Ma			sed S			Achast	Description of			-	.,	, , , , , , , , , , , , , , , , , , ,	_
TO BE ABAT		′ ¦ ˈ	Cus	todial			os Containing Mate thermal systems in	sulation,	Amount (Specify	Z		Enc	En
IN Facility (13)				aff? (2)			surfacing, VAT, other miscellaneo		SF or LF)	Removal	Repair	Encapsulate	Enclosure
0.6.11 - 49						1				Val	=	late	те
Rest Room area		Ye	es	No	N/A X	12" X 12"	Floor tiles / Associ	iated Masitic	128 SF	X			-
										1			
Name of Registered Wests Hauler													
						Waste No.	Cubic Yards of Waste	1207	istered Landfill				
Service Transport Group  City, State						No.	2	Minerva L	andfill				
New Castle, DE							Disposal Date 08/25/2013	City, State Waynesbu	rgh. OH				
Completed By		Title			_		Signature	0	Date			_	-
Miodrag Stamenovic		Projec	t Ma	nag	er		Mindre	9 House	toriz 08/14/	2013		and the same of	

CK#25262

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

Date of Notification (1)	/15/13			Name o	of Building	Owner/Operator	(2) Ted Sheppar	rd	1 20				
Agencies Notified	Type Notification		+	Street	Address	10.)	I Conserving			•	47	5,	
EPA DEP	Initial Amended			City Ct	ate, Zip C		N. Greenwood	Ave.			_		=
☑ DOL	Amendment #	ali i alim ar		City, St	ate, zip C	Ho	pewell, NJ 0	8525		Si P			_
<b>⊠</b> DOH	Emergency (including justification)	cluding	1	Name (	of Contact				e Nijmber	1			_
☐ DCA	Cancellation		_		T	ed Sheppard				_	9		$\exists$
				FAC	ILITY INF	ORMATION	F= 7F- 35.	74)					4
Name of Facility Where	Abatement is Taking Resid						Type of Facility  School (K-12						
Street Address	Resid	Пениа	.1				Subchapter Other (i.e., p	8 (Other tha	an K-12)	ouildi	nas		
Street Address	12 N. Gree	nwoo	d A	ve.			homes, etc.)	)					
City (5)							Square Feet 3500	# of Flo	ors	Bld	g. Ag 10		
	Hopey	well,	NJ_	Coun	ty Code (	7) (STATE	Current Use (Pr	ior if being	demolishe	ed)	10		=
County (6)	Mercer			USE	ONLY)			Resid	ential	nepretic	_	_	_
Name of Monitoring Fir		Dwner	T	ASCM I	No.	Name of Abaten	nent Contractor (9	)		T			
(8)	MECS					Street Address	vens Environi	nental S	ervices	, Inc	٥.	-	
Street Address	PO Box 341	1				Street Address	PO E	30x 322					
City, State, Zip Code	TO BOX 541		_			City, State, Zip 0	Code						
	Crosswicks, NJ	08515					Allentow					_	_
Project Manager for M	onitoring Firm		139,52703	phone I		Telephone No.	59-9688	License		493			
William V Start Date (10)	Veisgarber Jr.	duled C	_	tion Da	8-4070 te (11)	Name of OSHA							
8/26/13	John		3/28/					ECS					
Occupancy Status Du	ring Abatement (Che	ck only	one)			Street Address	DO I	30x 341					
▼ Facility Closed/Vac     □ Abatement Perform	ated During Entire Pe	eriod of	Abate	ment rs		City, State, Zip (		30X 341		_	_		=
Other - Describe:		ii i aoiii	.y 1100			Oity, Otato, 2.p	Crosswic	ks, NJ 0	8515			_	
Scope of Work (Check	k all that apply)					□ Full Co	ntainment with Ne	gative Pres	ssure				
<u>★</u> ≥3 sf or ≥3 lf			enovat			Mini-Er							
≥160 sf or ≥260 lf			emolitic	on		Non-E	kempted (*) and N	on-Friable I	Procedure				1.5-11
			Location or all							Α	bater Typ		
Locatio		Used	Solel	y by	Ashas	Description of the containing Ma		Amou	ınt l				ш
Asbestos-Containin TO BE AB	g Material (ACM) BATED	C	ustodi	al	(i.e.	, thermal systems	insulation,	(Spec	ify	Remova	Repair	nca	Enclosure
IN Fac		1	Staff? (12)	14.		surfacing, VAT other miscellane		SF UIT	u,	oval	=-	Encapsulate	sure
	0.	Yes	No	N/A								ite	
Baser	ment		×		Th	nermal Pipe I	nsulation	150	lf	×			
Crawls				×	T	nermal Pipe I	nsulation	100	lf_	×			
						Toubi- Vanda	Name of Reg	histored Lar	ndfill			0.00	
Name of Registered V				NJDEP Hauler II	D No.	Cubic Yards of Waste	. Name of Reg		R.F., In	c			
	Environmental	_		182	292	4 CU Disposal Date	/ City, State /	/ 1.K.I	, Ш	<u>.                                    </u>	=		
City, State	Allentown, NJ	0850	1			8/28/13 /	m//	Tully	town, F	A			_
Completed By	Titl	е	0.4			Signatur	1		Date	8/15	5/13	9-97	
Mahlon E. S	Stevens	P	rojec	t Mai	nager	///				UI I	110		_

<u>98/12/</u>2013 19:49 19453872271

VALIANT DEVELOPMENTS

CK# 1840

							Z\$/0 €,	1			1	
		N		GATIO	M OF AS	lew Jersey BESTOS ABATER C 8:50 and 12:120	ENT DO	- 10 DAY				
Date of Watthantion (1)						ing Owner/Operater	(2)	4030	-	_	1	
08/12/2				Lib	erty Pro	percies 46, LLC	Al	IG 173 /2013			1	
Agoitales Nothing	Type Notification	ī			Ageires East 27	th Street		la Voor		+	I	
M DOL	Amended Amendment Emergency		_		BLATE, EN	) Code J 07562	WAIV	ER APPRO	VE	)	1	
DOH DOA	Justification  Cancellation	)	•		e of Cont Selini	80(		THE MENT HER	100			F
						HORMATION						=
Name of Jacilly Where	Lhausmani to Tah	ina Place	- CIII	r	CALITY II	TONIMITOR	Type of Facel	W (6)		_	-	
Vacuus Warehouse	CONSTRUCTION IN THE	-irg / vade	101				Bengal (M-					
Bireet Asidress					-		Eugahapta	r 8 (Other than K-1				
70 Old Tumpike Ro	nd						harnes, et	private & commerci	al ont	ig ing	<b>b.</b>	
Wayne, NJ 07470							355 SF	Per Ploans		100g.	Age	T
County (8) Passade County				USI	INY COST	(7) (STATE	Current Uso () Warehouse	rior if being demail	ehed)			
Name of Monitoring Pirm				ABON	No.	Name of Abatem		9)				T
(I) Bioterra Environ	mental Solutio	ns, LL	<u>C.</u>	N/A		Valiant Asso	dates. LLC					_
P.O. Box 1224		05/4				145 Mill Stre	el.					
City, Siste, 21p Code Unicet, NJ 07083						City, State, Zip C PaterBon, N.	ode .	10				+
Project Manager for Mon	toring Firm		TAI	aphona	No	Talephone No	37331	License No.		=		-
Rick Eustaguio		_	97	3-494	-3762	973-353-537	74	01108				
Sian Dite (10)		equied C		Mion D	ste (11)	Name of OSHA B						7
08/14/2013		/15/20				Vallant Asso	ciates. LLC			_		
Occupancy Status During						145 Mill Street	2)					T
Abditionent Patformed						Chy, State, Zip Ca			-	_		_
Other - Describe:						Paterson NJ						
Scope of Work (Check a)	that apply)		-	-								-
20 54 ct ≥200 H		No.	navel Omol	ion ition		Mini-End Goveda	legura Procedure	egelise Preseure Rian-Frinkle Prese				
			negati				ALLEGA TARRES	Sur-Project-1981		A Date	ment	+
Lesstion e	4		Bolo		1	Description of				Ty	PB	
Asbustos-Containing Mi	(MDA) lehete		the nur		0	ntes Containing Make		Amount			0	
IN Facility	<u> </u>	1 5	大田門?	,	40	ni sheniqui idinenti. I	or	(Specify SF or LF)	Remarks	R	nadpoutsh	<b>Епосовыя</b>
(13)			(12)			other miscellaneou	45)		1	Repatr	1	M 60
		Yes	No	NA					EL	7		15
By old matreom					Floor 1	iles		355 SF				-
										_	1	-
									$\vdash$	_		_
						10%				_		
Name of Registered West	e Hauler			UDEP 1		Cuble Yards	Name of Reg	stored Landini				
Service Transport On	que		M	28666	No.	g Wasta	Minerva L					
City, State	******					Disposal Date	CIO, SUE					-
New Castle, DE	J Title	_	=	- 1001		08/15/2013	Waynesbur	E, OH 44688			_	
Completed By Miodrag Eternenovic	D 100 200	oject M	anag	er	190.50(- E)	Signature Signature	of Barrer	Date 08/12/2	2013			
584 (		או ופת סל	v (NI)	וה אם [	for asbe	elos (loensurs esemp	9					

### STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT CHECH #10545

Date of Notification (1)					Name of Bu	uilding Owner/Operator (2	<u>2)</u>				
08/15/2013	3					el Landon Resi	dence				
Agencies Notified	Noti	fication Type			Street Addr	The state of the s		U ;	į		
(X) EPA	(X	) Initial N	otificati	on	City, State,			•			
(X) NJDEP	(	) Amende			Meeha	wken, NJ 07086	2.4				
(X) NJ DOL	(	) Emerge	ency No	tilication	Name of C		Tel. Nur	nber			
(X) DOH	1,			fication)		el Landon	, 1 - 1			To a	
( ) DCA	(	) Cancell	ea			TQ 192					
		DI /2	,	FACILITY I	NFORMATION Type of Fa						
Name of Facility Where Abatem			1		( ) School	(K-12)					
Michael Landon Re	siden	ce			( ) Subcha	apter 8 (other than K-12) i.e. private & commercia	l hidas home	s etc			
Street Address					(X) Other (	i.e. private a commercia					
17 48th Street				> 1 - 73	Sq. Feet:	5000 # of Floors	$\underline{2}$ Bldg.	Age <u>5</u>	<u>0</u>		
0.11 101	County (6		County C (State Us		Current Us	se (prior if being demolish	ned)				-
Weehawken	HUDS	ON	101010		Canonicos	50 (p.161 ii 2011)					
Name of Monitoring Firm Hired	by Bldg.	Owner (8)	ASCM N	0.	Name of C	Contractor (9)	. 10	1	. T	(1050 1	>
ISES, Inc.			N/A			al Safety and Enviro	nmental So	olution	s, Inc.	ISES, II	nc.)
Street Address					Street Add						
3300 Hudson Avenue					City State	udson Avenue					
City, State, Zip Code Union City, NJ 07087						City, NJ					
Project Manager for Monitoring	Firm	Telephone I	Number		Telephone			Numbe	er		
David Camacho		(201) 325	-0055		(201)325		01124	1			
Scheduled Start Date (10)		Scheduled (		n Date (11)	ISES, Inc	OSHA Monitor					
08/26/2013		08/30/20			Street Add						
Occupancy Status During Abate ( X ) Facility Closed/Vacated I ( ) Abatement Performed Out	During Er	ntire Period o	f Abateme	ent		dson Avenue					
Describe: Areas of abate	ment a	re not occ	cupied.			e, Zip Code					
					Umon C	ity, NJ 07087					
Source of Work (Check all that	apply)	-		- "0		with Negative Pres	CUITA	rer Glo	ve-bag	Proce	edure
□ ≥ 3 SF or ≥ 3 LF		图 Rend			ontainment Enclosure	with Negative Pres  Non-Exem	oted (*) and	Non-	Friable	Proce	dure
ĭ≥ 160 SF or ≥ 260 LF		□ Dem	Olition		Ticlosure	_ Non Exem	p.00 ( ) a				
		ation Normall	. Head	Description o	f ACM (i.e.	Amount (Specify SF or	LF)	Abate	ment Typ	<u></u>	
Location of Asbestos- Containing Material (ACM) in		by Maint./Cu		thermal syste	ems	, anount (open,		5327 Hour			
Facility (13)	Staff?	(12)		insulation, su				Rem.	Rep.	Encap E	<u>Enclose</u>
	YES	NO X	NA T	TSI pipe	mischous.)	230 LFT		Х			
Basement		X		Ceiling St	ırface	~1000 SFT		X			
Basement	-	^	-	Ocining O	ariado	1000					
*			-								
Name of Reg. Waste Hauler		NJDEP Wa	ste Haule	rID#	Cubic Yards	of Waste	Name of Re				
Newark Carting		04509			5 (estima		Cumberl	and C	ounty	Landf	ill
City. State					Disp. Date	12	City, State	- DA	17242		
369 Raymond Blvd., News	ark, NJ	07105			08/30/201	12	Newburg Date	5, FA	1/242		
Completed by (Print or Type)		<u>Title</u>			Signature	· //hand	0				
David Camacho		General	Manag	er	Drong		08/15/20	)13			

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CHECK#23327

(Pursuant to NJAC 8:60 and 12:120)

- f Notification (1)						g Owner/Oper	a(0) (2)	THE RESERVE	. 1			
e of Notification (1)				PRI	VATE RE	SIDENCE		<del></del>				
2/2013	Uf - stion			Stree	et Address				Ĺ			
encies Notified	Type Notification			232	SHERIDA	AN AVENUE	S					
I EPA	Initial		n+ #	City	State, Zip	Code					ģ	
DEP	Amended A	mename	III. #	STEA	SIDE HE	IGHTS, NJ			Telep	hone	Num	ber
DOL	Emergency	(includin	9	Nam	ne of Conta	ct			Leich	Home		
DOH	justification)				VID J. D'		122		-			
DCA	☐ Cancellation	n		DA	LITY INE	ORMATION						
				FACI	LITTIN	OTTO TO	11 7	e of Facility (4)				
ame of Facility Where Ab	patement is Takin	ig Place (	(3)					School (K-12)			0)	
RIVATE RESIDENCE	1							Subchapter 8 (Oth	er than	1 K-1.	2)	.:lding
reet Address							1 5	Other (i.e., private	& com	nmer	cial bu	maing
reet Address	CDE.						So	uare Feet	# of	Floor	sBld	g. Age
32 SHERIDAN AVEN	O.B.											
ity (5)	. T					- COTATE I	ISE ONLY) CL	rrent Use (Prior if be	eing de	emoli	shed)	
EASIDE HEIGHTS, N	10			Co	unty Code	(7) (STATE L	JOE ONE ! )		2252.0			
ounty							atement Contrac	tor (9)		-92		
OCEAN lame of Monitoring Firm	Hired by Building	Owner (	8)	AS	SCM No.	Name of Aba	THE THE TOTAL OF THE CONTROL	NMENTAL INC.				
ame of Monitoring Firm	Tined by Dunaling	6.				CREAM R	DGE ENVIRO	NMENTAL INC.				G.
						Street Addre	ess	, D				
Street Address						15 BLACK	FOREST ROA	<u> </u>				
						City, State,						
							N, NJ 08691		II ic	ense	No.	
		Telephor	ne No.			Telephone I	No.			676		
Project Manager for Mor	itoring Firm	Leichiloi	10 110.			609-890-71	.10		100	070		
2000 AND COMPANY (2000)		Cahadul	ad Com	pletion	n Date (11)	Name of OS	SHA Monitor					
Start Date (10)		1		ipiotio.		N/A				_		
		8/14/20	13			Street Addr	ress					
	ng Abatement (Cl	neck only	of Abs	temen	ıt							
A 10/-	acted During Elli	HE LELIOC	0	A BA		City, State,	Zip Code					
Abatement performed	outside of Workii	ig hours	SPIVI-2	-\IVI					-4 mith	Neg	ative	Pressi
ESSENTIAL PERSON	NEL ONLY							Full Containme	nt with	Neg	alivo	
LOOPINITE LINE	U. the at emply				□ Reno	vation		Mini-Enclosure				
Scope of Work (Check	all that apply)				Demo	dition		Glovebag Proc	edure		- da ble	o Droc
Scope of Work (Check	all that apply)							- Non Evernnted	(*) & 1	Non-I	Friable	Turno
Scope of Work (Check					Krosiii	JILIO!!		Non-Exempted			ment	
Scope of Work (Check								Non-Exempted	A	bate	$\overline{}$	111
Scope of Work (Check		ls	Locatio	n	Descrip	tion of Ashest	os Containing		A	bate		20
Scope of Work (Check	lf	Non	mally U	sed	Descrip	tion of Asbest	os Containing ermal systems	Amount (Specify S	A	bate		ncaps
Scope of Work (Check	If	Non	nally U	sed V	Descrip Material	tion of Asbest (ACM) (i.e. thon, surfacing,	VAT, or other		A	bate	Repair	ncapsula
Scope of Work (Check	tos-Containing BE ABATED In	Non S Mainte	mally U solely be enance. Staff?	sed / Custo (12)	Descrip Material	tion of Asbest	VAT, or other	Amount (Specify S	A	Removal		Encapsulate
Scope of Work (Check	tos-Containing BE ABATED In	Non S Mainte	mally U solely be enance. Staff?	sed / Custo	Descrip Material insulati	tion of Asbest (ACM) (i.e. th on, surfacing, miscellance	VAT, or other ous)	Amount (Specify S LF)	A	bate		ncapsulate
Scope of Work (Check	tos-Containing BE ABATED In	Non S Mainte dial	mally U solely be enance. Staff?	sed / Custo (12)	Descrip Material insulati	tion of Asbest (ACM) (i.e. thon, surfacing,	VAT, or other ous)	Amount (Specify S	A	Removal		ncapsulate
Scope of Work (Check	tos-Containing BE ABATED In	Non S Mainte dial	mally U solely be enance. Staff?	sed / Custo (12)	Descrip Material insulati	tion of Asbest (ACM) (i.e. th on, surfacing, miscellance	VAT, or other ous)	Amount (Specify S LF)	A	Removal		ncapsulate
Scope of Work (Check	tos-Containing BE ABATED In	Non S Mainte dial	mally U solely be enance. Staff?	sed / Custo (12)	Descrip Material insulati	tion of Asbest (ACM) (i.e. th on, surfacing, miscellance	VAT, or other ous)	Amount (Specify S LF)	A	Removal		ncapsulate
Scope of Work (Check	tos-Containing BE ABATED In	Non S Mainte dial	mally U solely be enance. Staff?	sed / Custo (12)	Descrip Material insulati	tion of Asbest (ACM) (i.e. th on, surfacing, miscellanee	ermal systems VAT, or other ous) ES	Amount (Specify S LF)	F or	Removal		ncapsulate
Scope of Work (Check    ≥ 3 sf or ≥ 3 lf   ≥ 160 sf or ≥ 260    Location of Asbest Material (ACM) TO Facility    EXTERIOR	tos-Containing BE ABATED In (13)	Non S Mainte dial	mally U solely be enance. Staff?	sed Custo (12)	Descrip Material insulati TRANSI	tion of Asbest (ACM) (i.e. thon, surfacing, miscellaner TE SHINGL	ermal systems VAT, or other bus)  ES  Cubic Yards of	Amount (Specify S LF)	F or	Removal		ncapsulate
Scope of Work (Check	tos-Containing BE ABATED In (13)	Non S Mainte dial	mally U solely be enance. Staff?	sed Custo (12)	Descrip Material insulati TRANSI NJDEP W Hauler ID	tion of Asbest (ACM) (i.e. thon, surfacing, miscellaner TE SHINGL	ermal systems VAT, or other ous)  ES  Cubic Yards of Waste	Amount (Specify S LF)	F or	Removal		ncapsulate
Scope of Work (Check    ≥ 3 sf or ≥ 3 lf   ≥ 160 sf or ≥ 260    Location of Asbest Material (ACM) TO Facility    EXTERIOR	tos-Containing BE ABATED In (13)  Waste Hauler	Non S Mainte dial	mally U solely be enance. Staff?	sed Custo (12)	Descrip Material insulati TRANSI	tion of Asbest (ACM) (i.e. thon, surfacing, miscellaner TE SHINGL	ermal systems VAT, or other ous)  ES  Cubic Yards of Waste 5 YD.	Amount (Specify S LF)  1300 SF  Name of Register GROWS	F or	Removal		ncapsulate
Scope of Work (Check    ≥ 3 sf or ≥ 3 lf   ≥ 160 sf or ≥ 260    Location of Asbest   Material (ACM) TO     Facility    EXTERIOR    Name of Registered     TIMSTER TRUCK	tos-Containing BE ABATED In (13)  Waste Hauler	Non S Mainte dial	mally U solely be enance. Staff?	sed Custo (12)	Descrip Material insulati TRANSI NJDEP W Hauler ID	tion of Asbest (ACM) (i.e. thon, surfacing, miscellaner TE SHINGL	ermal systems VAT, or other bus)  ES  Cubic Yards of Waste 5 YD.  Disposal Date	Amount (Specify S LF)  1300 SF  Name of Register GROWS  City, State	ed Lan	Removal		ncapsulate
Scope of Work (Check    ≥ 3 sf or ≥ 3 lf   ≥ 160 sf or ≥ 260    Location of Asbest   Material (ACM) TO     Facility    EXTERIOR    Name of Registered     TIMSTER TRUCK   City, State	tos-Containing BE ABATED In (13)  Waste Hauler	Non S Mainte dial	mally U solely be enance. Staff?	sed Custo (12)	Descrip Material insulati TRANSI NJDEP W Hauler ID	tion of Asbest (ACM) (i.e. thon, surfacing, miscellaned TE SHINGL	Cubic Yards of Waste 5 YD. Disposal Date 8/15/2013	Amount (Specify S LF)  1300 SF  Name of Register GROWS	ed Lan	Removal	Repair	ncapsulate
Scope of Work (Check    ≥ 3 sf or ≥ 3 lf   ≥ 160 sf or ≥ 260    Location of Asbest   Material (ACM) TO     Facility    EXTERIOR    Name of Registered     TIMSTER TRUCK	tos-Containing BE ABATED In (13)  Waste Hauler	Non S Mainte dial	mally U solely benance. Staff? No	sed Custo (12)	Descrip Material insulati TRANSI NJDEP W Hauler ID	tion of Asbest (ACM) (i.e. thon, surfacing, miscellaned TE SHINGL	ermal systems VAT, or other bus)  ES  Cubic Yards of Waste 5 YD.  Disposal Date	Amount (Specify S LF)  1300 SF  Name of Register GROWS  City, State	ed Lan	Removal X	Repair	

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CK# 1268 (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)					Name o	f Building	Owner/Operator (2	) KE13 Mrs					
08/	14 /	13			Elen	a Iglesai	Owner/Operator (2 s	400 20	jera.				
Agencies Notified	Type Notificati	on			Street A	Address			**********				
□ EPA					88-88	9 Main S	t						
☑ DOLWD	☐ Amended			t	City, St	ate, Zip Co	ode						10.00
☑ DOH	Amendmer		-	- 1	Sout	th River I	NJ	82.1					
DCA (NJAC 5:23-8)	☐ Emergency justification		g	1	Name o	of Contact	1		Telephone Numbe	r	-		
(NJAC 5.23-6)	☐ Cancellation	2.5			Elen	a Iglesai	s				,		
				_	FAC	ILITY IN	FORMATION		7	35			
Name of Facility Where A	batement is Ta	king Plac	e (3)					Type of Facility (	4)				
House								School (K-12)					
Street Address				+				☐ Subchapter 8	(Other than K-12) ivate and commerci	al hui	lding		
88-89 Main St							26	homes, etc.)	ivate and commerci	ui bui	iuiig.	-,	
City (5)								Square Feet	# of Floors	Bld	lg. Ag	e	
South River											3		
County (6)					Count	y Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demolish	ed)			
Middlesex										/X/			
Name of Monitoring Firm	Hired by Buildi	ng Owne	r (8)	1	ASCM N	No.	Name of Abateme						ķ.
Bio Terra Solutions	•						ALL PRO MA	NAGEMENT L	LC				
Street Address							Street Address						
P O Box 1224							27 Outwater	Lane				12	
City, State, Zip Code	**************************************						City, State, Zip Co						
Union NJ		37.47.54.4	320				Garfield NJ 0	7026					
Project Manager for Mon	itoring Firm		1		phone N		Telephone No.		License No.				
Rick Eustaquio				3700	3 494		973 928 4888		1188				
Start Date (10)		cheduled					Name of OSHA N	fonitor NAGEMENT L	1.0				
08 /25 /			- 33		_ / _	13_		NAGEWENTL					
Occupancy Status During							Street Address 27 Outwater	l ana avita D					
☐ Facility Closed/Vacate						cribe							
Time of Abatement:							City, State, Zip Co						
Scope of Work (Check al	I that apply)	-		-			П.Б.Ш.О	tainmant with Nor	native Property				
≥3 sf or ≥3 lf			Reno	vati	on		☐ Full Con	tainment with Neg closure	jalive Piessure				
☐ ≥160 sf or ≥260 lf			Demo				☐ Gloveba	g Procedure	- Fields Bases don				
							⊠ Non-Exe	empted (*) and No	n-Friable Procedure			A T	
	2		Is Lo	ocat rma			Description				_	ent T	_
Location Asbestos-Containing		,   u			ely by	Asbe	Description of stos Containing Ma		Amount	Removal	Repair	Enc	Enclosure
TO BE ABA					nce/		., thermal systems	insulation,	(Specify	NOV.	ai.	aps	losu
IN Facili		10		12)	Staff?		surfacing, VAT other miscellane		SF or LF)	<u>a</u>		Encapsulate	Te
(13)		Ye		No	N/A		other miscellane	,003)				Œ	
Basement			[	<u> </u>		TSI			150 LF	$\boxtimes$		$\boxtimes$	
Basement	9		[	]		Ceiling	-		80 SF			$\boxtimes$	
Exterior	,		Г	7		Windov	v Caulk	;	230 LF				
ZATOTTO!			-	=	П								
Name of Registered Was	ste Hauler		_   _		JDEP \	Vaste Vaste	Cubic Yards of	Name of Regis	stered Landfill		_		
ALL PRO MANAGE				1.50	lauler II	O No.	Waste	IESI Landi					
City, State				_	00348	560	As Needed Disposal Date	City, State					
Garfield NJ							TBD	Bethlehen	ı, PA				
Completed By (Print or T	(vna)	Title	17.11.2				Signature	7/ 3	Da	te :		1	
Ted Veskov	Abe)	PM					Con 1	1/anllo-	2	21	111	40	2
1ed veskov				_			1 (	JULIAN -		- 11	VI	4	7

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

		r	NOTIF				C 8:60 and 5:16		(# LD)	07			
Date of Notification (1)  08 /	14 /	13				of Building Blank	Owner/Operator (2	ects 817-2	is tyling	ي الم	NO 1880 (2000)		
Agencies Notified	Type Notific	ation				Address amson A	Ave			10.			
☑ DOLWD	☐ Amende			1	City, St	ate, Zip C	ode						E .
⊠ DOH	Amendm		luding		Mad	ison NJ							
☐ DCA (NJAC 5:23-8)	☐ Emerger justificat		auding		Name	of Contact		(233)	Telephone Num	ber			
(16/10 0.20 0)	☐ Cancella	52			Dan	Blank	×	(					
					FAC	ILITY IN	FORMATION				103		1
Name of Facility Where	Abatement is	Taking	Place	(3)				Type of Facility (	4)				
House								School (K-12)	(Other than 1/ 1/	21			
Street Address			77%-2		28			☐ Subchapter 8 ☐ Other (i.e., pri	(Other than K-12)	2) ercial bui	lding	s,	
46 Samson Ave								homes, etc.)					
City (5)	3.4							Square Feet	# of Floors	Bld	lg. Ag	je	
Madison													
County (6)					Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Price	or if being demoli	ished)			
Union													
Name of Monitoring Firm	Hired by Bu	ilding O	wner (	8)	ASCM	No.	Name of Abateme	. and a second control of the first					
Bio Terra Solutions	s						ALL PRO MA	NAGEMENT L	_C				
Street Address	¥					100	Street Address						
P O Box 1224							27 Outwater						_
City, State, Zip Code							City, State, Zip C						
Union NJ							Garfield NJ 0	7026	1				
Project Manager for Mor	nitoring Firm			11000	phone		Telephone No.		License No.				
Rick Eustaquio				1 37	3 494		973 928 4888		1188				
Start Date (10)08/24/	_13_			1000	tion Da		Name of OSHA N	Monitor NAGEMENT L	LC				
Occupancy Status Durin							Street Address						
☐ Facility Closed/Vacat	ed During En	itire Per	riod of	Abate	ment			Lane suite B			1.15 /46/		
Abatement Performe	d Outside of	Normal	Facility	/ Hou	s - Des	cribe AM	City, State, Zip C						
8			V1/				Garfield NJ 0	7026					_
Scope of Work (Check a  ≥3 sf or ≥3.lf = ≥160 sf or ≥260 lf	ill that apply)		☐ Re	novati molitic			☐ Mini-End ☑ Gloveba	tainment with Neg closure g Procedure empted (*) and No		ure			
			ls	Loca	tion					Ab	atem	ent T	ype
Location	n of			Norma			Description			Z.	Re	m	m
Asbestos-Containing		CM)		intena	ely by ince/		estos Containing Ma e., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
TO BE AB			Cus		Staff?	(1	surfacing, VAT	, or	SF or LF)	<u>a</u>		sula	ure
(13)				(12)		-	other miscellane	eous)				ŧ	
			Yes	No	N/A				70 LF	$\boxtimes$		$\boxtimes$	
Basement						TSI			70 LF		브		ᆜ
									<del></del>	ᆜ므	ᆜ	ᆜ	
·s	**	3							·		브	Ш	Ш
		•					10						
Name of Registered Wa	ste Hauler		*	100	JDEP		Cubic Yards of	Name of Regis					
ALL PRO MANAGE	EMENT LLC	3		1	lauler II 0034		Waste As Needed	IESI Landf	ill				
City, State							Disposal Date	City, State			374		
Garfield NJ							TBD /	Bethlehem	ı, PA		3		
Completed By (Print or	Гуре)	Title	<del></del>			1101	Signature	11.71		Date /	. 1		1945000000000000000000000000000000000000

Ted Veskov

PM

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

- x		/Di	revent t	o NJAC 8:	60 an	nd 12:	:120)							
D&S Proj. #: 2013		(1-0	ii Suaiit t	0 140/10 0			1	ar.	# MF	1182	Ļ			
							<del></del>	مار	11 00	111)	-			
Date of Notification (1)	Name o	of Building	Owner/Op	erator (2)			£ 5 / 1	4 44 2	PP Filh	1: 51				
0 8 //1 3 //1 3	david	l lee										-		_
Agencies Notified   Type Notification	Street	Address								Ø				
EPA   Initial	38 E	LM COU	TRT											-
DEP Amended Amendment #:		tate, Zip Co						a			1			
DOL Emergency	SO	ORANG	E, NJ 07	079					N	.umbor				-
DOH (including		of Contact							Telephone N	umber				
justification)		موا لا:.												
DCA Cancellation	day	vid lee			TION	S.								
			FACILIT	Y INFORMA	HON			Type	of Facility (4)					_
Name of facility where abatement is tal	king place (	3)						Type	School (I	< - 12)				
Name of laonity									Subchapt	er 8 (Othe	er than	K-12	)	
david lee									Other (Pr	vate/Com	mercia	al		
Street Address									Bldgs./Ho	of Floors	-1-	Bldg.	Age	
38 ELM COURT								Squ	are reet   #	01110013			· · · · · ·	
City (5)	County (	6)				ty Cod		Cur	rent Use (Prio	r if being o	demoli	shed)		
City (5)					(State	e use c	Jilly)	Cui	Terri oso (i iie	_				
SO. ORANGE	ESSEX			SCM No.		Name	of Abatement	Contra	ictor (9)					
Name of Monitoring Firm Hired by Bld	g. Owner (8	3)		ASCIVI NO.			S RESTOR							
						Street	Address		,		19			
Street Address							California A	ve.		**				
					- 1		state, Zip Code							
City, State, Zip Code							terson, NJ 0							
*		I Dhan	a Number			Telep	hone Number			License N		Г		1
Project Manager for Monitoring Firm		Phon	e Number			9	73-345-8020			01	169_			_
	*		5 · 75				e of OSHA Mor							
Start Date (10)	Sched.	Completion	Date (11)				& S Restorat	tion, I	nc <del>:</del>					
08/26/13	09/12/1	13				henomerouses	t Address						93	
Occupancy Status During Abatement	(Check onl	y one)					California A		<del></del>			_		
Tradition closed/vacated during 6	ntire period	of abatem	ent.			City,	State, Zip Cod	е				100		
Abatement performed outside of	or normal ia	cility hours	-		_	n	aterson, NJ 0	7503				100		
Describe: NORMAL HO	URS					P	aterson, 143 c	7.505	Containment w	/negative	press	ure		
Scope of Work (check all that apply	1						-		enclosure	/// Jan				
>3 sf or >3 lf	Renovation						D	Glov	ehan procedu	re			4	
The state of the s	Demolition							Non	-Exempted (*)	and Non-	friable	Proce	E	
	le location	normally u	sed solely					- 1	Amount		e	е	n	E n
Location of asbestos-containing	by mainter	nance/cust	odial	Descrip			tos-containing	- 1	(Specify S	SF or	m o	p a	c a	С
material (acm) to be	staff(12)		T	materia	al (ACM	1)			LF)		V	i	p	L
abated in facility (13)	Yes	No	N/A						10 I ET		e	1	П	
S COENTENTS		X		PIPE INS	SULAT	TION			18 L FT		十六	計	F	一
BASEMENT											卄	旨	I	
											肯	F	厅	
				-						_	묶	Ħ	厅	
									ndfill		-11-1	1-	1-	
Registered Waste Hauler		P Hauler I		ubic Yards	of Wast	te Na	ame of Registe TULLYTOW	red La N RE	SOURCE R	ECOVE	RY_			
D & S RESTORATION, INC.	135	06		1 YD			City, State	,				0.0		
City, State			Disposal I 08/27/				TULLYTO	VN, P	Α				_	
PATERSON, NJ 07503			06/2//	Signature	9					Date		2		
Completed by (Print or Type)	Title PRESID	ENT						W-25		08/1	3/201	. 3		
BOGDAN JOLDZIC	* Da not us	a this form	for asbes	tos licensure	exemp	pted a	ctivities.	15.0-16.00 P. 10.00						

## State of NJ

D&S Froj. #: 2013-293

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

D&S F.oj. #: 2013-293	-	(. 0.000.				AL	0#	ME	100	-		
		28!	2 f			C	_# U	<u>UU</u>	100	)		-
Date of Notification (1)	Name of	Building Owner		i., <u>[</u> ]:	5.1							
0  8 / 1 3 / 1 3		N & BETH S	ANDWEISS	3								_
Agencies Notified   Type Notification	Street Ad	dress	59									
EPA Initial Amended	352 N	O. FULLERT	ON AVENU	JE .								_
DEP Amendment #:		te, Zip Code	SCHOOL OF THE									
	MOT	CLAIR, NJ 0	7042					- N - L -				
DOH (including	Name of						Telephon	e Numbe	er			
justification)	AAD	ON & BETH	SANDWEIS	SS					-			
Cancellation	AAN		ITY INFORMA				W.		- 0			
		FACIL	ITY INFORMA	TION		Type	e of Facility (	(4)				
Name of facility where abatement is t	aking place (3)					1.76	Schoo	K - 12	)			
AARON & BETH SANDWEIS	S							apter 8 (			2)	
Street Address							Other Pldgs	(Private/ /Homes,	Commer	cial		
						Sa	1000000	# of Flo		Bldg	g. Age	
352 NO. FULLERTON AVEN				County	Code (7)	54						
City (5)	County (6)				ise only)	Cı	ırrent Use (F	rior if be	ing demo	olished	1)	
MOTOT ATT	ESSEX											
MOTCLAIR  Name of Monitoring Firm Hired by B			ASCM No.	Na	ame of Abateme	nt Contr	actor (9)					
Name of Monitoring Firm Fine 2 y					D & S RESTO	RATIO	ON, INC.					
Street Address				St	reet Address					15		
Street Address		ii.			20 California						-	- 1
City, State, Zip Code				Cit	ly, State, Zip Co	-				2		100
Oily, Giale, 2.p 2 - 2	23 7		¥		Paterson, NJ			Lieen	se Numb	or		_
Project Manager for Monitoring Firm		Phone Numb	per .	Te	elephone Number		. "	Licen	01169	Ci		
	1				973-345-803							
Start Date (10)	Sched. Cor	npletion Date (1	1)		D & S Restor		Inc.					
	09/12/13			S	treet Address							
08/23/13 Occupancy Status During Abatemen		ne)			20 California	Avenu	.e		•			
T Escility closed/vacated during	entire period of	abatement.		C	ity, State, Zip Co	ode						
. Abatement performed outside	of normal facilit	y hours-										
Describe: NORMAL H				=	Paterson, NJ							
Scope of Work (check all that apply	/)						Containmen	t w/negat	tive pres	sure		
Scope of voork (driest an area = p) Scope of voork (driest an area = p) Scope of voork (driest an area = p)	Renovation						-enclosure vebag proce	dure				
	Demolition					Nor	-Exempted	(*) and N	on-friabl	e proc	edure	
≥160 sf or ≥260 lf		rmally used sole	ely		T.		200		R	R	E n	E
Location of asbestos-containing	by maintenan	ce/custodial	Descrip	otion of as	bestos-containin	g	Amoun (Specif	t y SF or	m	p	С	n
material (acm) to be	staff(12)		– materia	al (ACM)			LF)	,	o v	i	a p	L
abated in facility (13)	Yes	No N/A			0.		1007 7		e M	1	1	+
BASEMENT		X	PIPE INS				100 L FT			묶	붑	芐
BASEMENT		X	BARE H	EATING	PIPES		60 L FT			卄	1	卡
										耑	亓	市
<u></u>									-	計	肯	17
				-2\Mc-t-	Name of Regist	tered I a	ndfill			اللا	1	
Registered Waste Hauler		Hauler ID#	Cubic Yards	or vvaste	TULLYTO	WN, RI	ESOURCE	RECO	VERY			
D & S RESTORATION, INC	13506	Disposa			City, State							
City, State		08/24			TULLYTO	WN, P.	Α					_
PATERSON, NJ 07503 Completed by (Print or Type)	Title		Signature	)					ate 3/13/201	3		
ROGDAN IOLDZIC	PRESIDEN	IT	_					100	13/20			_

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

D&S Proj. #: 2013-294

Date of Notification	(1)	IIN	me of Buil	dina Owne	/Operator (2)				JUTI C		00	-		
0 8 / 1 3	1/13			of Louise	N 35 E		49		4	· 5.				
Agencies Notified EPA	Type Notification	on St	reet Addres	SS				12						
☐ DEP	Amended		18 ASHL	AND RO	AD									
	Amendment #:_	Ci	ty, State, Z	ip Code										
☑ DOL	Emergency		SUMMI											
□ DOH	(including justification)	Na	me of Con	tact					Telepho	ne Numb	er			
☐ DCA	Cancellation		CAROL	ANN CLY	NES				- Anna			_		
				FACIL	ITY INFORM	ATION								**
Name of facility w	here abatement is	taking pla	ce (3)					T	ype of Facility					
The Estate of L	ouise Quick								=	ol (K - 12 hapter 8 i		an K-	12)	
Street Address		7.000						7.		(Private		rcial		27
18 ASHLAND	ROAD								Square Feet	# of Flo	100000000000000000000000000000000000000	Blo	ig. Ag	ie .
City (5)		Coun	ty (6)			Coun	ty Code (7)	=						
SUMMIT		UNI	ION			100000000000000000000000000000000000000	e use only)		Current Use (	Prior if be	ing dem	olishe	ed)	
Name of Monitorin	ng Firm Hired by E				ASCM No.	П	Name of Abatem	nent Cor	ntractor (9)					
		878					D & S REST	ORAT	ION. INC.					
Street Address						$\dashv$	Street Address							_
		7. 0					20 Californi	a Ave.					- 1	. ;
City, State, Zip Coo	de		*			_	City, State, Zip C	ode		-	7			er i
CONTRACT OF THE			4		-		Paterson, N		3		1.			
Project Manager fo	or Monitoring Firm		Ph	one Numbe	er		Telephone Numb		· · · · · · · · · · · · · · · · · · ·	Licens	e Numb	er		
						-	973-345-80				01169			
Start Date (10)		Sched	. Completion	on Date (11	)		Name of OSHA D & S Resto							
08/26/13		09/12	2/13				Street Address	oracion	, mo.					
Occupancy Status	During Abatemen	it (Check o	nly one)				20 California	a Aven	ue					
	ed/vacated during performed outside						City, State, Zip C	ode	7,000					
Describe:	ibe: _NORMAL H	OURS				-11	Paterson, N	J 0750	3					
Scope of Work (c			- W-						l Containment	w/negati	ve press	иге		
>3 sf or >3 lf	[[[] [[ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [	Renovatio	n				20 12		ni-enclosure				1	
≥160 sf or ≥		Demolition					8	-	vebag proced n-Exempted (		n-friable	proc	edure	
Location of				used solely		-		111			R	R	Е	E
asbestos-co		by mainte staff(12)	enance/cus	todial			bestos-containir	ng	Amount (Specify		m	e p	n c	n
material (ac		Yes	No	T NI/A	material	(ACM)			LF)	31 01	O V	a	a	L
		163	INO	N/A							е	r	р	
BASEMENT					PIPE INSU	JLATI(	ON		165 L FT			片	屵	쓔
									-		ᆛ片	1	片	H
<u> </u>											ᆛ	님	片	卄
									-		ᆛ	片	片	卄
Registered Waste	Hauler	INID	EP Hauler	ID# I C	ubic Yards of	Waste	Name of Regist	tered I s	 andfill		_ ⊔	Ш		T —
D & S RESTOR		135		7/25/00	YDS		TULLYTO	WN, RI	ESOURCE I	RECOV	ERY			
City, State				Disposal D			City, State							
PATERSON, 1				08/27/1			TULLYTO	WN, P.	Α	The				
Completed by (Print BOGDAN JOI		Title PRESID	ENT		Signature					08/1	3/2013			
		-												

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

D&S Proj. #: 2013 13-291

2013 13-231			(					CV#	Ma	518	39		
Date of Notification (1)		me of Build		/Operator (2)		20137110.20	<u> </u>	11:31		<u> </u>	26		
Agencies Notified Type Notificati	on Str	eet Addres  RETFOI	s	NI JE				, s					•
DEP Amendment #:	1	y, State, Zi											
DOL Emergency		CRANFO	RD. NJ 0	7016							25		
DOH (including	1	me of Cont						Telephone	Number				
justification)  DCA Cancellation		TIM GOZ	ZALES						-		_		
100 To			FACIL	ITY INFORMA	NOITA		omoresco e					-2215 82-	
Name of facility where abatement i	s taking plac	ce (3)					Ту	pe of Facility (4	) (K - 12)				
TIM GOZALES								=	pter 8 (O	her th	an K-	12)	
Street Address								Other (F	Private/Co Homes, et	mmer c.	cial		
2 RETFORD AVENUE							s		of Floor		Blo	lg. Ag	e
City (5)	Count	ty (6)				nty Code (7)							
CRANFORD	UNI	ON			(Stat	e use only)		Current Use (Pri	or if being	g demo	olishe	d)	
Name of Monitoring Firm Hired by	Bldg. Owne	r (8)		ASCM No.	П	Name of Abateme	ent Con	tractor (9)					
	9					D & S RESTO	RATI	ON, INC.					
Street Address			+			Street Address							
						20 California					_		
City, State, Zip Code	N 84 65			-1		City, State, Zip Co							· ± .
12 E		I Dh	- Noneh			Paterson, NJ Telephone Number			License	Numb	or	_	-
Project Manager for Monitoring Firm	1	Pho	one Numbe	er ,		973-345-80				1169	C1		. 3
3. Table 1.10	Toobard	OI-ti-	- Deta (11		_	Name of OSHA M							
Start Date (10)	Sched	Completio	n Date (11	)		D & S Restor	ration,	Inc.					
08/24/13	08/30					Street Address		W				20 10 10	
Occupancy Status During Abateme Facility closed/vacated during Abatement performed outside	entire perio	od of abater				20 California City, State, Zip Co		<u> </u>					
Describe: NORMAL I	IOURS				_	Paterson, NJ	07503						
Scope of Work (check all that apple			20	=			Mini	Containment w i-enclosure yebag procedur n-Exempted (*)	е			edure	
Location of asbestos-containing material (acm) to be		n normally unance/cust				sbestos-containing	3	Amount (Specify S	For	R e E o	Repa	E , n c	E n c
abated in facility (13)	Yes	No	N/A					LF)		v e	i r	p	L
BASEMENT		$\square X$		PIPE INSU	LAT	ION		100 L FT					H
										井	H	片	H
•		L				4 4				H	屵	片	H
										片	금	H	H
Registered Waste Hauler		EP Hauler I	7500 C	ubic Yards of	Waste		ered Lai	ndfill	COVET	ابا V			<u> </u>
D & S RESTORATION, INC.	135		Disposal D	YD		TULLYTOW City, State	IN, KE	JOUNCE KE	COVE	. 1			
City, State PATERSON, NJ 07503			08/25/1			TULLYTOW	VN, PA	1	N <u>u</u> ca				
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID	FNT		Signature		1			Date 08/12	/2013			
DOODAN JODDEN	+ Da and	a this form	for only	liconcuro ov	amnto	d activities			1		_		