State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: 16-225 Name of Building Owner/Operator (2) Date of Notification (1) 2016 AUG 0 7 / 2 5 / 1 6 rebecca o'keefe Agencies Notified Type Notification Street Address ASBESTOS CONTROL & Initial **EPA** Amended DEP City, State, Zip Code Amendment #: DOL Emergency rutherford, nj 07070 (including DOH Telephone Number Name of Contact justification) ☐ DCA rutherford, nj 07070 Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) rutherford, nj 07070 Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. # of Floors Bldg. Age Square Feet County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) BERGEN rutherford 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. Street Address 08/05/16 08/29/16 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 Mini-enclosure >3 sf or >3 If Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure E Is location normally used solely E Location of е е by maintenance/custodial n Amount asbestos-containing Description of asbestos-containing n m staff(12) C (Specify SF or material (acm) to be material (ACM) C 0 a a abated in facility (13) N/A V Yes No D X PIPE INSULATION 361ft crawl space #1 PIPE INSULATION 201 ft X crawl space #2 Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# D & S RESTORATION, INC. 13506 TULLYTOWN, RESOURCE RECOVERY 1 yd Disposal Date City, State City, State 08/08/16 PATERSON, NJ 07503 TULLYTOWN, PA Signature Date Completed by (Print or Type) BOGDAN JOLDZIC PRESIDENT 07/25/2016 Do not use this form for asbestos licensure exempted activities. ACD AT

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: 16-227 Name of Building Owner/Operator (2) Date of Notification (1) 2016 AUG 0 7 / 2 2 / 1 6 JOE AND HONG ZANG Agencies Notified Type Notification Street Address X Initial ASBESTOS CONTROL EPA Amended DEP City, State, Zip Code Amendment #: DOL Emergency GLEN ROCK, NJ 07452 (including DOH. Name of Contact Telephone Number justification) DCA JOE AND HONG ZANG Cancellation FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) JOE AND HONG ZANG Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) BERGEN GLEN ROCK 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 Sched, Completion Date (11) Start Date (10) D & S Restoration, Inc. 08/23/16 09/05/16 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 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 e n Amount asbestos-containing Description of asbestos-containing n m staff(12) p C (Specify SF or material (acm) to be material (ACM) 0 C a а abated in facility (13) Yes No V N/A p 36 L FT PIPE INSULATION X BASEMENT Cubic Yards of Waste Registered Waste Hauler NJDEP Hauler ID# Name of Registered Landfill D & S RESTORATION, INC. 13506 TULLYTOWN, RESOURCE RECOVERY 1 yd. Disposal Date City, State City, State 08/24/16 PATERSON, NJ 07503 TULLYTOWN, PA Completed by (Print or Type) Signature Title **BOGDAN JOLDZIC** PRESIDENT 07/26/2016

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

D&S Proj. #:	16-171			(Pursua	ant to NJAC	8:60	and 12:120)							
(W#1075	XIn									S (5)				,
Date of Notification (1)	00	IIN	ame of Bui	Iding Owne	er/Operator (2)				F I I I I I I I I I I I I I I I I I I I		7 N		_	16
0 7 / 2 6 /	1 6		SHARON	· · · · · · · · · · · · · · · · · · ·										4
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(V	Amended												human	
_ A	mendment #:	0	ity, State, 2	Zip Code			7		ASRES	STOS C	ONITO	01.5		
□ DOL	Emergency		Newark,	NJ 0710)4				1.002	LICENS	ING	ULO	All	
DOH	(including justification)	N	ame of Cor	ntact					Telephone	Number	r		- West and the Add	
DCA	Cancellation		SHARO	N SINGL	ETON									
				FACI	LITY INFORM	ATION								
Name of facility where	e abatement is	s taking pla	ice (3)						ype of Facility (²	1) (K - 12)				
SHARON SINGL	ETON							_	Subcha	apter 8 (C	other th	nan K	-12)	
Street Address								7		Private/C		rcial		
										Homes, e		Bi	dg. Ag	je
City (5)		Cour	ity (6)				nty Code (7)	- L						
Newark		esse	x			(Stat	e use only)		Current Use (Pr	ior if bein	g dem	olish	ed)	
Name of Monitoring F	irm Hired by E				ASCM No.	<u>' П</u>	Name of Abatem	ent Cor	ntractor (9)					
							D & S REST	ORAT	ION, INC.					
Street Address							Street Address							
							20 California	a Ave.						
City, State, Zip Code		e Filling					City, State, Zip C	ode						
							Paterson, N.		3					
Project Manager for Mo	onitoring Firm		Ph	one Numb	er		Telephone Numb			License		er		
							973-345-80				1169			
Start Date (10)		Sched	. Completio	on Date (11)		D & S Resto							
08/15/16		08/26	5/16			-	Street Address	nation,	, IIIC.					
Occupancy Status Dur	ing Abatemer	it (Check o	nly one)	Kasa- Property			20 California	a Aven	ue					
Facility closed/va							City, State, Zip C							
Describe:	NORMAL H	OURS					Paterson, N.	J 0750	3					
Scope of Work (check						$= \coprod$			Containment w	/negative	press	ure		
>3 sf or >3 lf		Renovation	n						ni-enclosure		P			
≥160 sf or ≥260	- Control of the Cont	Demolition							vebag procedur		f 1 - 6 1 -			
	·		n normally	used solely	/			☐ NO	n-Exempted (*)	and Non-	R	R	E	
Location of asbestos-contain	nina	by mainte	enance/cus			on of a	sbestos-containin	ıa	Amount		e m	е	n	l E
material (acm) to		staff(12)		Т	material			9	(Specify S LF)	F or	0	a	c a	c
abated in facility	(13)	Yes	No	N/A					L.,		v e	i	р	L .
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BASEMENT 6 LO	CATIONS		X		PIPE INSU	JLATI	ON		35 L FT			Ш		Щ
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Declared Martin	0.5	L			ubia Varda at	Maata	Thomas of Deliver	0 r c - 1	ndfill					
Registered Waste Hau D & S RESTORAT		NJD1 135	EP Hauler I 06		ubic Yards of yd	vvasie	Name of Regist TULLYTOV		inatill ESOURCE RE	COVE	RY			
City, State				Disposal D	ate	TO SAND	City, State							manneme.
PATERSON, NJ				08/16/1			TULLYTO	WN, P	Α					
Completed by (Print or		Title			Signature		4			Date	10016			
BOGDAN JOLDZ	IC	PRESID	ENT							07/26	2016			

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

Date of Notification (1) 7/28/16			Building O r Egg Ha				gh School	Distr	ict [G [i.	-	
Agencies Notified Type Notification		Street Ad 1824 D	idress Ir. Denni	s For	men Dr	rive	The second secon	M		10	1	00		
DEP Amended Amendment #_	dio.a		te, Zip Cod anding I		330			ם ב	A	JU		20	16	14
DOH justification Cancellation	luding	Name of Thoma	Contact s Grossi					Tele	nhone N	trimhe		TE TE	OL 8	
Name of Facility Where Abatement is Taking P	lace (3)	FACI	LITY INFO	RMAT	ION	Туре	of Facility (4))					-	
Oakcrest High School Street Address							School (K-12) Subchapter 8	(Othe						
1824 Dr. Dennis Formen Drive						Parel	Other (i.e. pri			rcial b		(5) 1/4		s,
City (5) Mays Landing NJ 08330						1000		1+	Floors		35	ig. A	ge	
County (6) Atlantic		County C	Code (7) USE ONLY)			Curre	ent Use (Prior	if bei	ng demo	lished)			
Name of Monitoring Firm Hired by Building Own Coastal Environmental Compliance L		ASCN	l No.		Name		itement Contr	ractor	(9)					
Street Address PO Box 167					Street PO E									
City, State, Zip Code Hammonton NJ 08037					100.05		ip Code in NJ 0809)1				10.		
Project Manager for Monitoring Firm Cathy Ledden		Telephoi	ne No. 20-9312		Teleph 856-	one N	0.		License					
Start Date (10)	cheduled Co				Name Same		HA Monitor							
Occupancy Status During Abatement (Check C	Only One)			115-21	Street	Addre	SS			300,	- 700			
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: After 4 pm	iod of Abate Facility Hou	ment			City, S	tate, Z	ip Code							
Scope of Work (Check All That Apply)						_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov Demo				×	Mi Gl	II Containme ni-Enclosure ovebag Proce on-Exempted	edure	200229-0 11 0-0000					
	Is Loca	ation			12.	3 INC	on-Exempled	() an	d Non-Fi	lable		Abate	ment	
Location of	Norm Used So	ally			escription					-		Ty	pe	-
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainten Custodia (12	ance/ Staff? 	Asbest (i.e.	therma surfa	ntaining N Il system: acing, VA miscellar	s insul T, or	ation,	(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
TV Studio Room	Yes No	-		Floor	r tile / N	1astic			5 SF	>				\dashv
1 V Stadio Hoom	^	-		1 1001	tilo / IV	140110	<u> </u>			-				
Name of Registered Waste Hauler		NJDEP V	Vacto	Cubi	c Yards		Name of F	?eniste	ered I an	dfill				_
United Roll Off		Hauler ID 22459		of W			G.R.O.V	112						
City, State Elm NJ				Dispo 7/29	osal Date /16		City, State Morrisvi		A 1906	7				
Completed by Anthony T Perna	Title Presiden	ţ			Signature	9	7			Date 7/28		<u>12</u>		

Name of Registered Waste Hauler Minerva Enterprise INC of Waste 1.0 Hauler ID No. AZTECH MANAGEMENT, INC. 17040 Disposal Date City, State City, State Waynesburg, Ohio 44688 8/10/16 Montclair, NJ 07042 Date Signature Title Completed By (Print or Type) 7/27/2016 Constantine Vivian President

					TOS ABATEMENT 7 and 12:120-7)		Twenty To	3 (3)	123	0.5	7 52
Date of Notification	n (1)				Owner/Operator					E	11 1	15
7/25/2016			George	• Oha	ra							
Agencies Notified	Type Notificat	ion	Street Add	ress					4110		20	10
[]EPA	[X]Initial							11 11	AUG	i	20	10
[]DEP	Notificat	ion	City, Stat	e, Zip	Code				-	-		
[X]DOL	[]Amended		I		e,NJ,07052	2		A	SBEST			ROL &
[X]DOH	Notificat	ion	Name of Co				Telephone		L	CENS	SING	
[]DCA	[]EMERGENCY		George		ra		rerebuoue	Number				
[]Don	[]Cancellati	on l	Journal	. 0110								
					INFORMATION							
Name of Facility Who		Taki	ng Place (3	3)		Type	of Facili	ty (4)				
Same as above] []School (K-12)				
Street Addres] Subchapte					
						[X	Other (i) cial bu	.e., priva ildings, h				
						Squar	e Feet	# of Floo		Bldg.		
City (5	Co	unty	(6) Essex		inty Code (7)	1	900	2		88	-	
				(S:	TATE USE ONLY)	Curre	nt Use (P:	rior if be	eing d	emoli	shed	.)
Name of Monitoring P Owner (8)	firm hired by Bu	iilding	ASCM No	•	Name of Abate							
N/A					AZTECH M	-0.007200.00-000.00	ENENT,	Inc.				
Street Address					Street Address		C+					
City Chata Ris C					86 Chris	_						
City, State, Zip Coo	ie				City, State, Montclai			2				
Project Manager for	Monitoring Firm	Tel	ephone Num	ber	Telephone Numb	ber		ļ	Licens	e Nur	aber	
		N/	A		(973)744	-880	0		003	71		
Scheduled Start Date	174 1827		etion Date	(11)	Name of OSHA 1	Monito:	r					
8/6/16		/16			N/A							
Month Day Y Occupancy Status Dur	ear Mont		only one)	ır	Street Address							
[X] Facility Clo	sed/Vacated Dur	ing En	tire Perio	d	Street Address	5						
of Abatemen []Abatement Pe	No.	of No	rmal Facil	i tw	City State I	7:- 0-	a_					
	ribe: «OffHours 1	Descri	pt»	10x10 -70 /	City, State,	arp cod	ie.					
Scope of Work (Check					11							
							nment with	n Negative	Pres	sure		
[X]≥3 sf or []>160 sf o	4 710000000000000000000000000000000000		Renovatio Demolitic		[]Mini-: [X]Glove							
							Procedure	9				
Location	of		Is ocation		Descriptio	n of			Ah	atem	ent 1	Type E
Asbestos-Con	ANGERS - 15		ormally Used		Asbestos-Cont	taining	3	Amount	P	K	N	N C
Material TO BE AB	D		Solely y Main-		Material ((i.e., thermal		me	(Specify SF or	7 M	P	A	L
In Facil	The state of the s		enance/ stodial	in	sulation, surfa			LF)	V	A	PS	0
(13)		Yes Yes	no N/A		or other miscel	Llaneou	ıs)		I.	D	T	U R
Basement		100	X		insulation	on		100 1	fX	1	ļ ·	E
										-	-	
										-	+-	
Name of Registered W	faste Hauler	NJ	DEP Waste	Cui	bic Yards	Name	of Regist	ered Land	fill		-	
AZTECH MANAG	EMENT, INC	Ha.	uler ID No	. of	Waste 1.2		nerva :			IN	C	
City, State		1	7040	Di	sposal Date		, State					
Montclair, NJ	07042				3/9/16	_	ynesbu	rg, Oh:	io 4	468	8	
Completed By (Print	or Type) Title				Signature	1	1	1/	Date		_	
Constantine V	7.7	side	nt		(2	Full 6	eralino /	1110		2 5/201	6	

Check # 9719

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

Date of Notification (1)	i/ Na	ame of	Building Owner/Oper	_	R	11 (1		1.		
Agencies Notified Type Notification	16	reet A		licar) Du	ilt Cont	Rac	.11.	15	
		icel A	102	Re	lleur	ille Ac	38	- F	7 7 TF	
☐ EPA	1.000	0.040	te, Zip Code		10	DIF O	70	0.2		
☐ Emergency (inc	cluding	ame of	Contact	J KIE	-10	Tolonbone Nur	nher*	٥٠		-111
DOH justification)		1/	Vayne P	ater	20				C	11.
			LITY INFORMATION		1					Bo.gov.
Name of Facility Where Abatement is Taking F		Hy	(of Facility of School (K-	ASBESTO			OL 8	<u> </u>
Street Address	5treet	1		X	Other (i.e. p	8 (Other than K-1) private & commerci	al build	dings,	home	 ≥S,
City (5) 1 V 17	Jine				etc.) ire Feet	# of Floors	1	ldg. A	-	
County (6)			Code (7)	Сигте	ent Use (Pri	or if being demolish		60	7-	
Union	1.	ASCN	JSE ONLY)	- ome of Abo	atement Co	atractor (0)				
Name of Monitoring Firm Hired by Building Ow	lies	ASUN	N/A	EP	LTE	thoolee	ie	5	In	16
Street Address Ro. Box 33	7			P.O.	Box	337	3			
City, State, Zip Code	NJ (80	533 °	ity, State, Z	ip Code	DI HA	0	8	13	3
Project Manager for Monit ril gu Firm	Te	elepho		elephone N	10. J	License N	lo.	49	4	
Start Date (10) 8 - 8 - 16	cheduled Comp	letion l	7 40 40	ame of OS	HA Monitor	. 1			-	
Occupancy Status During Abatement (Check C	8-12-1	6	St	treet Addre		hnologies		nc	61.165	-
☐ Facility Closed/Vacated During Entire Per		nt			Box	337				
Abatement Performed Outside of Normal Other - Describe: Close of	Facility Hours	luo a		ity, State, Z	Lip Code	ALT (78.5	53	3	
Scope of Work (Check All That Apply)					JIPI	700	200			
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	Renovation Demolition			☐ Mi	ni-Enclosur ovebag Pro	cedure				
20				LI NO	n-Exempte	d (*) and Non-Friat	JIE PIO	13.W	ement	
	Is Location Normally		Doseri	ption of				Ту	pe	
Location of Asbestos-Containing Material (ACM)	Used Solely Maintenance		Asbestos Containi	ing Materia		Amount	_		m	Ш
TO BE ABATED In Facility	Custodial Sta		(i.e. thermal sys	stems insul g, VAT, or	ation,	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	(12)			cellaneous)			oval	air	sulat	sure
12	Yes No	N/A							Ф	
1st Floor Mech Room	X		Pipe Inso	ulatio	20	30 LF	X			
·										
		81					+			
Name of Registered Waste Hauler		DEP W			Name of	Registered Landfil	1			
EPC Technologies		uler ID	00	L	Was	te Manage	men	f 0	e f	'A
City, State	V5			-12-16	City, Sta	visuille 1	PA			
Steve Schenker	Preside	1+	Sign	lesas	Sch	she Di	ate 7-	29	-16	,

Check# 1--1C

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-16 Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJ July 27, 2016 Notification Type Street Address Agencies Notified ENVIRONMENTAL HEALTH & SAFETY DEPT. ☑Initial Notification **DEPA** 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS ☐ Amended Notification # DCA ■ Emergency (including City, State, Zip Code X DOL PISCATAWAY, NJ 08854 justification) ☑ DEP- No Longer REQUIRED Name of Contact Telephone Number □Cancelled X DOH MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION 111 111 ALIG Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) WOODLAWN MANSION, BLDG# 8323 ☐ School (K-12) ☐Subchapter 8 (other than K-12) ■ Subchapter 8 (other than K-12)

ASBESTOS CONTROL & ASBESTOS CONTROL & Other (i.e. private & commercial buildings, homes, etc.) NG Street Address DOUGLASS CAMPUS Sq. Feet: N/A # of Floors: 3 Bldg. Age: 100+ years County Code (7) County (6) **NEW BRUNSWICK** MIDDLESEX (State Use Only) Current Use (prior if being demolished): ACADEMIC Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address 3 TERRI LANE 268 MAIN STREET City, State, Zip Code City State, ZipCode BUTLER, NJ 07405 BURLINGTON, NJ 08016 License Number Project Manager for Monitoring Firm Telephone Number Telephone Number BRIAN KEARNY 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08/05/16 08/08/16 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe XOther - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) ■ Full Containment with Negative Pressure □ Renovation Mini-Enclosure \ge 3 sf or \ge 3 lf ■ Demolition ☐ Glovebag Procedure / Wrap & Cut □ ≥ 160 sf or ≥ 260 lf ■ Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type (Specify SF (ACM) (i.e. thermal systems insulation, surfacing, Material (ACM) in Facility (13) Solely by Maint./Custodial Remove Repair Encap Enclose VAT, or other miscell.) or LF) Staff? (12) NO YES PLASTER/SURFACING 20 SF X 305A X Name of Registered Landfill Name of Reg. Waste Hauler NJDEP Waste Hauler ID# 5 CY Cubic Yards of Waste: G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State 100 New Ford Mill 08/08/2016 NJDEP # 12561 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509 19067 NJ DEP # 4509 215-736-1700 Completed by (Print or Type) Date SENIOR PROJECT Raymand C. Pedalino July 27, 2016 RAYMOND C. PEDALINO MANAGER

Jan 03 13 01:37a

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		TRICATION	of New Jersey OF ASBESTOS A to NJAC 8:50 proc	ABATEMENT	[A] - 1	1273).				
Date of Volification (1)			Building Owner/O	1		1001					
07/19/18		Archdi	ocese of News	ark		1	1) [=_{[[u II		W E
Agencies Notified Type Notification			Mon Ave.		. JUL ja	2016	31			- u	<u> </u>
DEP Amended Amendment		F. C.	ite, Zip Code rk, NJ 07104	1 1	THED AN			AU	G i		2016
Emergency (Name of	Contact	477		Melaphone Na	mber			-	
DCA Justification) Cancellation		Rev.R	ichard Mucowi	ski		7		JLS	TOS	CON	ITROL 8
		FACI	LITYINFORMATI			L			ICE	AIP	g G
Name of Facility Where Abatement Is Takin Assumption of Our Blessed Lady (Sirset Address				Type	School (K-12) Subshapter 8 (Other (Le. prive			dinas.	home	10	
143 First St.				- Lond	etc.)					201	
Wood-Ridge, NJ 07075				16,0	000	# at Floors	5	idg. A	фe		
County (6) Bergen			Code (7)	1	ent Use (Prior if USCh	being demolis	ined)				
Name of Monitoring Firm Mired by Bullding	Owner (8)	ASCA	A No.		stement Contra	ctor (9)					
Street Address				Street Addre					-		
				156 Mapl						1	
City, State, Zip Code				City, State, 2 Wallingto	Zip Code nn. NJ 07057						
Project Manager for Monitoring Firm		Telepho	ne No.	Telephone N 862-221-	100	License I	¥0.				
Start Date (10)	Scheduled (Completion	Date (11)	Name of OS	rotineM AH			200		-	
07/20/16	07/22/18			Lesiaw N	lalodka						
Occupancy Status During Abatement (Chec	k Only One)			Street Addre	3		No. of				
Facility Classid/Vacated During Entire Abstement Parlormed Outside of Norm Other - Describs:				City. State.	Zip Code			-			
				Wallingto	n. NJ 07057						
Scope of Work (Check All That Apply) ≥3 of or ≥3 If ≥160 of or ≥260 if		ovation nolltion		M G	oll Containment in l-Endosure lovebag Proced on-Exampled (*	ura			13		
	lein	cetton		- Company					ement		
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City, State Newark, NJ			07/24	sal Date	Pen Argyl	DΔ					
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ASE-41 (R-C8-D8) FAX # 862-221-9093 *Do not use this form for aschestice licenseurs exempted activities.

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) 07-26-2016 Prima Property LLC Agencies Notified Type Notification Street Address 18 Beachmont Terrace × EPA Initial City, State, Zip Code DEP Amended Claidwell NJ 07006 Amendment # DOL Emergency (including Telephone Number CONTROL & Name of Contact DOH iustification) Andrzej Kapitula DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private Dwelling School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, X etc.) # of Floors Bldg. Age City (5) Square Feet 1 FLOOR Clifton NJ 07013 N/A N/A County Code (7) Current Use (Prior if being demolished) County (6) (STATE USE ONLY) Private Dwelling Passaic Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Bioterra Solution Amax Contracting LLC Street Address Street Address 1130 W Chestnut St 24 Morley Dr City, State, Zip Code City, State, Zip Code Woodland Park NJ 07424 Union NJ Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-494-3762 973-692-6298 01266 Rick Eustaquio Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 09-04-2016 09-06-2016 Amax Contracting LLC Occupancy Status During Abatement (Check Only One) Street Address 24 Morley Dr Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Woodland Park NJ 07424 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Mini-Enclosure Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ Enclosure (i.e. thermal systems insulation, (Specify TO BE ABATED Remova Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)Yes No N/A 2200 SF Exterior Y Transite Siding NJDEP Waste Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler Hauler ID No. of Waste Amax Contracting LLC **GROWS**

10 CY

Disposal Date

09-14-2014

Signature

0036184

Project Manager

Title

City, State

Morrisville_PA

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

Date

Completed by

Tome Maslarkov

City, State

Woodland Park NJ 07424

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0 K # 2401	N		ATION	te of New OF ASBES o NJAC 8:	STOS A			ŕ) E	C	E		\mathbb{V}	E
Date of Notification (1) 7/27/16				Building O		perator	(2)			3					1
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DOH Emergency (including justification)	cluding			Contact					Tele	nhone N			SIN	3	_
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Name of Facility Where Abatement is Taking f	Place (3)	\	FACIL	ITY INFO	RMATIC	N	Tvp	e of Facility (4)						-
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Street Address					50.00-1			Subchapter of Other (i.e. pr	(Othe			nildi	nas l	nome	
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County (6)		10	County C	code (7)			700	rent Use (Prio	r if beir		lished		-		-
Gloucester				ISE ONLY)				occupied R							
Name of Monitoring Firm Hired by Building Ov	vner (8)		ASCM	No.				atement Con i Environme			es, In	C.			
Street Address						Street 135		ess elon Rd., S	Suite 1	02					
City, State, Zip Code				70				Zip Code , NJ 07405	5						
Project Manager for Monitoring Firm		1	elephor	ne No.		Teleph 908-		No. -0880		License 01228					
The second control of	Schedule 3/1/16	ed Com	pletion (Date (11)				SHA Monitor i Environm	ental :	Service	es, In	C.			
Occupancy Status During Abatement (Check	Only On	ie)	25.00			Street				20					
Facility Closed/Vacated During Entire Pe	riod of A	Abatem	ent					elon Rd., S	Suite 1	02					
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Entire Structure Being Demoed As				Е	Burnt C	out St	ucti	il.e	Un	known	-	X			-
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Name of Registered Waste Hauler			JDEP Wauler ID		Cubic of Was	Yards ste		Name of		red Land	dfill				
Yannuzzi Group, Inc.		10.00	467	.10.	20			GROW							
City, State Kinnelon, NJ						sal Date /16	9	City, State Morristo		PA					
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

(1/2#5592				to NJAC 8						E C	2	-5			
Date of Notification (1) 7/27/16				Building C				LLC			0		j y		
Agencies Notified Type Notification		7 1	Street A	ddress exas Ave	, Sui	ite 1000				AU	IG	1	201	6	
EPA Initial Amended Amendment #			City, Sta	te, Zip Coo	de			-							loan y
Emergency (in justification) DCA Emergency (in justification) Cancellation	cluding	1	Name of	Contact					Tel	ephone N	NHW!	s oc persi	NG_	OL 8	
Cancellation				LITY INFO	RMA.	TION									
Name of Facility Where Abatement is Taking Cedar Energy Center	Place (3)	.,,,,,,,		//		-	of Facility (School (K-1	105						
Street Address 289 S Main St								Subchapter Other (i.e. p	8 (Oth				ings,	home	s,
City (5) Manahawkin NJ 08050			12					re Feet	# 0	f Floors			dg. A	ge	
County (6) Ocean	A 5-311 A 5-4 - C-C			Code (7) USE ONLY)				nt Use (Pri rgy Cente			lishe	ed)			
Name of Monitoring Firm Hired by Building On N/A	wner (8)		ASCN	No.		1000	of Aba	tement Cor	ntractor	(9)					
Street Address							Addres	3250							
City, State, Zip Code						100000000000000000000000000000000000000		ip Code in NJ 080	91						
Project Manager for Monitoring Firm		17	Telepho	ne No.		- D. C.	none N 753-9			License 00727		*			
	Schedule 3/15/16		pletion I	Date (11)		Name Sam		HA Monitor							
Occupancy Status During Abatement (Check	Only On	ne)					Addres	SS							-
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Norma Other – Describe:						City, S	State, Z	ip Code		•			-	-	
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renovat Demoliti	2000				Mir Glo	ll Containm ni-Enclosum ovebag Pro n-Exempte	e cedure						
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Name of Registered Waste Hauler		l N.	JDEP W	/aste	Cuh	ic Yards		Name of	Registe	ered Lan	dfill	-			
United Roll Off		H	auler ID		of W	/aste		G.R.O.	W.S.						
Gity, State Elm NJ					88.	osal Date 5/16)	City, Star Morrisv		A 1906	7				
Completed by Anthony T Perna	Title Presi	dent				Signatur	2				Dat 7/2	e 27/16	6		



Cedar Energy Center

SECTION 3.0

ASBESTOS INVENTORY

269 S. MAIN ST. STAFFORM TOWNS/11P, NJ 08092.
Cedar Energy Center, Route 9
Manahawkin, NJ

	Location		[0 ±2]	<u>Material</u>	·	Quantity
Building #3 Building #2	Exterior Interior Building #2 Building #2 End of "L" Shape	8	. TARK	White Door Glaze White Door Glaze Gray Wall Caulk Black/Yellow Wall Caulk Blue/Gray Door Caulk		6 square feet (SF) 4 SF 4 linear feet (LF) 4 LF 3 LF
Control Roo				Transite Ceiling Material		24 SF
Building #1	Building #1 Building #1			White Gasket Rope White Pipe Wrap Gasket	fie . "	6 LF 4 LF
Building #5	Pump Side of Building Pump Side of Building Exterior on Ground			White Gasket Material Gray Gasket Material Gray Gasket Material	a. A	4 SF 20 SF 4 SF
Building #6	Exterior		9	Blue/Gray Door Caulk		9 LF

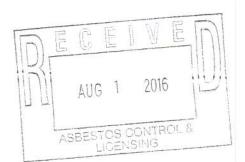
CK# 2975.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1)		1	Name o	f Building Owner/	Operator (2)	2 - 200 1	ADIE C			\mathbb{W}	5 1
Agencies Notified Type Notification			Street A	Starte de la difference	Office	JNDer 7	CALL THE STATE OF				7
		APP NAME OF THE	0		to Sta	20 1		C 1	9	016	
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DOH justification)	o.uum.g	1	Name o	of Confact			Telephone No	mber	CON.	TROL	. &
DCA Cancellation		Activity	D.	N ITY INFORMAT	701						
Name of Facility Where Abatement is Taking	Place (3)				e of Facility	(4)				
Westfieldoffice Pin Street Address	pe-t.	·e5, (CC F	perty			r 8 (Other than K-1:			•	
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City (5)						are Feet	1	4	ldg. A	ige	Antonio and
County (6)		-	County	Code (7)		Tent Use (Pr	i 3 for if being demolis		0+		- Laboratoria
170100		-		USE ONLY)	1				16/1	- · · I	4:4
Name of Monitoring Firm Hired by Building C	Owner (8)	ASC	VI No.	Name of Al	patement Co	ontractor (9) Cod	30	-C.	2.2-	
The second secon			4		1	lation Co	Inc				and the other
Street Address					Street Add: 95 Monte						1
City, State, Zip Code					City, State,				_		
The state of the s					Colts Ne	ck, New J	ersey 07722				t proceding to
Project Manager for Monitoring Firm		and the set for the land	Telepho	ne No.	Telephone I 732 294		License N 00029	io.			AND ST PLANTS
Start Date (10)	(1		Date (11)	Name of O	SHA Monito					
Occupancy Status During Abatement (Check		241 ne)	1 5		Street Adds						
Facility Closed/Vacated During Entire P			nent		87M	Can St S	StA				All the Part of
Abatement Performed Outside of Norm Other – Describe:	al Facilit	v Hours			City, State,	Zip Code					ĺ
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In Facility (13)		(12)			icing, VAT, or niscellaneous		SF or LF)	Removal	Repair	nsde	Enclosure
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City, State				1 -	sal Date	City, Stat					\neg
Colt Neck, New Jersey				18		Tullyto	wn, PA				And to be
Completed by Bree McGuire	Title	atanı"	Treasu	4 2	ignature	\\	Da	te 	1.		ACAD In your
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CK# 2975

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

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Date of Notification (1)		Name of	Building O	wner/Operator	r (2)			<u>II</u> W	E	In	
Agencies Notified Type Notification		Street Ad	dress								Ti
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265 S. New York R	<u>D</u>					etc.) re Feet	i # of Floors	Bh	lo. Ag	2	
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halloway Jourship		\ C	ada (T)		1 /		i / or if being demolis	hed)))		
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Name of Monitoring Firm Hired by Building C	wher fol	POUR	2 2 642.	6		lation Co I					
		<u>i</u>		1	et Addr				_		
Street Address						ose Rd					
						Zip Code					
City, State, Zip Code							rsey 07722				
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Project Manager for Monitoring Firm		i mananan	is in.		294		00029				
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Start Date (10)	01		00.0 ()								
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In Facility	The second secon	al Staff? 2)		surfacing, \		100	SF or LF)	l do	Repair	psu	Sol
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Name of Registered Waste Hauler		NUDEP		Cubic Yard	s	Name o	Registered Land				
Ace Insulation Co Inc		Hauler II 12086	No.	of Waste		GROV	VS				
		12000		Disposal Da	ite	City, Sta	le .				
City, State Colf Nack New Jersey				5/12/	11.	•	wn, PA				

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NIAC 8:50 and 12:120)

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Date of Notification (1) 7-25-2016			Name of Thoma		wner/Operato	or (2)		同區			<u> </u>	1
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■ Emergen justification	cy (including	11.8		Contact	AS			Telephone No	mber N	ISIN(3	, Ct.
DCA Cancellat				Eglento				1				
Name of Facility Where Abatement is Ta	king Place (3	3)	FACIL	LITY INFO	RMATION	Tvr	oe of Facility (4)				
Residential		,					School (K-1	7/				
Street Address						×	Subchapter	8 (Other than K-	12) cial buile	dinas.	home	s.
City (5)						_	etc.)	esiden ti	91			-,
City (5) East Orange, NJ						20	uare Feet 08	# of Floors		ildg. A 6+	ge	
County (6) Essex			County C	Code (7) ISE ONI.Y)		Cui	rrent Use (Prid	or if being demolis	shed)			
Name of Monitoring Firm Hired by Buildin	ng Owner (8)		ASCM	No.			batement Cor nvironment	ntractor (9) tal Services, L	LC.			
Street Address					100000000000000000000000000000000000000	et Add	ress inia Avenu	e				
City, State, Zip Code							, Zip Code City, NJ 073	304				
Project Manager for Monitoring Firm			Telephor	ne No.	100000000000000000000000000000000000000	ohone	No. -8855	License 01174	No.			
Start Date (10)			pletion [Date (11)	Nam	e of O	SHA Monitor					
8-3-2016	8-6-20						s above				-	
Occupancy Status During Abatement (C Facility Closed/Vacated During Enti			ent		Stree	et Add	ress					
Abatement Performed Outside of N Other – Describe:	ormal Facility	/ Hours			City,	State,	, Zip Code					
Scope of Work (Check All That Apply)	20											
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renovat Demoliti					Mini-Enclosure Glovebag Prod				-0	
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	Yes	No	N/A		- 18						e	
Throughout the property		×			Wall pla	ster		5600 SF	X			
Name of Registered Waste Hauler		IN	JDEP W	/aste	Cubic Yards		Name of	Registered Landf	ill			
Green Environmental Services,L	Н	auler ID 034889	No.	of Waste 30		G.r.o.w	.s. North Land					
City, State Jersey City, NJ					Disposal Da 8-6-2016	te	City, Stat Morrisv					
Completed by Liliana Serrano	Title Offic	e mar	nager		Signatu	ire (W	w Se W		ate 7-25-2	016		

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N# KOOL	N		CATION	te of New OF ASBES NJAC 8:	STOS AB				B	F.C	E	ſi ∏	7 FE	- F		
Date of Notification (1)			Jame of I	Building O	wner/One	erator ((2)			15 19	15	1 1	1 11	=		
07/26/2016		1		Holding,			\- /		115							
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			3333 B	Beverly F	Road				1 -	1				1		
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Emergency (ir	ncluding	1	Name of	Contact					Tele	phone Num	ber			-		
DOH justification) Cancellation			Gerald	L. Jaco	bs											
			FACIL	ITY INFO	RMATIO	N	T	of Facility (A)						_		
Name of Facility Where Abatement is Taking	Place (3)							of Facility (4)								
Sears #3459								School (K-12 Subchapter 8		er than K-12)					
Street Address								Other (i.e. pri				ings,	home	s,		
50 Mall Drive West		24					- 6	etc.)	T 41 - E	Classa	DI	dg. A	70			
City (5)								re Feet	# or	Floors	3		Je			
Jersey City				1 (7)			79,0	nt Use (Prior		ag demolish		-		_		
County (6)			County C	Sode (7)		_		ail Store	ii beli	ig demonsi	eu)					
Hudson	(0)		:			Namo			Contractor (9)							
Name of Monitoring Firm Hired by Building O BioTerra Solutions	wner (8)		ASCM	NO.	1			ntracting,		(3)						
Street Address						201000000000000000000000000000000000000	Addres							-		
1130 West Chestnut Street								on Avenue	e, Un	it 365						
City, State, Zip Code								ip Code								
Union, NJ 07083								J 07012								
Project Manager for Monitoring Firm		1	Telephor	ne No.		Teleph	none N	0.		License N	0.					
Rick Eustaquio			A CONTRACTOR OF THE PARTY OF TH	494-376	2	(973	450	-9500		001036						
	Schedule	ed Con	npletion [Date (11)		Name	of OSI	HA Monitor								
08/09/2016	08/09/	2016				Incir	nia Co	ontracting,	Inc.							
Occupancy Status During Abatement (Check	Only On	ie)					Addre		888							
▼ Facility Closed/Vacated During Entire P	eriod of A	Abatem	nent			1360	O Clift	on Avenue	e, Un	it 365						
Abatement Performed Outside of Norm Other – Describe: Off Hours: 9:30PM - 5/	al Facility	Hours	S		_ [ip Code J 07012								
Scope of Work (Check All That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				× ×	Mi	ni-Enclosure ovebag Proc	ocedure							
						ni-Exempled	ed (*) and Non-Friable Procedure Abatement									
		Locati Normal	25.									Ту	ре			
Location of Asbestos-Containing Material (ACM)	Use	d Sole	ly by	Asbes	Desc tos Conta	criptior		I (ACM)	A	mount			ш	_		
TO BE ABATED		intena todial S		(i.e.	thermal s	system	s insul	ation,		Specify	Removal	Re	Encapsulate	Enclosure		
In Facility (13)	000	(12)	Julii.		surfaci other m				51	F or LF)	nov	Repair	usc	nso		
(13)			Taur								8		ate	re		
	Yes	No	N/A			000000										
1st Floor			X	Vir	nyl Floo	r Tile	& Ma	estic	1	'0 SF	X					
Name of Registered Waste Hauler		I	JDEP W	/aste	Cubic	Yards		Name of F	Regist	ered Landfill	1					
		1 2	Hauler ID	No.	of Was	te		Grand	Centi	al Sanita	v Lai	ndfill	Cor	٥.		
Atlantic Carting			NJ641		30	-15					,	000000000000000000000000000000000000000		1000		
City, State					Dispos	al Date	9	City, State Pen Arg		Δ						
Wayne, NJ					afrotu-	0//	1 en An	97, 1		ate						
Completed by	Title	ıtivo	Directo	r	Si	ghatur	1/1/	1	1		7/26/	2016	3			
Milena Zoric	EXC	ulive	שווים	1			10	TX	1		= 0/					

1/1/1/	NOTIFICATION OF	of New Jersey F ASBESTOS ABATE NJAC 8:60 and 12:12		In E	C E		\mathbb{V}
Date of Notification (1) 1 - 19-16. Agencies Notified Type Notification	Mame of Bu		ynski		AUG	1	2015
EPA Initial Amended Amendment #_	City, State,	Zip Code	NIT C	17 D 7 1 AS	SBESTOS LICE	S COI	NTRO
Emergency (in justification) DCA Cancellation	Name of Co		1229S	Telephone Num		- NSII	
Name of Facility Where Abatement is Taking I		TINFORMATION	Type of Facility (4 School (K-1) Subchapter	22.	v		
City(A)	T 0707	1 1		# of Floors		(s,
County (6)	County Cod (STATE USE	[] le (7) : ONLY)	Current Use (Price	or if being demolished	ed)		
Name of Monitoring Firm Hired by Building Ov HILL Street Address	ital.	Stree	of Abatement Con	tractor (9)	Nc.		
1600 Rate & E City State, Zip Code Union NJ 070	ast Suite:	11 -0 -	State, Zip Code	bulk No	F0 i	-035	5
Project Manager for Monitoring Firm	Telephone I	860 Haco 97	394269	License No	0 '	0.55	
Start Date (10) Occupancy Status During Abatement (Check	Cheduled Completion Date Only One)		e of OSHA Monitor				
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe:		City,	State, Zip Code			-	
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition	Total State	Mini-Enclosure Glovebag Proc			re.	
Location of	Is Location Normally Used Solely by	Descriptio				ement /pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Maintenance/ Custodial Staff? (12) Yes No N/A	Asbestos Containing (i.e. thermal system surfacing, V other miscella	ns insulation, AT, or	Amount (Specify SF or LF)	Repair	Encapsulate	Enclosure
1st Floor Drving Room	Yes No NA	haten Cilin	y Wallboard	210#	p		
Name of Registered Waste Hauler	NJDEP Wast	e Cubic Yards	Name of I	Registered Landfill			
711 0 1 - M	Hauler ID No 003411	of Waste	West	Haveg n	newt.		
Completed by Colly DO	D7055 Title Havager	Signatu	7 .011	H TOWN Dat	1-19	-1b)

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

CHECK# 9147.

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ate of Notification (1)		Nan			ner/Operato	r (2) 22	11					U _		П ,
7/26/16		Stro	er Addr	Jane	= 10	166	111			HAT				
rendes Notified Type Notification		Sec	L. CIOI	440				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Δ	UG	1	2
EPA Initial Amended		City	State.	Zrp Code	0				,	had				
DOL Amendment #		1	0	aKLA	1, AG	J.J	07	143	6	L				
Emergency (In	cluding	Nar	me of Co	ontact					Jalebr	ne Numb	Phn:	CTI	ne C	IN
DCA [USINGALION] Gancellation				INE	102	217	1		<u> </u>		entrative or	· ·	<u></u>	
16 Toking	Place (3)		FACILIT	Y INFOR	MATION	Ту	rpe of Fa	cility (4)						
ame of Facility Where Abatement is Taking	LIBRO (N)					-	Scho	ol (K-12						
32400KS—					and the second s		di mari	hapter 8	Other I	han K-12) ommercial	buildi	ngs i	omes	
The manufacture of the second						×	etc.i							_
Sty (5)		- Control				S	quare Fe		# 01 F	loors		19. A9		Ì
OUICLAND				***		-	1,60		of baron	demoishe		- 30		
Na combination			unty Co	de (7) E ONLY)		10	urrent G		ONT		ω;			1
BEKEN	(0)		ASCM N		Nar	ne of	Abatema						0-0-0	
vame of Montioring Firm Hired by Building C	wher (b)		VO:PIAS I	40	A.	MAC	Contra	acting	inc.					
Street Address						set Ad								
street Address							eeland							
City. State. Zip Code							e, Zip C							
							d Park	NJ		License No		and the state of	,,	********
Project Manager for Monitoring Firm	Te	lephone	No.		ephar 0112	ie No. 62-584	1		00156	Š.				
	Scheduled		Solion D	ale (%t)	Na	me of	OSHA N	Agnitor						
Start Date (10)	_ 1	116		S1442 (2 1)	0	mega	a Envir	onmer	ntal Ser	rvices				
Occupancy Status During Abatement (Chec	y 1 1	I	4 11111/11/07/07				idress							
Facility Closerl/Vacated During Entire F	Period of Ab	ateme	nt				Jyler S				agrander dan 1.9			
Abatement Performed Outside of Norn	nal Facility F	lours			Off	y. Sta	te. Zip C nsack,	ode NII 07	EUE					
Other - Describe'						aune	115800,	140 01		MIN				
Scope of Work (Check All That Apply)	TZ					П	End Cr	vetainme	ent with I	Negative P	ressu	re		
23 sf or ≥3 lf ≥160 sf or ≥260 li	Successor.	novati molitic					Mini-E	nclosur	•					
1/2	- Bass wellen						Non-E	oag Prod xempter	cedure f (*) and	Non-Friable	e Pro	cedur	е	
	1 10 1	ocatio.	, 1		***************************************	The same of the sa	manage and the second				-	Abate	ement	
Location of	TVC	ormally			Descri	ation o	nî.				-	1 3	pe	
Asbestos-Containing Material (ACM)		Solely stenanc		Asbest	as Containi thermal sys	ng Ma	iterial (A	OM)		nount pecify	ズ	7	THE	End
TO BE ABATED In Facility		dial St	aff?	14.65	surfacing	. VAT	, or			ar LÉ)	Removal	Repair	ncapsulate	dustire
(13)					other misc	ellene	ous)				Val.	-	itate	T C
	Yes	Nο	N/A								-			-
BUSEMOUT			/		/ASTIC				20	HOSE_	ļ	<u> </u>	V	
														below Presidential
Hart with the state of the stat										Marie de Constante				
Name of Registered Waste Hauler	1		DEP W		Cubic Yar		l h	lame of	Registe	red Landfill				
Newark Carting , Inc.			iuter ID I 509	No.	of Waste/	7	1	ESI P	4 Bethl	ehem La	ındfill	Cor	р.	
City State			~~~~		Disposal I	Date_	3 10	City, Sta	te					
Newark, NJ					Disposal	1601	F \ E	Bethlel	nem, P	A				
Completed by	Title					ature	. /	٠,	\sim	Da	te/ n	, 1.	,	
Joseph Vocaturo	Vice F	resid	ent				4- V	orati	<u>M)</u>	L_	119	011	6	

					40				Check	村。	11	\	
ND OV	NC	TIFIC/	ATION C	e of New Jo OF ASBEST NJAC 8:6	TOS A	BATEN 12:120	MENT		DE	, 4		1	1
Date of Notification (1) 7-29-10	2	Na	ame of E	Building Ow	ner/Op	erator	(2) Le	و]): Nara	16 6	1	20	16
Agencies Notified Type Notification	$\overline{}$	St	reet Add	dress		-							
☐ EPA Initial Amended Amendment #_	1	Ci	ty, State	e, Zip Code	Ea	st	BRU	1500	ick N	TO	981	6	SOL
DOH justification DCA Cancellation	luding	N		Contact ee Di	Na	Rd			Tolonhana ki				
Name of Facility Where Abatement is Taking F	Place (3)				MATIC)N	Type of	Facility (4	1)	`			
Single family Street Address	r D	اساد	llin	5		,	~□ - Su	her (i.e. p	2) 8 (Other than K- rivate & commen	12) cial build	lings,	home	s,
City (5) East Brunswie	K	Λ.	15	098	316		Square	infrastrum.	# of Floors	-	dg. Ag		
County (6) Middle Sex		TC	ounty C			_	Current	Use (Pric	r if being demoli	shed)			
Name of Monitoring Firm Hired by Building Ow	ner (8)		ASCM	No.		Name	of Abate	ment Con	tractor (9)	qie	,	In	-
Street Address Box 33	7					P	Address O.		337	3			· ·
City, State, Zip Code	N ₂	- (380	533	3	N	tate, Zip	Equ		0	85	3	3
Project Manager for Month ril go-irm	1	6		758-3	365	609		-336	5 License	O.	39	4	
Aug 3, 2016	A	us	-	Date (11)			of OSHA EPC Address	Tec	hnologie	s I	nc.		
Occupancy Status-Buring Abatement (Check Facility Closed/Vacated During Entire Pe			ent			6	,00	BOX	337				
Abatement Performed Outside of Norma Other – Describe:	Facility	Hours	12		-		state, Zip	Code Syp+	TU	08	53	3_	
Scope of Work (Check All That Apply)	□ R	enovati	on			Г	∃ Full (Containm	ent with Negative	e Pressu	re		
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		emolitic				7	Mini-	Enclosure	9			e	
90	255	Locatio	2300				7.29					ement rpe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	lormally d Solely ntenan odial S (12)	by ce/	(i.e. th	es Cont hermal surfa	system cing, V	Material (ns insulat		Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
(14)	Yes	No	N/A						-	1	-	te	
Basement	x			Air	Duc	+ V	VRap		50 SF	X			
		N	JDEP W	Vaste 1	Cubic	Yards		Name of	Registered Land	dfill			
Name of Registered Waste Hauler EPC Technologies	,		auler ID		of Wa]		te Manag		f o	e f	A
City, State New Equat	VJ	5			8-	-4-	16		u'sville	PA			
Completed by Schen Kee	PRE	sid	ent			Signatu 51	ese)	Selle	h	7	7- 2	9-	16



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			38		4	· Hill I-	167	1		11
Date of Notification (1) 7-20-	6	Name of	Building Owner/O	perator (2)	ee I): Nardo)			
Agencies Notified Type Notification		Street Ad	dress			ana.	AUG	Ĩ	20	116
□ EPA Initial □ Amended		City, Stat	e, Zip Code	: Ba	<u> </u>	V AVE	/)(20	1	
DOL Amendment #				ist DKI	MSW	ick, NJSE			6	HOI
DOH Emergency (Ir	icidating	Name of	Contact >	Vardo		Telephone Num	ber		711 40	2
□ DCA □ Cancellation		L								-
Name of Facility Where Abatement is Taking	Place (3)	FACIL	ITY INFORMATI		of Facility (4)				\neg
Single family	y Du	Je lli	25	□ s	chool (K-1	2)				
Street Address				U-S	ubchapter	8 (Other than K-12 rivate & commercia) d build	inac I	ome	
					tc.)	ilivate a commercia				3,
City (5)	1.5	415	0001		e Feet	# of Floors		dg. Aq		
East Brunsw	rick		0881	The second second second	(6)	<u> </u>	_	50	t-	
County (6) Middle Sex		County C	Code (7) ISE ONLY)	Currer	nt Use (Prid	or if being demolish	ea)			
	(0)	ASCM		Name of Abat	ement Cor	ntractor (9)				\dashv
Name of Monitoring Firm Hired by Building O	wner (o)	ASCIVI	M/A	EPC	Te	chnolog	ies	, ,	En	2
Street Address	3163		4-14-4	Street Addres	S.		100		B 6 4	-
P.O. Box 3	37			P.O.	Box	337				
City, State, Zip Code	117	10	522	City, State, Zi	p Code	111	A	36	2	2
New Equat	NO	9	333	New	Egy	All and a second	U	2	J.	2
Project Manager for Monif ril gy irm		Telephor		Telephone No	-	License N	9	10	U	
Steve Schenken	L	609	758-3365	609 758 Name of OSH		S C	1		1	
Start Date (10) Aug 2, 2016	Scheduled Co) l (p			hnologies	T			
Occupancy Status During Abatement (Check	Aug (x ac	116	Street Addres		1 11 10 10 7163		ic		$\neg \neg$
1		ment		P.O.	BOX	337				
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	al Facility Hou	irs (City, State, Zi	p Code					
☐ Other – Describe:				New E	Sypt	NJ CU	280	53	3	
Scope of Work (Check All That Apply)					- (1					
≥3 sf or ≥3 lf	□ Renov					ent with Negative F	ressur	е		
☐ ≥160 sf or ≥260 lf	□ Demo	lition		Min Glo	vebag Pro	cedure				
2			Т	□ Nor	n-Exempte	d (*) and Non-Friat				
	Is Loca							Ty	ment pe	
Location of	Norm Used So			escription of staining Material	(A C M)	Amount			-	
Asbestos-Containing Material (ACM) TO BE ABATED	Mainten	nance/		il systems insula		(Specify	Re	Z.	Encapsulate	Enc
In Facility	Custodia (12			cing, VAT, or miscellaneous)		SF or LF)	Remova	Repair	psu	Enclosure
(13)	-		outer	illisociianeous)			al	-	late	re
9 9	Yes No	N/A		1			1.	-		
Basement	X		Air Du	ct WRay)	50 SF	X	-		
-										
Name of Registered Waste Hauler		NJDEP V		c Yards	Name of	Registered Landfil	I		5-1	
		Hauler ID		aste	Was	teManage	nes	10	FF	A
EPC Technologie	>	1/0	Dispo	osal Date	City, Sta	ite			- 6	
City, State	NJ.		8	-3-16		risville i	PA	9		Z
New Egypt Completed by	Title			Signature	~ N		ate	7	2.1	,
Steve Schenker	Presi	dent	×	Sleeve) Och	sky !	1	dl	7-1	6

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

Nocr.		N				ASBESTOS ABA				7		. A		
Date of Notification (1)	25 1 3	20/6	-	1		ding Owner/Operator	r (2)	P	2.7	Ē	Li .	U		
Agencies Notified ⊠ EPA	Type Notifica					rzio Drive	<i>y</i>		AUG	i	2	016		
☑ DOLWD ☑ DHSS	Amended Amendme	ent #		10.00	ty, State, Zi	p Code wnship, New Jers	sev 08628	138	BEST	OS C	NON	[RO		
□ DCA (NJAC 5:23-8)	☐ Emergenc justification	n)	ding	Na	me of Cont	act		Telephone N	lumbe					
	☐ Cancellation	on 				cellaro, RMC INFORMATION		1						
Name of Facility Where Ab	atement is Ta	aking Pla	ace (3)		AOIL!!!	ini orani.	Type of Facility	(4)						
Hollowbrook Common Street Address 320 Hollowbrook Dri	unity Center						☐ School (K-1 ☐ Subchapter ☐ Other (i.e., phomes, etc.	8 (Other than K private and com	(-12) mercia	l build	dings,			
City (5)							Square Feet	# of Floors		Bldg	. Age			
Ewing							60,000 SF	2		40	+			
County (6) Mercer				Co	ounty Code	(7)(STATE USE ONLY)	Current Use (Pr		olished	d)				
Name of Monitoring Firm H	red by Buildin	ng Owne	er (8)	ASC	M No.	Name of Abateme	ent Contractor (9)							
RJB Environmental, I		-		14	9	East Coast H								
Street Address						Street Address								
56 East Bridge Street						494 E. 41 Stre	et							
City, State, Zip Code						City, State, Zip Co	de							
Morrisville, PA 1906	7					Paterson, NJ	07504				- 152			
roject Manager for Monitor	ing Firm		Tel	ephone	e No.	Telephone No.		License No.						
James Frisbee			2	267-991-9212 973-345-0022 00507										
tart Date (10)	Sch	eduled	Compl	etion D	ate (11)	Name of OSHA Mo	onitor							
06/20/	16	08	/ _0	1_ /	16	East Coast Ha	z Mat Remova	ıl, İnc.						
ccupancy Status During Ab	atement (Che	eck only	one)			Street Address			ACPS SHI			1		
Facility Closed/Vacated D	uring Entire P	Period o	f Abate	ment		494 E. 41 Stree	∍t							
Abatement Performed Ou Time of Abatement: 7:00	tside of Norm AM- <u>5:00</u> PM/	al Facili	ity Hou VI	rs - De AM	scribe	City, State, Zip Cod Paterson, NJ 0								
cope of Work (Check all tha	t apply)													
] ≥3 sfor ≥3 lf] ≥160 sf or ≥260 lf			enovati emolitio			☐ Mini-Enclos ☐ Glovebag F			ure					
		1 200	s Locat						A	batem	nent T	ype		
Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)		Use Ma	Norma ed Sole aintena todial (12)	ely by nce/		Description of tos Containing Mater, thermal systems ins surfacing, VAT, or other miscellaneous	ulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
		Yes	No	N/A	Dailor B	reaching		22 SF		$\frac{1}{1}$	П	П		
iler Room - Ground Fl					THE STREET, STATE	Sprayed Ceiling		7850 SF						
oughout - Ground Floo	r							800 LF						
roughout- Ground Floo	or	_				-Wall Partitions	-		-					
ys Room - Ground Flo			Ц		Pipe Fitti		lome of Decision	20 Each	\boxtimes			Ш		
ne of Registered Waste Ha eehold CALTAGE , State	12HS	Ti CoAS MĀI	SI Ha	DEP Worlder ID	No. 1	Naste 80 Disposal Date C	lame of Register Minerva Ente ity, State	rprises						
ehdd, NJ o	Title		1, N	J	7:	Signature	Waynessburg	Dat			,			
eslie Olszewski	Pi	roiect	Manad	ger		lid		17	1-2	5-	16	,		

Location of		Is Loca Norm				A	Abatement Type					
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	M	sed Sollaintena	lely by ance/ Staff?	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure			
-	Yes No N/A			ē								
All Areas - Ceiling- Ground Floor				Caulking - Ceiling Joints	2600 LF							
Throughout - First Floor				Plaster Sprayed Ceiling	8500 SF		П	П	П			
Throughout - First Floor				Caulking-Wall Partitions	850 LF			П	П			
All Areas - Ceiling - First Floor				Cauling - Ceiling Joints	3000 LF							

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

NOCK	11023	(Purs				d 12:120			ε	17/7	nal		\neg				
Date of Notification (1) 7/27/2016			Na	ime of Bu	ilding Ow	mer/Opera Macalu	tor (2) so Ti) ree Service	2	99	101						
	on Notification			reet Addre		502 Ch	urch	Road	DECI		M						
[x] DOL Amend	iment #2 ency (inc			ity, State, 2		Point P	leasa	ant, NJ 08742	ALIG	1	2016		ᆀ				
[X] DOH justific			N	ame of Co		[acaluso		lele	ephône Number	s co	VTAO	100	117				
			FACIL	ITY INI	ORMA	TION			7005010	FNSI	IG						
Name of Facility Where Abatement is Taking F Residence	Place (3)						Туре	Ĺĺ	School (k-12) Subchapter 8 (other								
Street Address									Other (i.e., private homes, etc.)			buildin	gs,				
City	County	(6)		ounty Code TATE US)		are feet 1000 sf	# of Floors	Bldg.	Age 60						
Brick	Ocean	***		2011		Nome of		rent Use (Prior if b Marina ment Contractor (9	Residen	s.denu							
Name of Monitoring Firm Hired by Building O N/A)wner (8)		A	SCM No.		Street Ac		Guardia	Contracting, Inc.								
Street Address								1889 Ro	ute 9, Unit 61		- A		\dashv				
City, State, Zip Code						City, State, Zip Code Toms River, New Jersey 08755-1271 Telephone Number License Number											
Project Manager for Monitoring Firm	mber	Deta (11)		732-34	9-99		00624										
Scheduled Start Date (10) 7/21/16		Scheduled Co 8/12/16	mpietion	Date (11)		Street A		E.M.S.L	. Analytical								
Occupancy Status During Abatement (Check [X] Facility Closed/Vacated	d During	Entire Period (H 3000 300 100 100 100 100 100 100 100 10	20 = 1	1056 St	elton Road								
Abatement Performed Other - Describe	Outside C	or Norman raci	inty Tiour	3		City, Sta	ate, Zij	p Code Piscatav	way, New Jersey	y 0885	54	+					
Scope of Work (Check all that apply)]	*	Full Containment of Mini-Enclosure	with Negative Press	ure							
$\begin{bmatrix} & & & \\ & & & \\ & & & \end{bmatrix} > 3 \text{ sf or } \ge 3 \text{ lf}$ $\begin{bmatrix} & & & \\ & & & \\ & & & \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ lf}$		[]] [x]	Renovation Demolitic			[[x	4	Glovebag Procedu Non-Exempted (*	re) and Non-Friable P	rocedu	re						
[A] Elou at of Esou at	1									Abate	ement 7	ype					
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)		Is Location Normally use Solely by Itenance/Cus Staff (12) NO	:d		Asl (i.e ins	Description of the control of the co	ontain ACM I syste urfac or	ting (i) ems ing,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E				
Exterior		X		Asbes	tos sidi	ng			1000 sf	Х							
													-				
Name of Registered Waste Hauler Guardian Contracting, Inc	1	NJDEP Waste	Hauler 1	D No.	Cubic Y	ards of W		Name of Register T.R.R.F.	ered Landfill								
City, State Toms River, New Jersey			Dispos 8/15/	16		City, Tull		n, Pennsylvani	a	l p							
Completed by (Print or Type) Nicholas Fernicola	er	Signatu	1	/ ~	1			7/2	7/201	6							
	*	Do not use t	his form	for asbe	estos lice	ensure ex	empte	ed activities.									



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) CHECK #5892 Name of Building Owner/Operator (2) Bernards Township Sewage Authority 07-26-16 Street Address AUG Agencies Notified Type Notification 2016 1 Collyer Lane Initial **FPA** City, State, Zip Code DEP Amended Amendment # 3 Basking Ridge, NJ 07920 X DOL ASBESTOS CONTROL & Emergency (including Telephone Number IVG Name of Contact justification) DOH Mr. Tom Timko, P.E. Cancellation DCA **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, × North Maple Avenue & East Oak Street etc.) # of Floors Bldg. Age Square Feet City (5) Bernards Township Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Underground Sewage Somerset Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Pinnacle Environmental Corp. Hillmann Consulting, LLC Street Address Street Address 200 Broad Street 1600 Route 22 E City, State, Zip Code City, State, Zip Code Carlstadt, NJ 07072 Union, NJ 07083 Telephone No. License No. Telephone No. Project Manager for Monitoring Firm 201-939-6565 00756 (908) 477-3014 Craig Abrams Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) Even-Air Inc. (1)Project Postponed(2)07-27-16 12-31-16 Street Address Occupancy Status During Abatement (Check Only One) 10-59 Jackson Avenue Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Exterior non friable Long Island City, NY 11101 Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure × Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ (i.e. thermal systems insulation, (Specify Remova TO BE ABATED Repair Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)N/A Yes No 2,000LF Transite Sewage Pipe X X Underground Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste of Waste Hauler ID No. Grand Central Sanitary Landfill Newark Carting, Inc. TBD 04509 Disposal Date City, State City, State TBD Pen Argyl, PA 18072 Newark, NJ 07105 Date Signature Completed by 07-26-16 Project Manager Joseph Patrick

11001

NOTIFICATION OF ASBESTOS ABATEMENT

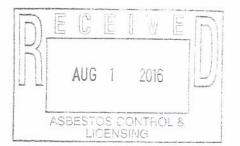
No CK			NOTIFIC (F	Pursuant to N.J./			IKI	ECE				
Date of Notification (1)					Name of Building	g Owner/C	Operator (2)	AUG 1	2016			
07/28/16					Calpine New Jer	rsey Gene						
Agencies Notified		Notification 7	ype		Street Address		L	ASBESTOS	CONTROL	&		
(X) EPA () DEP		() Initial Noti (x) Amende () Cancelle	d Certification	on	717 Texas Ave, City, State, Zip (0	LICE	NSING			
(X) DOL (X) DOH () DCA		() Caricelle	,		Houston, TX 770			Tel. Number				
				FACILITY INF	Paul Ostberg							
Name of Facility Where Aba	tement is Ta	king Place (3	5)	PACILITIN	Type of Facility							
			Ť.		() School (K-12	2) 0 /athor th	on V 12)					
Calpine New Jersey General	tion LLC				() Subchapter (X) Other (i.e. p	rivate & co	ommercial bldgs	s., homes, etc	D.			
Street Address												
373 N. Broadway					Sq. Feet 97,850) # of Flo	oors8					
<u>City (5)</u>	County (6)		County Co (State Use		Bidg. Age 55							
Pennsville	Salem		(State Ose	Olliyy	Current Use (pr	ior if being	demolished) l	Power Plant				
Name of Monitoring Firm Hi		Owner (8)	ASCM No.				Name of Con	tractor (9)				
	202		00073				Brandenburg	Industrial Se	rvice Compar	ıy		
Horizon Environmental Ground Street Address	ир		00073		Street Address							
Street Address					Allen de la companya							
PO Box 316					2217 Spillman I							
City, State, Zip Code					City State, Zip (<u>Code</u>						
Th 6 N. I. 00000					Bethlehem Per	nsvlvania	18015					
Thorofare, NJ 08086 Project Manager for Monito	ring Firm	Telephone I	Number		Telephone Num			License Nun	nber			
Project Manager for Monito	ing i iiii	10100110110						00704				
Steve Flanigan		856-848-08	00		610-691-1800			00721				
Scheduled Start Date (10)		Scheduled	Completion	Date (11)	Name of OSHA	ACCORDANCE OF THE PROPERTY OF						
08/01/16		03/03/17			Brandenburg In Street Address		ervice Compan	У				
Occupancy Status During A (x) Facility Closed/Vacated () Abatement Performed C	During Entir	e Period of A	batement		2217 Spillman Drive							
					City, State, Zip	Code						
Describe_ Demolition_ (x) Scheduled Demo Start					D-thlaham DA	10015						
Scheduled Demo Comp		/1/			Bethlehem, PA	10015						
Source of Work (Check all	шат арріу)											
(x) Demolition () Reno (x) Large Proj. (>160 SF o	r >260 LF A0	CM) () SM P	roj. (>25<16	60 SF or >10 <26			roj. (<25 SF or	<10 LF ACM)			
(x) Full Containment with	Is Loca	ation Normall	y Used	Description of	ACM (i.e.	Amount	(Specify SF or	LF) Aba	tement Type			
Containing Material (ACM)	in Solely	by Maint./Cu		thermal system	ns insulation,							
Facility (13)	Staff?	(12) NO	NA	surfacing, VAT miscell.)	, or other			Rem	n. Rep. En	cap Enclose		
Plant Boilers	YES	NO	X	Insulation		80,000 s	sf	X				
Plant Boilers Plant Boilers			X	Fire Brick	1	24,000 s	sf	X				
Main Plant			Х	Pipe Insulation		12,500 l		X				
Main Plant			X	Transite/Galbe	stos	29,265 9		X				
Main Plant			X	VAT	onor	53,000 s 64,100 s		X				
Main Plant			X	Flashing/Tar P Caulk/Exp Jt	aper	13,570		X				
Main Plant	_		X	Pipe Insulation		9,520 lf		X				
Pipe Rack		-	X	Galbestos		8,000 sf		X				
Conveyor Misc Small Out Bldgs			X	Caulk/Exp Jt		33,000 9	sf	X				
Misc Small Out Bldgs			X	Transite/Galbe	estos	4,450 sf		X				
Misc Small Out Bldgs			Х	Insulation		2,840 sf		Name of Re	ag Landfill			
Name of Reg. Waste Haule	er	NJDEP Wa	ste Hauler I	D #	Cubic Yards of	vvaste		877-1-1-1-1	50 0.000			
United Trucking, Inc		SW2247			15,000 cy			Conestoga	Landfill			
City, State							Disp. Date		City, State			
Mariton, NJ							TBD		Morgantow	n, PA		

Completed by (Print or Type) Signature Date Title Jennifer Polzer 07/28/16 Contract Manager

NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414 Mail to:

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00



State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: 16-208 Name of Building Owner/Operator (2) Date of Notification (1) AUG 2016 0 7 / 2 5 / 1 6 CAROL BRACCO GHAZEY Agencies Notified Type Notification Street Address ☐ EPA Initial ASBESTOS CONTROL & Amended DEP City, State, Zip Code Amendment #: 1 DOL Emergency RIDGEWOOD, NJ 07450 (including DOH Telephone Number Name of Contact justification) DCA CAROL BRACCO GHAZEY Cancellation FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) CAROL BRACCO GHAZEY Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Bldg. Age # of Floors Square Feet County (6) City (5) 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 Telephone Number License Number Phone Number 01169 973-345-8020 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. Street Address 07/27/16 08/15/16 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 \times >3 sf or >3 lf Mini-enclosure Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Ε Location of Ε е е by maintenance/custodial n asbestos-containing Amount Description of asbestos-containing m staff(12) p C (Specify SF or material (acm) to be material (ACM) C 0 a a LF) abated in facility (13) Yes N/A No p 0 250 L F \boxtimes PIPE INSULATION BASEMENT X BARE HEATING PIPES 20 L FT BASEMENT CRAWL SPACE Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# 13506 D & S RESTORATION, INC TULLYTOWN, RESOURCE RECOVERY 03 YDS Disposal Date City, State City, State 07/28/16 PATERSON, NJ 07503 TULLYTOWN, PA Completed by (Print or Type) Signature Date Title **BOGDAN JOLDZIC** 07/25/ 2016 PRESIDENT Do not use this form for asbestos licensure exempted activities. ASB-41

State of NJ Notification of Asbestos Abatement D&S Proj. #: 16-208 (Pursuant to NJAC 8:60 and 12:120) AllG 2016 Name of Building Owner/Operator (2) Date of Notification (1) 0 7 / 1 1 / 1 6 CAROL BRACCO GHAZEY Agencies Notified Type Notification Street Address EPA Initial Amended DEP City, State, Zip Code Amendment #: DOL Emergency RIDGEWOOD, NJ 07450 (including X DOH Name of Contact Telephone Number justification) DCA CAROL BRACCO GHAZEY Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) CAROL BRACCO GHAZEY 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) 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 Project Manager for Monitoring Firm Telephone Number License Number Phone Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 07/27/16 08/15/16 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 Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of Ε e by maintenance/custodial е n asbestos-containing Amount Description of asbestos-containing n staff(12) m p C material (acm) to be (Specify SF or material (ACM) C 0 a abated in facility (13) Yes No N/A V p BASEMENT PIPE INSULATION 250 L F \boxtimes PIPE INSULATION 20 L FT X BASEMENT CRAWL SPACE Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 03 YDS TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State 07/28/16 PATERSON, NJ 07503 TULLYTOWN, PA Completed by (Print or Type) Signature Title Date **BOGDAN JOLDZIC** PRESIDENT 07/11/2016 100 44 Do not use this form for ashastas licensura exempted activities