D	ATT	State of New Jersey
IT.	HALL	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT
		(Purguant to NIAC 8:60 and 5:16)

 10/11/01/01	110000	,,
(Pursuant to	NJAC 8:60 at	nd 5:16)

										11	11	\mathbf{H}	111	
Date of Notification (1) 8 / 28 /	17			Name	of Buildin	g Ow	ner/Operator (2) Schools Board	of Education	204	7		III	
						unty	Technical	SCHOOLS BOARD	Of Education)	201	/	L	4	
Agencies Notified	cation				t Address		к в.		651					
□ DOLWD □ Amende	ed				The state of the s			Building No. 1	Adminstration		DL 8	_	_	
⊠ DOH Amendr		2		1339	State, Zip (CENSIN	G			J	
☐ DCA ☐ Emerge		cluding	3	-	klerville, of Contac	****	70001		Talanhana Numb					
(NJAC 5:23-8) justifica					of Contac				Telephone Numb	er				
Cancella	1011			1										
No. of the last	- 1:	Di	(0)	FA	CILITY IN	4FOF	RMATION	T	/A)					
Name of Facility Where Abatement is		Place	(3)					Type of Facility School (K-12)	A . 5					
Camden County Technical Sc	nooi								:) 8 (Oth∋r than K-12)	į.				
Street Address 343 Berlin Cross Keys Road								Other (i.e., p	rivate and commer		uilding	s,		
								homes, etc.) Square Feet	# of Floors	To	dg. A	70		
City (5) Sicklerville								various	# 01 F10015		ug. A 50+	ge		
County (6)				Cour	aty Codo /7	71/07/	TE USE ONLY)		ior if being demolis					
Camden				Coul	ity Code (/	HOTA	TE USE UNLT)	DOOR COMMISSION OF SOME OF STREET	nical School	neu)				
Name of Monitoring Firm Hired by Bui	Idina C	Jwner	(8)	ASCM	No	Name of Abatement Contractor (9)								
Health and Safety Services	iding C	, which	(0)	117	140.	100000000000000000000000000000000000000		nvironmental						
Street Address							eet Address		7,010,110	The Section				
PO Box 365								nlehem Pike - Suite 60						
City, State, Zip Code				2017-0-2010			, State, Zip Co			-				
Berlin, NJ 08009							pring House							
Project Manager for Monitoring Firm								<u> </u>	License No.					
Jim Proctor			1,000,000	9 839			ephone No. 15 542 7000		00847					
Start Date (10)	Sched	uled C	omple	tion Da	ite (11)	Nar	Name of OSHA Monitor							
11 /28 /16	_ 1	0 /	_3	/	17	CES								
Occupancy Status During Abatement	(Check	only	one)			Stre								
☐ Facility Closed/Vacated During En				ment		1	121 N. Bethl	ehem Pike - S	uite E0					
						City	, State, Zip Co	ode						
Time of Abatement: 7:00AM-Midr	<u>iight</u> Pl	M/	PM-		AM	s	pring House	e, PA 19477						
Scope of Work (Check all that apply)														
☐ ≥3 sf or >3 lf		M Pa	novat	on				ainment with Neg	gative Pressure					
≥3 st of ≥3 li ≥160 sf or ≥260 lf		De				☐ Mini-Enclosure☐ Glovebag Procedure								
							Non-Exer Non-Exer	mpted (*) and No	n-Friable Procedur	е				
		0.000	Loca Norma	130000000						Ab	atem	ent T	ype	
Location of Asbestos-Containing Material (ACI	M)		d Sol		Ashe	stos (Description o Containing Ma		Amount	Ren	Repair	Enc	Enc	
TO BE ABATED	,	100000000000000000000000000000000000000	intena	nce/ Staff?		., the	rmal systems i	insulation,	Specify	Removal	pair	aps	Enclosure	
IN Facility (13)		Cus	(12)	Olaii!			urfacing, VAT, ner miscellane		SIF or LF)	<u>n</u>		Encapsulate	- Figure 1	
(10)		Yes	No	N/A		Ott	nor misocilano	ous)				e		
Building 1 Door/Window-Exterior				ACM C	aulk/	/Glazing		Ap:c 8200 LF						
Building 2 Door/Window-Exterior				ACM C	aulk/	/Glazing		Ap:c 9100 LF						
Building 5 Door/Window-Exterior	r				ACM C	aulk/	/Glazing		Ap:c 6800 LF					
Building 6 Door/Window-Exterior	r				ACM C	aulk/	/Glazing	Ap:< 8420 LF ⊠ □ □ □						
Name of Registered Waste Hauler			10.50	NJDEP Waste		100000000000000000000000000000000000000	oic Yards of	Name of Regis						
Geppert Recycling					D No.	Was	ste 4,000 yrd	Western B	erks Communti	y Lar	ndfill			
City, State Hatfield, PA							posal Date	City, State Birdsboro	PA 19508					
PRODUCTION OF THE PARTY OF THE							Cianat	Dirusboro		to.				
Completed By (Print or Type) Patricia Visco	Title	ffice I	Vlana	ger			Signature	- Vin	Da Da	1/25	$\langle l_i \rangle$	7		

ASB-41 JAN 13 PAGE lotz

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



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

A. A.				(Pu	rsuan	t to NJA	C 8:60 and 5:1	6)	3							
Date of Notification (1)							Owner/Operator (2)	AUG 3) 2	017		U)			
8/	28 /	17	and a		Can	nden Cou	inty Technical S	Schools Board	of Education							
Agencies Notified	Type Notific	cation	-			Address			ASC	(1.5	- OI	2				
⊠ EPA	☐ Initial				343	Berlin Cı	ross Keys Rd -	Building No. 12	2 Adminstration	SING	ì	- 01				
⊠ DOLWD			r	Ī	City, S	tate, Zip C	ode									
☑ DOH □ DCA	☐ Emerge		23		Sick	derville, l	NJ 08081					- 11				
(NJAC 5:23-8)	justifica		Juding	Ī	Name	of Contact	ā		Telephone Number)r						
	☐ Cancella	ation			Dine	o Aceved	0				-20					
					FAC	CILITY IN	FORMATION									
Name of Facility Where A	Abatement is	Taking	Place	(3)				Type of Facility	(4)							
Camden County Te	chnical Sc	hool						School (K-12								
Street Address								Subchapter 8	3 (Other than K-12) rivate and commerci	ial bui	ildinas	S.				
343 Berlin Cross K	eys Road							homes, etc.)			3	7.0				
City (5)								Square Feet # cf Floors Bldg. Age								
Sicklerville								various	1	5	50+					
County (6)					Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Pr	ior if being demolish	ed)						
Camden								Adult Techr	nical School							
Name of Monitoring Firm	Hired by Bu	ilding C	wner (8)	ASCM	No.	Name of Abatem	ent Contractor (9)								
Health and Safety S	Services				117		Controlled Environmental Systems									
Street Address							Street Address									
PO Box 365						V	1121 N. Beth	lehem Pike - S	uite 60							
City, State, Zip Code		T-1					City, State, Zip Code									
Berlin, NJ 08009							Spring Hous	e, PA 19477								
Project Manager for Mon	itoring Firm			Tele	phone l	No.	Telephone No. License No.						1000			
Jim Proctor				60	9 839	2432	215 542 7000 ()0847									
Start Date (10)		Sched	uled C	omple	tion Da	te (11)	Name of OSHA Monitor									
11 /28 /	_16_	1	0_/	31	/ _	17	CES									
Occupancy Status During	Abatement	(Check	only o	ne)			Street Address									
☐ Facility Closed/Vacate	ed During En	tire Per	riod of	Abater	ment		1121 N. Beth	lehem Pike - S	uite 60							
Abatement Performed							City, State, Zip C	ode								
Time of Abatement: 7	:00AM- <u>Mid</u>	nightP	M/	_PM-		AM	Spring Hous	e, PA 19477								
Scope of Work (Check a	I that apply)								7.5							
☐ >3 sf or >3 lf			⊠ Re	novati	on		☐ Full Con	tainment with Neg	gative Pressure							
□ ≥3 \$1 01 ≥3 11 □ >160 sf or >260 lf			☐ De				☐ Gloveba	g Procedure								
						,	⊠ Non-Exe	empted (*) and No	n-Friable Procedure	1						
				Locat Norma						-	ateme					
Location Asbestos-Containing		1//1)		d Sole		Ashe	Description stos Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure			
TO BE ABA		/IVI)	25000	intena			., thermal systems	insulation,	(Specify	Nov	ai.	aps	losu			
IN Facil	ity		Cus	todial (12)	Stan?		surfacing, VAT other miscelland		SF or LF)	<u>n</u>		ulat	lre			
(13)			Yes	No	N/A		other miscelland	eous)				9				
Building 8 Window-E	xterior			\boxtimes		ACM GI	azing		Apx 2000 LF	\boxtimes						
Building 9 Door/Wine	dow-Exteri	or		\boxtimes		ACM Ca	aulk & Glazing		Apx 1500 LF							
Building 10 Window-	Exterior					ACM G	azing		Apx 1010 LF ⊠ □ □							
Building 11 Window-	Exterior					ACM G	lazing		Apx 1325 LF							
Name of Registered Was	ste Hauler			0.122	IJDEP \		Cubic Yards of	Name of Regis								
Geppert Recycling					lauler II	J NO.	24,000 yrd	Western E	Berks Communtiy	/ Lar	ıdtill					
City, State							Disposal Date	City, State								
Hatfield, PA								Birdsboro	, PA 19508							
Completed By (Print or T	ype)	Title	9				Signature	- 11	Dat	e	i					

ASB-41 JAN 13 PAGE Z OF Z

Patricia Visco

Office Manager



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

Check # 8550

				_						-				7.00	
Date of Notification		3		ner	Operator (2)		[F	-	E 6 6	η η Ξ	7 6		7		
10 18 1/12 18			Hakimi				11						111		
Agencies Notified	Type Notification	Street Ad	dress				. 1	-31					Ш		
☐ EPA	X Initial						11		446	0 70	19	11	71		
☐ DEP		C (2 () () () () () () () ()	te, Zip Code				i -		, , ,		• •		1		
X DOL	Amendm	Boo.	nton, NJ 0	700)5				S Telephone	Mumber	:01	0	-	most.	
X DOH		Name of	Contact				ļ	A		VICINIC	TOL	αι	No.		
☐ DCA	Cancella	Fred	d Hakimi								mendage		mont		
			FA	CIL	ITY INFORMA	ATION									
Name of facility w	here abatement is	taking place (3)						Тур	e of Facility (4) I (K - 12)					
Fred Hakimi										apter 8 (O			12)		
Street Address									> Other (Private/Co Homes, e	ommer tc.	cial			
								Sq		# of Floor		Bld	g. Ag	е	
City (5)		County (6)					nty Code (7)	_			l	molished)			
Verona, NJ	07044	Essex				(Stat	e use only)	1	rrent Jse (P	rior if bein	g dem	olisne	۵)		
Name of Monitoria				T	ASCM No.	-17	Name of Abatement								
Name of Monton	ng r mm r med by t	onius (-)			n/a		B & G Restorat	ion,	Inc.						
Street Address				<u>-</u> L-			Street Address	· J							
							105 Ryerson F			Commission of the Commission o	-	-	-		
City, State, Zip Co	de						City, State, Zip Code Lincoln Park,		7035						
			Phone Number Telephone Num							License	Numb	er			
Project Manager fo	or Monitoring Firm		Phone Iva	HIDE	21.0		(973)696-686	39		00	378				
)-t- (10)	Sched. Com	pletion Date	(11)	Name of OSHA Mon									
Scheduled Start D		09/09/20			,		B & G Restora	tion,	Inc.						
09/08/2017	The state of the state of the state of					_	105 Ryerson F	Road							
Occupancy Status	During Abatemet ed/vacated during	entire period of	abatement.				City, State, Zip Code			-					
Abatement	performed outside	of normal facility	hours-												
Describe:Other-Desc	ribe:					=	Lincoln Park, N	VJ 07	7035						
	check all that appl	y)													
☐ Demolition	X	Renovation				W	ull Containment w/ne	gative	e pressure	the second second second	bag pr				
\times >3 sf or >3	If 🔲	≥160 sf or ≥260				X	Mini-enclosure			∐ Non-1	riable TR	R		1	
Location of		Is location norr by maintenanc	nally used so	lely	1				Arnount		е	е	E n	E	
asbestos-co material to		staff(12)		_	Descript material	ion of a (ACM)	sbestos-containing		(Specify	SF or	m o	p a	c	С	
abated in fa		Yes 1	No N/	Α					LF')		v e	i	p	L	
basement bo	iler room		×		pipe insu	lation			40 If	***			X		
Dasement bo	iici iooiii										10			닏	
											井	片	片	붜	
								_		_	뷰	H	片	井	
4				1.0	ubic Yards of	Masta	Name of Registere	dlan	dfill		_		Ш.		
Registered Waste B & G Restor	Hauler ration, Inc.	NJDEP Ha 1956		10	ubic Yards of 1 yard		Tullytowr	Res	source & R	ecovery	Cen	ter			
City, State	Disposal Date				City, State										
Lincoln Park	09/11/2017 Signature			ture Date											
Completed by (Pi Gordana Lur	bleted by (Print or Type)						Gordana Luna 08/28/2017								

75 A 70	177			1732-07-07-07		100 - 1	F				and the same				
CK 25	939 N			ION C	F ASB	w Jersey ESTOS ABAT 8:60 and 5:16	In I A I I I I I I I I I			E	I	The second second			
Date of Notification (1)	121	-	IN	lame of	Building	Owner/Operator (2	2)	AUG 30	204	9	111	11			
08/	28 / 17	_				Inn of Bridgewa	4 /	1 100 00	2011		L	1			
Agencies Notified	Type Notification		S	treet A		n•waaa		ASET STONE SO	NTH.	21.8		PERSONAL			
☐ EPA ☑ DOLWD	☐ Initial ☐ Amended			-	Page Dr		L	LCENSI	VG.	V 1. U		1			
☑ DHSS	Amendment #		0	COLUMN TOC INTO CO.	te, Zip Co							ma			
☐ DCA		uding	_	5.50	, ND 58			Telephone Numbe	-			_			
(NJAC 5:23-8)	justification)		P		Contact			relephone Numbe	E .						
	Cancellation				Casows	1075									
				FACI	LITY IN	FORMATION	T 1114	(4)				_			
Name of Facility Where			3)				Type of Facilit ☐ School (K-								
Vacant Days Inn C	onference Center						☐ Subchapte	r 8 (Other than K-12)							
Street Address								private and commerci	al build	dings,	,				
1260 US 22 East							homes, etc	Did	- Aac						
City (5)							Square Feet	# o Floors	Bldg. Age						
Bridgewater				0	0-1-77	VOTATE LIGE ONLY	98,000								
County (6)			55	County	Code (/)	(STATE USE ONLY)	Vacant	t Use (Prior if being demolished)							
Somerset		/0) A	SCM N		Name of Abatem		(0)			-	_			
Name of Monitoring Firm		wner (8	5) A	00117		Superior Abatem		(3)							
Health and Safety	Services, inc.	77		00117		Street Address									
Street Address						2 Henderson									
PO Box 365		-				City, State, Zip C									
City, State, Zip Code Berlin, NJ 08009							West Caldwell, NJ 07006								
Project Manager for Mo	oitoring Eirm		Teler	hone N	lo.	Telephone No.	211, 110 01 000	License No.				_			
Jim Proctor	miloring Firm		55.33	6-452-		(973) 808-16	16	00411							
Start Date (10)	Schedu	uled Co	17070	ion Date		Name of OSHA			8.7%						
8 / 29	an control of the con-			/		Superior Ab									
Occupancy Status Durin		-				Street Address									
☐ Facility Closed/Vaca				nent		2 Hendersor	Drive								
☐ Abatement Performe	ed Outside of Normal	Facility	Hours	s - Desc	ribe	City, State, Zip C									
Time of Abatement:			_PM-		MA		ell, NJ 07006								
Scope of Work (Check	all that apply)		novatio				ntainment with I closure ag Procedure	Negative Pressure							
		1	Locat	33					Aba	ateme	ent Ty	/ре			
Locatio			Normal d Sole		Ach	Description estos Containing M		Amount	Rei	Repair	Enc	Enc			
Asbestos-Containin TO BE Al			intena			e., thermal systems	s insulation,	(Specify	Removal	pair	Encapsulate	Enclosure			
IN Fac		Cus	todial ((12)	Stan :		surfacing, VA other miscellan		SF or LF)	<u>a</u>		ulat	ire			
(13)	Yes	No	N/A		Caro, Intocollar	/				O.				
Basement					Elbow	Pipe Insulation		20 ea							
Roof				☐ ☐ Roofing Material				7,500							
Basement Laundry			Floor	Γile		1,000									
				П											
Name of Registered W	aste Hauler			JDEP \	Vaste	Cubic Yards of	Name of R	egistered Landfill							
, .airio oi i togiotoroa fi			1000				The second secon								

City, State

New Castle, DE
Completed By (Print or Type)

Mary Petrovski

Service Transport Group, Inc

Waste

160

Disposal Date

09/01/17

Signature

Minerva Landfill

Waynesburgh, OH

City, State

Hauler ID No.

SW2117

Title

President

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

Check # 25578

			(rui	Sualiti	.0 1001	0.00 ana	0.10,	1	3 15 3	W	臣	In	11	
Date of Notification (1)				Vame o	Building	Owner/Op	erator (2	2)	13 3					
	29/17							Lynch				111		
Agencies Notified	Type Notification Initial			Street A	ddress				AUG 30	201	<i>I</i>		1	
DEP EPA	Amended			City, Sta	ite, Zip Co	ode						١		
DOL.	Amendment #_	luding		,			H	addon Twp.,	NF	HVIE	OL	č	_	
⊠ DOH	Emergency (inclustification)	luding		Name o	f Contact				Telephone Numbe	140	-	eroka teneris	apan Li	
DCA DCA	Cancellation				Ι	Dan Lyn	nch					_	_	
				FACI	LITY INFO	ORMATIO	N							
Name of Facility Where	Abatement is Taking	Place ((3)					Type of Facility	(4)					
Name of Facility Where	Resid	entia	1					School (K-12	2)					
Street Address								Subchapter 8	3 (Other than K-12) rivate & commercial	buildir	nas.			
Officer / durious								homes, etc.)						
City (5)								Square Feet	# of Floors	District Conf.	g. Ag			
Only (0)	Haddon	Twp.	, NJ					2400	2	-	80 -	-/-	_	
County (6)				Count USE (y Code (7 DNLY)) (STATE		Current Use (Pr	ior if being demolish	ned)				
	Camden			ASCM N		Name of	Ahatem	ent Contractor (9)				-	
Name of Monitoring Firm (8)		wner	1	ASCIVI I	10.	Name of	Stev	ens Environi	nental Service	s, Inc).			
	MECS					Street Address								
Street Address	PO Box 341					PO Box 322								
Oil Otata Zin Codo	1 O DOX 341					City, State, Zip Code								
City, State, Zip Code	Crosswicks, NJ (8515	i			Allentown, NJ 08501							_	
Project Manager for Mo	onitoring Firm			phone N		Telephone No. L cense Ne-								
Bill W	eisgarber	-		3-4070	(609) 259-9688 00493 Name of OSHA Monitor							_		
Start Date (10)	Sched	luled C	omple	tion Dat	e (11)	Name of	OSHA N		ECS					
9/12/17			/14/	17				IVI	ECO				= $+$	
Occupancy Status Dur	ring Abatement (Chec	ck only	one)			Street A	ddress	PO F	3ox 341					
☐ Facility Closed/Vac	ated During Entire Pe	riod of	Abate	ment		0:1: 0:1:	1. 7in C	JON 5 11				_		
Abatement Perform	ed Outside of Norma	I Facilit	у нои	rs		City, Sta	ite, Zip C	Crosswict	cs, NJ 08515					
Other - Describe:								CIOSSWICI	25, 110 000 10				_	
Scope of Work (Check	(all that apply)							ntainment with Ne	egative Pressure					
≥3 sf or ≥3 lf		⋉ Re				×	Mini-En	closure ag Procedure						
≥160 sf or ≥260 lf		∐ De	emolitic	on			Non-Ex	empted (*) and N	on-Friable Procedu					
			Locati			2272				Α	bater Typ			
	_		ormali Sole			Desc	ription o	of.		-	1 9 1-			
Locatio Asbestos-Containing	n of n Material (ACM)		ntena		Asbes	stos Contai	ining Ma	iterial (ACM)	Amount (Specify	_		ᄪ	Ш	
TO BE AB	BATED		ustodi Staff?		(i.e.	, thermal s	systems ng, VAT	insulation,	SF or LF)	Rem	Repair	cap	nclo	
IN Fac		,	(12)			other mi				Remova	air	Encapsulate	Enclosure	
(10)	No	N/A						_		fe	(D			
	INO	100%	TL	ormol V	Wall Ir	nsulation	10 sf	X						
Baser	nent	×	-	-	11.	ieimai v	v all li	isulation		+				
										+	-			
										+-	_			
						T 0 TT 1	(I Name of Do	gistered Landfill					
Name of Registered Waste Hauler				NJDEP Hauler II		Cubic Y		Name of Re	-	1011				
Stevens Environmental Services, Inc.				18	292	1	cu		Fairless Lan	dIIII				
City, State						Disposa		City, State	16	DA				
Allentown, NJ							4/17 /		Morrisville.	rA	_			
Completed By				Sig	nature	1	Date	8/2	9/17	7				
Mahlon E. S	roje	ct Ma	nager		17			012	- 1 1 1					

PAU	N			State										
	J					Abatement and 12:120)		IT-	igal.	f. 12	0.0	Л	n tone	
D&S Proj. #:	_ /	02r	Tursua T	III IO NJAO	, 0.00	and 12.120)			La		1 1	/ [
Date of Notification (1)			ding Owne	r/Operator (2)					ļ	AUG 3 C	20	17		加
Agencies Notified Type Notificati	on St	reet Addres						+					1	-
☐ EPA ☐ Initial ☐ Amended								AS	SE.	CENIC	SINT	OL	8	annium a
DEP Amended Amendment #:	Ci	ty, State, Zi	ip Code							I FAIC	TETTA	-		mod .
▼ DOL		JERSE	Y CITY	, NJ 07	7305									
DOH (including justification)	Na	me of Cont	act					Tele	ephoi	ne Number	•			
DCA Cancellation		SEOLA	LL SIN	GH										
			FACIL	LITY INFORM	ATION									
Name of facility where abatement is	taking pla	ce (3)						Type of Fa		(4) ol (K - 12)				
SEOLALL SINGH									Subcl	napter 8 (C	ther th	nan K	12)	
Street Address										(Private/C ./Homes, e		rcial		
								Square Fe		# of Floor		Ble	dg. A	ge
City (5)	Coun	ty (6)			Cou	nty Code (7)								
JERSEY CITY	HUI	SON			(Sta	te use only)		Current	lse (F	Prior if bein	g dem	olishe	ed)	
Name of Monitoring Firm Hired by E	3ldg. Owne	r (8)	T	ASCM No.		Name of Abateme	ent	Contractor (9	9)					
						MKD PROPER	RTY	MAINTE	NAN	CE LLC				
Street Address						Street Address 105 VAN RJ	LPI	ER AVENU	E					
City, State, Zip Code					-	City, State, Zip Co	de	-	-			etersevis-on		NORTH COLUMN
71						CLIFTON, N	IJ	07012						
Project Manager for Monitoring Firm		Pho	one Numbe	er		Telephone Number 201-899-90	er 008	3		License #013		er		
Start Date (10)	ISched.	Completio	n Date (11)	_	Name of OSHA M	/loni	itor						
08-28-17)5-17	ordinak pirintah Mariasi	***		Street Address						-		
Occupancy Status During Abatemen	t (Check or	nly one)												
Facility closed/vacated during						City, State, Zip Co	ode							
Abatement performed outside Describe:		achity flours			_									
Other-Describe: NORMAL H								F. II O t	1					
Scope of Work (check all that apply	r) Renovation	_				L I	_	Full Conta nr Mini-enclosu		w/negative	press	ure		
x > 3 st or > 3 lf x x x	Demolition							Glovebag or						
		normally u	sed solely				Ц	Non-Exempt	ed (*) and Non-	TR	R	E	
Location of asbestos-containing	by mainte	nance/cust		1	on of a	sbestos-containing	3		ount		e m	e p	n	E n
material (acm) to be abated in facility (13)	staff(12)		Π_	material ((Spi	ecify	SF or	0	a	a	C
abated in facility (15)	Yes	No	N/A						180-5-411	7-2	v e	r	р	-
BASEMENT		X		PIPE IN	SULA	TION		43 1	ft		K			H
							_				ዙ	片	븜	ዙ
					enevertene		-				片	H	片	H
							-				H	H	片	旨
Registered Waste Hauler		P Hauler II	D# C	ubic Yards of \	Waste	Name of Registe								
· TBD City, State	TB		Disposal D	1/2 yd ate		City, State	U(JALANY	NAME OF TAXABLE PARTY.	POLE OF TRANSPORTER PROPERTY AND THE	ar worth the his	-		and the second
TBD		ľ	08-29			MELVILLE,	, 1	NY 1].7	47	State of the state of the				-
Completed by (Print or Type) DARKO RALOSKA	Title			Signature PROJEC	CT M	ANAGER				Date 08-2	24-1	7		
ACD A1	Do not use	this form f	or asbesto	s licensure ex	empte	d activities.				1				-

State of New Jersey

State of New Jersey	[-			-	17.17	-
NOTIFICATION OF ASBESTOS ABATEMENT	10	121	16	E		W	15
(Pursuant to NJAC 8:60 and 5:16)					-	-	

Date of Notification (1)	47			Name o	of Building	Owner/Operator (2	Comm House	/ Job#1907-220	286	c #4	787		
8//	17	_		Trus	tees of the	ne woorestown	Committodse				-	acceptant and	
Agencies Notified Type Notifica	tion				Address	Ctroot		ASITEST OF CO	:1774	OL 8		AGD HER	
☑ EPA ☑ Initial ☑ DOLWD ☐ Amended			-		ast Main			- LOENSI		-	ing.	-8	
☐ DHSS Amendme					ate, Zip Co			STREET STREET, SALES STREET, SALES STREET, STR			The last of		
□ DCA □ Emergend				(3/14/12/54)		NJ 08057		T-l-shawa Museh					
(NJAC 5:23-8) justification	n)				of Contact			Telephone Numb	er				
☐ Cancellati	on			Cary	n Lynch								
				FAC	ILITY INF	FORMATION							
Name of Facility Where Abatement is T	aking F	Place	(3)				Type of Facility	4)					
Moorestown Community House	9						School (K-12) s (O:her tha <mark>n</mark> K-12)					
Street Address							Other (i.e., pr	rivate and commerc	ial bui	Idings	S,		
16 East Main Street							homes, etc.)						
City (5)							Square Feet	# of Floors	Blo	g. Ag	e		
Moorestown							25000	3	9	1			
County (6)				Count	ty Code (7)	(STATE USE ONLY)	Current Use (Pr	or if being demolis	ned)				
Burlington							Event Venu	nue					
Name of Monitoring Firm Hired by Build	lina Ov	vner (3)	ASCM N	Vo.	Name of Abateme	ent Contractor (9)						
Horizon Environmental	anig O	viioi (, ,			Asbestos and Mold Services, Corp.							
Street Address						Street Address							
PO Box 316						3859 Sylon Boulevard							
						City, State, Zip Code							
City, State, Zip Code						Hainesport, NJ 08036							
THorofare, NJ 08086			Tolo	nhono l	No	Telephone No.	140 00000	_icense No.					
Project Manager for Monitoring Firm			10000000	phone i			1	00862					
Dave Flanigan	- I		37.77	6-848		609-702-0400 00862 Name of OSHA Monitor							
Start Date (10) 9 / 11 / 17				tion Dat		EMSL Analyt							
Occupancy Status During Abatement (Check	only o	ne)			Street Address							
☐ Facility Closed/Vacated During Enti				ment		200 U.S. Route 130 North							
☐ Abatement Performed Outside of N					cribe	City, State, Zip C							
Time of Abatement:AM	PM	/	_PM-		AM	Cinnaminsor							
Scope of Work (Check all that apply)													
≥3 sf or ≥3 lf		⊠ Re	novati	on		☐ Full Con	tainment with Ne	gative Pressure					
≥3 \$1 \$6 ≥3 \$1 ≥160 \$f \$0\$ ≥260 \$If		☐ De					g Procedure	200000002					
	-				1	☐ Non-Exe	empted (*) and No	on-Friable Procedu					
			Locat Norma						Ab	atem			
Location of Asbestos-Containing Material (ACM	//\		d Sole		Ashe	Description stos Containing Ma		Amount	Rer	Repair	Enc	Enc	
TO BE ABATED	"	Ma	intena	ince/	(i.e	., thermal systems	insulation,	(Specify	Removal	air	aps	Enclosure	
IN Facility		Cus	todial (12)	Staff?		surfacing, VAT		SF or LF)	<u>a</u>		Encapsulate	тe	
(13)		Yes	No	N/A		other miscellane	eous)				6		
D 11 D					Dino Inc	nulation		276 LF		П	П	П	
Boiler Room				Pipe in	sulation		270121	-					
	Ш	Ш							닏				
										Ш	Ш	Ш	
Name of Registered Waste Hauler			11 72	JDEP \		Cubic Yards of		stered Landfill					
Waste Management					D No. 3	Waste 5	Grand Ce	ntral					
City, State						Disposal Date	City, State						
Lafayette, NJ						9/15/17	Penn Arg	/le, PA					
Completed By (Print or Type)	Signatúre Date				8-28-17								
Kimberly A. Trumbetti	Of	ffice	Coor	dinato	r	OA!	\\		8.	do	1	1	

ACR.A1

State of NJ

Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: 17-234 Name of Building Owner/Operator (2) 3 0 2017 Date of Notification (1) 0 8 / 2 5 / 1 7 linda duncan Type Notification Agencies Notified Street Address ASI CENSING X Initial EPA Amended DEP City, State, Zip Code Amendment #: DOL Emergency ridgefield park, nj 07660 (including Telephone Number Name of Contact DOH justification) DCA linda duncan Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) linda duncan Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) BERGEN ridgefield park Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Telephone Number Project Manager for Monitoring Firm Phone Number 01169 973-345-8020 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. 09/28/17 Street Address 09/12/17 Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Full Containment w/negative pressure Scope of Work (check all that apply) Mini-enclosure \times >3 sf or >3 lf Renovation Glovebag procedure >160 sf or >260 lf Demolition Non-Exempted (*) and Non-friable procedure E Is location normally used solely Е Location of 0 n by maintenance/custodial Amount asbestos-containing Description of asbestos-containing n m p C staff(12) (Specify SF or C material (acm) to be material (ACM) 0 a a abated in facility (13) N/A Yes No p 30 1 ft X pipe insulation basement 401 t bare heating pipes basement Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# TULLYTOWN, RESOURCE RECOVERY D & S RESTORATION, INC. 13506 1 vd Disposal Date City, State City, State 09/12/17 TULLYTOWN, PA PATERSON, NJ 07503 Signature Date Completed by (Print or Type) Title 08/25/2017 **BOGDAN JOLDZIC** PRESIDENT Do not use this form for asbestos licensure exempted activities.

D&S Proj. #: 17-227

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

	CI	<	1	//	1	2
nent	i			-		
4.0.01	11			100	П	77 /7

Name of Building Owner/Operator (2) Date of Notification (1) AUG 3 0 2017 0 8 / 2 5 / 1 7 ROBERT SHIELDS Agencies Notified Type Notification Street Address EPA Initial U.VIIIOL& Amended CENSING DEP City, State, Zip Code Amendment #: DOI Emergency RIDGEWOOD, NJ 07450 (including DOH Name of Contact Telephone Number justification) ☐ DCA ROBERT SHIELDS Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) ROBERT SHIELDS Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) RIDGEWOOD BERGEN Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. 09/07/17 09/22/17 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure >3 sf or >3 If Mini-enclosure \boxtimes Renovation Glovebag procedure ≥160 sf or >260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely R Location of E e by maintenance/custodial asbestos-containing Arnount Description of asbestos-containing p m n staff(12) material (acm) to be material (ACM) (Specify SF or 0 a а abated in facility (13) Yes No N/A v GARAGE pipe insulation 41 L FT X Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# D & S RESTORATION, INC. 13506 1 YD TULLYTOWN, RESOURCE RECOVERY Disposal Date City, State City, State 09/08/17 PATERSON, NJ 07503 TULLYTOWN, PA Completed by (Print or Type) Signature Title Date BOGDAN JOLDZIC PRESIDENT 08/25/2017 Do not use this form for asbestos licensure exempted activities.

PAID

State of NJ

D&S Proj. #: 17-232		2				0 and 12:120)	1	[] L (b	[ii]	1/7	P		7
CK 7	1116								- 1	11/	<u>[</u>	In	
Date of Notification (1)	СН		100,00000 100,000	er/Operator (2 RSTOFSKY	2)		1	AUG	30 2	2017		IJ	
Agencies Notified Type Notifical Initial	tion Stree	t Addre	ess					ASI	NSINC	1.0]		
DEP Amended Amendment #	. City.	State. Z	Zip Code						NSING		- Q(- 1	
DOL Emergency			ANGE, N	J 07079									
DOH (including justification)	Name	of Cor						elephon	e Numbe	r			
DCA Cancellation		HRIST	INE KA	RSTOFSKY					i				
***************************************			FAC	ILITY INFORM	OITAN	N							*****
Name of facility where abatement	is taking place	(3)					T	ype of Facility (4) I (K - 12)				
CHRISTINE KARSTOFSKY	r							Subcha	apter 8 (C	ther t	han k	(-12)	
Street Address									Private/C Homes, e		ercial		
							_ -		# of Floo		В	dg. A	ge
City (5)	County (3)				unty Code (7) ate use only)	- -	0	115 1-			(1)	
SO. ORANGE	essex				(0,	ate ase only)		Current Use (Pr	for it bein	g aen	nolisn	ea)	
Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No.		Name of Abatem	nent Co	ntracto · (9)					
Street Address					-	Street Address							
											-		-
City, State, Zip Code						City, State, Zip C	ode						
Project Manager for Monitoring Firm	1	Ph	one Numb	er		Telephone Numb	er		License	Numl	per		
Start Date (10)	Sched. Co	mpletio	n Date (1	1)	-	Name of OSHA	Monitor						
08/31/17	09/22/17					Street Address							
Occupancy Status During Abatemen				al milita is som began fo									
Facility closed/vacated during Abatement performed outside Describe:	of normal facili					City, State, Zip C	ode						ig.
Other-Describe: NORMAL H						L							
Scope of Work (check all that apply ≥ 3 sf or > 3 lf ≥160 sf or ≥260 lf	y) Renovation Demolition						Min Glo	Conta nment w i-enclosure vebag procedur	e				
	Is location no	mally u	ised solely	/			∐ Noi	n-Exempted (*)	and Non-	friable R	Proc	edure E	;
Location of asbestos-containing	by maintenan staff(12)			1	on of a	asbestos-containing	g	Amount		e m	e p	n	E n
material (acm) to be abated in facility (13)		No	N/A	material ((ACM)			(Sipecify Si	For	0	a	a	C
-	100	NO	IN/A							е	r	р	<u> </u>
basement		X		pipe insulat	tion			90 1 ft			片	片	14
										片	H	片	卄
										H	H	Ħ	H
Registered Waste Hauler	NJDEP H	auler II		ubic Yards of \ YD	Vaste	Name of Registe	ered Lar	ndfill					
City, State	L		Disposal D 09/01/1	ate		City, State	W LINE COLUMN	NUMBER OF THE PROPERTY OF THE	and the second second second	No avenue de la constantion de la cons			Marie Co. ~ A.
Completed by (Print or Type)	Title			Signature		1			Date				-
ASR-41 *	Do not use this	s form f	or asbesto	s licensure ex	empte	d activities.			08/25/	17			