State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 43:430)

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Date of Notification		111					Owner / Operato	r (2)			W2 11		7	-
Agapaiga Natified	08-16-2017						ity Hospital		18	1)		0.013	100	
Agencies Notified EPA	Type Notific	ation		1	t Add		Compus		1	III AUG	21	2017	į.	
DEP		al				& Zip (Campus						-	
⊠ DOL		nded				NJ 08				ASCIE	N 6.73	1100	1 8	
□ DOH	☐ Eme	ergency				ontact					Telepho			er
☐ DCA		cellation		Mr. N	like M	cClosk	ey		L	CONTRACTOR CONTRACTOR CONTRACTOR	Loiopin	9110.13		
				E	ACII	ITV INI	FORMATION							
Name of Facility WI	nere Abateme	ent is Taking Pla	ace (3	7	ACIL	I I IIVI	Type of Facil	lity (4)		-				
Kennedy University	Hospital-Eas	t 1 CPD Renov	ation /	Area			School (
Street Address	-								Other than k	(-12)				
2201 Chapel Hill Ca	ampus								ate & comme		as, home	es, et	c.)	
							Square Feet		# of Floors		Bldg. Ag			
City (5)		County (6)	Co	ounty	Code	(7)	250,00	0	2	2		52		
Cherry Hill, NJ		Camden					Current Use	(Prior if	being demo	olished)				
							Hospital		avarr					
Name of Monitoring	Firm Hired by	y Building Own	er (8)		AS	CM No								
Criterion Laboratorio	es						Resource Ma		ent Group, I	LLC				
3370 Progress Drive,	Suite I						Street Addres		0					
City, State & Zip Co							2115 Hamilto							
Bensalem, PA, 19020							City, State &		de					
			I				Trenton, NJ (Design and the second						
Project Manager for Mr. Mike Panepresso	Monitoring F	ırm	1	phone		ber	Telephone N			License 1				
				244-13			609-914-4279				0118	35		
Scheduled Start Date 08-29-20		Scheduled Con					Name of OSI			120				
			09-12				J&S Environn		Laboratories	, Inc				
Occupancy Status D		nent (Check on During Entire Pe					Street Addres							
Abatement	Performed O	itside of Norma	I Hour	n Abai	terner	IL	2333 Route 2 City, State &							
24 / Ibatomone	crionnea ot	atolice of Inollific	i i ioui	3			City, State &	Zip Cot	ue					
Describe:	Project to be	conducted 2 nd	shift 4	1:00pn	n to 1:	2:00am	Union, NJ 07	083						
	upied During				***********									
Scope of Work (Che	ck all that ap	ply)								An and a second				
≥3 sf or ≥3 l	£			_				\boxtimes		nment with N	legative	Press	sure	
≥3 sf or ≥3 l ≥160 sf ≥26			Ä		novatio nolitio			H	Mini-Enclos					
	0 11		ш	Dei	HOIILIO	11		Н	Glove Bag I Non-Exemp		-Friable	Proc	edure	2
L	ocation of		Is	Locat	ion	T	Description		TTOTI EXOTIP	Amount		ateme		
	tos-Containin	g		mally I			Asbestos-Con	taining		(Specify		Г		
	erial (ACM)			olely i			Material (A			SF or LF)	Z	-	띸	ū
	BE ABATED n Facility		10/1/20/20 000	tenan			(i.e., thermal s insulation, surface				em	Rep	cap	CC
	(13)		Oust	(12)	Jian :		or other miscell				Remova	Repair	Encapsulat	Enclosure
	, ,		Yes	No	N/A	1			′		_		at	.e
CPD Renovation Are	ea					Fitting	gs & Partial Fitting	gs	33	each + parti	als 🛛		П	П
CPD Renovation Are	ea-Hallway					Plaste			2 S		<u>⊠</u>	H	H	T
CPD Renovation Are	ea-above exh	aust fan				Plaste	er		6 S					
N	144					<u></u>								
Name of Registered	Waste Haule	r				Naste	Cubic Yards of	Name	e of Register	ed Landfill				
Resource Managem	ent Group 11	C		100000	uler 10 35218		Waste TBD	Grow	s Landfill					
City, State	Oroup, LL	<u> </u>		00.	00210	W		1	A STATE OF THE STA					
Trenton, NJ							Disposal Date	City, S	state sville, PA					
Completed By (Print	or Type)			Titl	0		Signature)	THOMAS	711110, 1 A		Detr			
Mr. Brian J. Haney	o. 13pc)				e esider	it	Gignature				Date 08/16	/2017	7	
							4-		many and a supplemental and a su					

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

		NOTI	FICATION Pursua	ON OF ASI	BESTO: C 8:60 a	S ABATEN and 12:120	MENT PA	U	NE	ا يا		W	
Date of Notification (1) 08/15/2017			Name	of Building gston Boa	Owner rd of E	Operator ducation	(2)	che	ck# 4887				
Agencies Notified Type Notificati ☑ EPA ☐ Initial			11 Fc	Address excroft Dri	-745 	1			had:	UG_2			SCIENCE CO.
IXI DEP X Amended IXI DOL Amendment IXI DOH □ Emergence	ent #_1	7		State, Zip C gston, NJ				and the same of th	ASCIL	CEN L'CEN)L 8
IXI DCA justification) □ Cancellat		,	Jame	of Contact s Perrette	l		V.S.	TA	lanhona N	lumber	-	-	
Name of Facility Where Abatement is Ta School Administration Building	king Place	(3)	FA	CILITY INF	ORMAT	TION	Type of Facility	/ (4)					
Street Address 11 Foxcroft Drive						1	School (KSubchaptOther (i.e	er 8 (O:h	er than K	-12) rcial bu	ldings	s, hom	nes,
City (5) Livingston	V-12-			- I I			etc.) Square Feet		f Floors		Bldg.		***
County (6) Essex				Code (7) USE ONLY	,		Current Use (F school	rior if be	ing demol	ished)			
Name of Monitoring Firm Hired by Buildin Omega Environmental Services	g Owner (8	3)	ASC	M No.		Name of Lilich C	f Abatement C Corporation	ontractor	(9)				
Street Address 280 Huyler Street						Street A 606 Mc	ddress Bride Ave						
City, State, Zip Code South Hackensack, NJ 07606		150				City, Sta Woodla	ate, Zip Code and Park, Nev	v Jersey	/				
Project Manager for Monitoring Firm Anton Rezin				one No 39-8700		Telepho 973-22			License 01104	No.			
Start Date (10) 08-25-2017	Schedu 08-28-	led Cor 2017	mpletion	Date (11)		Name of	f OSHA Monito	r aborator	ries. LLC				
Occupancy Status During Abatement (Ch						Street A	ddress		.00, 220				
 ☑ Facility Closed/Vacated During Entire ☐ Abatement Performed Outside of No ☑ Other – Describe: unoccupied sub 	rmal Facilit	Abater y Hours	ment s			City, Sta	oute 22 West te, Zip Code NJ 07083						
Scope of Work (Check All That Apply)													
☐ ≥3 sf or ≥3 if 図 ≥160 sf or ≥260 if	100000	Renova Demolit					Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure				e	
Location of		s Locat Normal								T	Abate	ement pe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole aintena todial (12)	ely by nce/	Asbesi (i.e.	tos Coni thermal surfa	scription o taining Ma systems i cing, VAT, niscellane	terial (ACM) nsulation, or	(Sp	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
st floor-Office&server storage	Yes	No	N/A x	Suspan	dod so	ilina sila		F 4 4 4 11				ate	6
			1	Juspen	ueu ce	iling tile	S	544 SI	-	X			
						•							
Name of Registered Waste Hauler		N	JDEP W	Vaste	Cubic	Yards	Name of	Register	red Landfi				
ilich Corporation		Н	lauler ID 18724	3.53	of Was		G.R.O.W			и			
City, State Woodland Park, New Jersey					Dispos	al Date	City, Sta		isville, P	4		4))	
Completed by Momo Glavatovic	Title Pro	oject n	manage	er	S	ignature	11			ate 08/15/2	2017		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Public Service Electric and Gas 17 / 17 Type Notification Agencies Notified Street Address **⊠** EPA Initial 4000 Hadley Road, Floor 2 **⊠** DOLWD ☐ Amended City, State, Zip Code Amendment #_ **⊠** DOH S JOHN DE South Plainfield, NJ 07080 ☐ DCA ☐ Emergency (including Name of Contact Telephone Number (NJAC 5:23-8) justification) ☐ Cancellation Ron Meloskie **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Commercial School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 246-250 Passaic Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Passaic County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Passaic Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. **Bio Terra Solutions** Unipro, Inc. Street Address Street Address P.O. Box 1224 173 Karkus Avenue City, State, Zip Code City, State, Zip Code Union, NJ Woodbridge, NJ 07095 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Rick Estaquio 973-494-3762 732-726-3111 00615 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __08 / 28 / 17 09 / 28 / 17 Unipro, Inc. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 173 Karkus Avenue ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM- PM/ PM- AM Woodbridge, NJ 07095 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ≥3 sf or ≥3 lf ☐ Renovation ≥ 160 sf or ≥ 260 lf Glovebag Procedure ☑ Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Encapsulate Enclosure Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ (i.e., thermal systems insulation, TO BE ABATED (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) (13)No N/A Yes 7,430 SF Roof П X Roofing Material M П П П П Cubic Yards of Name of Registered Waste Hauler NJDEP Waste Name of Registered Landfill Hauler ID No. Waste Century Waste LLC IESI Bethlehem Landfill As Needed 32797 City, State City, State Disposal Date Bethlehem, PA Elizabeth, NJ TBD

Signature

David Tolchin

Date

8/17/17

Completed By (Print or Type)

David Tolchin

Title

President

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

PAID Check # 9574

Date of Notification (1)			Name	of Building	Owner/O	perator	(2)						
Agencies Notified Type Notification			-				AGEMENT	-	7 11/27	-	-		
			Street	Address	inn	1160	0703	ITIE	12 the .	3	IW	7 JS	1
EPA Initial Amended			City, S	tate, Zip Co	ode		7702	157		70/	4		-11-1
X DOL Amendmen			110	11657	30 1	UJ	0703	5	4110				
DOH Emergency justification)	8		I VOILLE I	UI CUIIIaCI				(1 + 11 (m)	Alic	7 1	2014	7	1111
DCA Cancellation	1		-	SHA									
Name of Facility Where Abatement is Takir	ng Place (3	3)		ILITY INFO	ORMATIC	ON	Type of Facilit	v (4)	Start Service			OL (2
PUMSEY PARK APA	NTM	EN,	2				School (F	-	: <u>UE</u>	NSII	VG.	KOOWADONES	Witness Committee
Street Address 7 PROSPECT 87					P/100 P		Subchap	er 8 (Ot	her than K-1	2)			
							Other (i.e etc.)	. private	& commerc	ial bui	ldings	, hom	es,
City (5)							Square Feet		of Floors	- 1	Bldg.		
County (6)		1	County	Code (7)			S. OUD	The Market of the Control	2		6	C	
ESSEX				USE ONLY)		_	Current Use (F	Luor II. De	eing demolis	ned)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCI	M No.		Name o	of Abatement C		r (9)		-		
Steed Address						A. Ma	c Contractir	g Inc.					
Street Address					1	Street A	ddress reeland Ave	3					
City, State, Zip Code							ate, Zip Code	•					
							nd Park, N.J						
Project Manager for Monitoring Firm			Telepho	ne No.	100	Telepho 201-2	ne No. 62-5841		License N 00156	lo.			
Start Date (10)	Schedule	d Cor	npletion	Date (11)	1	Name o	f OSHA Monito	r	00.00				
8/28/11	71	10	117			Omeg	a Environm	ental S	ervices Ir	IC.			1
Occupancy Status During Abatement (Chec		5500				Street A	ddress uyler Street						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	eriod of A al Facility	Hours	nent S				ite, Zip Code						
Other – Describe:							ensack, N.J.	07606	í				
Scope of Work (Check All That Apply)													-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	province .	Renovation Demolition				XXX	Full Containr Mini-Enclosu Glovebag Pro	re ocedure					
	Is					لنط	Non-Exempte	au (*) an	o Nor-Fran	le Pro		e ement	-
Location of	N	Normally D			Descr	ription o	f			_		ре	
Asbestos-Containing Material (ACM) TO BE ABATED	Mair	ntenar	nce/	Asbesto	os Contair	ning Ma	terial (ACM) nsulation,		mount	_		Щ	m
In Facility (13)	Custo	dial S (12)	statt?		surfacin	g, VAT,	or	1	Specify F or LF)	Removal	Repair	cap	nclo
()	Yes	No	N/A	'	other mis	cellane	ous)			oval	air	Encapsulate	Enclosure
BOUER ROUM	165	140			0.00					_		O	
11	-		X		PIPE				130 LF	×			
	+				OUSA				80 SF	x			
: [TAN.				56 SF	X			
Name of Registered Waste Hauler		Lat	IDED W		RES CH				OSF	×			
Newark Carting, Inc.		10000	JDEP Wa auler ID		Cubic Ya of Waste				red Landfill				
City, State		04	509		200				I Sanitary	Lan	dfill		
Newark, N.J. 07105					Disposal 8/28	-10	City, Sta		A 08 <mark>0</mark> 72				
Completed by	Title				-1	ráture/	12.CK 1	1	Dat	te /	1		-
R. McDonald	Presid	dent			1/	C/1	1 Joseph	1	1 8	5/16	117		

CK# 1859	N	OTIFIC (Pui	State of CATION OF A rsuant to NJ/	New Jers SBESTOS AC 8:60 ar	ABATE	EMEN	T	TA IN					ript Fo
Date of Notification (1) August 16, 2017	***		lame of Buildi City of Sum				unity Progra	ams	A	UG_2	21_	2017	17.5
Agencies Notified Type Notificat X EPA Initial	on	In the second	Street Address 100 Morris						ASEL	SYCIS L'OE			DL &
DEP Amended Amendm			City, State, Zip Summit, NJ							12	*1		
DOH justification Cancellai	on)	100	lame of Conta aime Coluc	270 G (1									3.5
Name of Facility Where Abatement is Ta	king Place (3)	-	FACILITY IN	FORMAT	ION	Tun	o of Facility (4	\					
Community Center - Ground Flo	or					Тур	e of Facility (4						
Street Address 100 Morris Avenue						×	School (K-12 Subchapter 8 Other (i.e. pr etc.)	(Cthe	than K- commer	12) cial bu	ildings	s, hom	es,
City (5) Summit, NJ 07091						Squ 700	are Feet	# of F	loors		Bldg. 63	Age	
County (6) Union			ounty Code (7				rent Use (Prior mmunity Ce		g dernoli:	shed)			
Name of Monitoring Firm Hired by Buildir Omega Environmental Services	g Owner (8)	- 1	ASCM No. 00120				atement Control						
Street Address 280 Huyler St		1			Street 234 (All the second	ess dview Aver	nue					
City, State, Zip Code South Hackensack, NJ 07606							Zip Code and, NY 10	303					
Project Manager for Monitoring Firm Stan Blackman			lephone No. 201) 489-87	00	Teleph 718-2				License I	No.		Market Cons	
Start Date (10) 8/25/2017	Scheduled 8/27/201		etion Date (11	1)			HA Monitor nvironmenta	al LLC					
Occupancy Status During Abatement (Ch	eck Only One)				Street	Addre	ess						-
Facility Closed/Vacated During Entir Abatement Performed Outside of No Other – Describe:	e Period of Aba rmal Facility H	atemen ours	nt		City, St	tate, Z	dview Aven		1111 2-1				
Scope of Work (Check All That Apply)					State	n Isi	and, NY 10	303					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		ovation nolition			×	Min	Il Containmen ni-Enclosure ovebag Proce n-Exempted (dure				e.	
Location of	1 2120 CO CO	cation mally		Dos	cription						Abate	ement rpe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Custodi	enance	ASDE	stos Conta e. thermal surfac	aining Ma	ateria insula , or		Spe SiF o		Remova	Repair	Encapsulate	Enclosure
Ground Floor Office		10 OF	N/A) - III - T	1. (0)				at	_		ate	ē
Cround Floor Office		1		Ceiling T	ile/Glue	э Da	ub	2:70	SF	X			-
Name of Registered Waste Hauler		NJDEP Waste Cubic Yar Hauler ID No. of Waste SW2105 5					Name of Re Minerva E	ā					
City, State hirley, NY 11967				Disposa 8/28/2			City, State Waynesb	urg. O	H 4468	38			
Completed by Raymond Blum	Title Operation	ons M	lanager	Si	gnature	///			Da		16	2017	

AV #1970		NOT	FICATIO	State of N N OF AS nt to NJA	BESTOS	ABATE	MENT	PA	ID				-
Date of Notification (1)			Name	of Building	Owner/			1	<u> </u>		M		
08/18/2017			NRG	Energy	Inc.								
Agencies Notified Type Notification Pagencies Notified Type Notification				Address Riegels\	ille Rd	., Rt 62	27		AU	G 21	20	7	الما
DEP Amended Amendment	-		City, Si Milfo	tate, Zip C rd NJ 08	ode 3848			1	ASE			TOL	&
DOH justification) DCA Cancellation		g		of Contact o Stank				-T-	1	CENS	NG.	DANISH NO.	
			FAC	ILITY INF	ORMAT	ION							
Name of Facility Where Abatement is Takin NRG Energy Inc.	g Place	(3)					Type of Facility						
Street Address 315 Riegelsville Rd., Rt 627							School (K Subchapt Other (i.e etc.)	er 8 (Oth	er than k & comme	K-12) ercial buil	dings	, hom	ies,
City (5) Milford							Square Feet 10,000	# o 1	f Floors		3ldg 100	Age	
County (6) Hunterdon			County (STATE	Code (7) USE ONL)		Current Use (P Unoccupied	rior if be	ing demo	olished)			
Name of Monitoring Firm Hired by Building (Owner (8	3)	ASCI	M No.		Name Che	of Abatement Co	ontractor trial	(9)				
Street Address							Address Heritage Lan	e			A	*	
City, State, Zip Code	M	3-1-1-2-1-2					tate, Zip Code burg, NJ 074	19					
Project Manager for Monitoring Firm		1	Telepho	ne No.		Teleph	one No. 570-2645	-	License 01334				
Start Date (10) 8/28/2017	Schedu 9/11/2		mpletion	Date (11)		Name	of OSHA Monito	r triol	01005		***		
Occupancy Status During Abatement (Check							Address	uiai ———					
Facility Closed/Vacated During Entire P	eriod of	Abater	ment		40		Heritage Land	€					
Abatement Performed Outside of Norm Other – Describe:	al Facilit	y Hour	S				ate, Zip Code burg, NJ 074	19					
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	processes.	Renova Demoli				✓ ✓	Glovebag Pro	re ocecure					Į.
	Is	Locat	ion				Non-Exempte	a () and	u Non-Fn	lable Pro		e ement	t
Location of		Norma ed Sole	lly			scription					Ty	ре Г	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intena todial	nce/				aterial (ACM) insulation,	100000	mount Specify	, D		Enc	ш
In Facility (13)	Cus	(12)	olan r	33.13.7333		cing, VAT			or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A		00		oddy			val	=	ılate	ure
Exterior Building		X		E	xhaust	Steel C	Coating	160	00 SF	Х			
Throughout		X			Elect	trical W	/ire	15	00 LF	Х			
Interior Building		X		Ele	ectrical	Breake	er Board	20	0 SF	X			
Exterior		X		Vibra	ation Da	amper	Insulation	70	0 SF	X			
Name of Registered Waste Hauler Weigle Trucking Co.		1 3525	JDEP W lauler ID		Cubic of Was		Name of Minery	Register		fill			
City, State Linden, PA						al Date	City, Sta	te va, Ohio	0				-
Completed by Corey Stankovic	Title CEO)			Si	gnájure	Y	VIQ.] [Date 8/18/20)17		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 8-17-17 **PSEG** Agencies Natified Type Notification Street Address 4000 Hadley Road EPA Initial AUG × DEP City, State, Zip Code Amended X DOL Amendment # South Plainfield New Jersey 07080 Emergency (including DOH Name of Contact justification) Telephone Numb DCA Cancellation Rupert Pond FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) McCarter Switching Station School (K-12) Street Address Subchapter 8 (Other than K-12) 478-492 Central Avenue Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Newark, New Jersey 07107 Bldg. Age 100,000 55 years County (6) County Code (7) Current Use (Prior if being demolished) Essex (STATE USE ONLY) Not in use Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Omega Environmental Services Inc. Gramercy Group Inc. Street Address Street Address 280 Huyler Street 3000 Burns Avenue City, State, Zip Code City, State, Zip Code South Hackensack, NJ 07606 Wantagh NY 11793 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Geiser Fajardo 201-481-6209 516-876-0020 01085 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 8-28-17 12-31-17 Gramercy Group Inc. Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 3000 Burns Avenue Abatement Performed Outside of Normal Facility Hours Other - Describe: Facility scheduled for demolition. No occupancy City, State, Zip Code × Wantagh, NY 11793 Scope of Work (Check All That Apply) ≥3 sfor ≥3 If Renovation Full Containment with Negative Pressure × ≥160 sf or ≥260 lf × Demolition Mini-Enclosure Glovebag Procedure × Non-Exempted (*) and Non-Friable Procedure Is Location Abatement

Location of Asbestos-Containing Material (ACM)		Norma ed Sole			Description of				1	ype	
TO BE ABATED In Facility (13)	Ma	aintena stodial ((12)	ince/	Asbe (i.e	estos Containing Mater e. thermal systems ins surfacing, VAT, o other miscellaneou	ulation, r	Amount (Specify SIF or LF)	Removal	Repair	Encapsulat	Enclosure
	Yes	No	N/A			50		l a	1 =	ilate	ure
MER Roof Flashing			X		Flashing Roof Le	vel	320 SF	X	-	-	-
Basement through 5th Floor			X		TSI Fittings		271 LF	X	\vdash	-	-
Basement through 5th Floor			X	12	by 12 and 9 by 9	VAT	79,950 SF		-	-	
Loose ACM debris			X		Miscellaneous		720 SF		-		
Name of Registered Waste Hauler Horwith Trucks Inc.		H	JDEP Wa auler ID N 3227		Cubic Yards of Waste 300	Name of	Registered Land Enterprises	fill			
City, State Northampton, PA 18067					Disposal Date	City, State	sburg OH				
Completed by Robert Lewin	Title Enviro	onmei	ntal Cod	ordinat	Signature	X	1	Date 3-17-17	,		

QK#00001	792	NOTI)	FICATIO	ON OF ASBI	ESTOS A	BATEMEN	NT	PA)		1 0 :		,
Date of Notification (1) August 18, 2017			Name	of Building (tmont Cou	Owner/Op untry Cl	perator (2) ub			6 4	J: 13	3			
Agencies Notified Type Not				Address Eagle Roo	ck Aven	ue		A CONTRACTOR OF THE PARTY OF TH	AL	IG 2	2 1	201	7	
DEP Ame	ended			tate, Zip Co				1	*					Seman
Eme	endment # ergency (includin	g		Orange,	NJ 070	52		.4	SDES	103	00	NF9	OL	2
	fication) cellation		Lou V				L	е	lephone	Num	berli	NG .	Continue.	DANIEL ELEMAN
No. of White			FAC	ILITY INFO	RMATIO	N						S-		
Name of Facility Where Abatement Crestmont Country Club	is Taking Place	(3)				Тур	pe of Facility	(4)	,					
Street Address 750 Eagle Rock Avenue			100			×	School (K. Subchapte Other (i.e.	er 8 (Cth	ner than & comm	K-12) iercia	l buil	dings,	hom	es,
City (5) West Orange						0.000	etc.) uare Feet 000	# 0	f Floors			ildg. A	ge	
County (6) Essex				Code (7) USE ONLY)		Cui	rrent Use (Po		ing dern	olishe				
Name of Monitoring Firm Hired by E Iris Environmental Labs	Building Owner (8	3)	ASCI	M No.		Name of Al	batement Co							-
Street Address		-			5	Street Addr		nental	Corp.					
City, State, Zip Code						164 Bear City, State,	ver Drive							
							rk, NY 11	754	*					
Project Manager for Monitoring Firm			Telepho	ne No.		Telephone 6317418			Licens 01348		3			
Start Date (10) 9/5/17	Schedu 10/5/1		npletion	Date (11)	1		SHA Monitor Environn		Corp.	- 00				
Occupancy Status During Abatemen	it (Check Only O	ne)				Street Addr			- с.р.					
Facility Closed/Vacated During Abatement Performed Outside	Entire Period of	Abaten	nent		10		ver Drive				2000			
Other – Describe: Monday - Sa	turday 7:00AM-3	30PM				City, State, Kings Pa	Zip Code irk, NY 11	1754						
Scope of Work (Check All That Apply	y)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				× G	ull Containm lini-Enclosur llovebag Pro on-Exempte	e cedure						
	100	Locati										Abater		
Location of Asbestos-Containing Material (Ad	1	Normal ed Sole	4	Ashaata		iption of	-1/4010			ŀ		Тур	e T	\dashv
TO BE ABATED In Facility (13)	IVIa	todial S (12)	51000000	(i.e. th	nermal sys	ning Materia stems insu g, VAT, or cellaneous	lation,	S	mount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
D 110/40 D	Yes	No	N/A			(a) 1.724							te	LD .
Basement HVAC Rm Basement HVAC Rm			X			sulation			00 SF	_	Х			
			X	Cor		lg & Fittir	ngs		5 LF	_	X			
Basement Storage			X			ings		10	0 LF	-	X		-	
Name of Registered Waste Hauler		N.	JDEP W	aste (Cubic Yar	rds	Name of	Register	red Land	fill				
Newark Carting Inc.		25.89	auler ID 1509	0.0000M	of Waste 3001		Grand							
City, State Newark New Jersey					Disposal I on/abou	Date t10/5/17	City, Stat							
Completed by John Barone	Title Senio	or Pro	ject Ma	anager /	Sign	ature		chicketon on the		Date 8/18	/17			

CC#5	000) NOT	FICATIO (Pursuar	ON OF AS	BESTOS C 8:60 ar	8 ABATE nd 12:12	EMEN 20)	PAN		近區		/ [1/
Date of Notification (1) 8-18-17			Name ERM	of Buildin	g Owner/	Operato	r (2)		A A	UG 2	200	্বা		
25.0	Notification		Street	Address	TON S	OUTH	001	DDDDATE	CIN	TCD	201	[<i>[</i>	116	-
× DEP	nitial Amended		City, S	tate, Zip (Code	ООТП	COI	RPORATE	SE	US ST	41414	OL &		
	Amendment #1 Emergency (inclu	ding	EVVII	NG, NJ of Contac	08628				and the same of th	CENS	11/1/2		the same but	
promp J	ustification) Cancellation		VINC	ENT S	HEA				1 12	Дипл				
Name of Facility Where Abatem	ent is Taking Pla	ce (3)	FAC	CILITY IN	FORMAT	ION	Тур	e of Facility	(4)					
CITGO'S PETTY ISLAND	TERMINAL							School (K-	12)					
105 PETTY ISLAND							×	Subchapte Other (i.e. etc.)	r 8 (Oth private 8	er than K- & commer	12) cial bui	ldings	, hom	ies,
City (5) PENNSAUKEN							0.00	are Feet	# of	f Floors		Bldg. /		
County (6) CAMDEN				Code (7)				ent Use (Pri	or if bei	ng demoli	shed)			
Name of Monitoring Firm Hired b	y Building Owne	r (8)	ASCI	M No.			of Ab	atement Co			D) //O			
Street Address						Street		ENVIRO ess	INIVIEN	ITAL SE	RVIC	ES		
3 TERRI LANE, SUITE 4 City, State, Zip Code							A CHILDREN	ALEY ST	REET					
BURLINGTON, NJ 08016								Zip Code LPHIA, P	A 191	37				
Project Manager for Monitoring F JOHN LUTZ	irm		Telepho	one No. 86-8800)	Teleph 215-				License 01166	No.			
Start Date (10)		duled Co				The state of the s		HA Monitor		01100			-	
9-5-17 Occupancy Status During Abater		31-17 (One)				ATC Street								
Facility Closed/Vacated Dur	ing Entire Period	of Abater	ment					LANE, SU	JITE 4					
Abatement Performed Outsi Other – Describe:	de of Normal Fac	cility Hour	s					Zip Code STON, NJ	08016	3				
Scope of Work (Check All That A	pply)	·				2011		31011,110	00310			-		
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		Is Locat							12			Abate	ement	
Location of Asbestos-Containing Material		Norma Jsed Sole Maintena	ly by	Asbes	Des	scription aining Ma		I (ACM)	An	nount	-	1 9		
TO BE ABATED In Facility (13)		Custodial (12)	V2150500	(i.e.		systems sing, VAT niscelland	Γ, or			pecify or LF)	Remova	Repair	Encapsulate	Enclosure
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SEE ATTACHED TAE	BLE										Х			
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Name of Registered Waste Haule SERVICE TRANSPORT GR		111 333	JDEP Wauler ID		Cubic \ of Was			Name of F			1			
City, State	1006				Dienes	al Data		MINERY		NDFILL				
NEWARK, DE					Dispos	Jale		City, State						
Completed by JENNIFER NIVEN	Title DII	R. OF C	PERA	TIONS	S	gnature	\overline{a}				te -18-1	7		

State of New Jersey

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

(N#14)	000	NO.		ATIO	N OF AS	SBESTOS ABA AC 8:60 and 5:1				yes = 1	5 0	R E	- Pro
Date of Notification (1)	2 10			Nam	e of Buildir	ng Owner/Operator	(2)		E 10.	17	11 11	4 [3
8/	17 /	17				Mall Owner LLC		e Prop			and , exercise		-
Agencies Notified	Type Notification	on		Stree	t Address				AUG	2 1	20	117	- 11
⊠ EPA	☐ Initial			21	0 Route	4 East		the head					1
☑ DOLWD ☑ DHSS	Amended Amendmen			City,	State, Zip	Code				- (24)			7
□ DCA			-	Pa	ramus, N	IJ 07652		A	SDES				_ &
(NJAC 5:23-8)	justification		ig	Name	e of Contac	ct		Telept	none Numb		SING		-
Control of the Contro	☐ Cancellation			An	thony Sa	lgado							
						NFORMATION		1				(
Name of Facility Where A	hatement is Tak	ing Plac	e (3)	FA	CILITII	NFORMATION	Type of Facility						
Bergen Town Cente		my r iac	C (3)				Type of Facility (
Street Address		-11		-			☐ School (K-12 ☐ Subchapter 8		than K-12)				
1 Bergen Town Cen	ter, Suite 640						Other (i.e., pr homes, etc.)	ivate an	d commer	cial bu	uilding	gs,	
City (5)			A				Square Feet	# of F	loors	BI	dg. A	ge	
Paramus, NJ 07652							60,000	2		- 1	44		
County (6)				Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Pri	or if beir	na demolis	hed)	0.000		
Bergen							Vacant Offic		•				
Name of Monitoring Firm I	lired by Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)		12				
Whitestone Assoc.			, ,	NA			ronmental Sys	fame					
Street Address				18,888		Street Address	Tominental Oys	-					
1600 Manor Drive, S	uite 220					550 East Unio	on St						
City, State, Zip Code						City, State, Zip Co			100000000000000000000000000000000000000				2700
Chalfont, PA 18914													
Project Manager for Monito	oring Firm	-	Tolo	phone	No	West Chester	, PA 19382	Ti					
Jeremy Hassett	Jillig Filli		0.000	5-712		Telephone No.		15.00 E.0 HOUNES	se No.				
Start Date (10)	l Cab	adulad O				610-701-9000		00	508				
8 /18 / _		eduled C				Name of OSHA M AET	onitor						
Occupancy Status During	Abatement (Che	eck only	one)			Street Address		-			-		
□ Facility Closed/Vacated	During Entire F	Period of	Abate	nent		28 N. Pennel	Road						
☐ Abatement Performed (Outside of Norm	al Facilit	y Hour	s - Des	cribe	City, State, Zip Co	ode		-				
Time of Abatement: 7A	MPM/ <u>3:</u>	30PM	/	MA		Media, PA 19							
Scope of Work (Check all t	hat apply)										340		
$\boxtimes \ge 3$ sf or ≥ 3 If $\square \ge 160$ sf or ≥ 260 If			novati molitic			☐ Mini-Encl ☑ Glovebag				3			
		Is	Locat	ion	T		Inploca () alla Holl	- Habic	1 Toocaan	1	atem	ont Ti	mo.
Location o	f	1	Vorma	lly		Description of	f			-			_
Asbestos-Containing M		10.000	ed Sole	~ ~		stos Containing Mat	terial (ACM)		ount	Removal	Repair	Encapsulate	Enclosure
TO BE ABAT IN Facility		0.000.00	todial		(i.e	 thermal systems i surfacing, VAT, 			ecify	VOL	air.	aps	lost
(13)			(12)			other miscellane		SF	or LF)	<u>B</u>		ula	Те
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Name of Registered Waste	Hauler			JDEP V	Monto	Cubic Vanda of			1611		Ш		Ц
Richard Burns & Co	i i aulei		10-23	auler ID	No.	Cubic Yards of Waste	Name of Registr Western Be			Lan	dfill		
City, State		~		19955		40 Disposal Date	City, State						
Phila., PA						TBD	Birdsboro,	F'A					
Completed By (Print or Typ	e) Ti	tle				Signature -			Dat	e		1	_

Mark Griffin

Fetimator

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 07 / 17 1840 Peter Cheeseman Road, LLC 2017 Agencies Notified Type Notification Street Address ☑ Initial 2401 Renaissance Blvd. **⊠** DOLWD ☐ Amended City, State, Zip Code ☑ DOH Amendment # CENSING King of Prussia, PA 19406 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) Name of Contact justification) Telephone Jumber ☐ Cancellation Ed Oczkowski **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Commercial School (K-12) Street Address Subchapter 8 (Other than 14-12) Other (i.e., private and con mercial buildings, 1840 Peter Cheesman Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Blackwood County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being der nolished) Camden Schedule for demolition Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **Bio Terra Solutions** 0615995 ALL PRO MANAGEMENT LLC Street Address Street Address P.O. Box 1224 27 Outwater Lane City, State, Zip Code City, State, Zip Code Union, NJ Garfield, NJ 07026 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Rick Eustaquio 973-494-3762 973-928-4888 1188 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __07__ / _17 / 17 _ 08 / 17 / 17 ALL PRO MANAGEMENT LLC Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 27 Outwater Lane Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-__AM Garfield, NJ 07026 Scope of Work (Check all that apply) ☑ Full Containment with Negative Pressure ≥3 sf or >3 lf □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf □ Demolition Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Encapsulate Removal Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 1st Floor X Top Coat Plaster Walls 192 SF X 1st Floor Cooridor П X Top Coat Plaster Walls X 2,568 SF П 2nd Floor \boxtimes Top Coat Plaster Walls 192 SF X 3rd Floor \boxtimes Top Coat Plaster Walls 192 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill ATC/ Century Waste LLC Hauler ID No. SW-24310/ 32797 Waste Minerva Enterprises/ IESI Bet lehem Landfill As Needed City, State Disposal Date City, State Shirley, NY/ Elizabeth, NJ TBD Waynesburg, OH/ Beth lehem, PA Completed By (Print or Type) Title

Allen Monchik

Project Manager

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 2017 08 16 / 17 1840 Peter Cheeseman Road, LLC Type Notification Agencies Notified Street Address X EPA ☐ Initial 2401 Renaissance Blvd. COMBOL & M DOI WD M Amended CENSING City, State, Zip Code Amendment # 1 **⊠** DOH King of Prussia, PA 19406 ☐ Emergency (including T DCA Name of Contact Telephone Number (NJAC 5:23-8) justification) ☐ Cancellation Ed Oczkowski **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Commercial School (K-12) Subchapter 8 (Other than I(-12) Street Address Other (i.e., private and con mercial buildings, 1840 Peter Cheesman Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Blackwood County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being der nolished) Camden Schedule for demolition Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **Bio Terra Solutions** 0615995 ALL PRO MANAGEMENT LLC Street Address Street Address P.O. Box 1224 27 Outwater Lane City, State, Zip Code City, State, Zip Code Union, NJ Garfield, NJ 07026 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Rick Eustaquio 973-494-3762 973-928-4888 1188 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor <u>10</u> / <u>06</u> / <u>17</u> 07 / 17 / 17 ALL PRO MANAGEMENT LLC Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 27 Outwater Lane ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-___AM Garfield, NJ 07026 Scope of Work (Check all that apply) ≥3 sf or ≥3 lf □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf □ Demolition ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Enclosure Used Solely by Remova Encapsulate Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ (Specify TO BE ABATED (i.e., thermal systems insulation, Custodial Staff? surfacing, VAT, or SF or LF) IN Facility (12)other miscellaneous) (13)Yes No N/A 1st Floor 192 SF \boxtimes Top Coat Plaster Walls X 1st Floor Cooridor X П 2,568 SF П \boxtimes Top Coat Plaster Walls X 2nd Floor M Top Coat Plaster Walls 192 SF П **Top Coat Plaster Walls** 3rd Floor \Box \boxtimes 192 SF X Name of Registered Waste Hauler Cubic Yards of Name of Registered Landfill NJDEP Waste Hauler ID No. SW-24310/ 32797 Waste ATC/ Century Waste LLC Minerva Enterprises/ IESI Buthlehem Landfill As Needed

ASB-41 JAN 13

City, State

Shirley, NY/ Elizabeth, NJ

Completed By (Print or Type)

Allen Monchik

Project Manager

Disposal Date

Signature

TBD

City, State

Waynesburg, OH/ Bethlehem, PA

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

Initial Non-Friat le Notification Check #: 6993

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Date of Notification			Nam	e of	Bui	lding	Owne	r/Operato	or	TRAIL		(-1		W	E	mad)
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⊠100r	(]Amended	ation	Ne	warl	k, NJ	0710	7			1 /	ASL IS	357	C(W	HAC	L&	
(X) DOH	[]Cancell		Nan	ne o	E Con	tact				Contract of the Contract of th	hone Nu	iper	151N	(i	-	
[]DCA	[]Cancers		Be	njan	nin O	lagad	eyo			1						-
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Name of Facility W	nere Abatemet	nt is Ta	king	Pla	ce (:	3)			1	Type of Facilit						
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1 Colonnade PI									1			OFS	Blo	ig. A 50	ge	
City (5)		County	(6)		•	Cou	nty Co	ode (7) SE ONLY)	110	60,000 Current Use (P:	2 rior if	bein	ig de		shed)
Newark, NJ 07104		Essex				,			1	School					•	
Name of Monitoring	Firm Hired	by Build	ling	ASC	M No		Name	of Abate	em	ent Contractor	(9)					
Owner (8)	. Inc			001	10	1				ilders, Inc.						
Whitman Companies	5, 1110.			1001	10_		Stre	et Addres	SS		1.00					
116 Tices Lane, Uni	t B-1						180	Sargeant	A	venue						
City. State. Zip C							1 7	. State.								
East Brunswick, NJ Project Manager to	08816	Firm []	Telep	hone	Num	ber	Clifto	phone Nu	mb	13-1935 er		cen	se N	umper	-	
Kavin Lovaly		17	32-3	90-5	858			614-0377			00	1807		_		
Scheduled Start Da	te (10) Sc	hed.Comp	oleti	on [ate	(11)		of OSHA								
0 8 / 2 5 / Month / Day / Occupancy Status D	Year Muring Abatem	onth / ent (Che	Day eck o	nly	Year one)		Four	Strong B	Bui	ilders, Inc.						
[X] Facility Clos	ed/Vacated D	uring E	ntire	rei	nod		180	Sargeant	t A	venue						
[]Abatement Per Hours - Descr []Other - Descr	1be:	de of No	ormal	L Fac	cilit	Y		on, NJ 07								
Scope of Work (Che	ck all that	apply)					Tome		_	Containment wi	th Nega	tive	Pre	ssur	e	
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Newark Carting, Inc.) .		4	509			No.	osal Date	•	Grand Central	Sanitary	Lan	dtill			
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Newark, NJ 07105								Teransii	yn ,n	Pen Argyl, PA	18072			ate	-	
Completed By (Pri	nt or Type)	Title						Signatur	1	AT,		7			7	
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ASB-41 JUN 95															G46	667

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

Initial Non-Friat le Notification Check #: 6993

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Date of Notificatio			Name	of	Buil	ding	Owner	/Operato	or	(2) 6	EL		1	///		
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1 Colonnade Pl									11	60,000	2		1	50		19.32
City (5)		County	(6)			Coun (STA	TE US	de (7) E ONLY)	1	Current Use (Pr	ior if	bein	g de	molis	hed	
Newark, NJ 07104		Essex								School	785				-	-
Name of Monitoring	Firm Hired b	y Build	ing	ASCM	No.		Name	of Abate	em	ent Contractor	(3)					
Owner (8) Whitman Companies	s Inc			0011	10		Four	Strong B	Bui	ilders, Inc.						-
Street Address	5, 1110.							t Addres								
116 Tices Lane, Uni	t B-1						180 S	State.	Z	Venue Lip Code						-
City, State, Zip C							Clifto	n. NJ 07	01	13-1935						
East Brunswick, NJ Project Manager to	08816 or Monitoring	Firm T	elep	hone	Numb	er	Telep	hone Nu	mb	ber		cens		Twoer		
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0 8 / 2 5 / Month / Day / Occupancy Status I	Year Mo	8 / 2 onth /	Day ck o	nly	Year		Stree	Strong E	ss	ilders, Inc.						
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of Abatement []Abatement Pe Hours - Desc []Other - Desc	rformed Outsi					Y	City	state.		lip Code						
Scope of Work (Ch	eck all that	apply)			·		1	[]Ful	11	Containment wi	th Nega	tive	Pre	ssur	2	*
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TO BE	ABATED			Mair		ir	asulat	thermal	rτ	acing, VAI.	LF		V	A	S	S
	13)		Cu	stodi	(al		or o	ther mis	sc	cellaneous)			L	R	L	R
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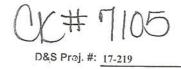
Print	Form

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 8/18/2017 **JCPenney** Agencies Notified Type Notification Street Address 6501 Legacy Drive **EPA** Initial DEP City, State, Zip Code × Amended × DOL Amendment #1 Plano TX 75024 Emergency (including Name of Contact Telephone Number Charles OL DOH justification) Owner Rep: Jeff Voorhees DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) JCPenney Store #2287 School (K-12) Street Address Subchapter 8 (Other than K-12) 4405 Black Horse Pike Other (i.e. private & commercial buildings, homes, X etc.) City (5) Square Feet # of Floors Bldg. Age Mays Landing 5000+ 50+ County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Atlantic Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health & Safety Services, Inc. Prism Response, Inc. Street Address Street Address P.O. Box 365 102 Technology Lane City, State, Zip Code City, State, Zip Code Berlin, NJ 08009 Export, PA 15632 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Jim Proctor 856-452-1311 724-325-3330 01121 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 8/21/2017 8/29/2017 Health & Safety Services, Inc. Occupancy Status During Abatement (Check Only One) Street Address P.O. Box 365 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Berlin, NJ 08009 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure × ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Nor-Friable Procedure Abatement Is Location Normally Type Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amourt Maintenance/ Encapsulate TO BE ABATED Enclosure (i.e. thermal systems insulation, (Specify Removal Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Salon X Mirrors & Associated Mastic 216 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Waste Management **GROWS Landfill** SW1724 City, State Disposal Date City, State Trenton, New Jersey 8/29/2017/ Morrisville, PA Completed by Signature Date Jessica Wolfe Administrative Support 8/18/2017

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

State of New Jersey

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Street Address						Street Address	P					
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Project Manager for Monitoring Firm	ı	Pho	one Numb	er		Paterson, NJ 0 Telephone Number 973-345-8020)	License (Numb 01169	per		
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State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

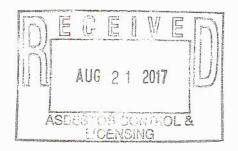
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PATERSON, NJ 07503

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Name of Facility Where A	Abatement is	Taking Pla	ce (3)	17	NOILI I I	THE ORGANIZATION	Type of Facility	(4)				
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Project Manager for Moni	toring Firm		Tel	ephone	No.	Telephone No.		License No).		-	-
Rollie Jones			6	09-273	3-1396	215-739-8166		00646				
Start Date (10)	1;	Scheduled	Compl	etion Da	ate (11)	Name of OSHA M	Ionitor					
08 / _28_ /	17	12	/ _3	1_/	17	SAME AS AB	OVE					
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☐ Facility Closed/Vacate	0 5			ment								
☐ Abatement Performed	Outside of N	ormal Facil	ity Hou		scribe	City, State, Zip Co	ode					() - le segue
Time of Abatement: 7/	AM- <u>5</u> PM/	PM	AM									
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Wavne Huntbach	, ,	Proiec	t Man	ager		/ . \			Date /	41	17	

Code*	Description of material	Location of material (room/floor/area)	Amount of ACM	Code **	Code ***	Code
FRI	Nailcrete	1st Floor	3500	SF	REM	
FRI	Vapor Barriers	1st Floor	3500	SF	REM	
FRI	Fire Door	1st Floor	1	Ea	REM	
		,				
	Str. 2					
					-	-



CHECK # 2414 16 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:15) Date of Notification (1) Name of Building Owner/Operator (2) 2017 AUG 21 08 14 **DECO Energy** Agencies Notified Type Notification Street Address TOS CONTROL & **⊠** EPA 100 Lenox Drive ☑ DEP
☐ DCA
☐ DHS Amended City, State, Zip Code DCA (NJAC 5:16) Amendment # Lawrenceville, NJ 08460 DHSS Emergency (including DCA justification) Name of Contact Telephone Number (NJAC 5:23-8) ☐ Cancellation Chris Moser Project Manager FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Marie Katzenbach School for the Deaf School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, 320 Sullivan Way Building 9 - Health Center homes, etc.) City (5) Square Feet # of Floors Bldg. Age Ewing 4000 3 50+ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Marcer Prior use school being demolished Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Environmental Connection, Inc. Diamond Huntbach Construction Corporation Street Address Street Address 120 North Warren Street 500 East Luzerne Street City, State, Zip Code City, State, Zip Code Trenton, NJ 08608 Philadelphia, PA 19124 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Rollie Jones 609-273-1396 215-739-8166 00646 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __08__ / __28__ / __17 __12__ / __31__ / __17 SAME AS ABOVE Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement 7AM-5PM/____PM-___AM Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure ≥3 sf or ≥3 If
 ≥160 sf or ≥260 If Renovation ☑ Demolition Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Removal Repair Encapsulate Enclosure Maintenance/ TO BE ABATED (i.e., thermal systems insulation, surfacing, (Specify Custodial Staff? IN Facility VAT. or SF or LF) (12)(13)other miscellaneous) Yes No N/A See Attached Listing M X П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Service Transport Group Minerva Landfill A901#20990 80 City, State Disposal Date City, State New Castle, DE 12/31/17 Waynesburg, OH Completed By (Print or Type) Title Signature Wayne Huntbach Project Manager

ASB-41

Building 9 Health Center

Code*	Description of material	Location of material (room/floor/area)	Amount of ACM	Code **	Code ***	Code
FRI	Nailcrete	1st Floor	3500	SF	REM	
FRI	Vapor Barriers	1st Floor	3500	SF	REM	
FRI	Fire Door	1st Floor	1	Ea	REM	
NF1	Window Caulk	Throughout	350	~ LF	REM	
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Street Address	-								Subchapter				••			
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Project Manager for Monitor Rollie Jones	ing Hirm			1000000	ephone		T	elephone No.		Licens						
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Location of				Vorma	lly			Description of				Ab	atem	ent T	ype	
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TO BE ABATEI IN Facility	D			todial		(i.e., the	emne	al systems insulat VAT, or	tion, surfacing,	(Spec		Removal	Repair	cap	clos	
(13)		ļ		(12)			C	other miscellaneo	us)	SF 01	Lr)	val		Encapsulate	Enclosure	
		100	Yes	No	N/A									le		
See Attached Listing				\boxtimes												
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Name of Registered Waste H	lauler		_	_	JDEP V	Nacta	IC	ubic Yards of	Name of Regis	torad Land	SII	П	ᆜ	Ш	Ц	
Service Transport Gro					auler II	No.	W	aste	Minerya La		1111					
City, State		7===			A901	20990		80 sposal Date	City, State							
New Castle, DE								12/31/17	Waynesbur	g, OH						
Completed By (Print or Type)		Title					1	Signature		-	Date					
Wayne Huntbach		Pr	oject	Mana	ager			luc k	1	1			1-1	7		

Building 10 - Cottage 3

Code*	Description of material	Location of material (room/floor/area)	Amount of ACM	Code **	Code ***	Code
FRI	Nailcrete	1st Floor	3500	SF	REM	
FRI	Vapor Barriers	1st Floor	3500	SF	REM	
FRI	Fire Door	1st Floor	1	Ea	REM	
NF1	Floor Tile & Mastic	1st Floor	350	SF	REM	
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
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Date of Notification (1)	14 /	17		E message		S W 3	(2)		11 :	A Company of the comp	
Agencies Notified	Type Notificatio	ח		Stree	Address		11:1	ALIG S	1 2017	The same	
⊠ EPA	⊠. Initial			100	Lenox E	Prive	111	ADO C			
⊠ DEP	Amended Amended	1		City, S	State, Zip (Code	1			1 9.	
DCA (NJAC 5:16)							1	ASD OF	: CONTINU	LCI	
DCA			3				11	Talaphona kim	mhar	COLOR DESCRIPTION OF THE PARTY AND ADDRESS OF	
Agencies Noffied Type Notification Street Address 100 Lancy Drive 100 Lanc											
08											
1 1 1		Di	(2)	FA	-ILIIT IN	IFURINATION	Tues of Espills, //	()			
Proposition of the Control of the Co			(3)					•)			
	School for the	Dear						Other than K-1	2)		
	Building 11 -	Cottage	4 Pl	ıs Dor	m		Other (i.e., priv				
City (5)	Square Feet # of Floors Bldg. Ag										
Ewing							4000	3	50÷		
County (6)				Cour	ity Code (7)(STATE USE ONLY)	Current Use (Prio	r if being demol	lished)		
Mercer							Prior use sch	ool being de	molished		
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)				
Environmental Con	nection, Inc					Diamond Hur	ntbach Construc	ction Corpora	ation		
Street Address						Street Address					
DECO Energy											
City, State, Zip Code						City, State, Zip Co	ode	11/2			
Trenton, NJ 08608						Philadelphia,	PA 19124				
Agencies Notified Type Notification Street Address 100 Lency Drive 100 Len		Telephone No. License No.									
Rollie Jones			60	9-273	-1396	215-739-8166		00646			
Start Date (10)	Sch	eduled C	omple	tion Da	te (11)	Name of OSHA M	lonitor				
08 / 28 /	17	12 /	31	_ / _	17	SAME AS AB	OVE				
Occupancy Status During	-Abatement (Che	eck only	one;			Street Address					
				ment							
					cribe	City, State, Zip Co	ode				
Time of Abatement: 7	AM- <u>5</u> PM/	PM	MA_								
Scope of Work (Check all	that apply)					:-1					
□ >2 of or >2 If		Пр	noveti	00				tive Pressure			
						Non-Exe Non-Exe	mpted (*) and Non-	Friable Procedu	1		
1,000,000,000,000	20 . 2	200							Abateme	nt Type	
					Ashe			Amount	고고	0 0	
		V				mal systems insula		(Specify	epai	nclo	
	У	Cus		Stall:			ous)	SF or LF)	val r	sure	
(13)		Yes	No	N/A		Other miscenaries	Jusy			ate	
See Attached Listing		10	\boxtimes								
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							waynesburg				
						Signature	^			_	
Wayne Huntbach		Project	Mana	ager		100	$\sqrt{}$	9	0-14-1)	
4SR-41						3					

Building 11 - Cottage 4 Plus Dorm

Code*	Description of material	Location of material (room/floor/area)	Amount of ACM	Code **	Code ***	Code
FRI	Nailcrete	1st Floor	3500	SF	REM	
FRI	Vapor Barriers	1st Floor	3500	SF	REM	
FRI	Fire Door	1st Floor	1 1	Ea	REM	
NF1	Window Caulk	Trhoughout	350	LF	REM	
FRI	Sink Undercoating	1st Floor in conjuction with nailcrete	4	SF	REM	
	(a					
		0				



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 08 14 **DECO Energy** Agencies Notified Type Notification Street Address ☑ EPA ☑ DEP ☑ DCA (NJAC 5:16) ☑ Initial ☑ Amended 100 Lenox Drive City, State, Zip Code CINTROL & Åmendment# DHSS' Lawrenceville, NJ 08460 Emergency (including ☐ DCA justification) Name of Contact (NJAC 5:23-8) ☐ Cancellation Chris Moser Project Manager FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Marie Katzenbach School for the Deaf School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings, 320 Sullivan Way Building 12 - Cottage 5 homes, etc.) City (5) Square Feet # of Floors Bida. Age Ewing 4000 3 50÷ County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Mercer Prior use school being demolished Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Environmental Connection, Inc Diamond Huntbach Construction Corporation Street Address Street Address 120 North Warren Street 500 East Luzerne Street City, State, Zip Code City, State, Zip Code Trenton, NJ 08608 Philadelphia, PA 19124 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Rollie Jones 609-273-1396 215-739-8166 00646 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08 / 28 / 17 12 / 31 / 17 SAME AS ABOVE Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-5PM/____PM-__AM Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf ☐ Renovation Mini-Enclosure

Glovebag Procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-C Intaining Material (ACM) Asbestos Containing Material (ACM) Amount Remova Encapsulate Enclosure Maintenance/ TO BE ABATED (i.a., thermal systems insulation, surfacing, (Specify Custodial Staff? IN Facility VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A X See Attached Listing X П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Service Transport Group Minerva Landfill A901#20990 80 City, State

New Castle, DE

Wayne Huntbach

Completed By (Print or Type)

Title

Project Manager

Disposal Date

12/31/17

Signature

City, State

Waynesburg, OH

Building 12 - Cottage 5

Code*	Description of material	Location of material (room/floor/area)	Amount of ACM	Code **	Code ***	Code
FRI	Nailcrete	1st Floor	3500	SF	REM	
FRI	Vapor Barriers	1st Floor	3500	SF	REM	
FRI	Fire Door	1st Floor	1	Ea	REM	
NF1	Window Caulk	Thoughout	350	LF	REM	
FRI	Sink Undercoating	1st Floor in conjuction with nailcrete	4	SF	REM	
NF1	Window Glazing	Throughtout	350	LF	REM	



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

CHECK 24	NU (X	NO					ESTOS ABATI C 8:60 and 5:16			医少居	ii.	W		
Date of Notification (1)	1 00 0				Nam	e of Build	gnic	Owner/Operator	(2)	1				1 1	1 17
08 /	14 /	17			0.0000	ECO Ene			11		AUG 2	4	2017	11	IJ)
Agencies Notified	Type Notifi	icatic p			Ctro	et Address				- 11	AUU C	1	COII	1	and the same
⊠ EPA	I Initial	ication:			89370	0 Lenox		in a	general just			-	Carrier Control		
□ DEP	Amend	ed	,			State, Zip			746	-	ASELETINE	,000 t	31340)L &	
DCA (NJAC 5:16)	Amenda	ment#_							Liftyood	****	FICE	NSII	40	intranscensus.	Marchine Printer
DHSS DCA	☐ Emerge		uding	9			00-25-20	e, NJ 08460							
(NJAC 5:23-8)	justifica				- CONTRACTOR	e of Conta				1	Telephone Nur	nber			
					UF	ITIS IVIOS	er F	Project Manag	_		•				
					FA	CILITY	INF	ORMATION							
Name of Facility Where A				(3)					Type of Facilit	y (4)					
Marie Katzenbach S	School for	the Dea	af						School (K-						
Street Address							15,500		☐ Subchaptel☐ Other (i.e.,	8 (0	Other than K-1	2) sigl bu	ildinas		
320 Sullivan Way	Building 1	3 Cotta	ge 6	5					homes, etc		ate & Comment	adi Du	mungs		
City (5)									Square Feet		# of Floors		Bldg. A	Age	
Ewing									4000		3		50÷		
County (6)					Cou	nty Code	(7)(S	STATE USE ONLY)	Current Use (F	rior	if being demoi	ished)		
Mercer									Prior use s	cho	ool being de	moli	shed		
Name of Monitoring Firm	Hired by Bui	lding Ow	mer (8)	ASCM	No.	1	Vame of Abateme	ent Contractor (9	3)					
Environmental Con	nection, In	C						Diamond Hur	ntbach Const	ruct	ion Corpora	tion			
Street Address							S	Street Address			•				
120 North Warren S	treet							500 East Luze	erne Street						
City, State, Zip Code							10	City, State, Zip Co	ode	4.12.1					
Trenton, NJ 08608								Philadelphia,	PA 19124						
Project Manager for Monit	toring Firm			Tele	phone	No.	T	elephone No.			License No.				
Rollie Jones				60	9-273	-1396		215-739-8166			00646				
Start Date (10)	I	Schedul	ed Co	omple	tion Da	ite (11)	N	lame of OSHA M	onitor						
08/28/	17	12	/	31	1	17		SAME AS AB	OVE						
Occupancy Status During	Abatement (treet Address	32.000					-	
□ Facility Closed/Vacated					nent			711 001 7 10 11 033							
☐ Abatement Performed	Outside of N	ormal Fa	acility	Hour		scribe	-	City, State, Zip Co	de						
Time of Abatement: 7A	M-5PM/	PM	76 	_AM				nty, State, Zip Co	de						
Scope of Work (Check all	that annly)														
	arat appry)							Full Conta	ainment with Ne	gativ	e Pressure				
≥3 sf or ≥3 if≥160 sf or >260 if		1	0.0000000000000000000000000000000000000	novati				☐ Mini-Encl	osure	-					
△ ≥ 100 SI OI ≥200 II		K	i Deu	nolitio	П			☑ Glovebag ☑ Non-Exen	Procedure npted (*) and No	n-Fr	iable Procedu	ro			
				Locati				Eg Holl Ertoll	inplod () dild 140	1111	lable locedu		patem	ant T	100
Location of	No. of the contract of the con			ormal Sc!e	-			Description of						2111	ype
Asbestos-Containing M TO BE ABAT		4)		itenai				s Containing Mat			Amount	Rei	Repair	En	En
IN Facility			Custo	odial S	Staff?	(i.e., the	ema	al systems insulat VAT, or	iion, surracing,		(Specify SF of LF)	Removal	pair	ape	Enclosure
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See Attached Listing				\boxtimes									П	П	
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]								(T)				
Name of Registered Waste	: Hauler	-		1000	DEP V		1	ubic Yards of	Name of Regis	tere	d Landfill	1			
Service Transport Gr	oup				uler (D		3	aste	Minerva La						
City, State				1 4	490 I#	20990	-	80 sposal Date	City, State						\dashv
New Castle, DE							1	12/31/17	Waynesbu	ra ()H				
Completed By (Print or Typ	16)	Title						N. CONTROL CONTROL		31					
Wayne Huntbach		1000	204 F	6	ac-			Signature			Da	e ,	j	7	
realine transpacti		rroj.	act N	Mana	ger			I Win			X	-1	4-	[]	

Building 13 - Cottage 6

Code*	Description of material	i.ocation of material (room/floor/area)	Amount of ACM	Code **	Code ***	Code
FRI	Nailcrete	1st Floor	3500	SF	REM	
FRI	Vapor Barriers	1st Floor	3500	SF	REM	
FRI	Fire Door	1st Floor	1	Ea	REM	
NF1	Window Caulk	Thoughout	350	LF	REM	
	(minute)		,			
		¥ .				



Date of Notification	(1) AU	CK	NOT J	(Pursuan		STOS AB	SATEMENT 5:16)	\3	
08	/ 14	_ / 1	7	Name	of Building Ow	mer/Onem	10- (0)	Paris Francis) 12°2 B D.1
Agencies Notified				DEC	O Energy	, or opera	itor (2)	1111 5 4	<u>IEI W</u>
Ø EPA		Notification		Street A				133	• • • • • • • • • • • • • • • • • • • •
□ DEP	Am Am	ial ended			enox Drive			THE THE ALL	-004
DCA (NJAC 5:16)) Am	endmant #	1	City, Stat	te, Zip Code			III III AU	6 2 T 201
DCA	L	ergency (in	cluding	Lawre	nceville, NJ				
(NJAC 5:23-8)		ification) callation	-	Name of (Contact	08460		ASET	TOODING
				Chris N	Vioser Proje		*	Telegraphy	CENSING
Name of Facility Where	Abai			FACILI	TV MITTON	ot Manag	ger		
Name of Facility Where Marie Katzenbach Street Address	Sobort	is Taking	Place (3)		TY INFORM	ATION			
Street Address	. 00,1001 70	or the Dea	af .				Type of Facility	V (A)	
320 Sullivan Way City (5) Ewing	T						IX School (V.	21	
City (5)	unnels	Beneath	Buidlings	7.8.9.10 1	1 10		1 1 10000-1	22300 march	10)
Ewing				,-,0,10,1	1, 12 and 1.	3	homes at a	8 (Other than K- private & commen)	(Z) Cial huildina
County (6)							Square Feet	1 # 05 =	_ salidings,
Mercer				County Co-	10 /7//07:		750	# of Floors	Bldg. Age
	Litter 1				ie (7)(STATE US	SEONLY	Current Use (Pri	or if being demoii	50÷
Name of Monitoring Firm Environmental Conf	ured by Bu	ilding Owne	ex (8) 1AS	SCM No.	1,:		Prior use sol	hool to :	shed)
Street Address	lection, in	C			Name of	Abatemen	t Contractor (9)	hool being den	nolished
120 North Warren St					Diamo	and Hunti	bach Constru	ction Corporat	
City, State, Zip Code	reet	200			Street Ad	dress	-,,500	Corporat	ion
Trenton, NJ 08608					500 Ea	st Luzeri	ne Street		
Project Manager for Monitor					City, State	, Zip Code			
Rollie Jones	ang Firm		Telepho	ne No	Philade	Iphia, PA	A 19124		
Start Date (10)		95	609-2	72 4200	relephone	No.		Lina	
08/28/	So	cheduled C	ompletion I	Date (11)	215-739	-8166		License No.	
Occupancy chi	17	_12_/	31/	17	Name of OS	SHA Monito	or	00646	
Occupancy Status During Ab Facility Closed/Vacated During	atement (Ct	neck only o	ne)		SAMEA	S ABOVE	=		-
LI Abatement Porta	uring Entire	Period of A	hatemant		Street Addre	ess			
Abatement Performed Out Time of Abatement: 7AM-5	side of Nort	nal Facility	Hours - De	scriba					
Scope of Work (OL)	Z: 1VU	PM	.AM		City, State, Z	ip Code			
Scope of Work (Check all that	apply)								
] ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			1107)tal' =				
100 SI OF ≥260 If		☐ Reno ☑ Demo	vation		Full C	Containmer	nt with Negative I	Proper	
		Is Lo	cation		☑ Non-E	xempted ((*) 3Dd N = :		
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Location of Asbestos-Containing Materia	al (ACM)	Non Used S	mally folely by		D		dure (*) and Non-Friab	re Frocedure	
TO BE ABATED	∃ (ACM)	Used S Mainte	iolely by	, Asbestos	Description	of of			atement Type
nauesins-Containing Matoria	al (ACM)	Used S Mainte Custodia	iolely by	Asbestos (i.e., therma	Descriptions Containing No. 1 Systems inst	of Material (A)	CM) A	Ab	atement Type
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TO BE ABATED IN Facility (13)	al (ACM)	Non Used S Mainte Custodia (1)	iolely by nance/ al Staff? 2)		Descriptions Containing No. 1 Systems inst	n of Material (Ad Ulation, sur	CM) Au	Mount R	
TO BE ABATED IN Facility (13)	al (ACM)	Vsed S Mainte Custodia (1: Yes No	nance/ el Staff? 2) N/A		Descriptions Containing No. 1 Systems inst	n of Material (Ad Ulation, sur	CM) Au	mount Removal	
TO BE ABATED IN Facility (13)		Vsed S Mainte Custodii (1: Yes No	iolely by nance/ al Staff? 2)		Descriptions Containing No. 1 Systems inst	n of Material (Ad Ulation, sur	CM) Au	Ab	
TO BE ABATED IN Facility (13) Attached Listing		Vsed S Mainte Custodia (1: Yes No	nance/ el Staff? 2) N/A		Descriptions Containing No. 1 Systems inst	n of Material (Ad Ulation, sur	CM) Au	mount Removal	
IN Facility (13) Attached Listing		Vsed S Mainte Custodia (1) Yes No	colely by nance/ all Staff?	Oi	Descriptions Containing No. 1 Systems inst	n of Material (Ad Ulation, sur	CM) Au	mount Removal	
IN Facility (13) e Attached Listing e of Registered Waste Hauler rvice Transport Group		Vsed S Mainte Custodia (1: Yes No	Diely by nance/ all Staff?	Oi	Description S Containing M Il systems inst VAT, or ther miscellan	n of Material (Ad Ulation, sur eous)	CM) Aufacing, (S	mount pecify or LF)	
IN Facility (13) Attached Listing of Registered Waste Hauler rvice Transport Group State		Vsed S Mainte Custodia (1) Yes No	JDEP Wasiauler ID No	te Cubic	Description S Containing Mal systems inst VAT, or ther miscellan	n of Material (Ad Ulation, sur eous)	CM) Aufacing, (S	mount pecify or LF)	
IN Facility (13) e Attached Listing e of Registered Waste Hauler rvice Transport Group State		Vsed S Mainte Custodia (1) Yes No	Diely by nance/ all Staff?	te Cubic Wast	Description S Containing Mal systems inst VAT, or ther miscellan	n of Material (Au Julation, sur Julation)	CM) Aufacing, (S SF	mount pecify or LF)	
Aspesies-Containing Materia TO BE ABATED IN Facility (13) e Attached Listing e of Registered Waste Hauler rvice Transport Group State w Castle, DE		Vsed S Mainte Custodia (1) Yes No	JDEP Wasiauler ID No	te Cubic Wast 990 80 Dispo	Description S Containing Mal systems inst VAT, or ther miscellan c Yards of e sal Date	Name of	CM) Aufacing, (S SF Registered Land	mount pecify or LF)	
IN Facility (13) e Attached Listing e of Registered Waste Hauler rvice Transport Group State W Castle, DE		Vsed S Mainte Custodia (1) Yes No	JDEP Wasiauler ID No	te Cubic Wast 990 80 Dispo	Description S Containing Mal systems inst VAT, or ther miscellan	Name of Miner City, Stat	CM) Aufacing, (S SF Registered Land Va Landfill	mount pecify or LF)	
e Attached Listing TO Registered Waste Hauler rvice Transport Group State W Castle, DE	Title	Vsed S Mainte Custodia (1:) Yes No	Diely by hance/ all Staff? D N/A D N/A D N/A A 901#209	te Cubic Wast 80 Dispo	Description S Containing Mal systems inst VAT, or ther miscellan c Yards of e sal Date	Name of Miner City, Stat	CM) Aufacing, (S SF Registered Land	mount pecify or LF)	
e of Registered Waste Hauler rvice Transport Group State W Castle, DE	Title Proje	Non Used S Mainte Custodia (1: Yes No	iolely by hance/ all Staff? 2) D N/A D N/A D DEP Wasis auler ID No A901#209	te Cubic Wast 80 Dispo 12/3	Description S Containing Mal systems inst VAT, or ther miscellan C Yards of e sal Date 31/17	Name of Miner City, Stat	CM) Aufacing, (S SF	mount pecify or LF)	Enclosure

Tunnels Beneath Buildings 7,8,9,10,11,12 and 13

Code*	Description of material	Location of material (room/floor/area)	Amount of ACM	Code **	Code ***	Code ***
NF1	Glassblock Windows Caulk	Throughout	300	LF	REM	
FR1	Pipe & Pipe fittings	Throughout	20	LF	REM	
	\$12 K					



D&S RESTURATIO

PA PAGE 02/04

D&S Proj. #: 17-224		O in Committee Co.	(Pursi	cation of As lant to NJA	C 8:60	Abatement and 12:120)	MEVELHER							
Date of Notification (1)	- 11			er/Operator (2	.)			TIM	110	1	21	017		
Agencies Notified Type Notificati		KELLY S			-		Same end	111 111	AUG	-) (C)			
OEP Amended												半	是	
M DOL Amendment#:	6	lly, State, Z						A	SULU	CEN				
DOH (Including	12	MORRIS		NJ 07960			atmirone.	- Valoria	ne Numbe				ACCRECATE .	
Doca justification)								lelebuci	is Munico	31				
Cancellation		KELLY					_	(10)			TOTAL STREET	-	PRODUCT .	
Name of facility where abatement is	inline ola	(3)	FAC	ILITY INFORM	ATION	Type of Facility (4)								
Section of the Contract Contra	remitty pie	(3)			'		of (K - 12)							
RESIDENCE Street Address		The same of the same	eller generale				tapter 5 (C (Private/C			12)				
							IL	Bldga.	/Homes, 6	ta.		,		
City (5)	Cour	ly (6)			Low	nty Code (7)	Square Feet # of Floor's Bidg. Ag							
		., , , ,				a use only)	1 7	Current Use (P	rior if bein	g dem	olisha	d)		
short hills Name of Monitoring Firm Hired by E	esse			ASCM No.										
The state of the s	ide Cirie	(0)	(8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC.											
Street Address		Park symbolics		Service of the Servic		Street Address					M.T.			
City, Stew, Zib Code					a-material	20 California City, State, Zip Co.		Maria de la Compansión de	- The later will be a	- Comment	-		lementes	
and the feet of the contract						Paterson, NJ		ı						
Project Manager for Monitoring Fkm		Pho	ne Numb	X61	Silver	Telephone Number	15		License					
	The last the last was to					973-345-803 Name of OSHA M	CONTRACTOR AND ADDRESS.		10	1169	316			
Start Date (10)	Sched	. Completio	n Dats (1	1)		D & S Restor		Inc.						
08-17-17	09-15				alleria i	Street Address				#62#LTV_9	kim ag		mounter.	
Occupancy Status During Abatemen Facility closed/vaceed during			nent.			20 California City, State, Zip Co		ie					ATPARENCE OF THE PARTY OF THE P	
Abatoment performed outside Cascriba:	of normal	facility hours	1 -			ant otto, shoe	NAIDS							
Multiples Normal H						Paterson, NJ		THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW						
Scope of Work (check all that apply 2 >2 of or >3 if		_						Containment :	avisegen's	press	ell'é		20 00 Magazza	
	Renovation					1	G (0)	repag brocedi				14		
Location of	le location	normally u	sed sole	yl			Nor	-Exempted (*)	and Non-	R	R	E		
esbestos-containing material (acm) to be	by mainte stat(12)	nance/cust	odlal			sbestos-containing		Amount (Specify)	EE AF	m	8 p	n	E n	
abated in facility (13)	Yes	No	NA	material	(ACM)			LF)	31 01	Q V	1	a	L L	
basement		X.		pipe insula	tion			150 i ft		18	TT.	-		
										置	D		占	
								Application						
										무	F	느	무	
Registered Waste Hauler		P Hauler II		Ubic Yards of	Waste	Name of Regists			200 200			L		
D & S RESTORATION, INC.	135	of the Party of th	Diaposai I	2 yds	-	TULLYTOW	N, RE	SOURCE R	ECOVE	Y				
PATERSON, NJ 07503			08/17/			TULLYTOW	/N, P.	.						
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID	UNIT		Signature	nun dreut, Nadio				Date	2011	9			
			or Ashesi	os licensura e	xemple	activities.			08/15	201)		-	

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



Date of Notification (1)		-5.5		Nam	e of Buildin	g Owner/Operator	(2)					
8 / 18	/ 1	7			r. Jim Mai		/ Job #1708	3-2223 Chk. #4	1778			
Agencies Notified Type	Notification				et Address			Breath 11.		17/	<u> [</u>	3 1
⊠ EPA ⊠ Ini				Stie	et Address			1015	1	1 14		-11
	nended			City	State, Zip	Codo		1.3				
	nendment :		-		pewell, N			AUG	2 1	20	17	
	nergency (includin	ıg		e of Contac			f (m) (m)		5.0	9.0	Learn
	tification)			10000	e or Contac n Mann	A.		Telephone Num	ner	3		
	ricciiation								. 250	W.	1000	- &
Name of Facility Where Abateme	ant in Takir	a Dies	- (2)	FA	CILITY IN	NFORMATION	1 =	Substitution of the same of	EINO	UNIC	and the contract of	10000000
Residential Property	ent is rakii	ng Plac	e (3)				Type of Facility					
Street Address							School (K-1	8 (Other than K-12	1			
Circle Address							Other (i.e.,	private and commer		uildin	gs,	
City (5)							homes, etc.		-15			
Hopewell							Square Feet	# of Floors		ldg. A	ge	
County (6)				Ton	ntu Cada /	WOTATE HOE ON VO	2000	3	- 1	125		
Mercer				COL	inty Code (/	()(STATE USE ONLY)	the same of the sa	rior if being demolis	hed)			
Name of Monitoring Firm Hired b	v Duilding	Ouman	(0)	ACCA	I Ma	This can be	Residentia					
Horizon	y building	Owner	(8)	ASCN	I No.	Name of Abateme	•	5				
Street Address							d Mold Servic	es, Corp.				
PO Box 316						Street Address						
City, State, Zip Code						3859 Sylon B						
Thorofare, NJ 08086						City, State, Zip Co						
Project Manager for Monitoring F	irm		T-1		NI	Hainesport, N	IJ 08036					
Dave Flanigan	11111		7	ephone	3-0800	Telephone No.		License No.				
Start Date (10)	Coho	dulad C				609-702-0400		00862				
8/30/ 17					ate (11) 17	Name of OSHA M EMSL Analyti						
Occupancy Status During Abater						K.	cai, mc.					
☐ Facility Closed/Vacated During				ment		Street Address	- 400 N - 41					
☐ Abatement Performed Outside	of Norma	l Facilit	v Hou	rs - De	scribe	200 U.S. Rout						
Time of Abatement:A	Л Р	M/	PM		_AM	City, State, Zip Co						
Scope of Work (Check all that ap	(via					Cililatinison	, 143 00077					
	P-177	N				☐ Full Cont	ainment with Ne	gative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		The second second	enovat emoliti			☐ Mini-Encl	osure					
24 _ 100 31 01 _ 200 11			HIOHE	311		⊠ Glovebag □ Non-Exer		on-Friable Procedur	e			
		Is	Loca	tion			()		_	atem	ent T	vne
Location of		0.00000	Norma	-		Description of	f		-	-		
Asbestos-Containing Material TO BE ABATED	(ACM)		ed Sol			stos Containing Mat		Amount	(em	Repair	nce	incl
IN Facility		Cus		Staff?	(i.e.	, thermal systems in surfacing, VAT,		(Specify SF or LF)	Removal	¥.	psu	Enclosure
(13)			(12)	The same of the	4	other miscellaned		J. J. L. J	-		Encapsulate	G,
		Yes	No	N/A								
basement & crawlspaces				\boxtimes	Pipe Ins	sulation		15 LF				
basement & crawlspaces				\boxtimes	Elbows	/Fittings	1 20 2	35 each		П		
									П		П	
		П	П						H			
Name of Registered Waste Haule	r	1		JDEP	Waste	Cubic Yards of	Name of Regis	stered Landfill				
Waste Management			30	auler II	D No.	Waste	Grand Cer					
City, State		//		17273	3	5 Disposal Date	City, State	· · · · · · · · · · · · · · · · · · ·				
Lafayette, NJ						8/31/17	Penn Argy	Ιο ΡΔ				
Completed By (Print or Type)	Title	2				1 0	i eiiii Aigy			-		
Kimberly A. Trumbetti	20000	e Office (Coore	linata		Signature		Dat	ر کی	18-	10	
viij za mambetti		mice (20010	mato		100	1		0	10	1 /	

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



Date of Notification (1)				Nar	ne of Buildin	ng Owner/Operator	(2)							
	18 / _	17	Mr. Jeffrey Ramirez / Job #1708-2224 Chk. #4777											
⊠ EPA	Type Notificati ⊠ Initial	ion		Stre	et Address		Section 1)) 造业		W	E	M		
A STORY	Amended			City	, State, Zip	Code	1.1	31			- 1			
□ DHSS	Amendmer	-				rk, NJ 08752	and the second	111				111		
DCA (NJAC 5:23-8)	☐ Emergency		g		ne of Conta			LI AUG	1.00	017		11		
1000	justification Cancellatio	3.5		1		7-7:	Tabego _{de}	Telephone N	umher		j be	en estable		
L		11			effrey Ran		- Comment	WOL.	. Took at the		!			
Name of Facility Where Ab	atement is Tal	king Place	2 (3)	F	ACILITY II	NFORMATION	I Town of F	LIGE	NSING	3	<u>- u</u>			
Residential Property		ming i lac	0 (0)				Type of Facility (
Street Address							School (K-12		12)					
							Other (i.e., pr homes, etc.)			uildin	gs,			
City (5)							Square Feet	# of Floors	В	ldg. A	Age	-		
Seaside Park							720	1	1	196	. T			
County (6)				Cor	unty Code (7)(STATE USE ONLY)	Current Use (Pric		oliohod)	100				
Ocean					,,	MOTHIE GOL ONET	Residential	or it being dern	Olisileu)					
Name of Monitoring Firm Hi	red by Buildin	g Owner	(8)	ASCN	/ No.	Name of Abateme		· · · · · · · · · · · · · · · · · · ·				-		
Tiger Environmental		•	(-)			60 0.00 16	d Mold Services							
Street Address						Street Address	u wold service:	s, corp.				-		
16 W Elizabeth Ave #	2													
City, State, Zip Code						3859 Sylon B								
Linden, NJ 07036						City, State, Zip Co								
Project Manager for Monitor	ing Firm		Tol	ephone	. No	Hainesport, N	NJ 08036	T.:						
Kelly Walton	mg r mm			100	62-4301	Telephone No.		License No.						
Start Date (10)	Soh	neduled C				609-702-0400		00862						
8 /29 /					17	Name of OSHA M								
Occupancy Status During Al	_					EMSL Analyti	icai, inc.							
Facility Closed/Vacated I				S41.25 2 555 2 57		Street Address								
Abatement Performed Or	utside of Norm	Period of	Abate	ement	:	200 U.S. Rout								
Time of Abatement:	AM-	PM/	PM	rs - De -	AM	City, State, Zip Co								
Scope of Work (Check all the						Cinnaminson	, NJ 08077							
						\boxtimes	h Nega	ative Pressure	Shall	(is	1/0			
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		⊠ Re				Mini-Encl	osure	1110110000010	CILLI	IJ II	V. ()			
23 = 100 31 01 = 200 II		☐ De	moliti	on		☐ Glovebag	Procedure hpted (*) and Non-	Esiable Duces	d					
		Is	Loca	tion	T		ripted () and Non-	-Friable Proced						
Location of		l N	lorma	ally		Description of	:		Ab	_	ent T	ype		
Asbestos-Containing Mai	terial (ACM)		d Sol	ely by	Asbe	stos Containing Mat		Amount	Reg	Repair	Enc	Enc		
TO BE ABATE IN Facility	D			Staff?	(i.e.	, thermal systems in		(Specify	Removal	pair	ap	Enclosure		
(13)			(12)			surfacing, VAT, other miscellaned		SF or LF)	<u>a</u>		Encapsulate	ure		
		Yes	No	N/A		other miscellanee	ous)				ite			
Two Bedrooms				\boxtimes	Floor Ti	le & Mastic		220 SF						
				\boxtimes						П	П	П		
			П											
					Waste	Cubic Yards of	Name of Parist	rod Landen		Ш	Ц	Ш		
1,150					D No.	Waste	Name of Registe							
City, State					3	5	Grand Centr	al						
Lafayette, NJ						Disposal Date	City, State							
						8/30/17	Penn Argyle	, PA						
Completed By (Print or Type) Title						Signature	4		ate	٠, .	^			
Kimberly A. Trumbetti		Office C	oord	linato	r	TIM	15.55 (15.00 m)		8-11	(-1				
SR_//1						1 1 X 1	1		V		2			

State of NJ Notification of Asbestos Abatement 226 D&S Proj. #: 17-(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 0 8 / 1 6 / 1 17 ROY CHRISTENSEN Agencies Notified Type Notification Street Address 2017 Initial ☐ EPA Amended DEP ASEILS THE CONTROL & City, State, Zip Code Amendment #: DOL NO. PLAINFIELD, NJ 07060 CENSING X Emergency (including DOH Name of Contact Telephone Number justification) ROY CHRISTENSEN DCA Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) ROY CHRISTENSEN Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address X Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) NORTH PLAINFIELD UNION Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Telephone Number License Number Project Manager for Monitoring Firm Phone Number 01169 973-345-8020 Name of OSHA Monitor Start Date (10) Sched, Completion Date (11) D & S Restoration, Inc. Street Address 17/21/08 17/15/09 Occupancy Status During Abatement (Check only one) 20 California Avenue x Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure Mini-enclosure \times >3 sf or >3 lf x Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely E Location of Ε е by maintenance/custodial n Amount asbestos-containing Description of asbestos-containing m p staff(12) C (Specify SF or material (acm) to be material (ACM) C 0 a a abated in facility (13) Yes No N/A V p 20 1 ft BASEMENT PIPE INSILATION BASEMENT 48 SQ FT X BOILER INSULATION Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# TULLYTOWN, RESOURCE RECOVERY D & S RESTORATION, INC. 13506 YDS Disposal Date City, State City, State 08-22-17 TULLYTOWN, PA PATERSON, NJ 07503 Signature Completed by (Print or Type) Date 08-16-17 **BOGDAN JOLDZIC** PRESIDENT Do not use this form for asbestos licensure exempted activities.

ACR.A1

haze 1 08/16/2017 04:29PM 9733458060 D&S RESTORATIO PAGE 02/04 3 State of NJ Notification of Asbestos Abatement DOL - 10 DAY D&S Proj. #: 17. 226 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) AUG 018 1/11 1:61/11/7 ROY CHRISTENSEN Agrencies Notified Type Notification Street Address ☐ EPA Initial [] A-41-4 [] Amended O DEP City, State, Zip Code Amendment #: TO DOL NO. PLAINFIELD, NJ **Entergancy** 07060 DOH DOH (Including Name of Contact Justification) DCA ROY CHRISTENSKH Cancellation FACILITY INFORMATION ...OL & ASE Nerms of facility where shatement is taking place (3) OIHG Type of Facility (4)
School (K - 12) ROY CHRISTENSEN Subchapter 6 (Other than K-12) Street Address Cihar (Privata/Commercial Bidgs./Hames, etc. Square Feet | # of Floors City (5) County (6) County Code (7) NORTH PLAINFIRLD (State use only) ROINU Current Use (Prior If being demollshed) Name of Mankoring Firm Hired by Bidg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code City, Blata, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Elephone Number License Number 973-345-1020 01169 Start Date (10) Name of OSHA Monitor School Completion Date (11) D& S Restoration, Inc. 17/21/08 17/15/09 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue E Facility dosed/vacated during entire pariod of abatement.

Abatement performed outside of normal facility hours-City, State, 2h Code Describe: NORMAL ROURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment winegative pressure 2 2 af or >3 If Mini-engloaure
Glovebag proce E Renovation ☐ ≥180 of or ≥260 E Glovebag procedure Demolition Non-Exempled (*) and Non-friable procedure is location normally used solely by maintenance/custodial Location of E #8bestos-containing Ε 8 Description of eshestos-containing Amount n staff(12) material (acm) to be m p material (ACM) (Specify SF or c abated in facility (13) a

No

13506

PRESIDENT

BASKMENT

B Waltern

Plogistered Waste Hauler

City, State

D&S RESTORATION, INC.

PATERSON, NJ 07503

Completed by (Print or Type)

BOGDAN JOLDZIC

N/A

Disposal Date

PIPE INSHLATION

CUBIC Yards of Waste

Signature

BOILER INSULATION

麒

08-16-17

2051 FESULATI

48 SQ FT

TULLYTOWN, RESOURCE RECOVERY

Name of Registered Landfill

TULLYTOWN, PA

City, State

LuS Proj. #: 17- 225

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)	PAID	+
ling Owner/Operator (2)	AUG AUG	2

Date of Notification (1)		IIN	-								
0 8 / 01 76 / 1 17	1	Name	of Building	Owner/Operator (2	2)				AU6	21	2017
	tification	JOA	N ROMA	NO			-	tod had t		-	2011
☐ EPA ☑ Initial	incation	Street A	ddress								
☐ DEP ☐ Amend	ed						Table Control	. AS	Dray'.	H C.K. CENS	JOE STAT
DOL Amendme	ent #:	City, Sta	te, Zip Coo	ie				STATE OF THE PARTY		76140	114(3
L Emerge	ency	UNI	ON, NJ	07083							
▼ DOH (includi justifica	ng	Name of					17.1				
DCA Cancell		JOA	N ROMAN	10	·r	*	Tele	phone Nur	nber		
		Ц	F	ACILITY INFORM	ATIC						٠- ي
Name of facility where abatem	ent is takin	a place (2)		TOILITT INFORM	ATIC	DN					
	ciit is takiii	g place (3)					Type of Faci		Market .		
JOAN ROMAN				.2			=	chool (K-			
Street Address					-		∐ Su	bchapter 8	3 (Other	than K-1	2)
							X Oth	ner (Private gs./Home:	e/Comm	ercial	
City (5)							Square Feet			Bldc	g. Age
City (5)	10	ounty (6)				unty Code (7)					
UNION, M.		union		-	(Sta	ate use only)	Current Use	(Prior if b	eing der	nolished)
Name of Monitoring Firm Hired	by Bldg. Or		<u> </u>					-1.			
and the second s	by blug. Of	wiler (8)		ASCM No.		Name of Abatement C	contractor (9)				
Street Address						D&S RESTORA	TION, INC.				
Street Address						Street Address					
Cibe State 4						20 California Ave).				
City, State, Zip Code					=	City, State, Zip Code			Street of the Land of		-
5						Paterson, NJ 0750	03				
Project Manager for Monitoring Fi	rm	F	hone Num	ber		Telephone Number		Licens	e Numb	er	
-		- 1			П	973-345-8020			01169	OI .	
Start Date (10)	Sch	ed. Complet	ion Date (1	1)	-11	Name of OSHA Monito	г				
17/07/09	1	25/09	3	8.50		D & S Restoration	, Inc.				
Occupancy Status During Abatem	ent (Check	25/09		And the second second second second	-	Street Address					
Facility closed/vacated durin	a entire po	ried of shot				20 California Aven	nue				
L Abatement performed outsing	le of norma	l facility hou	rs-		15	City, State, Zip Code					
Describe: NORMAL					.11						
					Ш	Paterson, NJ 0750	3				
Scope of Work (check all that app	- 3.55					Full	Containment	w/negative	e pressu	re	
	Renovati	ion				X Min	ni-enclosure				
≥160 sf or ≥260 lf	Demolitic	n				≖ Glo	vebag procedu	ure			
Location of		on normally				L No	n-Exempted (*) and Non-	-friable p	5	e
asbestos-containing	by maint staff(12)	enance/cus	todial	Description of	of ask	bestos-containing	Amount		e	R E	E
material (acm) to be abated in facility (13)			Т	material (ACI	M)	ocotos-cortali ili ig	(Specify 8	SF or	m	PC	n
	Yes	No	N/A				LF)		V	a a	L
BASEMENT		F =		nine inco	1		60 L F	m	e	- P	4_
BASEMENT BOILER		X		pipe insu boiler in	Lar	100				- 11년	14
					oul	Tar TOII	42 sq	Et	国	ᆀᆜ	14
Registered Waste Hauler		P Hauler II)# Cu	bic Yards of Waste	o Ix	Inmo of David					
D & S RESTORATION, INC.	135		50	2 yds		Name of Registered Land TULLYTOWN, RES		COLUD	v		19
City, State		To	isposal Da		+	City, State	DOURCE RE	COVER	Y		The second secon
PATERSON, NJ 07503			XIXXX	09-08-17		TULLYTOWN, PA					
Completed by (Print or Type)	Title		T	Signature	-1			Date			
BOGDAN JOLDZIC	PRESIDI	ENT						Date	08-1	6-17	
			Control Indian of Control					1		1	

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OX,#(0	282		FICATIO	State of N N OF AS It to NJA	BESTOS	SABATE		and the second			E	la constant	W		
Date of Notification (1) 8/16/17	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				of Building				-						7 (
Agencies Notified	Type Notification				nis & Ma Address	arie Mo	Caffert	y Pri	vate Home		All	G 2	1 20	117	
⊠ EPA	[C-2]			Street	Address				Celibrange	- Contract		1000			
DEP	Amended				tate, Zip C				-	A	Suc	55		7)[- 3a
⊠ DOL	Amendment Emergency		a .		Beach		4J 0800	08	_	MINES TO SERVICE	-	CEN	SING		
DOH DCA	justification)			Name of Vene	of Contact	t			-	5		\$8.0			
					ILITY INF	ORMAT	TION				-			-	
Name of Facility Where A Dennis & Marie Mc								Туре	of Facility (4	-)	4			-	4
Street Address	Callerty Prival	e Hom	e 						School (K-12	2)	87	40)			8
									Subchapter Other (i.e. pr	ivate	er than K- & comme	·12) cial bu	ildings	, hon	nes,
City (5)									etc.) are Feet		f Floors		Bldg.		
Long Beach Twp. N	1J 08008							100		2	1110010		35+	rige	
County (6) Ocean					Code (7)	n			ent Use (Prio	r if bei	ing demol	shed)			
Name of Monitoring Firm	Hired by Building	Dumar (8	1		M No.	'/ <u> </u>	I Nisses	Hou	120-73						
N/A	Timed by Ballating	JWHEI (d	,	ASCI	VI NO.			of Aba	itement Cont	ractor	(9)				
Street Address							Street								
01. 01. 71. 0			PO Box 329												
City, State, Zip Code							ip Code Iin NJ 0809	91							
Project Manager for Moni	toring Firm			Telepho	ne No.		Teleph	none N	0.		License	No.	-		
Start Date (10)							1	753-9			00727				
8/28/17		9/1/17		npletion	Date (11)		Name Sam		HA Monitor						
Occupancy Status During	Abatement (Chec						Street		SS						
▼ Facility Closed/Vaca	ted During Entire F	eriod of	Abaten	nent					-						
Abatement Performe Other – Describe:	ed Outside of Norm	al Facilit	y Hours	3			City, S	tate, Z	ip Code		1			1100	
Scope of Work (Check All	That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova	ition			F	Ful	I Containmer	nt with	Negative	Pressi	ıre		
2 100 SI 01 2200 II		X	Demolit	ion				Mir	i-Enclosure vebag Proce						
		T	40 100				X	No	n-Exempted	(*) and	Non-Fria	ble Pro	20 Y St. 20 Y D		
Location	of		Locati Normal			5								emen /pe	t
Asbestos-Containing N	Material (ACM)		ed Sole			tos Cont	scription taining M	aterial		ıA	mount			m	
TO BE ABA In Facility		1	todial S	100000000	(i.e.	thermal surfa	systems cing, VA	insula T, or	tion,		pecify or LF)	Remova	Re	ncap	Encl
(13)			(12)				niscellan					lova	Repair	Encapsulate	Enclosure
		Yes	No	N/A										te	to
exterior sid	ding			х		exte	rior sid	ing		180	00 SF	x			
		-													
Name of David															
Name of Registered Waste	e Hauler		527.0	JDEP W auler ID		Cubic of Was			Name of Re		ed Landfi	I			
United Roll Off			0.00	2459		4			G.R.O.W	l.S.					
City, State Elm NJ						Dispos 9/1/1	al Date		City, State	0.04	10007				
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			. '	City, State, Zip Midland Par	rk, NJ 07432	ASLIGA	CE	JOH MOH	ार्ग म्ह	PL &
Project Manager for Monatoring Firm		Taloph	one No. "	Tolephone No.	. 10	Ceres No.		1 /1 02-11	VO	-
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* Do not use this form for asbestoe Mosneum evenuend activities.

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

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Comment of the commen	AUG	21	2017	

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Date of Notification (1)				Name of Buil	ding Owner/Operato		STRUCT	10/	d-								
Agencies Notified Type Notifica	ation		ess CENSING														
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No. of States				FACILITY II	NFORMATION												
Name of Facility Where Abatement is T)			Type of Facilit	5), 100fc 11										
RESIDEA	ILE			·		School (K-	12)										
Street Address						Other (i.e., homes, etc.	r 8 (Other than K-1 private & commerc	12) cial bu	iilding	ıs,							
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County (6) CAPE MAY	,		U	Sounty Code (SE ONLY)	(7) (STATE	Current Use (P	rior if being demol	ished)								
Name of Monitoring Firm Hired by Buildin	ng Own	er	ASC	ZM No.	Name of Abatem	nent Contractor (9				_	_						
(8) N/A						LMCO	INC										
Street Address					Street Address	SCIPI	PUCE AU	<i></i>									
City, State, Zip Code					City, State, Zip C	ode		<u></u>		_	_						
					MAPLE SHADE N. J 08052												
Project Manager for Monitoring Firm		Te	lephor	ne No.	Telephone No. License No. 856-779-0472 00444												
Start Date (10) Sci	reduled	Comp	etion I	Date (11)													
3-6-11	4-		5~	1	N/A												
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State of New Jersey

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Street Address								al build	iings,						
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	State of New Jersey NOTIFICATION OF ASSESTOR ABATEMENT: (Pursuant to NIAC 8:69 and 12:120) Sof Notification (Pursuant to NIAC 8:69 and 12:120) Name of Bailding Owner (Pursuant to NIAC 8:69 and 12:120) Name of Bailding Owner (Pursuant to NIAC 8:69 and 12:120) Name of Bailding Owner (Pursuant to NIAC 8:69 and 12:120) Name of State (Address 15 S RT 5D ASSESTED (Pursuant to NIAC 8:120) Name of Contact (Pursuant to NIAC 8:120 CIV. State (Pursuant to NIAC 8:120) Name of Contact (Pursuant to NIAC 8:120) Name of NIAC 8:120 Name														
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	itaring Firm		Teleobo	ine No.	Telephone No.		License No.								
Project Manager for Mon	itoring Firm		, o.op	7.150.10002	856-77	9-0472	0041	14							
Start Date (10)	Sche	duled Cor	mpletion	Name of OSHA Monitor											
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MICHAU K	CMM	50	P.		_ Mul			,)	<u> </u>	_	_				

State of New Jersey FICATION OF ASBESTOS ABATEMENT ursuant to NJAC 8:60 and 12:120)	3	B		E,
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NOTIFICATION OF ASSESTIOS ABATEMENT (Pursuant to NAIC Scie) and 12:120 Date of Notification Park Name of Building Convent Operators (2) Name of Building Convent Operators (3) Name of Control Operators (3) Na	Co										F===	F 1	1 17			
Agencies Notified Type Notification Street Address CRY State 25 Code CRY State 25 Cod	4289		٨		CATI	CATION OF ASBESTOS ABATEMENT										
Separate	Date of Notification (1)	15-17			Nar											
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Name of Facility Where Abatement is Taking Place (3) PESINDEN (E) School (K-12) School		justification	1)	9	Nan					Telephone Numi	ber					
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County (6) APE MAY County Code (7) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (9) Name of Abatement Contractor (9) Street Address City, State, Zip Code MAPLE City, State, Zip Code MAPLE City, State, Zip Code City, State, Zip Code MAPLE City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code MAPLE City, State, Zip Code City, State,	City (5)	12 15 4 1 1								# of Floors	В					
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City, State, Zip Code City, State, Zip Code	10					Street Address										
Project Manager for Monitoring Firm Telephone No. Scheduled Completion Date (11) Start Date (10) S-25-17 Scheduled Completion Date (11) Start Date (10) S-25-17 Scheduled Completion Date (11) Street Address 21 24 7 C-4					City State Zip Code											
Start Date (10) Scheduled Completion Date (11) Street Address	City, State, 2ip Code										2					
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check all that apply)	Project Manager for Monit	253				856-779-0472 00444								_		
Street Address Street Address	Start Date (10)	Sche	duled C	omplet	tion Da	on Date (11) Name of OSHA Monitor										
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code		Abatement (Che	eck only	one)	1	Street Address										
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Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No N/A SIDING Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A SIDING NIA SIDING NIBERABATED INFacility (13) Yes No N/A SIDING NIBERABATED INDEP Waste Hauter D No. Sity, State MANCE SHADE N.T. Signature Signature Date Type Ty	≥160 sf or ≥260 ff									on-Friable Procedur						
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lame of Registered Waste Hauler KUTMCD INC Sity, State MAPLE SHADE N.T Completed By Title NIDEP Waste Cubic Yards Of Waste Disposal Date City, State WOODBINE Date Date	12 11															
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1)			uilding Owr						material (III of the Superior Control	a el abridado el el	T S of the special state.	- Contract		
8/16/17			homas			110		PAO C	-11					
Agencies Notified Type Notification		St	Street Address AUG 2 1									2017	1	
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DEP Amended Amendment#				, Zip Code each Twp	NJ 080	08		Management	ASE.		00.	(110	LB	
Emergency (in			ame of C		7. 140 000	-		Felepl	one-Nu	mber'	1011	9	ANDROPOLO	
DOH justification) Cancellation			eness											
DCA Cancellation				TY INFORM	MATION						_			
Name of Facility Where Abatement is Taking	Place (3)					Type o	f Facility (4)							
Thomas J Keller Private Home							chool (K-12)		han l/ 1	2)				
Street Address						N O	ubchapter 8 ther (i.e. pri	vate & c	ommerc	al build	ings, h	omes,		
						et	c.)				dg. Ag		\dashv	
City (5)						Square 1000		# of Fl	oors	1000	uy. Ay 5+	-		
Long Beach Twp. NJ 08008				1 (**)			t Use (Prior		demolis	- 1		*0	\dashv	
County (6)			ounty Co	ode (7) SE ONLY) _		Hous		" pering	CONTONS					
Ocean	umor /0\		ASCM	No	Nam	27/1/2/02/81	ement Contr	actor (9)					
Name of Monitoring Firm Hired by Building O	wner (6)	1	ASCIVI	NO.	10	rnaco In								
N/A					Stre	et Address	3	100						
Street Address					PC	Box 32	29							
City, State, Zip Code					City	State, Zip	Code	****						
City, State, 21p Gode					We	est Berli	n NJ 0809	91						
Project Manager for Monitoring Firm	-	T	elephon	e No.	1. (45.57)		phone No. License No.							
**************************************					1	856-753-9800 00727 Name of OSHA Monitor							-	
Start Date (10)	Schedule	d Com	oletion D	ate (11)			A Monitor							
8/28/17	9/1/17		Same Street Address										\dashv	
Occupancy Status During Abatement (Check	Only On	e)			ø.									
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of A al Facility	bateme Hours	ent		City	, State, Zi	p Code							
Scope of Work (Check All That Apply)						□ Ful	I Containme	nt with I	Vegative	Pressu	re			
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D. DEC AN		Location Normall			Descrip							pe		
Location of Asbestos-Containing Material (ACM)	Use	d Solel	y by		s Containin	g Material		2,000	nount	77		m m	Ш	
TO BE ABATED	200000	intenar todial S		(i.e. th	nermal syst surfacing,		ation,		oecify or LF)	Remova	Repair	Encapsulate	Enclosure	
In Facility (13)		(12)			other misce					oval	air.	sula	sure	
(10)	Yes	No	N/A									6	177	
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exterior siding			x		Transite	e Pipe) LF	x				
exterior side of house	-								-					
			-						Α.					
	I A	JDEP V	Vaste	Cubic Yar	ds	Name of	Registe	red Land	dfill					
Name of Registered Waste Hauler			lauler ID		of Waste	post W	G.R.O.	4647 7 .0410.						
United Roll Off		2	2459		4	G.R.O.								
· City, State					Disposal D	Date	City, Stat		1006	7				
Elm NJ					9/1/17	- Luca	IVIOTTIS	isville PA 19067						
Completed by	Title	sident			Signa	aure /7				8/16/	17			
Anthony T Perna			(& _				0/10/1/							

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