Frint Form	3
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

CK#241

Date of Notification (1)			Na	me of Bu	ilding Owi	ner/Ope	erator (2)	220-4	201 h	£110		No.		
8-18-	14				SEAL	1180	D PRA	pers	72814	AUG 2	O AIT	12:	3 3	-
Agencies Notified	Type Notification	5	Str	reet Addr	ess Not1 (Not	1001.t	on A.	R					
Z EPA	Initial		Cit	ty State	Zip Code	ile il	1353.		·	w 1 11		TRI	JŁ	
DEP	Amended Amendment #		_ \	P	Flen	+·c	(i+1.	MCi	76-	se you	MICH	<u>G</u>		
	Emergency (in justification)	ncluding	Na	ame of Co	ontact		0	tione Headone	Tele	phone Nur	nher			
DOH DCA	Cancellation			B	2/14							/		
	11 = 11	DI (2)		FACILIT	TY INPOR	MATIO	Type o	f Facility (4	4)					
Name of Facility Where Street Address	Sepureacy The Metro	100	عمره د /	er f	1		Si	chool (K-12 ubchapter other (i.e. po	2) 8 (Othe	er than K-1 commerc	2) ial buildir	ngs, h	omes	e
00	7 METRO	po /1	TA	v /	300		Square		# of	Floors		g. Ag		
City (5)	+/12.10	CH	0				2	000		2	1 -	5	1	
County (6)	tlante		10	ounty Co			Currer	nt Use (Pric	or if bein					
ALA	wtic		(5	STATE US				/		EACE				-
Name of Monitoring Fi	rm Hired by Building C	Owner (8)		ASCM	No.		Name of Abat Ace Insula			(9)				
100 March 1100							Street Addres		1170:					_
Street Address							95 Montro		1					
City, State, Zip Code							City, State, Zi		7700					
City, State, Zip Code							Colts Necl		722		1.1-			
Project Manager for M	onitoring Firm		7	Telephone	e No.		Telephone No 732-294-1			License 00029	NO.			
(40)		Schedule	d Com	pletion D	ate (11)		Name of OSH	A Monitor						
Start Date (10)	-/4			-14										
Occupancy Status Du	ring Abatement (Chec						Street Addres	SS						
— 01104	acated During Entire remed Outside of Norr	Parint of A	hatem	ent		_	City, State, Z	ip Code						
Scope of Work (Chec		-												
23 sf or ≥3 lf 2160 sf or ≥260			enova emoliti				Min Gir	ll Containm ni-Enclosur ovebag Pro in-Exempte	e cedure				9	
			ter tare contra					T Chompto	T			Abate	ment	
	352	1	Locati Vormal	ly		D€	escription of					1	90	_
Asbestos-Contain TO BE In F	tion of ing Material (ACM) <u>ABATED</u> acility 13)	Ma	d Sole intena todial S (12)	nce/ Staff?	Asbest (i.e.	tos Con therma surfa	ntaining Materia Il systems insul acing, VAT, or miscellaneous)	ation,		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A					-	М	1	+	_	
004	DOORS					10	ING		20	70 PS		-	-	-
									-		_	-		-
									1		-	-	-	-
						100	- Vd-	Nama	of Ponis	stered Land	dfill		<u></u>	1_
Name of Registered Ace Insulation Co			+	NJDEP W Hauler ID 12086		of Wa	c Yards aste	G.R.C						
						Disp	osal Date	City, St		7.4				Ade to be a
City State								Tullyte	own.	-A				
City, State Colts Neck, New	Jersey		VILLES DE								Data			
		Title	ى تولىد	Treasi	JPres	- T	Signature	e glik			S-A	1.	14	-

GK# 3411

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

Date of Notification (1) S-/8-/ Agencies Notified THEPA DEP	ype Notification		Str	5	<u>30,010</u>	w Pio	porty	2014 AUG 2	0 h	412		1						
Agencies Notified Ty	ype Notification		Str	oot Adds	SCO.	W.	1 0	2017 MOD 2	Name of Building Owner/Operator (2) Street Address City, State, Zip Code Disparing Contact Name of Contact Telephone Number Name of Contact Telephone Number Name of Contact									
EPA [ype Notification		Street Address															
			3"	JUL / IJJ	27 A	GAC/	15/102	3 AUE _										
DEP	Initial		Cit	ty State	Zip Code			, Page 101		!	301	-						
	Amended Amendment #_		10"	ly, Olato,	011	artro	Cat	9 NEW 3 HL	Lyon	NG	-	_						
DOL	Temergency (inc	luding	N	ame of C	ontact			Telephone Num	berU									
DOH	justification)		1,4	arric or o	BEI	14												
DCA L	Cancellation			EACILI	TY INFOR	MATION												
Name of Facility Where Ab	atement is Taking F	Place (3)		-2	i i iidi Oik		Type of Facil	ity (4)										
Name of Facility Viviele Au	D.	2178-4	ب	2			School	(K-12)										
Jean	11600 11	10,1	X				Subcha	pter 8 (Other than K-12 e. private & commercia) A buildir	ras h	omes							
Street Address	Above 15	· lan	_ U				etc.)	.e. private & commercia	ai Dunan	igo, ii								
22	14000 13	//3					Square Feet	# of Floors		g. Ag								
City (5)		La K	T				300		١.	73	7	ے						
17116	WHIC CC	7	10	county Co	ode (7)			(Prior if being demolish	ed)									
County (6) Allan	Lr.		16	STATE US	SE ONLY)			RES (DEN	æ									
14/1/30	Fred by Building Or	vner (8)		ASCM	No.	Name	of Abatement	Contractor (9)										
Name of Monitoring Firm I	Hired by Bullding O	WITEL (O)		/100111		Ace	Insulation (Co., Inc.	**********									
			-			Stree	t Address											
Street Address						95 1	Montrose R	load										
			_				State, Zip Cod											
City, State, Zip Code						Colt	s Neck, N.	1. 07722										
	aning Cirm		- 13	relephon	e No.	Telep	hone No.	License N	lo.									
Project Manager for Monit	ornig carn					732	-294-1757	00029										
		Scheduler	d Com	pletion D	ate (11)	Name	e of OSHA Mo	nitor										
Start Date (10)	50 34 3	8-	13	-14	•													
Occupancy Status During	Abatement (Check	Only One	e)			Stree	et Address											
Facility Closed/Vaca				ent														
Abatement Performs	ed Outside of Norm	al Eacility	Hours			City,	State, Zip Coo	ie										
Other - Describe: _	JAM 72	7/1				-												
Scope of Work (Check Al	That Apply)																	
		ΠR	enova	tion				tainment with Negative	Pressur	е								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			emolit				Mini-Enc	n Procedure										
							Non-Exe	mpted (*) and Non-Fria										
		T 1-	Locat	ion					1		ment oe	i						
			lorma	200		Description	on of		-	1		Г						
Location Asbestos-Containing	of Material (ACM)		d Sole		Asbest	os Containing	Material (ACI	M) Amount	70		E	m						
TO BE AB	ATED		intena lodial		(i.e.	thermal syste surfacing, \	ms insulation,	(Specify SF or LF)	cm	Repair	ap de	OGO						
In Facil	ity		(12)			other miscell			Removal	ai-	Encapsulate	Enclosure						
(13)		1	No	N/A						-	6	"						
		Yes	No	100		0.11.		11-16	10	1		T						
orton	noks .					SIDIN	6	4000 \$	-	1		+						
										-	-	-						
		+	-	+								1						
	-1-11-05-	1	1	NJDEP V	Vaste	Cubic Yard	s Ne	me of Registered Land	fill									
Name of Registered Wa			40.00	Hauler IC		of Waste		.R.O.W.S.										
Ace Insulation Co.,	Inc.		1	12086														
City, State						Disposal Da		ly, State										
Ony, Claro	rsey							ullytown, PA	Date		-							
Colts Neck, New Je		Title	0.30	5 ident		Signat	ture	2 . 0		1	N.							
Colts Neck, New Je						1	0.	Make to de las	81	1								
	orgewoo+			Treas			Guny	add the	8-1	5	_							

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification	on (1)			of Built	21.14				2014 AUG 20 AM 12:52				
8-18-14			Cra	aig I	shil	.1		1 (L 8,5	i.,			
Agencies Notified	Type Notifica	tion	Stree	t Addre	ss			2016 .			-	- :-	ě
[]EPA	[X]Initial		62	Clar	k St	treet		LUIA A	UG 2,	0	EM.	10	
[]DEP	Notifica	ation	City,	State,	Zip	Code		A			art l	4: {	12
[X]DOL	[]Amended Notific	ation	Gle	en Ri	dge,	NJ,07028		- 0	i i		-	+	
[X]DOH	NOCILICA	acton	Name	of Cont	act		Telephor	ne Number	ILLI	V.	M	KU	i.
[]DCA	[]EMERGENC	Y	Cra	aig I	shil	L1				- 1	2417		
	[]Cancella	tion											
			51-		ITY I	NFORMATION	lm 5 m	(A)					-
Name of Facility Wr Same as above		is Taki	ng Pia	ice (3)			Type of Facil	_					
June up upor			**				[]School (K-12) []Subchapter 8 (Other than K-12)						
Street Addres						**************************************	[X]Other (i.e., priva	ate &	COI	nme r	-	
								uildings, l					
City (5		County	(6)Ess	ex	Cou	nty Code (7)	Square Feet	# of Flo	ors	1	lg 0	age	
		_			(ST	ATE USE ONLY)	Current Use (eing			hed))
													
Name of Monitoring	Firm hired by	Buildin	g Asc	CM No.	•		batement Contractor (9)						
Owner (8) N/A						AZTECH M	H MANAGEMENT, Inc.						
Street Address				Street Addres									
						86 Chris	istopher St.						
City, State, Zip Co	2.25				City, State,								
						Montclai	Lr, NJ 070	42					
Project Manager for	r Monitoring Fi	The second secon		ne Numbe	er	Telephone Num			License Number				
		N,	/A			(973) 744	1-8800		UU.	3 / .	L		
Scheduled Start Dat	te (10) Sche	d. Comp	~ (100 Sec.)	Date ((11)	Name of OSHA	Monitor						
9-2-14 Month Day	Year Mo	9-3-3	L4 Dav	Year		N/A		ä					
Occupancy Status Di	uring Abatement	(Check	only	one)		Street Addres	s						
[X]Facility Cl of Abateme	osed/Vacated Du	uring E	ntire	Period									
[]Abatement P	erformed Outsid			Facilit	Y	City, State,	Zip Code						
	cribe: «OffHours cribe: «Other Oc		_	ript»		7000-							
Scope of Work (Chec						L					-		
-		7.				54700 (T. CONSTITUTE)	Containment wi	th Negativ	e Pre	ssu	re		
[X]>3 sf o: []>160 sf	or >260 lf			ovation olition			Enclosure bag Procedure						
			T-	— т		[]Non-E	Friable Procedu	ire	- 1				N
Locatio	on of		Is Locati Normal			Description	on of		-		ene	nt T	E
Asbestos-Co		1 '	Used	1		Asbestos-Con		Amount	S	R E	RE	N C	C
Material TO BE A			Solel By Mai	n-		Material (i.e., thermal		(Specif SF or	Y	O	PA	A P	O
In Fac:	Branch-	C	tenanc ustodi taff (ial		sulation, surf or other misce	- 10명 : 10명 - 10명 - 10명 : 10g	LF)		V A	I R	S	U
(13	,	Yes		or other misce	ilaneous,			L		L	R E		
Basement				X	Pip	e Insulat	ion	140 lf	7	K			
19.							V						
Name of Registered	JDEP W	Naste ID No.		oic Yards Waste 1.5	Name of Regi		dfill	8					
AZTECH MANA	GEMENT, IN		7040		OI	waste 1.5	G.R.O.W.	S.					
City, State						sposal Date	City, State				-		
Montclair, NJ 07042					9	-3-14	Morrisvi	lle, PA	19	06	1		
Completed By (Print	t or Type) Tit	tle				Signature	9		Da	te		-	
Constantine 1		eside	ent			ALC	. %_		1,000		14		
						I CAL	1 (1 (m						

NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

						and 12.120-77							
Date of Notification 8-18-14			chael		Owner/Operator	(2)	Fi	المساق	W E	Į b	- 1	j	
	h						71.77						
Agencies Notified []EPA	Type Notific	1		over Over		k Road		2014 A	iUG ;	20	AH	12:	5,
	Notifi	cation	City	State,	Zin	Code							
[]DEP	[]Amended					NJ,07042		A Jumber	010	4		TR	i
[X] DOL	Notifi	cation	2202		/ -	,0,012		€:	LIU	LIV.	311	G	OL.
[X] DOH	[]EMERGEN	59504G		of Cont			1	ne Number					
[]DCA	[]Cancell	50 .0	Mic	chael	Go	rman	(.						
				FACIL	ITY I	NFORMATION							
Name of Facility Whe	re Abatement	is Taki	ng Pla	ce (3)			Type of Faci	lity (4)					
Same as above							[]School	(K-12) pter 8 (Oth	er th	nan :	K-12	2)	
Street Addres							[X]Other	(i.e., priva buildings, l	ate 8	co	mme i	-	
							Square Feet	# of Flo	ors	Blo	ig.	Age	
City (5	11	County	(6) Ess	ex		nty Code (7) ATE USE ONLY)	Current Use	(Prior if be	eing	dem	oli	hed)	
									_				
Name of Monitoring F Owner (8)	firm hired by	Buildin	g Asc	M No.		Name of Abates AZTECH M	ment Contract						
N/A Street Address				-		Street Address	\$			-7.5			
bereet maress							topher St	5.					
City, State, Zip Coo						Montclai	Zip Code r, NJ 070)42					
Project Manager for	Firm Te	-	e Numbe	er	Telephone Numb		7	Lice 00		oer			
Cabadalad Otaut Date	(10) [3-1	10.0		D-t-	(11)								
Scheduled Start Date 9-3-14	s (10) Sch	ed. Comp.		Date	(TT)	Name of OSHA 1	Monitor						
WARRANCE WARRANCE CONTRACTOR CONTRACTOR	ear M		L 🛳 Dav	Year		N/A							
Occupancy Status Dur [X]Facility Clo	ing Abatemer sed/Vacated	nt (Check	only	one)		S			0				
of Abatement []Abatement Pe Hours - Desc	rformed Outs ribe: <u>«OffHou</u>	rs Descri	pt»		У	City, State,	Zip Code						
[]other - Desc			Desc	ript»									
Scope of Work (Check [X]>3 sf or []>160 sf or	≥3 lf		.7	ovation olition		[X]Mini [X]Glove	Containment w -Enclosure bag Procedure	F7	e Pro	essu	re		
			Is	erver		£ 321022 Z		T		Aba	tem	nt 1	Туре
Location			location Normal			Descriptio				R	1000	E	E
Asbestos-Cor Material			Used			Asbestos-Con Material (1748. C. 1748.	Amount (Specif	Land 10	E	R	C	C
TO BE AB			y Mai	n-		(i.e., thermal	100	SF or	77	M	PA	A P	O
In Facil	Lity		tenanc ustodi			sulation, surfa	1000 mm 1000 mm	LF)		V A	I	S	S
(13)		Yes	No	12) N/A		or other misce	llaneous)			L	R	Ľ	R
Basement						e Insulat	ion	110 lf		X		·	-
		-	X		ling Plas		40 SF	_	X	_	_		
	-	-			LIIIG FIAS	CGT	- DI	-		-			
Name of Registered V	Name of Registered Waste Hauler NJD					bic Yards	Name of Reg	istered Lan	dfil	ı			
AZTECH MANAGEMENT, INC. Hauler ID 17040						Waste 1.5	G.R.O.W						1
City, State Montclair, NJ 07042					Disposal Date City, State 9-5-14 Morrisville, PA 19067								
7													
Completed By (Print Constantine V		^{itle} reside	ent			Signature	1cm		Date 8-18-14				
					10,10	V///~				-			

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

Secretary and the second				(Pursua	IN TO NJAC										
Date of Notification (1)						uilding Ow HARP & DO		perator (2) CORP.		I\ L	- 4.7	1	7	. L
8 /	19 /14				Stree	et Addr	ess			Q (:	9 11 21	10.0	^		100000
Agencies Notified	Type Notif	fication			126	E. LING	COLN AVE	NUE,	P.O. BOX 2	2000, RY28-4	特别	16 2	UF	H	4: 50
EPA DEP	Ame	al Notific ended No	otifica	ation	City,	State,	Zip Code NEW JER	17 17 17		2240	. يال	11000			ÍKU
X DOL		cellation	1		<u> </u>					Talanhone N	Cor	بلل	LA.	44	<u> </u>
X DOH DCA		Hold	CVN	OTIFICAT		e of Co	ontact RONICA			i i alanhona N	liimha	r			
		LINGLIN	CIN							L					
Name of Facility Who	ere Abatement is	s Taking	n Plac		FACILITY IN	NFURI	MATION	Type	of Facility	(A)			-		
The second second second	or or tabuttormorne re	o raimiş	g	JU (U)				1 4 10	School (K-						
MERCK SHARP & DO	OHME CORPOR	ATION						X	Subchapte	r 8 (Other tha orivate & com			home	s etc	c.)
Street Address									uare Feet	# of Floo		l go.,	Bldg		
126 EAST LINCOLN	AVENUE -BUILD	ING 80	COM	PLEX					68,300	2			50 / S / S / S / S	19	
City (5)	Cou	inty (6)			Cour	nty Co	de (7)	Curre	ent Use (Pri	or if being de	molish	ed)			
RAHWAY	UNI				(STATI		ONLY)	VAC	ANT	0.000					
Name of Monitoring					57	AS	SCM No.			nent Contra					
ENVIRONMETAL HE	ALTH INVESTIG	ATIONS	S, INC	D	. 3		17	_		MENTAL CO	RPOR	ATIO	N		
Street Address 655 WEST SHORE T	DAII								t Address	CK BOAD					
City, State, Zip Code	IVAIL	/			- 77			HEROSON CAN	State, Zip C	ROCK ROAD					
ony, oraco, Esp obab	SPARTA	, NEW	JERS	SEY 07871						V YORK 109	01				
Project Manager for M	onitoring Firm			Telephone	Number			Telep	hone Numb	er	Licen	se Nu	ımber		
WILLIAM S. KERBEL	, CIH			973-729-5	649			845-	369-7500		1101				
Expected State Date		1	Sche		tion Date (1			Nam	e of OSHA	Monitor					
9 / Month D	2 /14			9 /	30	1	/14	AME	RISCI LAB	DRATORIES	INC		#114	180	
Occupancy Status Du	Day Year	Check or	Mo		Day		Year	Phon	e Number						
X Facility Clo Abatement	sed/Vacated Dur Performed Outsi	ing Entir ide of No	re Pe ormal	riod of Abai Facility Ho	urs - Descri	be:		973-	729-5649			3.5			
X Other - De	scribe: MOI	NDAY-F	RIDA	Y 7AM-3:3	0 PM			State		NITTAL II		.,			
Scope of Work (Check	(all that apply)					Y	Full Contai	 inment	with Negat	NEW Ji ve Pressure	ERSE	Y			
Demolition		X	Reno	vation			Mini-Enclo		· mai rioga	1011000010					
>3SF OR	LF						Glovebag	Proce	edure						
X >160 SF C	OR 260 LF						Non-Friabl	e Proc	edure						
	tion of			Location	1		ption of As						oatem		
	-containing			nally used			ing Materia		VI)	Amoun		REMO\	REPAIR	ENCAP	ENCLO
	al (ACM) ABATED			olely by t/Custodial	l .		hermal sys on, surfacir		т	(Specif SF or Li		Ō	AII	A	18
	ility (13)			taff (12)	"		er miscellar			3 Or Li	,	VAL.	الد	SULE	JS(
	, (,	-	Yes	, ,										П	SURE
PIPES-LINEAR FEET			х		PIPE INSU	JLATIC	ON			25 LF		х			
PIPE S - LINEAR FEE	T-FITTINGS		x		PIPE INSU	JLATIC	N			10 LF					
SURFACE AREA - SO	QUARE FEET		х		FLOOR TI	LE AN	D MASTIC	;		1,300 SF	.3				
SURFACE AREA - SO	QUARE FEET		х		TRANSITE	E LAB	TOPS AND	FUN	E HOODS	270SF					
SURFACE AREA - SO	QUARE FEET		X		DUCT SEA	AM CC	MPOUND			20 SF					
SURFACE AREA - SO	DUARE FEET		x		DUCT PAR	PFR				150 SF					
				=											
								123							
															\perp
													_		+
Name of Pogistered VA	facto Hauter		NIDE	P Waste	Cubic Yard	le of M	lacto	INo-	e of Registe	red Landfill					+
Name of Registered W FREEHOLD CARTAG		-		r ID No.	Cubic raid	is of vi	aste			red Landilli UNTY RESO	URCE	MAN	IAGFI	MEN	TSFR
825 HIGHWAY 33	,	- 1		15939		00		1000		R DRIVE/RO			,		
City, State					Disposal D	ate		City,	State						
FREEHOLD, NEW JE		Title			9/9/2014	To:	1	MON	OMERY	, PA 17752	In-t-	_		-/-	1
Completed by (Print or BENJAMIN SANCHEZ	RATIONS	Signa		3	>	Continue to the continue to th	Date	3/	19	11	4				

MU222203126562

State of NJ

Notification of Asbestos Abatement

Paragon Job#		(Pursuan	t to NJAC 8	3:60-7	and 12:120-7)	0.28					
		Ā:					Ph has h	1 to 1 7	Z. 1	Ē		
Date of Notification (1)	IIN	ame of Buil	ding Owne	er/Operator (2)			This also		_			
0 8 /1 8 /1 4		Woodbrid	ge VF, L	LC. c/o Vorr	nado I	Realty Trust	2014 AUG	20 AM	ų:	54		
Agencies Notified Type Notificati	on St	reet Addres	ss				400					No.
DEP Initial		210 Rt. 4		CKANANGANICA (Massaccustus III.)			ه ۱۱۱	.1	J.K	UL.		
Amendr	110	ity, State, Z	ip Code					- 12	• •			
DOL Amendment #		Paramus,	NJ 0765	2								
DOH Emergency justification)	includ	ame of Con	tact				Telephone	Number		12.00		
DCA Cancella	ition	Judith D.	Knop, P	.E.								
•			FACI	LITY INFORM	ATION	l					(2,	
Name of facility where abatement is	s taking pla	ce (3)					Type of Facility (
Former SYMS Building						128	1 =	(K - 12)	O a a Al		40)	
Street Address							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	apter 8 (Ot Private/Co			12)	
						ľ	Bldgs./	Homes, et	tc.			
555 King Georges Rd.		. (0)						# of Floors	S		ig. Ag	е
City (5)	Coun	ty (6)			1000	inty Code (7) ate use only)	36,000 sf Current Use (Pr	01	- 400	50 aliaha	d\	
Woodbridge	Mid	ldlesex			1012	nic use only)	Vacant Retail		j den	Olishe	·u)	
Name of Monitoring Firm Hired by	3ldg. Owne	er (8)		ASCM No.		Name of Abatemen	t Contractor (9)					
Environmental Tactics, Inc.				00045		Paragon Contra	cting, Inc.					
Street Address					_	Street Address						
64 Broad St.						590 River Rd.						Colora
City, State, Zip Code		60				City, State, Zip Code						
Matawan, NJ 07747		Lei				Clifton, NJ 070	014	Times	Niconal			
Project Manager for Monitoring Firm		Ph	one Numb	er		Telephone Number (973) 614-1600)	License 00748	Numi	er		
Thomas Geiger		1707350	2-290-22	100,000		Name of OSHA Mo		00740	_	_		
Scheduled Start Date (10)	Sched	. Completio	on Date (1	1)		Paragon Contra						
09/02/2014		3/2014				Street Address						
Occupancy Status During Abatemen						590 River Rd.						
Facility closed/vacated during Abatement performed outside						City, State, Zip Code	Э					
Describe:	0, 1,0,1,1					Clifton, NJ 070	114	14				
Other-Describe: Scope of Work (check all that apply	2				_	Cinton, NJ 070	714		_			_
Demolition	() Renovatio	ın.				Full Containment w/ne	agative pressure. [Gloveb	200 0	anadı	ıro	
	>160 sf or					Mini-enclosure	Non-Exem					dure
_		n normally i	used solely	,		William Chicago	I TON EXCIT	pied ()	IR	R	E	I
Location of asbestos-containing	by mainte	enance/cust			ion of a	asbestos-containing	Amount		e	е	n	E n
material to be abated in facility (13)	staff(12)			material			(Specify S	F or	o m	p a	c a	С
abated in facility (15)	Yes	No	N/A				LF)		v e	i	р	L
Interior of the Building Throughout		X		VAT (NO	MAS	TIC)	36,000 sf		×			
								2				
D				Lie Veri	VAI	TH. 75	15"					
Registered Waste Hauler Paragon Contracting, Inc.	NJD1 221	EP Hauler I 61		ubic Yards of 20 cyds	vvaste	Name of Registere Tullytown/GRO						
City, State			Disposal D			City, State			_		_	
Clifton, NJ 07014			TBD			Tullytown, PA	20					
Completed by (Print or Type)	Title			Signature	//	//.		Date				
Goran Lazevski	Presiden	t		1	The same	08/18/2014						

D&S Proj. #: 2014-334

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

to NJAC 8:60 and 12:120)

								2 has \$_	ļ			
Date of Notification (1)	Name of Bu	ilding Owne	er/Operator (2)		ii ii	2014	4UG 20	6.06				
10 8 / 1 4 / 1 4	jeffrey b							KI 4:	33			
Agencies Notified Type Notificati	Street Addr	ess				AUL		F1.				
D DEP Amended	33 tall o	aks road				در	Lller	į K	UL.			
Amendment #:	City, State,	Zip Code						- Tarig				
DOL Emergency	new pro	vidence, n	j									
DOH (including	Name of Co						Telephon	e Numbe	r			_
justification) DCA Cancellation	daw pre	ziosi										
Cancellation			LITY INFORMA	ATION			-	-	-			
Name of facility where abatement is	s taking place (3)	- Think				Type	of Facility (4)	_			
Traine of lability where abatement is	staking place (c)				63			(K - 12)			- 80	
jeffrey b. davis						_	Subch	apter 8 (C	Other th	an K	12)	
Street Address						71	Other of	(Private/C	omme	cial		
33 tall oaks road						Sai		Homes, e	_	Blo	ig. Ag	ne
City (5)	County (6)			Cour	nty Code (7)	- 541	ale i eet	# 011100			9. 7.	90
City (5)	County (c)				te use only)	Cu	rrent Use (P	rior if beir	na dem	olishe	ed)	
new providence	UNION			***********	alarenteerin oon oo aaraa aa				.9		-/	
Name of Monitoring Firm Hired by E		T	ASCM No.	\neg	Name of Abatem	ent Contra	ctor (9)					
					D & S REST	ORATIO	N, INC.					
Street Address					Street Address							
					20 California	a Ave.						
City, State, Zip Code					City, State, Zip Co	ode						
					Paterson, N.	I 07503						
Project Manager for Monitoring Firm	I P	hone Numb	er	-	Telephone Numb			License	Numt	er		
					973-345-80	020			1169			
Start Date (10)	Sched. Complet	ion Date /11	1	-	Name of OSHA	Monitor						
10 at		on Date (11	1		D & S Resto	ration, In	ıc.					
08/27/14	09/11/14				Street Address							
Occupancy Status During Abatemer					20 California	Avenue						
Facility closed/vacated during					City, State, Zip C	ode		1				
Abatement performed outside Describe:		irs-		_								
Other-Describe: NORMAL H	OURS			-	Paterson, N.	J 07503						
Scope of Work (check all that apply	′)					The same of the sa	ontainment v	v/negative	press	ure		
\boxtimes >3 sf or >3 lf	Renovation						nclosure					
≥160 sf or ≥260 lf	Demolition						pag procedu exempted (*)		-friable	proce	edure	
Location of	Is location normally		/				1		R	R	Е	E
asbestos-containing	by maintenance/cu	stodial	Description	on of a	sbestos-containin	ig	Amount		e m	e p	n c	n
material (acm) to be abated in facility (13)	staff(12)		material (53 17	(Specify S LF)	SF or	0	a	a	C
abated in facility (13)	Yes No	N/A					/		v e	í r	р	-
BASEMENT CRAWL SPACE	X		DUCT INS	ULA'	ΓΙΟΝ	8	0 sq ft		X			
-												
						10			市			
Registered Waste Hauler	NJDEP Hauler	ID# C	ubic Yards of V	Vaste	Name of Regist				-1		_	
D & S RESTORATION, INC.	13506		YD		TULLYTOW			ECOVE	RY	-		
City, State		Disposal D			City, State		11					
PATERSON, NJ 07503		08/28/1			TULLYTOV	WN, PA					-	
Completed by (Print or Type)	Title		Signature					Date	/201			
BOGDAN JOLDZIC	PRESIDENT	far all	L. C.	08/14/ 2014								
ACD 44	LIO DOT LICE THIS TOTAL	i for agnesto	IS IICENSUITE AY	HUUDIA	u acuvilles							

D&S Proj. #: 2014-332

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

Co 40								in the same	Late Cont	1 7	-11
Date of Notification (1)	Name	of Building Ow	ner/Operator	(2)			2014	ÁUG	20		
0 8 / 1 4 / 1 4		nie caracciolo)					.00	<i>:U</i>	AM	4:5
Agencies Notified Type Notificat	ion Street	t Address					105				
DEP Amended		hay avenue					6	< LIL	- ^	-	THUL
Amendment #:	— II '	State, Zip Code								1546	7
Emergency		tley, nj 07109)			LTolon	hone Numb	or	_	- courses	
justification)	Name	of Contact				relep	HOHE NUMB	ei			
DCA Cancellation	1 <u>co</u>	nnie caraccio	lo							_	
		FA	CILITY INFOR	RMATION	L						
Name of facility where abatement	is taking place ((3)			THE STATE OF THE S	Type of Faci	lity (4) hool (K - 12	2)			
connie caracciolo							bchapter 8		an K	12)	
Street Address						□ □ Otl	ner (Private/	Comme		/	
50 havi avianua							lgs./Homes,		Ble	dg. A	ne -
50 hay avenue City (5)	County (6)		Cou	nty Code (7)	Square Fee	# 01 F10	OIS	DI	.y. A	ge
City (O)	County (-,			te use only)	Current Use	e (Prior if be	ing dem	olishe	ed)	
nutley	ESSEX						78				
Name of Monitoring Firm Hired by	Bldg. Owner (8)	ASCM No	. [ent Contractor (9)					
					D & S REST Street Address	ORATION, INC					
Street Address					20 California	n Avo					
City, State, Zip Code					City, State, Zip C						
only outles are obtained					Paterson, N.						
Project Manager for Monitoring Firm	n	Phone Nur	nber		Telephone Numb	per	E-20110 (1997)	se Numb	er		
					973-345-80			01169	_		
Start Date (10)	Sched. Co	mpletion Date	(11)		Name of OSHA D & S Resto						
08/16/14	08/29/14	ļ			Street Address	ration, mc.				-	
Occupancy Status During Abateme					20 California	Avenue		V. 62			
Facility closed/vacated during					City, State, Zip C	ode					
Abatement performed outside Describe:		ity nours-			D	1 07502					
Other-Describe: NORMAL I					Paterson, N						
Scope of Work (check all that app						Full Containme Mini-enclosure		ve press	ure		
≥ 160 sf or ≥260 lf	Demolition		60			☑ Glovebag prod	edure				
		ormally used sol	elv			Non-Exempte	d (*) and No	n-friable	Proc	Eaure	T
Location of asbestos-containing	by maintenar	nce/custodial		intion of a	asbestos-containir	a Amou		e m	e p	n	E n
material (acm) to be abated in facility (13)	staff(12)	0000 1 00000	mater	ial (ACM)		(Spec	ify SF or	0	a	a	C
abated in facility (13)	Yes	No N/A						v e	ı r_	р	
BASEMENT		X	PIPE IN			69 l ft					
BASEMENT		X	BOILER	INSUL	ATION	54 sq ft				닏	111
								-#	부	H	14
			4	~				ᆛ	井	片	+
Registered Waste Hauler	INJDEP	Hauler ID#	Cubic Yards	of Waste	Name of Regist	ered Landfill		_ _	Ш	Ш	1_
D & S RESTORATION, INC.			08/18/14			VN, RESOURCE	E RECOVI	ERY			
City, State		Disposa			City, State	ANI DA					
PATERSON, NJ 07503 Completed by (Print or Type)	Title		Signature	9	TULLYTO	WN, PA	Date				
BOGDAN JOLDZIC	Title PRESIDEN	T	Jigilatule				10000000	4/14			
ASB-41		is form for asbe	estos licensure	exempte	ed activities.						

State of NJ

Notification of Asbestos Abatement

(Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: 2014-333 Name of Building Owner/Operator (2) Date of Notification (1) 0 8 1/1 4 1/1 4 1 PAUL NASH Type Notification Agencies Notified Street Address X Initial EPA 4 WESTMINSTER PLACE Amended DEP City, State, Zip Code Amendment #: DOL X MORRISTOWN, NJ 07960 Emergency (including Telephone Number DOH. Name of Contact justification) ☐ DCA PAUL NASH Cancellation FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) PAUL NASH Other (Private/Commercial Street Address Bldgs./Homes, etc. # of Floors Eldg. Age Square Feet 4 WESTMINSTER PLACE County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) **MORRIS** MORRISTOWN, Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Telephone Number Project Manager for Monitoring Firm Phone Number 01169 973-345-8020 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. 09/11/14 Street Address 08/25/14 Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Paterson, NJ 07503 Other-Describe: NORMAL HOURS Full Containment w/negative pressure Scope of Work (check all that apply) Mini-enclosure \times >3 sf or >3 lf Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely E Location of е n by maintenance/custodial Amount Description of asbestos-containing n asbestos-containing m C staff(12) (Specify SF or C material (acm) to be material (ACM) 0 a a L abated in facility (13) N/A Yes No 冈 PIPE INSULATION 20 L FT BASEMENT Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# Registered Waste Hauler TULLYTOWN, RESOURCE RECOVERY 13506 1 YD D & S RESTORATION, INC. Disposal Date City, State City, State TULLYTOWN, PA 08/26/14 PATERSON, NJ 07503 Signature Completed by (Print or Type) Title 08/14/2014 BOGDAN JOLDZIC PRESIDENT

Do not use this form for asbestos licensure exempted activities.

ACD 41

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

D&S Proj. #: 2014-289			(Pursua	ant to NJAC	8:60	and 12:120)		ř.	المثال	1 %	š	J	
Date of Notification (1)				er/Operator (2) EY GIBBON	· S			2014 ,	4UG 20	AF	4:	5,	
Agencies Notified Type Notificat EPA Initial DEP Amended Amendment #:	tion Str	eet Addre			3			4.1	LIULI				
DCA Emergency (including justification)	Na	me of Co		NJ 07712 LEY GIBBOI	NS			Telephone	Number				
			FACII	LITY INFORMA	ATION	1							
Name of facility where abatement HENRY & SHIRLEY GIBBO		e (3)					Ту	=	4) (K - 12) opter 8 (O	ther th	an K	-12)	
Street Address		- ;						Other (Private/Co	omme	cial		
1507 BANGS AVENUE							S		# of Floor		Blo	dg. Ag	je
City (5)	Count					nty Code (7) te use only)	<u>-</u>	urrent Use (Pr	ior if being	g dem	olishe	ed)	
ASBURY PARK Name of Monitoring Firm Hired by		MOUT	H	ASCM No.	-	Name of Abateme	nt Cont	ractor (9)					
Street Address City, State, Zip Code	Diag. Owner	(0)		ASOW NO.	_	D & S RESTO Street Address 20 California City, State, Zip Coo	RATI Ave.	Mai 100					
ony, oraco, Esp obdo						Paterson, NJ							
Project Manager for Monitoring Firm	n	PI	hone Numbe	er		Telephone Numbe 973-345-802	phone Number License Number 973-345-8020 01169 ne of OSHA Monitor						
Start Date (10)	Sched.	Completi	on Date (11)		D & S Restora		Inc					
08/21/14	08/29/	14				Street Address	ation,	inc.		and the same of th	-	-	
Occupancy Status During Abateme Facility closed/vacated during Abatement performed outside Describe:	entire perio of normal fa	d of abate				20 California z City, State, Zip Coo	de	e			-		
Other-Describe: NORMAL I					-	Paterson, NJ					_		
Scope of Work (check all that app Sometimes Sometimes Sometimes Sometimes Scope of Work (check all that app Sometimes Scope of Work (check all that app Sometimes Sometime	Renovation Demolition					_ 	Mini Glov	Containment w -enclosure ebag procedur -Exempted (*)	re		proc		
Location of asbestos-containing material (acm) to be abated in facility (13)	by mainter staff(12)	nance/cus	т		on of a	asbestos-containing		Amount (Specify S LF)	For	e m o	R e p a	E n c a	E n c
abated in facility (13)	Yes	No	N/A							v e	i r	р	<u> </u>
BASEMENT		X		PIPE INSU		THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW		100 L Ft					무
BASEMENT		X		BARE HEA	ATIN	G PIPES		145 l ft		#	井	M	H
			-		T STEELS					ዙ	井	ዙ	
			-							片	片	片	卅
Registered Waste Hauler D & S RESTORATION, INC.						f Waste Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY							
City, State PATERSON, NJ 07503			Disposal D 08/22/1			City, State TULLYTOW	NI DA						
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDI	ENT	00/22/1	Signature		TOLLITOW	IV, FA		Date 07/18/	2014			
ASB-41	* Do not use	this form	for asbesto	os licensure ex	empte	ed activities.							

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

acion Weil

Date of Notification (1)			Building Own		(2)		2014	Aur .	_			
Aug 15th 2015			ge House C	ondo			5014	AUG 1	9 1	111	1: 3.	
Agencies Notified Type Notification EPA Initial			Street A	^{ddress} dge Drive				Aus	-015	9 9	161	
X DEP Amended X DOL Amendment		_		te, Zip Code a New Jerse	ey 07044			9	LIUI	in)	ING	KU
DOH Emergency (injustification) DCA Cancellation	including		Name of Bruce	Contact Young		<u> </u>		Telephone	Number			
			FACI	LITY INFORM	ATION				B -	-		
Name of Facility Where Abatement is Taking 1 Claridge House	Place (3)				Type of F	acility (4)		1			
Street Address 1 Claridge Drive						Subo	r (i.e. priva	Other than hate & comme		dings	, rom	es,
City (5) Verona New Jersey		Maid Li				9 etc.) Square Fe	et	# of Floors	1000	Bldg. Aç e		
County (6) Essex			County (Code (7) USE ONLY)		Tar a transcription		being demo	olished)		17-02	- 100
Name of Monitoring Firm Hired by Building C	Owner (8))	ASCM	l No.		of Abateme		ctor (9)	Ī	2		
Street Address						Address Broadwa	ay					
City, State, Zip Code						state, Zip Co t New Yo	Jersey	N.				
Project Manager for Monitoring Firm		Telephor	ne No.		none No. 966-8760		Licens 01210	A STATE OF THE STA				
Start Date (10) Aug 27 2014	ed Cor 0 201		Date (11)	of OSHA M		ıbs						
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P	eriod of	Abater										
Abatement Performed Outside of Norm Other – Describe: exterior work	al Facility	y Hour	s			tate, Zip Co n NJ 070						
Scope of Work (Check All That Apply)					-	7						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	10000000	Renova Demoli				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					re	
		Local		=		a NOTE	I	and North	lable i i	Abat	ernen yp e	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cus	Norma ed Sole aintena todial (12)	ely by ince/ Staff?	(i.e. ther		Material (AC s insulation T, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A X		roof				2.00	_	0	
	roof							1800 sf	х		ļ	_
garage exterior facade/columns		X		column			2000 sf	x	╙	_		
handrail post	nandrali post				footings	3		320 sf	x		-	-
Name of Registered Waste Hauler		LIDEP W	aste Cı	ibic Yards	l Na	me of Red	gistered Lan	dfill		_		
Newark Carting	1	NJDEP Waste Hauler ID No. 04509 Cubic Yards of Waste 20 yds			2500	ES	giotoroo Earr	O.I.I.				
City, State Hillside New Jersey				Disposal Date Oct 10th 2014			y, State thlehen	n PA				
Completed by Leticia Torres Cruz				Signature	· yeu	tus	-	Date Aug 1	5 20°	14		