Date of Notification (1) 11	-26-13				g Owner/O nentary Scl	perator (2) hool							
Agencies Notified	Notification Type		reet Add		Ave				<u></u>			72	
☐ EPA ☐ DEP X DOL	Initial X AmendedAmendment #1		ty, State verside,			61			-				
□ DOH □ DCA	☐ Emergency (Including Justification) ☐ Cancellation	(0.00)	me of 0 m Rur		ct		DEC 2	Telephone Nu 854-234-91					
			FACIL	ITY IN	NFORMAT	ION		2					
Name of Facility Where A	Sbatement is Taking Place (3) Forn	ner St. 0	Casimi	ir Elementa	ary School	Type of Facility						
Street Address 500 New Jersey Ave							☐ School (K-1 ☐ Subchapter x Other (i.e. pr homes, etc	8 (other than K- ivate & commerc	12) ial bu	ildir	ngs		
City (5) Riverside							Square Feet 16000	# of Floors 3		3ldg '5	. Aç	ge	
County (6) Burlington					ounty Code SE ONLY)	(7) (STATE		orior if being demo		ed)			
Name of Monitoring Firm Harvard Environme	Hired by Bldg. Owner (8)	Α	SCM N	0.	County	Contractor (9) Environmen	tal						
Street Address 760 Pulaski Highwa	у				Street Ad 461 Ne	ddress ew Churchma	ns Rd.						
City, State, Zip Code New Castle, DE 197	720				New C	e, Zip Code astle, DE 197	720						
Project Manager for Mon Wesley Morrison	itoring Firm Te		26-23	33	4	no Niimho-		License Num 00578	ber	*		200 - 000	
Scheduled Start Date (10 11-18-13	12/13/13		Date 		County	OSHA Monitor Environmen	ıtal						
	g Abatement (Check only o				Street A 461 Ne	^{ddress} ew Churchma	ans Road						
X Facility Closed/Vacate Abatement Performed Other – Describe:	d During Entire Period of Al d Outside of Normal Facility	oateme Hours	ent -			ite, Zip Code astle, DE 19	720					77	
Scope of Work (Check at ≥ 3 sf or ≥ 3 lf X ≥ 160 sf or ≥ 260 lf	ll that apply)			Ren	novation olition	☐ Mini-Enclo	inment with Neg osure Glove opted (*) and No	ative Pressure ebag Procedure on-Friable Proced	ure				
		ls	Locatio	on.		4				Ab	ater Typ		nt
Asbestos-Contair TO BE	Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)					Description tos Containing N thermal systems surfacing, VA other miscellar	Material (ACM) s insulation, T, or	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A				10 004 of		_	4		
Floor tile Throughout			X		VAT TSI			12,204 sf 50 SF		X	+	-	_
Boiler material in boiler			X			aneous		280 SF	_	x	1		
Name of Reg. Waste Ha	auler	1000000	DEP Wa			Cubic Yards of Waste	Name of R	eg. Landfill					
Service Transport City, State New castle DE						Disposal Date TBA	City, State Waynesbu			_		1000	
Completed by Benjamin Hodgdon	Title PM					Signature		Da	ate //	1	4	/	3
ASB-41	* Do not use this form for asbes	tos licens	ure exemp	oted activ	vities.				/		•		



* Energency *

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

CK 3751

Date of Notification (1) 11/27/13					Building Ov									U		
Agencies Notified	Type Notification			treet Add	dress Front Stre	et 8	th Floor	r			9 75			- 7		
EPA DEP DOL	Initial Amended Amendment #				e, Zip Code n NJ 081					. חר	_]
DOH DCA	Emergency (ir justification) Cancellation	ncluding	1 85	ame of 0 Steve	Contact					Tele	phone Nu 3-966-20				1	
				FACIL	ITY INFOR	MAT	ION	-	F114 . /4						+	
Name of Facility Where Sharp School Street Address	Abatement is Taking	Place (3)						X So	Facility (4 chool (K-12 ubchapter (?) B (Othe	er than K-	12)			51.	
32nd Street & Haye	es Ave								ther (i.e. pr c.)	ivate &	commerc	ciai di	IIIDII	igs, n	omes	i,
City (5) Camden NJ 08105								Square 1000-	-	2	Floors		35	g. Ag +	e i	
County (6) Camden	-			County C	ode (7) SE ONLY)	-		Curren	t Use (Prio	r if bei	ng demoli	shed)				1
Name of Monitoring Firm	n Hired by Building C	wner (8)		ASCM	No.			of Abate	ement Con	tractor	(9)			•		
Street Address								Address Box 32								
City, State, Zip Code								State, Zip	Code NJ 080	 91				X		
Project Manager for Mo	nitoring Firm		7	Telephor	ne No.		Tolon				License	No.				
Start Date (10)		Scheduled		pletion [Date (11)		Name		A Monitor		00/2/					
11/29/13 Occupancy Status Duri	A) - 1							Addres					_			
Facility Closed/Va	cated During Entire F med Outside of Norm	Period of A	batem	ent		-		State, Zij				***				
Scope of Work (Check	All That Apply)															3000000
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enoval emoliti		(<u>)</u>		Ì	Min Glo	Containmoni-Enclosure vebag Production-Exempted	e cedure						
	-	1 10	Locati					1101	ZXOTTIPAG	- (/			77	Abate	ment	
Asbestos-Containir TO BE A In Fac	ng Material (ACM) BATED cility	Used Mai	ormalid Sole ntenar odial S	ly ly by nce/	Asbest (i.e.	os Co therm sur	escriptio entaining al systen facing, V r miscella	Material ns insula AT, or	(ACM) tion,	(Amount Specify F or LF)		Removal	Ty Repair	e Encapsulate	Enclosure
Classro	om 1/	100	×	1.07			Floor T	ile	2	1	000 SF	- x				
Classio	011114	+				-						\dashv		-	_	
				-								+				
			- 170-321C	-		- 1.50						+				-
Name of Registered W	aste Hauler			JDEP V		0.0000000	oic Yards		Name of	Regis	tered Land	dfill		S-15		1
United Containers				lauler ID 2459	No.	4	Vaste		G.R.O.							
City, State Elm NJ						1200000	posal Dat 2/13	te	City, Sta Morris		A 1906	7	10			
Completed by Anthony T Perna		Title Presi	dent				Signatu	ire C				Date 11/2		13		

	, , , , ,			, was 12.120 1)						
Date of Notification	on (1)			Owner/Operator	(2)					
11-25-13		Curt	Weave	er						
Agencies Notified	Type Notification									
[]EPA	[X]Initial		Ssex	Ave.			_			
[]DEP	Notification	City, Sta	ate, Zip	Code		11	-			- 30
[X]DOL	[]Amended Notification		afield	1,NJ,07003		1. 3.				
[X]DOH	Notification	Name of C	Contact		Telephon	e Number			-	
[]DCA	[]EMERGENCY	Curt	Weave	er	(415) 518-3	127			
	[]Cancellation			7000 S	100					
		0.000		INFORMATION		_				
- : : : : : : : : : : : : : : : : : : :	here Abatement is T	aking Place	(3)		Type of Facil	, -	27			
Same as above	е				[]Schoel	(K-12) ter 8 (Othe	on the	- V	12)	
Street Addres						i.e., priva				
					cial b	uildings, h	homes,	eto	:.)	
277 12			b		Square Feet	# of Floo	ors		. Age	е
City (5	Coun	ty (6)Essex	100.000	unty Code (7) TATE USE ONLY)	2100	2		90		••
					Current Use (Prior if be	eing a	emol	ısne	ed)
Name of Monitoring	Firm hired by Buil	ding ASCM N	To.	Name of Abate	ment Contracto	r (9)				
Owner (8)					MANAGEMENT					
N/A Street Address				Street Addres	s				<u> </u>	
Street Address					topher St					
City, State, Zip Co	ode			City, State,				107		
city, state, hip c	ode			T	Lr, NJ 070	42				
Project Manager for	r Monitoring Firm	Telephone N	umber	Telephone Num			Licens	e M	ımber	<u> </u>
rroject ranager ro.	I home corring rate	N/A	0.0000000000000000000000000000000000000				003			
Scheduled Start Da	te (10) Sched C	ompletion Da	te (11)	Name of OSHA	Monitor					
12-5-13		6-13	(/	N/A						
	Year Month	and the second s	ear							
	uring Abatement (Ch osed/Vacated During			Street Addres	s					
of Abateme	ent									
	Performed Outside of scribe: «OffHours Des		ility	City, State,	Zip Code					
	scribe: «Other Occupa		t»							
Scope of Work (Che	ck all that apply)									
[X]>3 sf o	+ \2 1€	[X] Renovat	-i on		Containment wi Enclosure	th Negative	e Pres	sure	2	
	or >260 lf	[]Demolit		5. J.	bag Procedure					
		Is		[]Non-F	Friable Procedu	re	7.	hato	mont	Type
Locatio	on of	Location Normally		Description	on of				E	EE
Asbestos-Co		Used -	lá.	Asbestos-Con	55 N. C.	Amount			R	N C
Material	(C)	Solely By Main-		Material (i.e., thermal		(Specif	У 1	ve	E	L
TO BE A		tenance/	i	nsulation, surf		LF)		5 5	A S	SS
(13		Custodial Staff (12)		or other misce	252.41E				R I	
Deserve	3		/A	T		OF 1.5		_	- -	. E
Basement		X	Pl	pe Insulat	ion	95 lf	X	+		-
								-	_	
						<u> </u>				
Name of Registered AZTECH MANA	Waste Hauler GEMENT, INC.	NJDEP Wast Hauler ID : 17040		ubic Yards f Waste 1.5	Name of Regi G.R.O.W.		dfill			
City, State			D:	isposal Date	City, State	7				
Montclair, No	J 07042			12-8-13	Morrisvi	lle, PA	190	67		
Completed By (Prin	T-12/2	1		Signature		/	Dat	e		
Constantine '	Vivian Presi	dent		1/ 1/	n 1/ 1/1	200 20 55	11-	25-	L3	

a a

CK#3229

e of Notification (1)				St. J	loseph'		Operator (al Medic	al Center		***	-			-
encies Notified	Туре	Notification			t Addres Main S						1			4
EPA DEP		Initial Amended Amendment #_		City,	State, Zi erson,	p Code NJ 07503	3	[]	2	2012	fi Inches			1
DOH		Emergency (inc justification)	luding	Nam	e of Con vard Cu	tact				Telephone Numb 973-754-3480	er)	1		
DCA		Cancellation				INFORMA	TION			7.			_	-
me of Facility Where on convent Building reet Address	Abate	ment is Taking F	Place (3)		NOIL I			Subo	ool (K-12) chapter 8 er (i.e. priv	(Other than K-12) rate & commercia	l building	s, hoi	nes,	
03 Main Street								etc.) Square Fe		# of Floors	Bldg			
ty (5) aterson					1	(Z)		30,000	+	3 + if being demolish	50+ ed)	•		_
ounty (6)				(ST	inty Code	e (/) ONLY)		e of Abatem				-		
ame of Monitoring Fire	m Hire	ed by Building O	wner (8)	A	ASCM No	o.	Pyra	amid Con	tracting	Corp.				_
treet Address			-				163	et Address Sargean		ie				
city, State, Zip Code							City,	State, Zip 0 ton, NJ 0	Code 7013			13		
Project Manager for M	onitori	ng Firm		Te	lephone	No.	Tele	nhone No.		License N 01099	lo.			
				0	lation Da	te (11)	Nam	ne of OSHA	Monitor					
Start Date (10)	-		Scheduled	Compi	letion Da	110 (11)	100	Environ	mental	Laboratories	LLC			
Start Date (10) 12/09/13			12/10/13	i	ellon Da		Stre	S Environ	mental	Laboratories				_
12/09/13 Occupancy Status Du		batement (Chec	12/10/13 k Only One) nateme			Stre 23	S Environ et Address 33 Route	mental 22 Wes					
12/09/13	acate	batement (Chec	12/10/13 k Only One) nateme			Stre 233	S Environ	22 Wes					
12/09/13 Decupancy Status Du Facility Closed/V Abatement Perfo Other – Describe Scope of Work (Chec	acate ormed e: k All T	batement (Chec d During Entire F Outside of Norm	12/10/13 k Only One Period of Ab nal Facility h) nateme	nt on		Stre 233	S Environ et Address 33 Route , State, Zip nion, NJ 0	22 Wes Code 07081	ent with Negative	Pressur			
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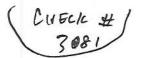
		NO.	TIFIC/ (Pur	ATION C	OF ASBES NJAC 8:	STOS A 60 and	BATEN 12:120)	IENT			C	KZ	# -C3	32	29
Date of Notification (1) 11/27/13			Na S	ame of E t. Jose	Building O eph's Re	wner/Op egional	erator ((2) cal Ce	nter		1.5	1			
Agencies Notified	Type Notification		10000	reet Add								37204	1001 (20 P		
× EPA	× Initial				in Stree						, ,	20	113		_
EPA DEP DOL	Amended Amendment	#			e, Zip Cod n, NJ 0									1	
ACC TOO	Emergency (N	ame of C	Contact						phone Num		-		×.
DOH DCA	Cancellation		E	4	Curry					973	3-754-348	30			_
Name of Facility Where	Abatement is Takin	Place (3)		FACIL	ITY INFO	RMATIC	N	Type o	f Facility (4	1)				_	\neg
Convent Building	Abatement is Taking	g (1000 (0)							chool (K-1						
Street Address								S	ubchapter	8 (Othe	than K-12 commercia	!) al buildi	nas h	omes	
703 Main Street		387				- 50		e	tc.)						_
City (5) Paterson								Square 30,00		# of 3 +	Floors	50	dg. Ag)+	е	
County (6) Passaic				ounty C	ode (7) SE ONLY)			Curren	t Use (Prid	or if bein	ng demolish	ned)			
Name of Monitoring Firm	Hired by Building	Owner (8)	4	ASCM	No.				ement Con		(7 3)				
				11				Addres	ontractin	g Cor	J.			_	-
Street Address							163	Sarge	ant Aven	ue					
City, State, Zip Code								State, Zij on, NJ	O Code 07013						
Project Manager for Mor	nitoring Firm		T	elephon	e No.		T-1 '		•		License N 01099	lo.			
Start Date (10)		Scheduled		pletion D	Date (11)				A Monitor	Labo	ratories L	ıc			
12/09/13 Occupancy Status Durir	a Abatamant (Cha	12/10/13	40					Addres		Labo	Tatories L				_
Facility Closed/Vac				ent					e 22 We	st					
Abatement Perform Other – Describe:	ned Outside of Non	nal Facility	Hours	511L		_	0.700	State, Zi	p Code 07081						
Scope of Work (Check /							0,							- T	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	13.57		enovat emoliti				<u>.</u> E	Min Glo	i-Enclosur vebag Pro	e cedure	n Negative i				
		1-1						NOI	I-Exemple	u () ai	u Non-i nai	1	Abate	ment	
Locatio	n of	N	_ocatio	y		De	scriptio	n of				_	Ту	ре	\vdash
Asbestos-Containin <u>TO BE AB</u> In Fac	g Material (ACM) BATED ility	Mair	Solel ntenan odial S (12)	taff?		tos Cont thermal surfa	taining l system cing, V	Material ns insula		(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		Disco		_ 41		-	20.15	v	-		
Basement		\perp	Х				Insul				20 LF	X	-		
Elevator Mac	hine Room	×				Pipe	Insul	ation		•	45 LF	X			
Name of Registered Wa	aste Hauler		IN	JDEP W	/aste	Cubic	Yards		Name of	Regist	ered Landfi	II			
Pyramid Contractin			2010	auler ID 2613	No.	of Wa	ste		G.R.O	.W.S.	Inc.				
City, State Clifton, New Jersey	,		-	19		Dispo 12/10	sal Dat	e n	City, Sta Morris		Pennsylva	ania			
Completed by		Title			+	,	Signatu	7	11.	K		ate	12		
Dimo Golcev		Presid	aent				M	W	y	-	/1	1/27/	13		
ASB-41 (R-06-08)						0	Do	not use	this form fo	or asbe	stos licensu	ire exe	mpted	activ	ities.

Date of Notification (1)	11 00		IN	lame of	Building Owner/C	perator (2)	``					-
* 1	11-29-	13			VFV.	Proper	ties	Inc				
Agencies Notified	Type Notification		S	Street A	Juless	p	ner	a mar a Sir	776- 1985 176-	7 F	3.5	
□ EPA □ DEP	☐ Initial ☐ Amended			city, Sta	P.O. (stellar	1 1 1 1 1 1	4 4 4		·	-,1	
DOL	Amendment #_			· 1	Martin	suille:	NO	T 088	36_		V 10	
★ DOH	Emergency (inc justification)	cluding	1	lame of	Contact	. 4-2335-		Telephone Nu	umber			
□ DCA	☐ Cancellation					orano		732-6	87-	08	74	
Name of Facility Where A	batement is Taking F	Place (3)		FACI	LITY INFORMATI	Type	of Facility (DEC 2 2				-
Single fan	nily Dwel	ling				⊔ 3	ochool (K-1	2)	013			
Street Address	200 CO 200	_	1				Subchapter Other (i.e. r	8 (Other than K- private & commer	12) cial build	linas	home	
JV 1 0P	illians ?	otre	<u>.</u> +			е	tc.)	(50)		153		J,
City (5) Bound	BROOK,	N:	7	080	005	Squar	e Feet	# of Floors	В	60. A	- 1	
County (6)	200		10	ounty (Code (7) USE ONLY)			or if being demoli				
Name of Monitoring Firm		uper (8)		ASCN		Name of Abat		ily Dwell	1.75			
	hnele	•	L	AGOIV	NA			thoole	e ie	,	7-	
Street Address		7-			1-10-0	1 Street Addres	S		3.00		211	-
	30x 33	7				F.O.	60 %	337				
City, State, Zip Code	tav	NJ	7	BC	533	City State, Zi		A+ NJ	10	25	13	3
Project Manager for Morei	ri g Firm		1	elepho		Telephone No		License	No.	0	0.0	
Steve Se	then ken		6	909	7 <i>5</i> 8-3365			\Box	0	LC	7	
Start Date (10)				- 13	Date (11)	Name of OSH		hnologie			•	
Occupancy Status During			-			Street Addres	s I CC	111000918	S L.	nc		
Facility Closed/Vaca						6.0	Box	337				
	ed Outside of Norma		Hours			City, State, Zi	p Code			_		
Scope of Work (Check Al			,			10cm E	SYPT	TU	083	5.3	3	
≥3 sf or ≥3 lf	(Пастрыу)	пв	enovat	ion		□ Full	Containm	ent with Negative	Process	ro.		
≥160 sf or ≥260 lf		× D				☐ Min	i-Enclosur	е	1 10330	e		
							vebag Pro n-Exempte	cedure d (*) and Non-Fria	able Pro	cedur	е	
		Is	Locatio	on			-				ement	
Location			Iormall d Solel		100 NO NO 100 V	scription of		1 0	-	1 9	pe	
Asbestos-Containing TO BE ABA		Ma	intenar	ice/		taining Material I systems insula		Amount (Specify	Z.	71	Enc	Ē
In Facili		Cusi	(12)	tan?		cing, VAT, or miscellaneous)		SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A	- Calci	misociianeous,			/al	7	ilate	лrе
T 0 . The	()	100		1071	Floor	Tiles 9	"rq"	400 SF	×			
Inside The exterior gabl				X	Siding S		~ 1	150 50				-
extension gavi	E 51022		11401107-15	_	Siding 3	1 Mingles		100 00				
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Name of Registered Was	te Hauler		55,153	JDEP V		Yards	Name of	Registered Land	fill			
	hnologies		Н	auler ID		aste Z	Was	te Manago	men	t	e f	A
City State	3			. ,0	Dispo	sal Date	City, Sta	te				
New Ecompleted by	sypt. 1	VJ Title				- 10 - 13 Signature	Morn	usville	PA			-2 + 5
Steve Sche	Keie	Do	cial)	ent	1	Same	SAV.		11-6	19-	12	,
THE JUIL	1 1 lead	1111	- 1 CE	(711		- CEE		~ ~			<u>.</u>	



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Date of Notification (1)	127/13		Name of	Bullding	Owner/Operator ((2) Develop	ER'S		
Agencies Notified	Type Notification		Street A	ddress			0.00		==
□. 6PA	⊠ Jordal					CROROS	0		
_ ∞r	Amended Amendment #	-#- J:	City, Sta	ie, Zip Co	nuny 1	ETGHTE.	W. J. 080;	95	
□ DOH	Emergency (inclusion)	ding .		Contact	.,,,,,	10.11.27	Telephone Humit	Der	
	Cancellation		1.0.1.2 0.		ME		856-350	7-65	41.
<u> </u>	L		FACIL	JTY INFO	RUATIO'N		, a		•
Name of Facility Where	Abatement is Taking P	Place (3)				Type of Facility		Al.	
RES1	DENCE			===		School (K-12	!) 8 (Other than K-1) nvale & commerci	2)	
Street Address	113 TN . ST.					homes, etc.	# of Floors	Bido	
City (5)						1000	1.2	11	7
	ns Hanso	2012	T County	Code (7)	(STATE	Current Use (Pr	for If being demol	isned)	
County (6)	Mary		USE	WLY)			CONT		
Name of Monitoring Firm	Hired by Building Ow	ner	ASCM N	0	Name of Abatem	reni Convector (9	1) (•
(8)	//								
Street Address					369	S. SPRU	CE AVE.		
City, State, Zip Code				-	Ciry State, Zip C	COO. CC SHA	-	0805	١ ا
	XI,	- T Yo	lephone N	==-	Telephone No.		License No		
Project Manager for Mo		21 _					004	47_	
Stan Date (10)		ed Comp		(11)	Name of OSHA	PKHIEL	9 M		
: 17/0/	13 12	/16/	13		Sueel Address	4-2			
Occupanty Status Dun	ing Abatement (Check	only une	i tement		3695	SPILUC	EAUE,		<u></u>
Facility ClosedVaca	aled During Entire Ferr	Facility Ho	ours		City. State, Zip	Code C	E, N, J	08 NS	7
Other - Describe:					MAP	LE JAND	, C, 10, 3	10000	
Scope of Work (Check	all that apply)				□ Full Co	ontainment with h	legabre Pressure		
	(Renov Demo	ration .			nclosure bag Procedure	Non-Friable Proce	e dure	
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		Is Loca Norm	ally		Description	of			
Locatio	n of	Used So Mainter	nance/	Asbe	eine Containing M	(ACM)	(Specify	R	
Aspesios Containing	ALEO	Cusio	odial .	(i.e	. thermal system surfacing, VA	10,01	SFOLFI	Removal	Englishado e e e e e e e e e e e e e e e e e e e
IN Fac	TLY	(17			other myscellar	recus		E .	,
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51010									1
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					TA Ca Varde	I Name of	Registered Landi	11 ,	
Name of Registered	Waste Hauler		Hauker	Waste .	Cubic Yards of Waste	C	M, C, M	, U, B	
KiEma	O INC.		179	04	Disposal Dat	e City Stat	e	–	-
City State	LADE NI-	5,08	052			_ Wo	DBINE	Date ,	
MAPLESI	THOE TO I				Signalu	"osen 15	elum	11/2	7/13
Completed By K	LEMM -	00	NER		<u> </u>	\			
AS8-11	1(Do not us	e this for	n lor asb	e stos licensure	exempled activiti	0.5		



			Name	- (D - 0 d)	ng Owner/Operato	. (2)		
Date of Notification (1)	/27/13		Name			ONSTRUCT	-10~	•
	Type Notification	,	Stree	Address				
Agencies Notified			0000	300	フファ	74 ST, .		
₩ EPA	initial Amended		Ch.	State, Zip				-
2 00r	Amendment		CRY.			T' IA VT	08243	
(A) COC	Emergency (TYLE CI	17,013		
□ оон	justification)		11/10/2005	of Conta	-		Telephone Numb	
□ ∞A	Cancellation		1	1000	- にカロカル	71	609-42	> -61
			FA	CILITY IN	ORMATION	7	7	
Name of Facility Where	Abatement is Takir	no Place (3)			Γ.	Type of Facility	(4)	
Name of Facility VYIRE	SIDERC				D_{I}	-IUI I School (K-1	2) [‡]	
	JIV GIVES					Subchapter	8 (Other than K-12)) Liberaldine
Street Address 31 C	15 SIN	10501	w B	VET		homes, etc.	orivate & commercia	1 Dallouri
	1////	770,	_			Square Feet	# of Floors	Bldg
City (5)	EAN C	1+7						
	JC M "		TCar	N Code (7) (STATE	Current Use (P	nor if being demotis	ned)
County (6)	`A ·		USE	ONLY)	-	VA	CANT	(6)
CAPE	NY				L Name of Abalas	ment Contractor (9		
Name of Monitoring Firm	Hired by Building	Owner	ASCM	No.	1 1			
(8)	/A					EMCD I	06,	
					Steet Address		1 -	
Street Address	*				369	is, spruc	€ AUC.	
					City, State, Zip	Code		
City, State, Zip Code						PLE SHA.	DEINJI	0902
					Telephone No.		License No.	
Project Manager for Mor	viloring Firm	,.Te	elephone	NO .	Gerson		004	14
2 - 10-1-1101	Sche	duled Comp	detion Da	te (11)	Name of OSHA	Monitor	-	
Start Date (10)		2/16			7,	SEPH KL	Enm	
12/9/13	to the same of the				Street Address		5	
Occupancy Status Durin	g Abatement (Che	ck only one,) 		369	S, SPI	いばるしで	
TT FBis. Classed /2021	ed During Entire Pr	ence of Apa	(enream		City, State, Zip			
Abatement Performer	d Outside of Norma	al Facility Ho	ours			APLES	HADE, N.	J.0
Other - Describe:					1012	A 11 C 3	12001	
Scope of Work (Check a	il that apoly)				DENT C	ontainment with Ne	egative Pressure	
Scope of Work (Check a	III GEN OFF 77		W-30		☐ Minis E	nclosure	ogodio i i occi	
_ ≥3 sf or ≥3 lf		Renova			Claure	na Drocedure		
2160 st or ≥260 H		K Deuron	 .		Mon-E	xempted (*) and N	on-Friable Procedu	T Abs
		Is Loca	tion					Abs
		Norma				2		
Location	01	Used Sol			Description los Containing M	01 aterial (ACM)	Amount	
Asbestos-Containing h	datenal (ACM)	Maintena	ance/	Asoes	. thermal systems	insulation	(Specify	공
TO BE ABAT	ED	Custoo		(1.6.	surfacing, VA	T, or	SF or LF)	Remova
IN Facility		(12)			other miscellane	eous)		\ <u>\s_i</u>
(13)		1.07						1 1
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Name of Registered Was	ste Hauter		NUDEP	Waste	Cubic Yards	Name of Ker	a c A I L	٠. ۷
	7		Hauter I	No.	of Waste	1 6.70	1, c, M.U. A	<u> </u>
KLEMCO	INC,		179	0 4	Disposal Date	City, State		-
City. State	C	· ~ a	1,5		33,533. 55.0	1110	OF BINE	٠,١.
CITY STATE	= SHAD	1 L				1-000	Date	1 1
	Tib	e	10		Signature	- 1/0	11/	27/1
Completed By	,	VI	P		- Joen	m Jan	m 11	
JOSEPH-K	10 mm -							

	Control Control	300		38, 73		4.50	N E-1	nee	10	1)=	10	_		
Date of Notification (1) 11/26/13					Building Owne /Irs. Johnsto		r (2)					•	3 30 II.	
	Notification	200		Street Ad 611 Bra	ldress adford Aven	ue	14				14-		1.4	
DEP DEP	nitial Amended Amendment #_			City, Stat Westfie	e, Zip Code eld, NJ		141						- S	
× DOH	Emergency (in ustification) Cancellation	cluding		Name of Neil Jo	Contact				Telephor 908-41					
	Sanccilation	S. MIN		A	ITY INFORMA	TION			1		-		_	
Name of Facility Where Abatem house Street Address 611 Bradford Avenue	ent is Taking I	Place (3)		TAOL	TT IN ONLY	DE	S S S)			ings,	home	es,
City (5) Westfield							Square 2200		# of Floo	rs	BI 50	dg. A	ge	
County (6) Union		7		County C	Code (7) ISE ONLY)		Currer	nt Use (Prio	r if being de	emolish	ed)	=		
Name of Monitoring Firm Hired	Name of Monitoring Firm Hired by Building Owner (8) Street Address							ement Cont onmental	ractor (9) Services	,LLC				
Street Address			W (2)		t Addres Box 48	s 3, 4 E Ga	ate Drive							
City, State, Zip Code					State, Zip nwood,	Code NJ 0741	18							
Project Manager for Monitoring		Telephor	ne No.	Telen	hone No		Lice 703	ense No).	b - 145				
Start Date (10) 12/6/13		Schedule	ed Con	npletion [Date (11)	Name	e of OSH	A Monitor			Sec. S		100	
Occupancy Status During Abate	ement (Check	Only On	ie)	V 1		Stree	t Addres	s						
Facility Closed/Vacated Di Abatement Performed Out	uring Entire Pe	riod of A	Abatem				State, Zij			- 25.0				0.84
Scope of Work (Check All That ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Apply)	-	Renova Demolit				× Glo	i-Enclosure vebag Proc						
	72-1-1-1						NOI	1-Exempted	(*) and No	n-Friad	1	Abate		
Location of		1	Locat Vormal	lly		Descriptio	n of						ре	
Asbestos-Containing Mater <u>TO BE ABATED</u> In Facility (13)	ial (ACM)	Ma	todial (12)	nce/	Asbestos C (i.e. them	ontaining	Material ns insula AT, or		Amou (Speci SF or L	fy	Removal	Repair	Encapsulate	Enclosure
basement		165	INO	X	ni	pe insul	ation		75 LI	F	Х			
	¥													
	#1													
Name of Registered Waste Had Freehold Cartage	H	JDEP W lauler ID 5939		bic Yards Waste		Name of I	Registered N.S.	Landfill			12			
City, State Freehold NJ			Dis TB	sposal Dat	te	City, State Morrisv								
Completed by Andrew Scott Higgins		Title Pres	ident	/Owner		Signatu	ire			Da 11	te /26/	13		

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

GAC Project # 060-13 Date of Notification (1) Name of Building Owner/Operator (2) November 25, 2013 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address **X**EPA Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. X DCA Amended Notification #1 -27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS X DOL new start & completion dates, City, State, Zip Code ■ DEP- No Longer REQUIRED PISCATAWAY, NJ 08854 Sub 8 X DOH Name of Contact ■ Emergency (including Telephone Number MICHAEL SMITH, ENV. 848-445-2550 justification) **HEALTH & SAFETY** Cancelled **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) RU GYM, BLDG# 3097 School (K-12) Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **COLLEGE AVENUE CAMPUS** Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years City (5) County (6) County Code (7) **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) Cardno ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 00840 Scheduled Start Date (10) Scheduled Completion Date (11) wame of OSHA Monitor 12/13/13 12/23/13 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement XAbatement Performed Outside of Normal Facility Hours -20-21 WARGARAW ROAD Describe: Shift Hours: 5:00 PM - 5:00 AM City, State, Zip Code Other - Describe: FAIRLAWN, NJ Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥ 3 sf or > 3 lf **X**Renovation Mini-Enclosure ≥ 160 sf or ≥ 260 Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) VAT, or other miscell.) or LF) Remove Repair Encap Enclose YES NO MER CHASE 051A X TSI-Duct Insulation 400 SF MER CHASE 051A X TSI-Pipe Insulation 20 LF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill Cubic Yards of Waste: 5 CY See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 100 New Ford Mill 12/23/13 Hauler #2) S TG - 58 Pyles Lane, New Castle, De 19720 Rd. Morrisville, Pa NJ DEP # SW2117 19067 215-736-1700 Completed by (Print or Type) Date RAYMOND C. PEDALINO SENIOR PROJECT Raymand C. Pedalino November 25, 2013 MANAGER

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

GAC Project # 060-13 Date of Notification (1) Name of Building Owner/Operator (2) November 25, 2013 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address **X**EPA Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. X DCA ■ Amended Notification #1 – 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS X DOL new start & completion dates, City, State, Zip Code ☑ DEP- No Longer REQUIRED PISCATAWAY, NJ 08854 Sub 8 X DOH Name of Contact Telephone Number ■ Emergency (including) MICHAEL SMITH, ENV. 848-445-2550 justification) **HEALTH & SAFETY** □ Cancelled **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) RU GYM, BLDG# 3097 School (K-12) Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **COLLEGE AVENUE CAMPUS** Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years City (5) County (6) County Code (7) **NEW BRUNSWICK** (State Use Only) **MIDDLESEX** Current Use (prior if being demolished): ACADEMIC Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Cardno ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12/13/13 12/23/13 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: Shift Hours: 5:00 PM - 5:00 AM Other - Describe: FAIRLAWN, NJ Scope of Work (Check all that apply) X Full Containment with Negative Pressure ≥ 3 sf or ≥ 3 lf **X**Renovation Mini-Enclosure ≥ 160 sf or > 260 Demolition Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) Remove Repair Encap Enclose VAT, or other miscell.) or LF) YES NO MER CHASE 051A X TSI-Duct Insulation 400 SF X MER CHASE 051A X TSI-Pipe Insulation 20 LF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill Cubic Yards of Waste: See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 12/23/13 100 New Ford Mill Hauler #2) S TG - 58 Pyles Lane, New Castle, De 19720 Rd. Morrisville, Pa 19067 NJ DEP # SW2117 215-736-1700 Completed by (Print or Type) Date RAYMOND C. PEDALINO SENIOR PROJECT Raymand C. Pedalino November 25, 2013 MANAGER

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1) November	22. 2013				Name of Building Owner/Opera Drew University	tor (2)					
Agencies Notified		Notification Initia		cation	Street Address 36 Madison Avenue						
X EPA		□Amende		-	City, State, Zip Code			-	(200		
x DCA	使作用	□ Emerg		20. 1000	Madison, NJ			7:3	-	7	
x DOL				lciuding			Tolonk	none Numl		1	
X DEP		justific			Name of Contact James Hall			408.300			
x DOH		□ Cancel	led				9/3.	400.300	0		
				FACILITY INFO		10-			- 1		
Name of Facility Where Abate	ment is Tak	ing Place (3)			Type of Facility (4)				i		
Drew University- Hall	of Scien	nces			School (K-12)				1		
2.000					Subchapter 8 (other than K-12	2)			•		1
Street Address					Other (i.e. private & commercial		ngs, hor	nes, etc.)			
36 Madison Avenue					Sq. Feet: Unknown # 0				year	's	1
30 Madison Avenue					<u> </u>						
City (5)	County (6)			Code (7)	Current Use (prior if being dem	olished):					- 1
Madison	Morris		(State U	Ise Only)		remonstrant or no of					
Name of Monitoring Firm Hire	d by Bldg. C	wner (8)	ASCM N	No.	Name of Contractor (9)						
Briggs Associates, I											
Dinggs Associates, 1	nc.				GREENWOOD ABATEMI	ENT CO	DNSU	LTANTS	, INC.		
Street Address					Street Address						
3 Crosswicks Street											
0 0.000					268 MAIN STREET						
City, State, Zip Code					City State, ZipCode						
Bordentown, NJ					Butler, NJ 07405						
Project Manager for Monitorin	g Firm	Telephone N	lumber		Telephone Number		Licens	e Number			
Michael Hoodak		609.298	5520		1950-1950-1950-1950-1950-1950-1950-1950-			2			
inionaoi i iooaan					N		0084	0			
Scheduled Start Date (10)		Scheduled 0	Completion	n Date (11)	wame of OSHA Monitor						
December 13, 2013		Septemb	er 30, 2	2014							
		•			EMSL inc.						
Occupancy Status During A	batement (Check only o	ne)		Street Address						
Facility Closed/Vacate	ed During E	ntire Period	of Abaten	ment							
Abatement Performed	Outside o	f Normal Fac	ility Hours	s -	1056 Stelton Road						
Describe - Occupio					City, State, Zip Code						- 1
Other - Describe: Ph	ase 1-1	2.13.2013	to 01.1	4.2014	D: / N.I. 00054						
		5.28.2014			Piscataway, NJ 08854						
, ,	1436 2- C	3.20.2017	10 05.0	70.2017							
											_
Source of Work (Check all that	it apply)				v E.	III Conto	inmont	with Nega	tive Dr	ecura	a l
						The second second			LIVE F 16	Sourc	1
≥ 3 sf or ≥ 3 l						X Mini		NAME OF TAXABLE PARTY.			
	260			Demolition		lovebag					
						on-Exem) and Non			aure
Location of Asbestos-Contain		cation Norma		Description of Ast	pestos Containing Material al systems insulation, surfacing,	Amoun (Specif		Abateme	пі туре		
Material (ACM) in Facility (13)	Sole	ly by Maint./C ? (12)	ustodiai	VAT, or other mise	cell)	or LF)	y Si	Remove	Repair E	ncap E	Enclose
	YES		NA	VAI, or other mis-	oen.)	0. 2. /		Attachment (A)			
110.2		X		Spray On Fir	reproofing	1,100	sf	X			
HS -3		9903356				3,300		X			
2 nd Fl. Rotunda Area		X		Spray On Fir				1000			1
Rms # S105&S106		X		VAT & Masti	С	2,300		X			
8'				TSI		140	IT	X			
1st Fl. Area Adj							0 920	1			
Rotunda		X		Spray On Fir	reproofing	2,400		X			
Noturida				VAT & Masti		1,900	sf	X			
ast e					2002	600	sf	X			
1" FI Loading Dock	FI Loading Dock				C	50 ea	١.	X			1.
USAN SOC DES POSTALISMOS AND	TSI										
3 rd FI. Rms # S336-34	rd FI. Rms # S336-342				reproofing	240	ef	X		m - 3	
				Cubic Yards of Waste:	240				460		
Name of Reg. Waste Hauler								of Registe		IdTiil	
See Hauler Below # 1 &	2	See Belov	N		240		2.000339550	dowfill La	nafili		
								O.W.S	OL:		
							Mine	rva Ent.	Ohio		

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

NJ DEP # 12561 Hauler #2) Newark Carting,	ntement Consultants, Inc. – Butle NY DEP # Inc. – Newark, NJ 04509, NJ DEP # Y DEP # NY 10474 – NJ DEP #1959	19551	Disposal Date January 7,2014 & September 30, 2014	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784 9000 Minerva Road Waynesburg, OH
Completed by (Print or Type) Marin Graure	Title SENIOR PROJECT MANAGER	Signature Maria Graure	Date Nover	mber 22, 2013

GAC # 2013-414

nFC 2

Date of Notification								Owner / Operator	(2)		/				
	11-29-201							sity Hospital		21500					
	Type Notific	cation				Addre									
⊠ EPA	☑ Initi	-1					Road	odo .				0.5			
☐ DEP ☐ DOL	⊠ Initia	ai ended (2 nd)					Zip C				2				
				_			NJ 08	5064			1=				
□ DCA		ergency cellation				of Co hn Fa					1	elephor 66-346			er
				1_	FAC	ILIT	Y INF	ORMATION				-			-
Name of Facility Wh	ere Abaten	nent is Taking Pl	ace					Type of Facilit	y (4)						-
Kennedy Univers	ity Hospit	tal						School (K	(-12)						
Street Address						ni com di	100000000	Subchapt	er 8 (Oth	er than K-1	2)				
18 E. Laurel Road											ial huildings	, home	06, 6	to.)	
								Square Feet	# (of Floors	Blo	lg. Age)		
City (5)		County (6)	To	our	nty C	ode (7)	250,000		2			52		
Stratford, NJ 08084		Camden			•	,	,	Current Use (F		ina demoli:	shed)	W-0			
		Camacii	1					Hospital							1
Name of Monitoring	Firm Hired	by Building Own	ner (8	3)		ASC	M No.		ement Co	ontractor (9)				
	h & Safety Services, LLC						8	Resource M							
Street Address	Address							Street Address							
318 12th Street								2115 Hamilt	on Ave,	Ste 202					
City, State & Zip Co	de	,						City, State & Z	ip Code						
Hammonton, NJ								Trenton, NJ							
Project Manager for	Monitoring	Firm	V25.033295			Numb	per	Telephone Nu	mp3L		License Nu		_		
Mr. Jim Proctor Scheduled Start Date	to (10)	Scheduled Con			04-8	70.000.000.00		Name of OSH	^ Monito			0118	5		_
12-16-201			2-16			e (11)		J&S Enviror			ries Inc				
Occupancy Status D							85	Street Address	s						
		During Entire P						2333 Route							
	Performed (Outside of Norma	al Ho	ours	4:3	0pm-	1:00an		(653)						
Describe:								Union, NJ 0	7083						
		g Abatement											1301		
Scope of Work (Che	eck all that a	apply)							. Γ.	II Cantainm	and with Na		Dres		
			N7		Dan	aati a			-	ni-Enclosur	ent with Ne	gauve	Pres	sure	
	-					ovatio					_				
≥160 sf ≥26	U IT				Den	olitio	п		_	ove Bag Pr		C=iabla	Dra		
	cation of		- 1	210	cati	on	1	Description			d and Non- Amount		teme		
100000	os-Containi	ina			ally L			Asbestos-Cont			(Specify	And	itemi	ant i	ype
	erial (ACM)				ely b			Material (AC			F or LF)			ш	_
	BE ABATED					ce or		(i.e., thermal sy	stems		at 2 of 2 () Car (d) Color, some of (, or a)	Per	ZJ.	าса	nc
ir	n Facility		Cus			Staff?	i	nsulation, surfac		1		Remova	Repair	psu	Enclsoure
	(13)		1/-		12)	N1/0		or other miscella	neous)			<u>a</u>	7	Encapsulate	ē
th			Yes	1	No	N/A					_	-			
4 th Floor patient i	room				X	Ц		Floor Tile & N	The second secon	25 S			닏	닏	닉
4 th Floor patient i	room				X	Ц		Floor Tile & N		25 S	9)		닏	닏	
4 th Floor patient i					X	Ц		Floor Tile & N		25 S		X	H	닏	Щ
4 th Floor patient i	room				X	ᆜ		Floor Tile & N	/lastic	25 S	F	M	닏.	Щ	
				Щ	\sqcup	Н						닏	ᆜ		ᆜ
N	11011-11		Ш			<u> </u>	A/	0. h:- V1-	IN-	(Danie)	d Landen		Ш		Ш
Name of Registered	me of Registered Waste Hauler						Naste No.	Cubic Yards of Waste	Name o	f Registere	d Landfill				
Robinson Waste	binson Waste Disposal Service, Inc.						J NO.	TBD	Grows	Landfill					
City, State								Disposal Date	City, Sta					-	
Voorhees, NJ								TBD		ville, PA					
Completed By (Print	or Type)				Title			Signature				Date			
Mr. Brian J. Ha	aney				Pre	eside	nt	4				11/2	6/2	013	
								/X	11	~					

Date of Notification (1) November 27, 2013	3	11			Building O			2) eck # (6210		1. 33					
Agencies Notified	Type Notification		5	Street Add						35				,		
DEP DOL	Initial Amended Amendment		_ [City, State	e, Zip Cod town, N	е	57			Tele	ephone N	umber				
DOH DCA	justification) Cancellation		100		l Reichn	nan			Χ,		9-413-2					
	4			FACIL	ITY INFO	RMATIC	N									
Name of Facility Where	Abatement is Taking	Place (3)						-	f Facility (4)							
Residence Street Address								Section 201	chool (K-12) ubchapter 8		er than K-	12)				
51 E. Maple Avenu	ıe							2.44	ther (i.e. pri	vate 8	& commer	rcial bu	iildii	ngs, h	ome	s,
City (5)						1/1		Square		1000000	Floors			g. Ag	e	
Moorestown								4,000		3			10	0		
County (6) Burlington				County C	ode (7) SE ONLY)			Curren	t Use (Prior lence	if bei	ng demoli	ished)				
Name of Monitoring Fire	m Hired by Building (Owner (8)		ASCM	No.	Т	Name	of Abate	ement Contr	actor	(9)					
Management & En	viro. Consulting	Services					Shad	le Env	ironmenta	al, Ll	_C					
Street Address P.O. Box 341								Address Cutler								
City, State, Zip Code Chesterfield, NJ 08	8515							tate, Zip e Sha	Code de, NJ 08	3052		7				
Project Manager for Mo Bill Weisgarber				Telephon	ne No. 8-4070		Teleph	one No	5.		License 00842					
Start Date (10)		Scheduled	d Con	npletion D	ton breaking				A Monitor							
December 6, 2013 Occupancy Status Duri	Carried Street, Street			, 2013				Address					3			
	cated During Entire			nent					n Ave						200	
Facility Closed/Va Abatement Perform Other – Describe:	med Outside of Norn	nal Facility	Hours	5	91	- 10 (8)		tate, Zip tmont,	Code New Jers	sey (08108					
Scope of Work (Check	All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit				×	Min Glo	Containme i-Enclosure vebag Proce i-Exempted	edure	ž.					
		le le	Locat	ion				1101	Lxciiptod	1 / 41	id (10)			Abate	ment	t
Location	on of	N	lormal	lly		De	scription	n of				\perp	_	Ту	pe	
Asbestos-Containir TO BE A In Far (13	ng Material (ACM) BATED cility	Mai	d Sole ntena odial ((12)	nce/ Staff?	Asbest (i.e.	thermal surfa	taining N system cing, VA niscellar	s insula T, or	(ACM) tion,	(Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A											Ö	
Basement/C	Crawlspace		XXX			D	uctwor	rk			8 SF	2	2			
												-	-	-	-	
				+								_	-			-
				NJDEP W	lasts	Cubia	Yards		Name of F	?enic	ered I and	dfill				
Name of Registered W Freehold	aste Hauler		H	Hauler ID 2253		of Wa			Grows L	700		O IIII				
City, State Mount Holly, New	Jersey 08060					Dispo 12-9-	sal Date	9	City, State Tullytow		A.					
Completed by Christina Lynch		Title	e Ma	nager			Signatur	e AV	100			Date 11/2	7/2	013		
Official Lyrion		3,,,,		-3-			4116	3110	X	4		- 10 AFORT				

Nov 25, 2013	Che	eck #253			of Lima			(2)	198	1					
Agencies Notified Ty	ype Notification		- 5	Street Add							£30				
EPA DEP DOL	Initial Amended Amendment				e, Zip Cod , NJ 07					*	۹,				
□ DOH	Emergency (i justification) Cancellation	ncluding	100	Name of 0	Contact seph Kw	viatkov	vski				phone Numb 3-482-068				
DCA L	Cancellation				ITY INFO										
Name of Facility Where Aba St Rose of Lima Chur		Place (3)		PACIL	TTT INCO	NIATI	JIN .	-	of Facility (4						
Street Address 11 Gray Street								X O			er than K-12) commercial		ings, l	nome	8,
City (5) Newark, NJ 07107								Square 40,00	00	1	Floors	60	dg. Aq)+	ge	
County (6) ESSEX				County C (STATE U				Chur	ch		ng demolishe	ed)			
Name of Monitoring Firm Hi Omega Environmenta	ired by Building (al Services	Owner (8)		ASCM	No.		EA S	Service	ement Con es Corpo		(9)				
Street Address 260 Huyler Street							426	Addres 69th S	treet						
City, State, Zip Code Hackensack, NJ 0760	06							State, Zij enberg	p Code g, NJ 070	93					
Project Manager for Monito	ring Firm			Telephon	e No.		Telen	hone No	ing.		License No 01074),		-00(
Start Date (10) 11/25/2013		Schedule 11/26/2		npletion D	Date (11)				A Monitor es Corpo	ration					
Occupancy Status During A	Abatement (Chec	k Only One)				(ID)(000/00/00)	Addres						-	
Facility Closed/Vacate Abatement Performed Other – Describe: 5:0	Outside of Norn	Period of A nal Facility	baten Hours	nent S			1,500	e as al State, Zi	15-15-1-97/100						
Scope of Work (Check All 1													-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	тык гүргуу	-	enova emolit					Min Glo	i-Enclosure vebag Pro	e cedure	n Negative P			e	
Location		11.00	Locat	(MERCHY)		De	scriptio	n of					Abate Ty		
Asbestos-Containing M TO BE ABAT	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility Us M Cus					tos Con thermal surfa	taining I systen icing, V	Material ns insula		(5	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Pasamar	n#	Yes	No	N/A		Dine	Insul	ation			5 LF	x		Œ.	
Basemer			х			ripe	insui	auon				^		-	
						16							l	L	
Name of Registered Waste Freehold Carting	e Hauler		1	NJDEP W Hauler ID 5939		of Wa	: Yards aste				ered Landfill gement				
City, State PO Box 5010, Freeho	ity, State O Box 5010, Freehold, NJ						sal Dat	е	City, Sta		ındfill				

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Ch# 23,50

1.								- CK.	10	ال يا	E	
Date of Notification (1) 11/26/2013				Name of	Building (rator (2) ole Construction	900				
[] DEP [] Amen	Notificat ded Notif			Street Ad	idress	2011/2011/2011/2011/2011/2011/2011/2011	artlett Avenue					
IX I DOL	dment #_ gency (in	cluding					Creek, NJ 08092	V:		3		
[x] DOH justifi	cation) Ilation			Name of	Contact Joyce	Corliss		Telephone Number 609-290	6-070	050	>	
. 1			FAC	ПІТУГ	NFORM	ATION	<		1	2		
Name of Facility Where Abatement is Taking Residence	Place (3)	7110				Type of Facility (4	School (k-12) Subchapter 8 (oth	ner thar	k12)	15 2 2	
Street Address 9 West Janet Rd.							[x]	Other (i.e., privat homes, etc.)			al build	dings,
City	County	(6)		County C	ode (7) USE ONL	r)	Square feet 2200 sf	# of Floors	Bldg	. Age 4	8	
Long Beach Twp	Ocean	1		3				if being demolished	2			
Name of Monitoring Firm Hired by Building	Owner (8	3)		ASCM N	о.	Name of	Abatement Contract		Inc.			
N/A Street Address				-		Street Ac	idress	Route 9, Unit 61				
City, State, Zip Code						City, Sta	te, Zip Code	River, New Jerse	ov 087	755_11	71	
Project Manager for Monitoring Firm	7.0	Telephone l	Number			7.1.1.		License N 00624		33-12	./1	
Scheduled Start Date (10) 11/29/2013		Scheduled 0 12/03/20		ion Date (11)	Name of	OSHA Monitor E.M.S	S.L. Analytical				
Occupancy Status During Abatement (Check [X] Facility Closed/Vacate [] Abatement Performed	d During	Entire Peri				Street A	1056	Stelton Road				
Other – Describe	- Culsido C					City, Sta	ite, Zip Code Piscat	away, New Jerse	y 088	54		
Scope of Work (Check all that apply)						[]	Full Containme Mini-Enclosure	nt with Negative Pre	ssure			
[] $>3 \text{ sf or } \ge 3 \text{ lf}$ [X] $\ge 160 \text{ sf or } \ge 260 \text{ lf}$		[x]	Renova Demoli			[] [x]	Glovebag Proc Non-Exempted	edure (*) and NonFriable	Procedi	ıre	4	
									Abat	ement	Туре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	n sed astodial		Asl (i.e ins	Description Descri	ntaining ACM) systems irfacing, or	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		Asbe	stos sidir	ıg		2000 sf	X			
7.						12-712-1-1						
Name of Registered Waste Hauler Guardian Contracting, Inc.	N	JDEP Wast 2	0223		Cubic Y	ards of Was	T.R.R.F.	stered Landfill				
City, State Toms River, New Jersey				sal Date 4/2013		City, S	tate town, Pennsylvat	nia				
Completed by (Print or Type) Nicholas Fernicola	Title Proje	ct Manage		Signat	Three /	1/26	14,		Date 11/2	26/20	13	

11/26/2013 12:36 Two Brothers Contracting

(FAX)973 956 8811

P.002/004

		1		PICATION	ists of No N OF ASS N NJAC	ESTOS	ABATE			01-100	N.	~ ~	1	/ /
Data of Notification (1) 11/26/2013				MARI	of Building A MELO	Owner	Operate:	(2)	- L	W.		A		7
_	Notification Initial				ALTER &		T	7	1	Jul	M		1	1
EPA DEP DOL	Amended Amendment Emergency	(including	_	BLOO	MFIELD		7003			- D D	PPP	01/		
DOH CCA	Justification) Cancellation	•		MARI	of Contact A MELO					Water of the state	44			
Name of Facility Where Abates RESIDENCE	mant la Takin	g Plece (9)	FAG	ILITY INPO	TAMAT		P 15 1	M Daniel (7/				_
Bireat Address 38 WALTER STREET								i Li	Subchapter Cher (i.e.)	2) 8 (Other then K-1 Myzle & commerc	2) Ial buil	dings,	ham	œ,
Ciy (5) BLOOMFIELD								8qui	in Feet	W of Places		idg. A		
Couniy (8) ES\$EX				County	Code (7) USB ONLY			Quan	ont Use (Pr	of if being demails	hed)			
Name of MonRoding Firm Klass N/A	by Building o	Öwner (ä)		ABC	vi No.		W	BR		CONTRACTIN	IG, IN	IC.	888°	
Street Address		3					250	Adda	HERFOR	D BLVD.				
Cily, State. Zip Code									6 Code 1. NJ 070	14			_	DE
Project Manager for Monitoring	Firm			Telepho			Tales		-	Uponse ? 00494	lo.			-
Start Dete (10) 11/27/2013		12/2/20	13	mpletion	Date (11)		BAN	EA	HA Monitor 3 (9) ABO	VE				
Decupancy Status During Abei Facility Closed/Vecated D Absternant Performed Ou Other - Describe:	uring Entire i	Period of	Abrto	meni T			ė,	Addre	lip Code					
Scope of Work (Check All Thei	Apply)	_					<u> </u>					~		-
23 afor 23 M 2160 afor 2260 if			ienovi iemoli					M	ri-Englésun ovebeg Prod				•	
Location of		1	Lega: forms	Чу		De	periotion			2		Abate	omen pe	
Asbestos-Contelling Mater <u>TO RE ARATED</u> In Fadility (*3)	id (AOM)	Me	kalene	ince/ Staff?		thermal surfe	eining A eyetem eing, VA niscellar	ineu) T, or		Amount (Specify SF or LF)	Ranovel	Repti	Encapeuma	Sadgaure
BASEMENT		Yas	No	N/A			PIPE			ARIE	_	-	8	6
										45 LF	X			
											F			
isms of Registered Weels Hell WO BROTHERS CONT			}	UDEP W leuler ID 18743		Cubio of War 3	to	,	(. CONCRETE DISABATICATION	Registered Landfill MANAGEME	C.	B.R.C).W.	3.
CLIFTON, NJ	***************************************					Disport	al Date		City, 8to	SVILLE, PA				
completed by VIVECA RAMOS	*******	Title			RDINAT	Ta	ignitun	1	-		Mo	10		_

^{*} Do not use this form for extension transport extempted activities.

11-26-13	I. M	RTIN	NJ D98	of Health & St
SEPA CITED	151 M	ILLER ROAD	DEU Date:	المادليا
DEP 2 Accounted	MAHWA	H, NJ. 07	430 -	
EDOM - Browning (1000000 dt (-000000	FIRITOLD	2014812	968
	FACE,TYME			
I MARTIN .	10 Page (8)	Tabad (6	470	
STORY ACTIONS		D Seeding	r & (Citer tipe 1412) phote & comment in i	" Magr.,
151 MILLER RO	<u> </u>	Squan Flori	e)	SE AGO ,
MAHWAH		3800	2 9	13 4RS
BERGEN	County Code (7 CHLY)	RES	DENCE	·
Per le Gold	Cinner ASCM No.	Harris of Albanian on Confession	169	
		Best Removal		
		450 S.River S	100	
		Hackensack, N	.J. 07601	
- International Control of Contro	Telephana Mo.	Temptune Na.	- 00388	
11-29-13	-: 30 - 13	Onega Environme	ental Inc	
Common States Control Abstracts (Clare	ckeny cou)	280 Huyler St		
Country Country Country Editor P 2 Album Country Printernal Country of Name	rini of Abstract Ficting Flours	City, State, Zip Code		
84m 5	that	South Hackensa		06
12:30:23F 12:10:40:20PF	Distriction	O Fell Contributed of the United States of the Contribute of the C		
	- Lands	Q No Brings ()	AND PROPERTY.	Abunant
- Joseph of	Monaghy Used-Enhily by	Decodpline of		
Antimier Contribute Street of Cold	Costedal (40.	Part of the second	- Specie	3 2 3 2
(13)	. (23	other colocolinacion)		建門籍
BASEMEZA	X 76-	Tempe lasulation	35 LF	
		100		
				++++
Best Removal Inc	11-Der Whate Health ED Rib.	Cartes Yards of Pag Wheels	A COLUMN TO THE PARTY OF THE PA	
DEST VEHOAST THE	17109	172 YD Minery	a Enterprise	s



Date of Notification (1) 11/26/13				Building O Pleasan			(2)		0.632					-
Agencies Notified Type Notification		s	treet Ad				6						1	
DEP Amended Amendment #				e, Zip Cod ntville N		232							1	
DOH Emergency (i justification)	ncluding	- 1	ame of Cevin C	Contact					100000000000000000000000000000000000000	ephone Nu 9-484-36			1	
DCA Cancellation				ITY INFO	DRAAT	TION		-2	000	2-404-30	14		- 1	
Name of Facility Where Abatement is Taking City Of Pleasantville / House	Place (3)		PAGIL	ITT INTO	KINIA	ION	_	of Facility (4)					1
Street Address 307 East Oakland Av						,		School (K-12 Subchapter 8 Other (i.e. pr etc.)	(Othe			dings	home	es,
City (5) Pleasantville NJ 08232							Squar 1000	e Feet +	# of 2	Floors		ldg. <i>F</i> 5 +	ge	
County (6) Atlantic			County C	ode (7) SE ONLY)			Hous	nt Use (Prio Se	r if bei	ng demolis	hed)			
Name of Monitoring Firm Hired by Building C N/A	wner (8)		ASCM	No.			of Abat aco Ir	tement Cont	ractor	(9)				
Street Address	1107-25-						Addres							
City, State, Zip Code								ip Code n NJ 0809	91					
Project Manager for Monitoring Firm		T	elephor	ne No.		Telep	hone No	0.		License I	No.			
Start Date (10) 12/9/13	Schedule 12/13/1		pletion [Date (11)		Name		A Monitor				-		
Occupancy Status During Abatement (Chec	k Only One	e)				Street	Addres	SS						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of A	batem			_	City, S	State, Z	ip Code	b					
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 If ≥160 sf or ≥260 If		enovat emoliti					Mir Glo	Il Containme ni-Enclosure ovebag Prod n-Exempted	e edure				re	
	Is	Locatio	nn n									Aba	emen	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	lormall d Solel intenan odial S (12)	y y by ice/		tos Co therm sur	Description ontaining hal system facing, Var miscella	Materia ns insula AT, or		(Amount Specify F or LF)	Removal	Repair	e Encapsulate	Enclosure
	Yes	No	N/A									_	4	
exterior siding			х		ex	terior S	iding		13	300 SF	x	_	_	_
			X								+	+	-	-
											+	╁		
Name of Registered Waste Hauler		N.	JDEP W	/aste	Cut	oic Yards		Name of	Regist	ered Land	fill		-	-
United Containers			auler ID 2459	No.	of V	Vaste		G.R.O.	W.S.					
City, State Elm NJ						posal Dat 13/13	е	City, Stat Morrisv		A 19067				
Completed by Anthony T Perna	Title Presi	dent				Signatu	re				Date 11/26/	13		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)			Name	of Building	Owner/Oper	rator (2)				<i>i</i> _	
11/27/13					Semin	ole Construction	ı 🥱	13	14	9	
[] DEP [] A [x] DOL []	nitial Notificat mended Noti mendment #_	fication		Address State, Zip Coo	ie	artlett Avenue					-
	mergency (industrial)	cluding	Name	of Contact		1	Telephone Number	-0.0			
[] DCA [] C	ancellation				Corliss		609-29		0	11.7	
		F	ACILITY	INFORM	IATION					-	
Name of Facility Where Abatement is Tal Residence	ring Place (3)					Type of Facility (4	5)				
Street Address							School (k-12) Subchapter 8 (oth	ner than	k-12)		
812 N. Bayvier	v Avenue	4				[x]	Other (i.e., private homes, etc.)			al build	lings,
City	County	(6)		Code (7) E USE ONL	γ)	Square feet 1500 sf	# of Floors	Bldg	. Age	0	
Seaside Park	Ocean	1	1,2		-/	Current Use (Prior	r if being demolished)			10	
Name of Monitoring Firm Hired by Build	ing Owner (8)		ASCM	No.	Name of	Resid Abatement Contract					
N/A				201		Guar	dian Contracting,	Inc.			
Street Address					Street Ad		Route 9, Unit 61				
City, State, Zip Code					City, Stat	e, Zip Code					
Project Manager for Monitoring Firm	T	Telephone Num	ber		Telenhon	Toms	River, New Jers		55-1	271	
Scheduled Start Date (10) 12/2/13		Scheduled Comp	pletion Date	(11)	Name of	OSHA Monitor	S.L. Analytical				
Occupancy Status During Abatement (Ch	100				Street Ad	dress					
X Facility Closed/Vac				2			Stelton Road				
Other - Describe_					City, Stat	e, Zip Code Pisca	taway, New Jerse	y 088	54		
Scope of Work (Check all that apply)					[]	Full Containme	nt with Negative Pres	sure			
[] >3 sf or ≥3 lf		[] por	novation		[]	Mini-Enclosure Glovebag Proce					
[X] ≥160 sf or ≥260 lf		: :	nolition		[x]		dure: (*) and Non-Friable I	rocedu	re		
	$\overline{}$						Ì	A 1		r	
	1	s Location			Descriptio	n of			ement		
Location of		ormally used		Ash	estos-Con	taining	Amount	R E	R E	E N	E N
Asbestos-Containing Material (ACN TO BE ABATED		Solely by enance/Custod	ial		Iaterial (A , thermal s		(Specify SF or LF)	М	P A	C	C
in facility		Staff			ilation, sui	facing,	0, 1, 1	0	I	A P	L O
(13)		(12)		oth	VAT, o er miscella			V	R	S	SU
	YES	NO N/	A	our	er miscema	ineous)		A L		L	R
Exterior		Х	Asb	estos sidin	g		1400 sf	Х		E	Е
					0						
											\Box
Name of Registered Waste Hauler Guardian Contracting, In		DEP Waste Har 20223		Cubic Ya	rds of Wast	e Name of Regis	stered Landfill				
City, State		Di	sposal Date		City, Sta	ite					
Toms River, New Jersey Completed by (Print or Type)	Title	12	2/5/13 Sign:	ature ^	Tullyto	own, Pennsylvan	112,7	Date			
Nicholas Fernicola		t Manager		Vic	hot	'te	y	1770	7/20	13	
	*De	not use this j	form for as	bestos licen	sure exem	pted activities.			-		

GUARDIAN CONTRACTING, INC. 1889 ROUTE 9 SUITE 61 TOMS RIVER, NEW JERSEY 08755

Date Received

DEMOLITION / RENOVATION NOTIFICATION

Opera	itor Project #:		Postmark:		Notificat	ion:		
I.	TYPE OF NOTIFICATION (O - Original	R - Revised C - C	Cancelled):	0	II.	IS ASBESTOS PRESENT? ((Yes/No):	.Y
m.	FACILITY INFORMATION (identify owner	er, removal contracto	or and other	operator)		21		4
	OWNER NAME:	Seminole Cons	struction					
	Address: 128 Bar	rtlett Avenue			311 246			
	City: West Creek	State:	New Je	rsey	Zip:	08092		
	Contact: Joyce			4.8.2	Tel:	609-296-0700		
	REMOVAL CONTRACTOR:	Guardian Conf	tracting, I	nc.		NJ License: 006	24	
	Address:	1889 Route 9,	Unit 61					
	City: Toms River	State:	New Je	rsey	Zip:	08755		
	Contact:	Nicholas Ferni	icola		Tel:	732-349-9932		
	OTHER OPERATOR (if different)					NJ License:		
	Address:			- Control of the Cont				
	City:	State:			Zip:			
	Contact;				Tel:		-	
IV.	TYPE OF OPERATION (D - Demo O - 0	Ordered Demo R	- Renovation	E - Emergency R	enovation):	D		
V.	FACILITY DESCRIPTION (Including build	ling name, number a	and floor or i	room number)				
	Building Name: Residen	ice						
	Address: 812 N.	Bayview Avenu	e			(10)34 (1)		
	City: Seaside Park	State:	New Je	rsey	County:	Ocean		
	Site Location: Exterior							
	Building Size: 1500 sf	# of Floo	ors:	1	Age in Y	ears: 60	10 A 2 miles	
	Present Use: Residence		-	Prior Use:	Residen	ce		
VI.	PROCEDURE, INCLUDING ANALYTICA	AL METHOD, IF A	PPROPRIAT	TE, USED TO DETE	CT THE PRE	SENCE OF ASBESTOS MATE	ERIAL:	
VII.	IS MATERIAL ASSUMED TO BE ASBEST APPROXIMATE AMOUNT OF ASBESTO							
V 11.	AFFROMINATE ANIOUNT OF ASBEST	3 INCLUDING:			4			riable Material
	 Regulated ACM to be removed Category I ACM not removed 			RACM To Be		LOCATION	10 74 90 90 90 90 90	To Be noved
	Category II ACM not removed			Removed			Cat I	Cat II
	Pipes (Linear feet):						-	Cut II
	Surface Area (Square feet): 1400 sf		Asbesto	os siding		Exterior		
	PACM Off Facility Company (Cubic form)	۸.						
	RACM Off Facility Component (Cubic feet)	l.						
VIII.	SCHEDULE DATES ASBESTOS REMOVAL	(MM/DD/YY)	Start:	12/2/1	3	Complete: 12	2/4/13	

GUARDIAN CONTRACTING, INC. 1889 ROUTE 9 SUITE 61 TOMS RIVER, NEW JERSEY 08755

Date Received

DEMOLITION / RENOVATION NOTIFICATION

Opera	ator Project #:		Postmark:	1100000	Notificat	ion:		
I.	TYPE OF NOTIFICATION (O - Original R - R	evised C-0	Cancelled):	0	II.	IS ASBESTOS PRESENT? (Y	es/No):	Y
III.	FACILITY INFORMATION (identify owner, rem	noval contract	tor and other	operator)				, T
	OWNER NAME: Sen	ninole Con	struction					
	Address: 128 Bartlett	Avenue						
	City: West Creek	State:	New Je	ersey	Zip:	08092		
	· Contact: Joyce				Tel:	609-296-0700		
	REMOVAL CONTRACTOR: Gua	ardian Con	tracting, I	nc.		NJ License: 00624	4	
	Address: 188	9 Route 9,	Unit 61					
	City: Toms River	State:	New Je	ersey	Zip:	08755		
	Contact: Nic	holas Fern	icola		Tel:	732-349-9932		
	OTHER OPERATOR (if different)	***************************************				NJ License:		
	Address:							
	City:	State:			Zip:			
	Contact:				Tel:			
IV.	TYPE OF OPERATION (D - Demo O - Ordere	ed Demo R	- Renovatio	n E - Emergency	Renovation):	D		
V.	FACILITY DESCRIPTION (Including building na	ame, number	and floor or	room number)	200			
	Building Name: Residence							
	Address: 812 N. Bayv	iew Avenu	ie	***************************************				
	City: Seaside Park	State:	New Je	ersey	County:	Ocean		
	Site Location: Exterior							
	Building Size: 1500 sf	# of Flo	ors:	1	Age in Y	ears: 60		
	Present Use: Residence			Prior Use:	Residen	ce		
VI.	PROCEDURE, INCLUDING ANALYTICAL ME	ETHOD, IF A	PPROPRIA	TE, USED TO DET	TECT THE PRES	SENCE OF ASBESTOS MATER	JAL:	
VII.	IS MATERIAL ASSUMED TO BE ASBESTOS? APPROXIMATE AMOUNT OF ASBESTOS INC		т			T	Nonf	riable
				RACM			Asbestos	Material
	Regulated ACM to be removed Category I ACM not removed			To Be		LOCATION	18000000	Γο Be noved
	Category II ACM not removed		1	Removed			Cat I	Cat II
	Pipes (Linear feet):							
	Surface Area (Square feet): 1400 sf		Asbesto	os siding		Exterior		
	RACM Off Facility Component (Cubic feet):			9949				
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM.	/DD/YY)	Start:	12/2/	/13	Complete: 12/4	4/13	
							1713	

1310-4703 Check #5785

Date of Notification							ilding	Owner / Operato	or (2))					
Agencies Notified	11/26/13			PSI									_		
EPA	Type Notif	ication	- 1			Addro k Pl	7070			5 .13					
☐ DEP		ial					Zip (?ode		100			1		
□ DOL		ended #					J 07						. 1		
□ DOH	☐ Em	ergency					ntact			DEC	2 2013 7	Telepho	ne l	Jumh	er
☐ DCA	☐ Car	ncellation		Dre	w s	Shu	da			DEC		310-71			0.
					AC	ILIT	Y INF	ORMATION				, -	1		
Name of Facility Wh			lace (3)				Type of Faci			15		100		-
PSE&G Camden Street Address	Switch Ya	ard						School (
7272 N. Crescen	4 Dlud									Other than					
7272 N. Crescen	ı bivu.							Other (i. Square Feet		vate & comm		gs, non ldg. Ag		etc.)	
City (5)		County (6)	Co	ounty	/ Co	ode ((7)					iug. Aş	jc		
Pennsauken		Camden						Current Use	(Prio	r if being dem	olished)				
								Substation							
		by Building Owr	ner (8))		ASC	M No	 Name of Aba AbateTech 		ent Contractor	(9)				
Street Address	f Monitoring Firm Hired by Building & Safety Services ddress h Street ate & Zip Code onton, NJ 08037 Manager for Monitoring Firm octor ed Start Date (10) 12/9/13 hcy Status During Abatement (Cheracility Closed/Vacated During Ent Abatement Performed Outside of N						-	Street Addre		•			_		
318 12th Street								PO Box 25							
City, State & Zip Co								City, State &		Code					
								Lumberton							
Jim Proctor	Monitoring	Firm	Telep 609-				er	Telephone N	lumbe	er	License N	umber 005	20		
Scheduled Start Dat	e (10)	Scheduled Cor		WW. 1000		100000000000000000000000000000000000000		Name of OSI	на м	onitor		000	-5		
			12/1	3/13				EMSL Anal							
Occupancy Status D	uring Abat	ement (Check or	nly on	e)	hat	omo	nt	Street Addre							
					Dat	CITICI	11	108 Haddo City, State &							
Describe:			ui 110	u. 0				Westmont,							
Facility Occu	pied Durin	g Abatement						, , ,		70100					
Scope of Work (Che	ck all that a	apply)													
≥3 sf or ≥3 lf				D			028		Н		nment with N	egative	Pre	ssure	
≥3 sf or ≥3 lf ≥160 sf ≥260			×			vatio olitior				Mini-Enclos					
	, II		Ш	De	31110	JILIOI	1		\forall		Procedures oted and Non-	Eriobl	Dre		
Lo	cation of		ls	Loca	atio	n		Description	n of	14011-EXEIT	Amount	STATE OF STREET ASSOCIATION		ent T	
	os-Containi		Norr					Asbestos-Con		ng	(Specify	70	T	CIIL I	ype
	rial (ACM)			olely				Material (A			SF or LF)			ш	m
	E ABATED Facility	1	Main Custo					(i.e., thermal s insulation, surface				em	Repair	cap	nck
	(13)		Ousi	(12		air		or other miscell				Remova	pair	Encapsulate	Enclosure
	7.3.0.00		Yes	No		N/A						_		ite	G)
Q20-4 Transforme	er					\boxtimes		Transite	е		100 LF			П	П
										4					
				Ц											
			H			H									
Name of Registered	Waste Hau	ıler		IN		EP V	Vaste	Cubic Yards	Nan	ne of Registe	rod Landfill				Ц
(25)				1000	aul	er ID	No.	of Waste	Ival	ne or registe	cu Lanuilli				
Waste Manageme	nt				2	112	5	4		OWS North	Landfill				
City, State Camden, NJ								Disposal Date 12/13/13		, State rrisville, PA					
Completed By (Print	or Type)			Т	itle		-	Signature	1010	oville, FA		Date			
Gwen Trumbet						e Co	ord.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	X			11/2	6/1	3	
	_							700	_ 1			11/2	0/ 1	J	
								V							

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

B & G proj. #: 2013-236

Check #6290 Date of Notification (1) Name of Building Owner/Operator (2) 1 1 1 / 2 6 / 1 3 Grace Kuiper Type Notification Agencies Notified Street Address ☐ EPA 294 Sunset Boulevard DEC M Initial DEP City, State, Zip Code Amendment DOL Waldwick, NJ 07463 Telephone Number Name of Contact DOH Cancellation Betsy Ward ☐ DCA **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Grace Kuiper Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. 294 Sunset Boulevard Square Feet # of Floors Bldg. Age County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) Wyckoff Bergen residential Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. N/A B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 0378 Name of USHA MONITO Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 12/09/2013 12/11/2013 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: wrap & cut Scope of Work (check all that apply) Full Containment w/negative pressure Glovebag procedure Renovation ☐ Demolition Non-friable procedure Mini-enclosure ≥160 sf or ≥260 lf >3 sf or >3 lf is location normally used solely F Location of e e n by maintenance/custodial Amount Description of asbestos-containing n asbestos-containing m p C staff(12) (Specify SF or material (ACM) C 0 material to be a a abated in facility (13) V Yes No N/A p VAT & mastic 432 sf basement Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# Registered Waste Hauler 5 Yards Tullytown Resource & Recovery Center 19563 B & G Restoration, Inc. Disposal Date City, State City, State 12/11/2013 Tullytown, PA Lincoln Park, NJ 07035 Date Signature Completed by (Print or Type) Ciordana Luna 11/26/2013 Secretary/Treasurer Gordana Luna

State of NJ Notification of Asbestos Abatement

B & G proj. #: 2013-237

(Pursuant to NJAC 8:60-7 and 12:120-7) Check #6291

Date of Notification	(1)	IIN	ame of Build	ling Owne	r/Operator (2)									
1111/1216	1/1/3		Equinix, Ir							+ 1	1	202012		
Agencies Notified	Type Notification	on Si	reet Addres	s							1			
☐ EPA	Initial		755 Seca	ucus Ro	ad		DE	C 2	2013					
☐ DEP		C	ity, State, Zi	p Code							T			
DOL.	Amenda		Secaucu		064				. 1	A.	3			
₽ DOH		N	ame of Cont	act					Telepho	ne Numbe	er.i			
☐ DCA	Cancella	tion	Freddie	Shivdat					973-7	36-672	l			
				FACII	LITY INFORMA	TION								
Name of facility wh	ere abatement is	s taking pla	ice (3)					Туре	of Facility	(4) ol (K - 12	`			
Warehouse/O	ffice Facility		_						=	hapter 8 (an K	-12)	
Street Address									Other	(Private/	Comme	rcial		
105 Enterpris	e Avenue							Squa	re Feet	./Homes, # of Floo		Bl	ig. Ag	je
City (5)		Cour	ity (6)			Cou	nty Code (7)							
Secaucus			50E - 400500	OSON			te use only)		ent Use (I dential	Prior if bei	ng dem	olishe	ed)	
Name of Monitorin	g Firm Hired by I	3ldg. Owne	er (8)	T	ASCM No.	\top	Name of Abatemen	t Contrac	tor (9)					
	N/A						B & G Restorat	ion, Inc.						
Street Address							Street Address							
	0.00						105 Ryerson Ro	oad						
City, State, Zip Cod	e						City, State, Zip Code	•						
			105				Lincoln Park, N	NJ 0703	5					
Project Manager for	Monitoring Firm		Pho	ne Numb	er		Telephone Number			Licens 0378	e Numi	er		
							Name of OSHA Mo	nitor	~ ~~	0376				
Scheduled Start Da	te (10)	Sched	. Completio	n Date (11)		B & G Restorat							
12/09/2013		0/1	3/2014				Street Address				- Land	****		
Occupancy Status I	During Abatemer	nt (Check o	nly one)				105 Ryerson Ro	oad						
Facility closed	d/vacated during	entire peri	od of abater	nent.			City, State, Zip Code	9				1000		
Abatement per Describe:	erformed outside	of normal	racility nours	5- 		_								30
Other-Descri	be:					-	Lincoln Park, N	NJ 0703.	5 .				_	
Scope of Work (ch	eck all that apply	()								=	p & cu		_	
Demolition		Renovation	n	*		ЦF	full Containment w/ne	egative p	ressure		ebag pi			
$\square > 3 \text{ sf or } > 3 \text{ lf}$		≥160 sf or	≥260 If				/lini-enclosure			Non-	friable	proce	dure	
Location of			n normally u								e	R	E n	E
asbestos-cor		staff(12)	enance/cust	ouiai			sbestos-containing		Amount (Specify	SF or	m	p	C	n
material to be abated in fac		Yes	No	N/A	material (A	ACIVI)			LF)		o v	a	a p	L
		100	110							_	e	-		
roof				X			oof flashing		7,500 S	F		片	片	H
1st fl NE room				X	sheetrock/je		compona		0 SF 0 sf			님	H	片
1st fl NE room				X	VAT & mas				0 SF / 2	00 SF		片	H	H
Southside wmns b				X		iic -			SF	.55 01		片	片	計
Southside remote :			EP Hauler II		mastic ubic Yards of W	aste	Name of Registere				-12			
B & G Restoration		195		"	120 cy		Tullytown Reso	ource &	Recover	y Center	li E			
City, State		!_	I	Disposal D	ate	-	City, State							
Lincoln Park, N	IJ 07035			12/09/1	13 - 01/13/20	14	Tullytown, PA							
Completed by (Prin	t or Type)	Title	19702		Signature		Gordana Luna			Date	6/204	2		
Gordana Luna		Secretar	y/Treasure	r			Jerusens Lante			11/2	6/201	J		

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

Date of Notification (1) 6/2013				of Buildin Ron Day	g Owner/Operator	r (2)) .				
Agencies Notified	Type Notific	cation			Address astern A	venue		UE	J Z A	HU .		Э.		
DEP DOL	Amende Amendn		,		State, Zip C erville, N				,				-	
DOH DCA	justifica	ition)	,		of Contac on Day	t	25.7		(908) 50					
				FAC	CILITY INF	ORMATION								
Name of Facility When Residence	re Abatement is	Taking Place	(3)				T	ype of Facility School (K-1)	2)	14.4.0				
Street Address 64 Eastern Avenu	е						Þ	Other (i.e., p				lings		
City (5) Somerville, NJ								quare Feet 500 SF	# of Floor	s	BI 60	dg. A)+	ge	
County (6) Somerset County					nty Code (ONLY)	7) (STATE	1	Current Use (Pr Lesidence	rior if being de	emolis	hed)			
Name of Monitoring F (8) N/A	irm Hired by Bu	ilding Owner		ASCM	No.	Name of Abater DIA Genera		영화하다 아니라 아이들은 아이를 보냈다.						
Street Address						Street Address 1360 Clifton		venue PMF	3 Suite 21	8				
City, State, Zip Code			-			City, State, Zip (Code	e	J Cuito 21					
Project Manager for M	Ionitoring Firm		Tel	ephone	No.	Telephone No.			License N					
Start Date (10) 12/07/2013	T	Scheduled C 12/08/20		etion Da	te (11)	Name of OSHA DIA Genera								_
Occupancy Status Du Recility Closed/Vac		(Check only	one)	ement		Street Address 1360 Clifton		venue. PM	B Suite 21	18				
Abatement Perform						City, State, Zip C	Code	е						
Scope of Work (Chec	k all that apply)		-			Omtori, red	-							
>3 sf or >3 lf 2160 sf or 2260 lf		⊠ R€	enova	tion lition		Mini-Er Goveb	nclos pag F	inment with Ne sure Procedure npted (*) and			dure			
		PACKE	Locati			J 14011-E		inpico () una	North Habit	1000		bate		
Location Asbestos-Containing TO BE AF IN Fac (13	g Material (ACM BATED ility	Mair C	d Sole ntenar ustodi staff? (12)	nce/ al		Description of tos Containing Ma , thermal systems surfacing, VAT other miscellane	ateria insu T, or	ulation,	Amount (Specify SF or LF)	N.	Removal	Repair	Encapsulate	Enclosure
Basement of the bu	No	N/A X	Pine/FI	bow Insulation			80 LF		X			-		
Basement of the or	mung			X	1 Ipc/El	bow msulation					Λ_			
Name of Registered V	Waste Hauler			NJDEP		Cubic Yards		Name of Regi	stered Landfi	11				
Service Transport	Group			Hauler II 20990	NO.	of Waste 2 Disposal Date	4	Minerva La	andfill					
City, State New Castle, DE						12/08/13	-	Waynesbur						
Completed By Krutarth Jagad		Title Presiden	t			Signature	2			ate 1/26/2	2013			

Date of Notification (1) 11/25/13	100	Name of Building Owner/Operator (2) MOSHE KUGLER													
_	Type Notification		- 55	Street Ad 112 AR	dress	'A NC	VΕ			250.0					
DEP DOL	Initial Amended Amendment #				e, Zip Cod VOOD, N		701			ULU 2	-	VW			
▼ DOH DCA	Emergency (in justification) Cancellation	cluding	14 53	Name of MOSHI	Contact E KUGL	ER				732-703-			14		B Inc. in ch. ch. ch.
				FACIL	ITY INFO	RMAT	ION	A 60 60 60 20 A					1000	- 35.5	-
Name of Facility Where A	batement is Taking	Place (3)							School (K-1:		(-12)				
Street Address 112 ARLINGTON A	VE							×	Other (i.e. p etc.)	rivate & comme					s,
City (5) LAKEWOOD								Squa	are Feet	# of Floors		BI	dg. A	ge	
County (6) OCEAN				County C STATE U	ode (7) ISE ONLY)			Curre	ent Use (Prid	or if being demo	lishe	d)			
Name of Monitoring Firm	Hired by Building O	wner (8)		ASCM	No.				atement Con D PROFE	tractor (9) SSIONALS					
Street Address								Address HITE DOVE COURT							
City, State, Zip Code							ity, State, Zip Code AKEWOOD, NJ 08701								
Project Manager for Moni	1	Telephon	ne No.		Tele ⁻	•		Licens 1200	e No						
Start Date (10) 11/29/13	Com	pletion D	Date (11)				HA Monitor D PROFE	SSIONALS							
Occupancy Status During)				Street	Addre	ess								
Facility Closed/Vaca Abatement Performe Other – Describe:	ated During Entire Pe ed Outside of Norma	eriod of Ab Il Facility I	atem Hours	ent	5		City, S	State, 2	DOVE CO Zip Code OOD, NJ 0						
Scope of Work (Check Al	I That Apply)								705,1100						
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	: mar, pp,,,	famous .		vation Full Containment with Negative P Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable											
		le l	.ocatio	on									Abate	ement	
Location Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	No Used	ormall Solel itenar	y ly by nce/		os Co therma surf	escription ntaining Mal system facing, VA miscella	Materia s insu AT, or		Amount (Specify SF or LF)		Removal	Repair	e Encapsulate	Enclosure
		100	140	1.07			SIDING	3		800 SF		Х			
						-									
Name of Registered Was		1000	JDEP W auler ID	ASSESSED OF	Cubi of W	c Yards		Name of	Registered Lan	dfill					
NEWARK CARTING	20000000	1509	140.				IESI								
City, State NEWARK, NJ				DISP	osal Date		City, Stat BETHL	e EHEM PA							
Completed by JOSEPH PERLSTEI	N Title Signature Date 11/25/2								13						

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

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

D&S Proj. #: 2013-460

200							* * * * * * * * * * * * * * * * * * *		= 7			
Date of Notification (1)	Name of Build	ding Own	er/Operator (2)		1/11	H.		13	7	1		
Agencies Notified Type Notifica	KARE FEI				***		d	/_/1.				
EPA Initial	Street Address	S				0						
DEP Amended	12 TAGG		AY		1 1 to	ป	EC 2 201	13				
DOL Amendment #									1			-534
Emergency			K, NJ			1.004		-,-	1			
justification	Name of Conta	act			\$		Telephone	Numbe				
DCA Cancellatio	n KARE FE	ELIZ					646-943	3-4654				
8		FACI	LITY INFORM	ATION					Tr -			
Name of facility where abatement	is taking place (3)					T	pe of Facility (4	1) (K - 12)				
KARE FELIZ							=	apter 8 (C		nan K	-12)	
Street Address						11	Other (F	Private/C	omme		30777	
12 TAGGART WAY								Homes, e		В	dg. A	age
City (5)	County (6)			Cou	nty Code (7)	-	.,				-g.,	.5-
CIRRIERRO	DED CENT			(Sta	te use only)		Current Use (Pri	ior if bein	g den	olish	ed)	
SADDLE BROOK Name of Monitoring Firm Hired by	BERGEN Bldg Owner (8)		ASCM No.	_	Name of Abateme	nt Con	tractor (Q)					
rame or wormoring rinn rinea by	Diag. Owner (o)	- 1	ASCIVI NO.				\$950					
Street Address				-	D & S RESTO	KAII	ON, INC.					
					20 California	Ave.						
City, State, Zip Code					City, State, Zip Coo							
1					Paterson, NJ	07503						
Project Manager for Monitoring Firm	n Phor	ne Numbe	er		Telephone Number	er		License		er		
					-			0	1169			
Start Date (10)	Sched. Completion	Date (11)		Name of OSHA M D & S Restor		Inc					
11/27/13	112/16/13				Street Address	ation,	IIIC.	-	-		-	-
Occupancy Status During Abateme	nt (Check only one)				20 California	Avenu	ie					
Facility closed/vacated during Abatement performed outside					City, State, Zip Co	de						
Describe: NORMAL F	HOURS			-11	Paterson, NJ	07503						
Scope of Work (check all that appl							Containment w/	negative	nress	ure		
	Renovation				Ī] Mini	-enclosure	8	p. 000	4.0		
≥160 sf or ≥260 lf	Demolition					Glov Non	ebag procedure -Exempted (*) a	e and Non-	friable	proc	edure	e
Location of	Is location normally us by maintenance/custoo								R e	R	Е	E
asbestos-containing material (acm) to be	staff(12)	uiai			sbestos-containing		Amount (Specify SF	= or	m	e p	n	n
abated in facility (13)	Yes No	N/A	material (ACIVI)			LF)	OI .	0	a	a p	L
DACEMENT			PIPE INSU	TATT	ON		CO I DT		e	_	P	+
BASEMENT BASEMENT			VAT	LAII	UN		60 L FT		NA.	부	片	쓔
BASEVIENT			VAI				600 SQ FT		A	屵	牌	╬
									#	片	片	쓔
						-			H	屵	片	卄
Registered Waste Hauler	NJDEP Hauler ID	# Ci	Lubic Yards of V	Vaste	Name of Register	ed Lan	dfill		<u> </u>	ш	Ш	<u> </u>
D & S RESTORATION, INC.	13506		YDS		TULLYTOW			COVER	Υ			
City, State PATERSON, NJ 07503		isposal Da 11/28/13			City, State	NI DA						
Completed by (Print or Type)		11/20/13	Signature		TULLYTOW	IN, PA		Date				
BOGDAN JOLDZIC	PRESIDENT		Jigi lataro					11/26	/2013			
ASB-41	* Do not use this form for	r asbesto	s licensure exe	empted	activities.			L		_		

PAGE. 1

WILLIAM OF THE Notification of Asbestos Abatement APPROVED D&S Proj. #: 2013-460 (Pursuant to NJAC 8:60 and 12:120) NJ Dept. of Health & Senior Scrvices (signature) Date of Notification (1) Name of Building Owner/Operator (2) 245Time: 32 11 1/12/6//11/3/ KARE FELIZ Agencies Notified Type Notification Street Address EPA Initial Amended 12 TAGGART WAY DEP Amendment #: City, State, Zip Code N DOL Emergency SADDLE BROOK, NJ DEC DOH (Including Name of Contact justification) Telephone Number DOA DOA Cancellation KARE FELIZ 646-943-4654 FACILITY INFORMATION Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) KARE FELIZ Subchapter B (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 12 TAGGART WAY Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only.) Current Use (Prior If being demolished) SADDLE BROOK BERGEN Name of Monitoring Firm Hired by Bidg. Owner (B) 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 Cloense Number 01169 Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor D & S Restoration, Inc. 11/27/13 112/16/13 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-City, State, Zip Code 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 Renovation Mini-enclosure __ ≥160 si or ≥260 lf Demolition Glovebag procedure Non-Exempted (*) and Non-friable procedure is location normally used solely Location of asbestos-containing by maintenance/custodial Ë staff(12) Description of asbestos-containing material (acm) to be 0 Amount n abated in facility (13) m n material (ACM) (Spenity SF or P C Yes No 0 C N/A a a BASEMENT D PIPE INSULATION 60 L FT BASEMENT X VAT 600 SQ FT T Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waster Name of Registered Landfill D & S RESTORATION, INC. 13506 7 YDS TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 11/28/13 TULLYTOWN, PA Completed by (Print or Type) Title Signature BOGDAN JOLDZIC Date PRESIDENT 11/26/2013 Do not use this form for asbestos licensure exempted activities. ASP-41

NOV. 26. 2013 (TUE) 14:56

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

D&S Proj. #: 2013-456

				*		N. C.	e Te T	7	3 ;	abla				
Date of Notification (1)	Name of E	Building Owr	ner/Operator (2)	ř.	E II		19 19						
1 1 /2 6 / 1 3	lion	REILLY				11				i				
Agencies Notified Type Notificat	Street Add	Iress	312 18			DE	C 2	2013	36022007	.]				
DEP Amended		DGE STRI	EET			14								
Amendment #:	City, State	, Zip Code			10 X		9:	- 1.44		1		(22.56.20)		
Lmergency		k, NJ 0710	6)	***************************************	- 1	d.	<u>.</u>	ì				
DOH (including justification)	Name of C	ontact				10.00	Telephor	e Numbe	r					
DCA Cancellation		O'REILLY	8 22				973-66	1-3759						
		FAC	ILITY INFORM	ATION	D at									
Name of facility where abatement	is taking place (3)					Туре	of Facility							
ANN O'REILLY							=	ol (K - 12)			40)			
Street Address								apter 8 (C (Private/C			-12)			
ALC DED CE CERTIFICE							Bldgs.	/Homes, e	etc.		1.			
416 RIDGE STREET	(C)					Squa	re Feet	# of Floo	rs	BI	dg. A	ge		
City (5)	County (6)				nty Code (7) te use only)									
Newark,	ESSEX			(Ola	te use orny)	Curre	ent Use (P	rior it bein	ig aem	iolish	ea)			
Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No.		Name of Abatemen	t Contract	tor (9)	1199 2						
				_	D & S RESTOR	RATION	, INC.							
Street Address					Street Address									
					20 California A									
City, State, Zip Code					City, State, Zip Code									
Project Manager for Monitoring Firm		Phone Numb		_	Paterson, NJ 0			10	N1 1					
Project Manager for Monitoring Pini	'	er		Telephone Number			License 0	1169	oer					
Start Date (10)	Sched. Comple	tion Date (1	1)		Name of OSHA Mo	nitor								
			- /		D & S Restora	tion, Inc.								
12/10/13 Occupancy Status During Abatemer	12/26/13			_	Street Address									
Facility closed/vacated during		tement			20 California A									
Abatement performed outside					City, State, Zip Code	е								
Describe: NORMAL H	IOURS		W. W. T. T. C. T.	-	Paterson, NJ 0	7503								
Scope of Work (check all that apply							tainment w	/negative	nress	III				
	Renovation					Mini-enc		megative	press	uic				
≥160 sf or ≥260 lf	Demolition				፟	Gloveba								
A SOUTHWINE VIEW	Is location normally	v used solely	/l			I NON-EXE	empted (*)	and Non-	friable R	Proc	edure	,		
Location of asbestos-containing	by maintenance/cu			on of a	sbestos-containing		Amount		e	е	n	E n		
material (acm) to be abated in facility (13)	staff(12)		material				(Specify S LF)	SF or	m o	p a	c a	C		
abates in admity (10)	Yes No	N/A							v e	i	p	L		
BASEMENT	X		PIPE INSU	LATI	ON	252	LFT		Ň					
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler 13506		Subic Yards of V S YDS	Waste	Name of Registere TULLYTOWN		JRCE RE	COVER	Y					
City, State		Disposal D			City, State	, 12.500	1100 10		_					
PATERSON, NJ 07503		12/11/1	3		TULLYTOWN	I, PA				11				
Completed by (Print or Type)	Signature					Date								
BOGDAN JOLDZIC	PRESIDENT Do not use this form			1 - 4 - 11 -			11/26/	2013						
ACD 41	THE HOLLISP THE TOTAL	I IUI ASDEST	IS IICHIISHIP AV		PARTIVITIES									

Ck#2531

Date of Notification (1)				-	Name	of Building	Owr	er/Operator (2	2)	******					
11 /	25 /	13						ceton Unive							
Agencies Notified EPA	Type Notifica ☑ Initial	ition				Address	D	uildina			7	_			
⊠ DOLWD	☐ Amended					MacMilla		uliaing			7 -		<u> </u>		
☑ DHSS	Amendme	ent #				tate, Zip C		EAA					1		
☐ DCA	☐ Emergend		uding			of Contact		J44		Tallanhara New			1		
(NJAC 5:23-8)	justificatio	500								Telephone Nu	1 4		i		
	☐ Cancellat	ion				ert Orteg				609-258-18	141		i		
					FAC	CILITY IN	FOR	MATION		#2 ₀ ≥ 10	*:				
Name of Facility Where A									Type of Facility		* 104	1			
Princeton Universit	y- Walter Lo	owrie l	Hous	se	School (K-12) Subchapter 8 (Other than K-12)										
Street Address									Other (i.e., pr			ilding	s,		
83 Stockton St					homes, etc.)									201 - NIII	
City (5)									Square Feet	# of Floors		dg. A	ge		
Princeton									7,500	2		50+			
County (6) MERCER					Coun	County Code (7)(STATE USE ONLY) Current Use (Prior if being de									
Name of Monitoring Firm	Hired by Build	ling Ow	mer (8)	ASCM	No.	Nan	ne of Abateme	ent Contractor (9)						
Pennoni Assoicate	s, Inc.				0010	2	В	RISTOL EN	VIRONMENTA	L, INC.					
Street Address							Street Address								
515 Grove St., Suite	1B						1123 BEAVER STREET								
City, State, Zip Code								, State, Zip Co	ode						
Haddon Heights, N	J 08035					BRISTOL, PA 19007									
Project Manager for Mon	itoring Firm			Tele	phone	No.	_	ephone No.	MILES STATE OF THE	License No.				-	
Alan Lloyd	85	6-547	-0505		A Part of the Control		00509								
Start Date (10)		Schedul	led C	omple	tion Da	te (11)	Nan	ne of OSHA N	lonitor						
12 / _9_ /	_13_	_12	/	10	_ / _	13	В	RISTOL EN	VIRONMENTA	L, INC.					
Occupancy Status During	Abatement (Check o	only o	ne)			Stre	et Address							
☐ Facility Closed/Vacate			A. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10		ment		1	123 BEAVE	R STREET						
☐ Abatement Performed															
Time of Abatement: 7	:00AM- <u>3:30</u> F	PM/	P	VI	AM		В	RISTOL, PA	19007						
Scope of Work (Check al	that apply)									100000					
			7.0						tainment with Neg	jative Pressure					
≥3 sf or ≥3 if ≥160 sf or ≥260 if				novati molitic				☐ Mini-End	g Procedure						
		_					6		mpted (*) and No	n-Friable Proced	dure				
12				Local			9711				Al	atem	ent T	уре	
Location		.		Norma d Sole		0-1-	_4 /	Description of		A	R.	R	m	m	
Asbestos-Containing TO BE ABA		"	Ma	intena	nce/			Containing Ma rmal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure	
IN Facili			Cust		Staff?		s	urfacing, VAT	, or	SF or LF)	\vec{va}	-	sula	sure	
(13)			Yes	(12) No	N/A	-	oth	ner miscellane	ous)		1		ate		
	nd	_		0.8							-	-	_	_	
Room 211 bathroom	2" floor	Į l				Floor ti	le &	Mastic		65 SF			Ш		
A		1				1. 1									
		1									П				
		П							$\exists \overline{\Box}$	$\overline{\Box}$					
Name of Registered Was	te Hauler	—Т,			JDEP V	Naste	Cub	ic Yards of	Name of Regis	stered Landfill					
BRISTOL ENVIRONMENTAL, INC.						O No.	Was		No. of the contract of the con	. NORTH LAN	IDFILL				
City, State							Dis	oosal Date	City, State					F. T. J T. S.	
BRISTOL, PA 19007	7								MORRISVI	LLE, PA 1906	7				
Completed By (Print or T	ype)	Title						Signature	2 1-	1.	Date	_	1		
Brian Scafiro		Est	timat	tor				Brian	Scolire	11	11/	25/	13	-	

ASB-41 MAY 11 BS/3/10

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

Date of Notification (1)					Name of Building Owner/Operator (2)										
	26 / _	13			Ms. Elaine Livingston / Job # 1311-1829 Chk. #3425										
Agencies Notified	Type Notifica	ation			Street	Address				·					
☑ EPA					12 [Derby La	ne		DEC 3	. †					
☑ DOLWD	☐ Amended			1	City, S	State, Zip C	Code		HE6 2						
☐ DHSS	Amendme						wick, NJ 08902								
DCA	☐ Emergen justification		ding	+		of Contact			Telephone Num	her					
(NJAC 5:23-8)	☐ Cancellat				Elai				732-821-975	7					
	☐ Cancellat							5 4 7 11	132-021-975	1					
Name of Facility Where	Abatament is T	Taking Di	000 /	2)	FAC	CILITYIN	IFORMATION	Type of Facility	(4)	85 					
Residential Proper		aking Fi	ace (3)				Type of Facility ☐ School (K-12	30000 NO						
	ıy								8 (Other than K-12	?)					
Street Address								Other (i.e., p	rivate and comme						
279 Davidson's Mil	I Road							homes, etc.)							
City (5)								Square Feet	# of Floors	Bldg. Age					
South Brunswick								1800	2	72					
County (6)		12			Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demoli	shed)					
Middlesex								Residential							
Name of Monitoring Firm	Hired by Build	ding Owr	ner (8) [ASCM	No.	Name of Abateme	ent Contractor (9)							
Tiger Environment	al						Asbestos an	d Mold Service	es, Corp.						
Street Address							Street Address		•						
16 West Elizabeth	Avenue					3859 Sylon Boulevard									
City, State, Zip Code			-	_		City, State, Zip Code									
Linden, NJ 07036							Hainesport, I								
Project Manager for Mon	itoring Firm			Tele	phone	No	Telephone No.		License No.						
Kelly Walton	intorning i iiiii				8-862		relephone 140.		00862						
Start Date (10)		Schedule	d Co				Name of OSHA M	fonitor	00002						
					_ / _		EMSL Analyt								
Occupancy Status During	g Abatement (Check or	nly on	e)			Street Address	·							
	ed During Enti	re Period	of A	bater	nent		200 U.S. Rou	te 130 North							
☐ Abatement Performed							City, State, Zip Co								
Time of Abatement: _	AM	PM/_		PM-		AM	Cinnaminsor								
Scope of Work (Check a	Il that apply)		7		*										
M . o . (o . (F 7					☐ Full Con	tainment with Ne	gative Pressure						
≥3 sf or ≥3 lf ⇒160 sf or >260 lf			Ren				☐ Mini-End	losure g Procedure							
			Den	iontic					n-Friable Procedu	ire					
		T	ls L	ocat	ion					Abatement Type					
Location	of			orma			Description of	of I							
Asbestos-Containing		1)			ly by nce/		stos Containing Ma		Amount	Encaps Repair Remov					
TO BE ABA					Staff?	(i.e	e., thermal systems surfacing, VAT		(Specify SF or LF)	Encapsuk Encapsuk Repair					
(13)	ity			(12)			other miscellane		SF OI LF)	Encapsulate Encapsulate Repair Removal					
		Y	es	No	N/A					0					
Basement					\boxtimes	Pipe Ins	sulation		135 LF						
			1												
			-		10- 97										
									21,38						
4															
Name of Registered Was	ste Hauler			N	JDEP \	Waste	Cubic Yards of	Name of Regis	stered Landfill						
Freehold Cartage, I				Н	auler II		Waste	GROWS L							
City, State				_	02265	5	Disposal Date								
							Disposal Date	City, State	DA 40007						
Freehold, NJ							12/13/13	Morrisville	e, PA 19067						
Completed By (Print or T		Title	otor				Signature	0.00	D	ate					
Kimberly A. Trumb	etti	Offic	ce C	oro	linato	r	LENIA 1			11-24-13					
ASB-41		1					7(')	V		11 -4 12					

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

MAY 11

check # 1991 page 1 of 1

Date of Notification (1) 11-26-2013		Name of Building Owner/Operator (2) GLEN ROCK BOARD OF EDUCATION															
Agencies Notified	Type Notification			Street Ad 620 HA	ddress ARRIST	OWN	ROAD							7		***	
DEP DOL	Initial Amended Amendment #		_ [te, Zip Co ROCK,		452			DEC	2	20	113				
× DOH DCA	Emergency (ir justification) Cancellation	cluding		Name of Bob Pr				124KC00045			phone 1 -445-						
_				FACI	LITY INFO	RMATI	ON		î			(1)				į	
Name of Facility Where Central School Street Address	Abatement is Taking	Place (3)					×	of Facility (4 School (K-12 Subchapter 8	2)	er than K	(-12)					
600 MAPLE AVEN	UE			10.000					Other (i.e. pr etc.)			ercial				es,	
City (5) GLEN ROCK								35,0	re Feet 100+	# of 2	Floors		0.00	Bldg. Age 40+			
County (6) Bergen				County Code (7) Current Use (Prior if being demolish (STATE USE ONLY)							olishe	ed)					
Name of Monitoring Firm Karl & Associates,		wner (8)		ASCM No. Name of Abatement Contractor (9) GL Group Inc													
Street Address	1110.			1	Street Address												
20 Lauck Road							140 Hamburg Tpke City, State, Zip Code										
City, State, Zip Code Mohnton, PA 19540	0								tip Code dale, NJ 01	7403							
Project Manager for Mor Michael Krisher	nitoring Firm		Telephor (800) 5	ne No. 527-558	1	Toloni	one N	lo.		License 01084		2					
Start Date (10) 12-9-2013		Schedule 12-10-2			Date (11)	100		of OSI Group	HA Monitor inc	-							
Occupancy Status Durin	g Abatement (Check	Only Or	ie)					Addre									
	ated During Entire Pened Outside of Norma								ourg Tpke								
Other – Describe:							Bloc	ming	dale,NJ 07	7403							
Scope of Work (Check A	III That Apply)									*							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enova emoli														
		Is	Locat	ation						17.5				Abate	ement		
Location			lorma d Sole				scription							1 9	pe		
Asbestos-Containing <u>TO BE AB</u> In Faci (13)	ATED lity	Ma Cust	intena todial ((12)	nce/ Staff?		thermal surfa	system cing, va misceliar	s insul T, or	I (ACM) ation,	(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure	
0 10	N	Yes	No	N/A	-	Dina	Laguela					-	.,	_			
Crawl Space under	r Nurse's Office		X			Pipe	Insula				3 LF		X				
Name of Registered Was GL Group Inc	1	IJDEP W lauler ID 033034	No.	of Wa	Yards ste		GROWS		red Lan	dfill							
City, State Bloomingdale, NJ				Dispo TBD	sai Date		City, State Morrisvil		4								
Completed by Elena Solakov	Completed by Title					18	Signatur	9	Elem	Shorth		Date		2013			

check # 1991 page 1 of 1

Date of Notification (1) 11-26-2013		Name of Building Owner/Operator (2) GLEN ROCK BOARD OF EDUCATION															
Agencies Notified	Type Notification			Street Ad	idress ARRIST	OWN	ROAD							1			
DEP DOL			_		te, Zip Co ROCK,		452		1	DEC	2	20	13				
DOH DCA	Emergency (ir justification) Cancellation	iciuaing		Name of Bob Pr							phone I-445-						
	L			FACIL	ITY INFO	RMAT	ION					1.	-00-23				
Name of Facility Where Central School Street Address	Abatement is Taking	Place (3))					× 5	of Facility (4) School (K-12 Subchapter 8	!)	er than l	K-12)					
600 MAPLE AVEN	UE		-					- E	Other (i.e. pretc.)							es,	
City (5) GLEN ROCK								35,0	re Feet 00+	# of 2	Floors		93,53	Bldg. Age 40+			
County (6) Bergen				County C	code (7) (SE ONLY)			Curre	nt Use (Prior	r if beir	ng dem	olishe	ed)				
Name of Monitoring Firm Karl & Associates,		wner (8)		ASCM No. Name of Abatement Contractor (9) GL Group Inc													
Street Address 20 Lauck Road	11101		2				Street	et Address) Hamburg Tpke									
City, State, Zip Code				-	-		City, S	State, Z	p Code	7.100							
Mohnton, PA 1954 Project Manager for Mon			Telephor	ne No.			mingo hone N	lale, NJ 07	7403	Licens	se No						
Michael Krisher							- Nome	of OCL	A Monitor		0108	4					
Start Date (10) 12-9-2013		2013		Jale (11)		GLO	Group	Inc									
Occupancy Status Durin	ng Abatement (Check	Only On	e)				V 2007 ST 100 ST	Addres	ss urg Tpke								
Abatement Perform Other – Describe:	cated During Entire Poned Outside of Norma	eriod of A al Facility	Nbater Hours	ment s			City, S	State, Z	ip Code dale,NJ 07	7403							
Scope of Work (Check A							1 5150			100							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enova emoli		Containme i-Enclosure evebag Proce	edure	-										
								L NO	n-Exempted	(") an	ז-הכאו נ	-riable		Abate		ts	
Locatio	- of	18 200000	Locat Iorma	COSSUS !!		D	esc.iptior	n of						Ту	ре		
Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) BATED ility	Mai	d Sole intena odial (12)	ince/ Staff?		tos Cor therma surfa	ntaining f al system acing, VA rniscella	Material is insula AT, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure	
Crawl Space unde	r Nurse's Office	1	X			Pipe	e Insula	ation	-		3 LF		X				
Orawi Space unde	Transc s Office						5 11 10 and										
	-					19											
Name of Registered Wa	1	NJDEP W Hauler ID 1033034	No.	of Wa			Name of F		ered Lar	ndfill							
City, State Bloomingdale, NJ					(0./0.000	Dispo TBD	osal Date	3	City, State Morrisvi		A						
Completed by Elena Solakov		Title President					Signature Date 11-26-20						2013				

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

D&S Proj. #: 2013-459

ASR-41

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Date of Notification (1)	Name of Building Ow	ner/Operator (2))		Mi to ta	-/-	1			
1 1 / 2 6 / 1 3	GAETA RECYC	LING CO., IN	IC.		. n -1	200				- 20
Agencies Notified Type Notification	on Street Address				DEC 2	7013			11	
_ Amonded	278-282 WEST F	RAILWAY AV	VENUE		500 2	SUID			1	
Amendment #:	City, State, Zip Code				1				1	
DOL Emergency	PATERSON, NJ	07503						-14	ì	
DOH (including justification)	Name of Contact			4	Telephone	e Number		97.6 30	•	
DCA Cancellation	FRANK				973-278	3-6625				
	FAC	CILITY INFORM	MATION							
Name of facility where abatement is	s taking place (3)				Type of Facility (4	4) (K - 12)				
GAETA RECYCLING CO., I	NC.				=	apter 8 (Oth	ner th	an K	12)	
Street Address						Private/Co			,	
				1		Homes, etc	_	DI	J = _ A	
197 & 199 GENESSEE AVE	County (6)		Count		Square Feet	# of Floors		ы	dg. A	ge
City (5)	County (6)			y Code (7) use only)	Current Use (Pr	ior if being	dem	olishe	ed)	
PATERSON	PASSAIC			,	Carroni Goo (i i			00		
Name of Monitoring Firm Hired by E	Bldg. Owner (8)	ASCM No.	IIN	lame of Abatement Co	ontractor (9)					
				D & S RESTORAT	TION, INC.					
Street Address			S	treet Address				N		
				20 California Ave.					_	
City, State, Zip Code			Ci	ty, State, Zip Code						
	Total N			Paterson, NJ 0750	03	License N	lumb	or		
Project Manager for Monitoring Firm	Phone Num	nber	11"	elephone Number		Control of the Control of Control	169	CI		
			IN	lame of OSHA Monitor						
Start Date (10)	Sched. Completion Date (11)		D & S Restoration	, Inc.					
12/11/13	12/18/13		s	treet Address						
Occupancy Status During Abatemen	1445) 1417 J.			20 California Aver	nue					
Facility closed/vacated during Abatement performed outside			C	ity, State, Zip Code						
Describe:NORMAL H	OURS		_	Paterson, NJ 0750)3					
Scope of Work (check all that apply				Fu	II Containment w	/negative	oress	ure		
\times >3 sf or >3 lf	Renovation				ni-enclosure					
≥160 sf or ≥260 lf	Demolition				ovebag procedur on-Exempted (*)		iable	proc	edure	9
Location of	Is location normally used sole	ely			1		R	R	Е	ΤE
asbestos-containing	by maintenance/custodial staff(12)			estos-containing	Amount		e m	e	n	n
material (acm) to be abated in facility (13)		material	(ACM)		(Specify S LF)	or or	O V	a	а	C L
	Yes No N/A						е	r	р	
BASEMENT (197)		PIPE INSU			45 L FT		\boxtimes		Ш	10
BASEMENT (199)	X	PIPE INSU	JLATIO	N (PAPER WRAP)	4 SQ FT		M	Ц	닏	부
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		4					井	부	님	ዙ
Registered Waste Hauler	NJDEP Hauler ID#	Cubic Yards of	Waste II	Name of Registered La	andfill		Ц	Ш	Ш	
D & S RESTORATION, INC.	13506	1 yd		TULLYTOWN, R		ECOVER'	Y			
City, State	Disposal			City, State			10			
PATERSON, NJ 07503	12/12			TULLYTOWN, P	PA					
Completed by (Print or Type)	Title	Signature				Date 11/26/	2012			
BOGDAN JOLDZIC	PRESIDENT Do not use this form for asbe-	stos licensure ex	xempted :	activities.		11/20/	2013			

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

D&S Proj. #: 2013-458

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Date of Notification (1)	1 12 1	111	lame of E	Building Ow	vne	r/Operator (2)		1				17 7	-	$\overline{}$	
1 1 / 2 6 /			GAET/	A RECYC	LI	NG CO., IN	C.						47	1	
	ype Notifica Initial	tion S	treet Ado	iress							-			i	
	Amended		278-28	2 WEST I	RA	ILWAY A	VENU	E		DEC	2 00	110		٠,١	
_ Arr	nendment #:	: 0	ity, State	, Zip Code										T	
☑ DOL □	Emergency		PATE	RSON, N	J 0	7503								1	
Ø DOH	(including	l l	ame of C					2		Telepho	ne Numb	er :		ī	
	justification)	- 11	ED A N	TV .						073 2	78-6625			_i	
	Cancellation	n	FRAN	Λ	_					9/3-2	/8-0023				
				FA	CIL	ITY INFORM	ATION	·							
Name of facility where	abatement	is taking pla	ace (3)						Туре	of Facility	(4) iol (K - 12	2)			
GAETA RECYCLI	ING CO.,	INC.								=	hapter 8		han K	′-19\	
Street Address											(Private/			(12)	
AAL GENEGGEE L								1		Bldgs	./Homes,	etc.			
201 GENESSEE A	VENUE	- 1.0	1 (0)		_				Squa	re Feet	# of Flo	ors	В	dg. A	ge
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PATERSON		PAS	SSAIC				(Sta	te use only)	Curr	ent Use (Prior if be	ing den	iolish	ed)	
Name of Monitoring Fir	m Hired by				T	ASCM No.		Name of Abatement	Contrac	tor (9)					_
			40050					D & S RESTOR							
Street Address							-	Street Address	ATIO	i, mic.					
							- 11	20 California A	ve						
City, State, Zip Code								City, State, Zip Code	10.00517				_		
								Paterson, NJ 0							
Project Manager for Mor	nitoring Firm	1	TF	Phone Num	nbe	r	-	Telephone Number	7505		Licens	e Numi	oer		
												01169			
Start Date (10)		ICahad	Comple	etion Date (111			Name of OSHA Mor	nitor						
Start Date (10)		Scried	. Comple	tion Date (11)			D & S Restorat	ion, Inc						
12/12/13		12/20						Street Address							
Occupancy Status Durin		87.6	65.6					20 California A	venue						
Facility closed/vac								City, State, Zip Code)						
Describe:			acility no	ours-			_								
Other-Describe:	NORMAL H	IOURS					_	Paterson, NJ 0	7503						
Scope of Work (check a	all that apply	y)							Full Cor	tainment	w/negativ	e press	ure		
$\square > \underline{3} \text{ sf or } > \underline{3} \text{ lf}$	\boxtimes	Renovatio	n					\boxtimes							
≥160 sf or ≥260 lf		Demolition	1					×		g proced empted (*		-friable	proo	oduro	
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asbestos-containii	ng	by mainte				Description	nn of as	sbestos-containing		Amount		e	е	n	E
material (acm) to I		staff(12)			-	material (species containing		(Specify	SF or	m	p a	C	n c
abated in facility (13)	Yes	No	N/A						LF)		V	i	a p	L
2nd floor kitchen & h	allway				┽	VAT			200) sq ft	-	e	r	<u> </u>	
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lower roof			\Rightarrow	-	_4	The second secon							片	H	ዙ
10 WCI 1001				-	╬	black roof f	iusiiin	ğ	11	0 sq ft			牌	ዙ	쓔
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Registered Waste Haule	r	INJECT	P Haule	CID#	إل	bic Yards of V	Vacto	Name of Registered	1 Londell			_ Ц	Ш		\Box
D & S RESTORATION		135		I IU#		oic raius oi v 2 yds	vasie	TULLYTOWN,			ECOVE	RY			
City, State				Disposal				City, State	, 1450	OLCE N					
PATERSON, NJ 0	7503			12/18/				TULLYTOWN	, PA						
Completed by (Print or T		Title		-1	T	Signature					Date		_		
BOGDAN JOLDZIO		PRESID	ENT			89.0						6/2013	1		
ASB-41		Do not use	e this form	n for asbes	stos	licensure ex	empted	d activities.			-				

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

D&S Proj. #: 2013-461

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Date of Notification		Na	ame of B	uilding Own	er/Oper	ator (2)								1
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Agencies Notified EPA	Type Notificati Initial	110	treet Addi			Section Sev			DL.	- 7	4013			į
☐ DEP	Amended			NELLEY	AVEN	TUE			L					1
_	Amendment #:	Ci	ity, State,	, Zip Code					1	4				
☑ DOL	Emergency		JERSE	Y CITY, N	NJ 073	06							- /	
☑ DOH	(including justification)	Na	ame of Co	ontact				I ALL ALL AND A STATE OF THE ST	Telephon	e Number			•	
☐ DCA	Cancellation		SAIF T	ITI					973-46	4-2283				
	Caricellation				ILITY IN	FORMAT	ION							
Name of facility wh	ere abatement i	s taking ola	ce (3)				***		Type of Facility ((4)				
SAIF TITI	ore abatement	o taking pla	00 (0)						School	ol (K - 12) apter 8 (O	ther th	an K-	12)	
Street Address									\$25,000 EX	(Private/Co			-)	
Street Address										Homes, et				10
155 CROOKS	AVENUE								Square Feet	# of Floor	s	Blo	ig. A	ge
City (5)		Coun	nty (6)					nty Code (7)				_		
						- 1	(Stat	e use only)	Current Use (P	rior if being	g dem	olishe	ed)	
PATERSON			SSAIC											
Name of Monitoring	g Firm Hired by	Bldg. Owne	ır (8)		ASCN	И No.		Name of Abatement C						
							_	D & S RESTORA	TION, INC.					
Street Address				110	(5))-54		71	Street Address						
							_	20 California Av	e.					
City, State, Zip Code	е						-1 K	City, State, Zip Code						
							_	Paterson, NJ 075	503					
Project Manager for	Monitoring Firm	1	F	Phone Num	ber			Telephone Number		License		er		
							- 11			0	1169			
Start Date (10)		ISched	. Comple	tion Date (1	11)		= [Name of OSHA Monit					¥.	
		(-0.00000000000000000000000000000000000	3555755		\$8		- 11	D & S Restoration	on, Inc.					
12/11/13		12/26					-11	Street Address						
Occupancy Status I				4.0000000000000000000000000000000000000				20 California Ave	enue					
Facility closed	d/vacated during erformed outside	entire perio	od of aba	tement.				City, State, Zip Code						
Describer			lacility fic	Jui 5-			-11							
Other-Describ	be: NORMAL F	IOURS					.	Paterson, NJ 075	503					
Scope of Work (ch								□ F	ull Containment	w/negative	press	ure		
> 3 sf or $> 3 $ If	П	Renovatio	on						Mini-enclosure					
≥160 sf or ≥2	60 If	Demolition	n						Glovebag procedu Non-Exempted (*		friabla	proc	odure	
				ly used sole	lvl				von-Exempled (and NOII-	R	R	E	T
Location of asbestos-con	staining	by mainte	enance/ci	ustodial		\	of o.	haataa aantaining	Amount		е	е	n	E n
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abated in faci		Yes	No	N/A	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			LF)		v	i	a p	L
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3 FLR KITCHE	N		$\perp X$		LIN	OLEUM			220 SQ FT			ᆜ	닏	卄
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D & S RESTOR	ATION, INC.	135	506		5 YDS		-	TULLYTOWN,	KESOURCE R	ECOVER	Υ		-	
City, State	T 05505			Disposal				City, State	DA					
PATERSON, N				12/12/			==	TULLYTOWN,	PA	7=				
Completed by (Prin		Title	NEW TOP		Sign	ature				Date	/12			
BOGDAN JOL	DZIC	PRESID						d activities		11/26	113		_	
ASB-41		Do not us	e this for	m for asbes	stos ilcer	nsure exe	inpte	u activities.						

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

D&S Proj. #: 2013-455

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Date of Notification (1) 1 1 1 / 2 2 / 1 3	- 11		1000		r/Operator (2)					2015				
Agencies Notified Type Notificat		karen m treet Add	esrobian	_					DEC 3	1/1/15		1		
☐ EPA ☐ Initial			ress lor avenu	ie.								-		
DEP Amended	1		, Zip Code	_					8.1	7		•		
DOL Amendment #:	— °										Ber (2)	ر)		
Emergency		oradell		_				_	Telephone	Number		-		
DOH (including justification)	Na	ame of C	ontact						relepriorie	Number				
☐ DCA ☐ Cancellation	1	karen r	mesrobia	n_					973-919	-1755				_
•			FA	CIL	ITY INFORM	ATION								
Name of facility where abatement	s taking pla	ice (3)							Type of Facility (4					
karen mesrobian										(K - 12) pter 8 (O	ther th	an K	12)	
Street Address								=	Other (F	rivate/C	omme		,	
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	I Cour	nty (6)		_		Cou	nty Code (7)	=						
City (5)	Coun	ity (O)					te use only)		Current Use (Pri	or if bein	g dem	olishe	ed)	
oradell	-	RGEN					7.00						88	
Name of Monitoring Firm Hired by	Bldg. Owne	er (8)		T	ASCM No.		Name of Abate	ment (Contractor (9)	\$0				
							The state of the s	TOR/	ATION, INC.					
Street Address							Street Address							
							20 Californ	ia Av	/e.					
City, State, Zip Code			THEX. 355				City, State, Zip	Code						
							Paterson, N	NJ 07:	503					
Project Manager for Monitoring Firm	n		Phone Nur	mbe	er	_	Telephone Num			License	Numb	er		
Troject Manager for Memoring	ē	- 1								0	1169			
	ICabas	Compli	etion Date	/		W.C.	Name of OSHA	Moni	tor					
Start Date (10)	Sched	i. Comple	BION Date	(11	,		D & S Res	toratio	on, Inc.	75				
12/06/13	12/20)/13					Street Address							
Occupancy Status During Abateme	nt (Check o	nly one)					20 Californ	ia Av	enue					
Facility closed/vacated during	entire peri	od of aba	atement.				City, State, Zip	Code						
Abatement performed outside		facility ho	ours-											
Describe:NORMAL	HOURS						Paterson, l	NJ 07.	503					
Scope of Work (check all that app								П	Full Containment w	/negative	press	ure		
									Mini-enclosure		o Posevera			
								図	Glovebag procedur	е				
≥160 sf or ≥260 lf	Demolition	n							Non-Exempted (*)	and Non-			edure	
Location of	Is location	n normal	ly used so	lely							R e	R	E	E
asbestos-containing	by mainte staff(12)	enance/c	ustodial		Descripti	ion of a	sbestos-contain	ing	Amount		m	p	n	n
material (acm) to be	Stan(12)		T	_	material	(ACM)			(Specify S	- or	0	a	a	C
abated in facility (13)	Yes	No	N/A	Ą					1 /		v e	l į	р	-
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BOGDAN JOLDZIC	PRESID		, .	_			d a studti			11/22	/ 2013			
ACD 41	* Do not us	se this for	rm for asb	esto	os licensure e	xempte	activities.							

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

D&S Proj. #: 2013-454

ASR-41

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Date of Notification	n (1)	N	ame of Buil	ding Own	er/Operator (2)				20	3 -				
1 1 1/2 2	1 13	- 11 ,	BRUNO E	BUFALI	NI .			DEC	4 20		1			
Agencies Notified	Type Notificati	_	reet Addres								3			
☐ EPA	Initial Amended		110-112 A	ANCHO	RPLACE						غ فيديديد.			
☐ DEP	Amendment #:	11-	ty, State, Z				S. part 1							
☑ DOL	Emergency	-1	GARWO	OD, NJ										
☑ DOH	(including	Na	me of Con						Telephone	e Number				
☐ DCA	justification) Cancellation		LOUISE	DIFAB	IO				908-303	3-1590				
	Caricellation		DOCIDE		LITY INFORM	ATION			L					
Name of facility w	here abatement i	s taking pla	ce (3)	17101	21111111111111			Туре	of Facility (
		31	(-/					[I (K - 12)		10		
BRUNO BUFA	ALINI									apter 8 (O Private/Co			12)	
Street Address										Homes, e				
110-112 ANC	HOR PLACE	and there						Squa	re Feet	# of Floor	s	Blo	g. Ag	ge
City (5)		Coun	ty (6)				nty Code (7) te use only)						-1\	
GARWOOD		mid	dlesex			(Sta	te use offly)	Curr	ent Use (Pr	nor it bein	g aemo	olisne	a)	
Name of Monitorin	ng Firm Hired by				ASCM No.	-	Name of Abatemen	t Contrac	tor (9)					
				- 1			D & S RESTOR	RATION	I, INC.					
Street Address							Street Address						(110.57	
							20 California A					_		
City, State, Zip Co	de						City, State, Zip Code	е			58			
							Paterson, NJ 0			-				
Project Manager for	or Monitoring Firm	1	Ph	one Numb	er		Telephone Number			License 0	Numb 1169	er		
							Name of OSHA Mo	nitor			1102			
Start Date (10)		Sched	. Completio	on Date (1	1)		D & S Restora		:.					
12/04/1313		12/20	/13		411		Street Address							
Occupancy Status				0			20 California A							
	ed/vacated during performed outside						City, State, Zip Cod	le						
Doccribe:			dollity flour			_	Paterson, NJ (7502						
	ribe: NORMAL I						Faterson, NJ C			u/n a gativa	25000			
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(1000-100)		Renovatio						Gloveb	ag procedu	10 Time and a second second				
≥160 sf or ≥	260 If	Demolition	n normally i	used solel				Non-Ex	empted (*)	and Non-	friable	Proce	E	1
Location of asbestos-co	ntaining	by mainte	nance/cust	todial	1	ion of c	chaetas containing		Amount		e	е	n	E n
material (ac	m) to be	staff(12)		1	material		sbestos-containing		(Specify S	SF or	m o	p a	c	c
abated in fa	cility (13)	Yes	No	N/A					LF)		v e	į	p	L
110 BASEMEN	JT		X		PIPE INSU	JLAT	ION	14	OLFT		×			
112 BASEMEN			X		PIPE INSU	No. of Concession, Name of Street, or other Designation, Name of Street, or other Designation, Name of Street,	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO	15	0 L FT		Ø			
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D & S RESTO	KATION, INC.	135		Disposal I	3 YDS		TULLYTOWN City, State	N, KESC	UKCE KI	ECUVE	(I			
City, State PATERSON, I	NI 07503			12/05/1			TULLYTOW	N. PA						
Completed by (Pri		Title			Signature					Date				
BOGDAN JOI		PRESID	110000000000000000000000000000000000000							11/22	2/2013	3		
ASR-41		* Do not us	e this form	for asbest	os licensure e	xempte	ed activities.							

Print Form

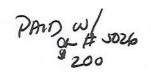
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

la 1 W/ Ch # 5026

Date of Notification (1)				of Building)					
11/22/2013	T			ing & Wili	ma Steir	nberg					_	
Agencies Notified	Type Notification			: Address ielding Ct	t				10	/:-	X	
DEP X DOL	Amended Amendment	#		State, Zip Co					1			
	Emergency	(including		of Contact	,, 110			Telephone Nur	nher			
DOH DCA	justification) Cancellation			na Steinbe	erg			, siepnone ma	11501	3		
	1		FA	CILITY INF	ORMATIC	14.00						
Name of Facility Where	Abatement is Takin	g Place (3)				1	ype of Facility (4)		200		
Private Property Street Address						[School (K-12) 3 (Other than K-1)	2)			
60 Fielding Ct							Other (i.e. pr	ivate & commerci		dings	hom	es,
City (5)							etc.) Square Feet	# of Floors	F	Bldg. A	100	
South Orange							000 SF	1 .	100	10+	ige	
County (6) Essex				y Code (7) E USE ONLY)		Current Use (Prior House	if being demolish	ned)			
Name of Monitoring Firm		Owner (8)	AS	CM No.	T	Name of	Abatement Cont	ractor (9)				
Sky Environmental							ca Enterprise	Corp				
Street Address 140 Boulevard						Street A	^{ddress} thfield Ave, S	t 202				
City, State, Zip Code Mountain Lakes, N	J 07046						te, Zip Code Orange, NJ 07	052	- 1132			
Project Manager for Mo	entry one or a large.		Telep	hone No.	-	-	J-,	1 icense N	0.			
Leon	51972			588-4821		- 180	-	ປ1203				
Start Date (10) 12/03/2013		Scheduled 12/07/20		n Date (11)		Name of	OSHA Monitor					
Occupancy Status Durin	ng Abatement (Chec	k Only One)				Street A	ddress			_	- 100	-
Abatement Perform	cated During Entire I ned Outside of Norm Private Property Un	nal Facility H				City, Sta	te, Zip Code					
Scope of Work (Check /	All That Apply)					- A A A A A A A A A A A A A A A A A A A			_		J-27-12	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	ovation nolition			×	Mini-Enclosure Glovebag Proce	nt with Negative Fedure (*) and Non-Friab				
		le le	cation	T			Non-Exempled	() and Non-Friat	T T	FW 5	ement	t
Locatio	n of	Nor	mally		Desc	cription of	,				ре	
Asbestos-Containing	Material (ACM)		Solely by enance/	Asbes	stos Conta	ining Mat	terial (ACM)	Amount			ш	_
TO BE AB In Faci		Custod	ial Staff?	(i.e	thermal s surfaci	systems ii ing, VAT,		(Specify SF or LF)	Remova	Repair	тсар	nclo
(13)			12)		other mi	iscellane	ous)		oval	pair	Encapsulate	Enclosure
		Yes 1	lo N/A	1							ē	
Basem	nent		X		Pipe i	insulatio	on	110 LF	Х			
Name of Registered Wa	ete Hauler		NJDEP	10/e et -	Louis	/a.u.d.a						
America Enterprise			Hauler		Cubic Y of Wast		The second secon	egistered Landfill /.S landfill				
			32980		TBD	15 :						
City, State West Orange, NJ					Disposa TBD	,	City, State Morrisvil					
Completed by		Title			79	gnature	U	Da		2040		
Maria Yagual		Manage	#1		11/1	Low	- fure	er. 11	/22/2	2013		

Print Form

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



Date of Notification (1) 11/22/2013				f Building Owi ig & Wilma							
Agencies Notified	Type Notification		Street A	A THE RESERVE OF THE PARTY OF T						E. special	
			60 Fie	lding Ct							
EPA DEP DOL	Initial Amended Amendment #			ate, Zip Code Orange, N	J		***************************************				-
	Emergency (i		A 05 15 05 05 15 15 15 15 15 15 15 15 15 15 15 15 15	f Contact			Telephone N	lumber			-
DOH DCA	justification) Cancellation			Steinberg			, coopilotic to				
	I -		FAC	ILITY INFORM	NOTTAN						
Name of Facility Where	Abatement is Taking	Place (3)				Type of Facili	ty (4)				
Private Property						School (
Street Address							ter 8 (Other than K e. private & comme		ldinas	home	1
60 Fielding Ct						etc.)	•			ent content	<u>'</u>
City (5)						Square Feet	# of Floors		Bldg. A	ge	1
South Orange			T			1000 SF			30+		
County (6) Essex				Code (7) . USE ONLY)		Current Use (Prior if being demo	lished)			
	- Llies d by Duilding C		ASCI		I Name	. 101-50-50-50	2(0)				
Name of Monitoring Firm Sky Environmental		wrier (o)	ASCI	VI NO.		of Abatement or erica Enterpri					
Street Address					(5000000	Address					
140 Boulevard						Iorthfield Ave	e, St 202				
City, State, Zip Code Mountain Lakes, N	J 07046					State, Zip Code It Orange, N	J 07052				
Project Manager for Mo	nitoring Firm		Telepho	ne No.	Telep	hone No	License	No.			
Leon			200000000000000000000000000000000000000	88-4821	- L-		01203				
Start Date (10) 12/03/2013		Scheduled 0 12/07/201		Date (11)	Name	of OSHA Moni	tor				
Occupancy Status Durir	ng Abatement (Check	Only One)			Street	Address					
Abatement Perform	cated During Entire P ned Outside of Norma Private Property Und	al Facility Ho			City, S	State, Zip Code	****				
		ccapica									
Scope of Work (Check A	All That Apply)				_	_					
≥3 sf or ≥3 lf		Programmer	vation olition		5	Full Contain	nment with Negative	e Pressu	ıre		
≥160 sf or ≥260 lf		L Dem	DILLION		5	Glovebag F	5				
 						Non-Exemp	oted (*) and Non-Fri	iable Pro	ocedur	е	
		Is Loc								ement rpe	t
Locatio		Norr Used S	nally olely by		Description	n of			1 1	pe	
Asbestos-Containing TO BE AB		Mainte	nance/	Asbestos (i.e. the	Containing I	Material (ACM) is insulation.	Amount (Specify	720		En	ш
In Faci	ility	Custodia (1	The second second second		surfacing, VA	AT, or	SF or LF)	Remova	Repair	caps	nclo
(13)			- /	ot	her miscella	neous)		oval	a i	Encapsulate	Enclosure
		Yes N	o N/A							ē	
Basem	nent		X	F	Pipe insula	ation	110 LF	X			
								_	-		\vdash
							+	+	+	-	
Name of Registered Wa	ste Hauler		NJDEP V	Vaste C	ubic Yards	Name	of Registered Land	Ifill			-
America Enterprise	Corp	1.7	Hauler ID 32980	1 270	f Waste BD	0.01-0.01-0.01-0.00	O.W.S landfill				
City, State West Orange, NJ					isposal Date BD		tate sville, PA				
Completed by		Title			Signatur	e		Date			
Maria Yagual		Manage	r		Mu	ica pin	//	11/22/	2013		

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

Date of Notification (1)	1-26-13		Name	of Buildin	g Owner/Operator HN HBB	DN DANZ	A -	\triangle			
Agencies Notified	Type Notification		Stree	t Address	30CROW	UN ROA	D A.		Texas		
☐ BPA ☐ DBP ☐ DOL	initial Amended Amendment #	luding			NG - No		08638		- <u>- 1</u>	`\ 	_
DOH DCA	☐ Emergency (inc justification). ☐ Cancellation	luuliig	Name	e of Contac	PLACKI	\$	Telephone Number	-7	49	39	<u>, </u>
	<u> </u>		FA	CILITY IN	ORMATION		/ C			_	\dashv
Name of Facility Where	*					Type of Facility School (K-12 Subchapter	2) 8 (Other than K-12)	hı silelin	nee.		
Street Address 20			DI	የ ·		homes, etc.	rivate & commercial) # of Floors		g. Ag	e	\dashv
City (5) To M	s RUER	?		F 0 - 4 /	7) (STATE	Current Use (P	rior if being demolish	ed)	20		4
U -	EAN		USE	E ONLY)		VA	CANT		_		\dashv
Name of Monitoring Firm (8)	n Hired by Building O	wner	ASCIV	f No.	BRIG	CK IMD	USTRIES		<u>/</u> <u>/</u>	<i>C</i> .	\dashv
Street Address	4					ATICK					늬
City, State, Zip Code		Page 1			City, State, Zip	CK IN	J. 087:	24			_
Project Manager for Mo	nitoring Firm	T	elephone	e No.	Telephone	7	0/196	<u></u>	_		_
Start Date (10)		uled Com		late (11)	Name of OSHA	Monttór	to a				
Occupancy Status Dun					Street Address	•					
Facility Closed/Vaca	ted During Entire Pe	nod of Aba	tement		City, State, Zip	Code		==		-	=
Other - Describe:								_=		_	=
Scope of Work (Check	all that apply)	Reno	retion		Mini-E	ontainment with N inclosure bag Procedure					
≥160 sf or ≥260 lf		Modum	IS WOOT 1		Non-E	xempted (*) and N	Ion-Friable Procedure	A	baten	nent	_
		Is Loc Norm Used So	ally		Description	of			Тур	e T	
Location Asbestos-Conteining TO BE AB IN Facili (13)	Material (ACM) ATED ity	Mainter Custo Sta (1)	nance/ odial ff?	Asbe (i.e	stos Containing M ., thermal system surfacing, VA other miscellan	s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes 1	No NH			- i·	900 SF	1			-
ASBESTOS	SIDING	_		JE	RANSITE		1				
							<u> </u>	-	_	_	-
						- 1 N 1 D -	gistared Landivil		لـبـا		
Name of Registered W			Hardet	P Waste ID No.	Oubic Yards of Waste	6.	R.O.W.	2	,		
City State BRICK	1 1		1 .5.		Disposal Date		PA				
Completed By	Title	PRES			Signature	mollace	Date	20	<u></u>	/3	<u>:</u>
_ <u> </u>	<u> </u>								F		

State of New Jersey

	NO	TIFIC (Pu	CATION repant t	of ass	8:60 and	ABATER 1 12:120)	ENT	CK#	211	0	+	
Date of Notification (1)		- [1	Vame of	Building	Owner/C	perator (2) ,	1: ~	0 11	<u> </u>		
1/2(0) 13	37		Stinet Ac	FC	2	30,1	196c2 1	CC				
Agencies Notified Type Notification	,			39	0 6	live	5, de	Terral	0			
DEP Initial Amended	_	1	Olly Stat	e, Zip C	ode A	7	0873					
DOL Amendment Emergency		- -	Nome of	UI	1		00 70	Telephone N	lumbar			
DOH justification) DCA Cancellation		1		U				732 6		78	52	Ž
	- Ole en (2)		FACIL	ITY IN	DRMAT	ON	Type of Facility					
Name of Facility Where Abatement is Takin	-						School (K	503.0050 markets				
Street Address 114 10+ AVE	100	-					Subchapt	er 8 (Other than K private & comme		dings,	homi	95,
Spana / ake He	eight	5					Square Feet	# of Floors		idg. A	ge 十	
County (d)	39.	1	C unty C	ode (7)	Y)			nor if being demo		-		-
Name of Monitoring Firm Hired by Building	Charper (8)		TASCM		.,	Name	of Abatement C	Reside)Ce			
Name of Womlong Firm Fired by Sallong	Oserici (c)		1,00%	. 110.			Insulation Co			, 5,		
Street Address			-				Address ontrose Ros	ad	٦,		-	
City, State, Zip Code						1	tate, Zip Code Neck, N.J. (07722	,			
Project Manager for Monitoring Firm			Telephor	ie No.	4	Telepn	one No.	License 00029			-	
Start Date (10)	Scheduled	6	it stion I	Date (11)	U.	of OSHA Monito	or .				
Occupancy Status During Abatement (Chec						Street	Address					
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm	nai Facility	atem fours	ent		-	City, S	tate, Zip Code					
Scope of Work (Check All That Apply)		1				<u> </u>						
≥3 sf or ≥3 if ≥160 sf or ≥260 H		nova					Mini-Enclose Glovebag Pa					
	Tiel	ocati					1 TOTT EXCHAPT	ed () and labil-F1	Table Fig		ement	,
Location of	No	rmall	y		Da	scription	of				pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Custo	tenar	ne-/		stos Con therma surfa	taining M	laterial (ACM) sinsulation, T, or	Amount (Specify SF of LF)	Romoval	Repair	Encapsulate	Enclosure
	Yes	No	N/A								ate	6
106500			8	Div	or Co	50/	ia	455,64	LV			
Johans	1		X	50	ling			12005,1	TH	\sum_{i}		
					U							
Name of Registered Waste Having		TN	JOEP W	neto	Cobie	Yards		45	ier.	Ĺ		
Name of Registered Waste Hauler Ace Insulation Co., Inc.		H	aller ID 2086		of Wa		IESE	of Registered Land	Till			
City, State		-1			Dispo	sal Date	City, St		·			
Colts Neck, New Jersey Completed by	Title				إدلا	ignature	3 Beine	ehem, Pa	Date	· · · · ·		

President

George Wuest

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

Ch# 7579

				A STATE OF THE PARTY OF THE PAR	March Commence)
Date of Notification (1) November 25th, 20	013			me of Building NO WAYNE									
Agencies Notified	Type Notification		18000000	eet Address 50 Wayne To	own Cent	er N.I	State Rte.23	3 & Wi	llowbrool	Rlv	d- :-	7	
EPA DEP DOL	Initial Amended	. 4. Л	Cit	y, State, Zip Co	ode		112/1			COIV	u.	i	
	Amendment Emergency	(including		ayne, New .	Jersey 07	4/0	1.1	⊢h T⊶	onhone Nur	nhar		!	
DOH DCA	justification) Cancellation			ark Messier			D		ephone Nur 1-587-10			i	
Name of Facility Where	Abatement is Takir	ng Place (3)		FACILITY INF	ORMATION		ype of Facility ((4)					
Wayne Town Cent		3(,				F	-	200500 200000		60			
Street Address 250 Wayne Town	Center					E X	Subchapter Other (i.e.	8 (Othe	er than K-12 commerci	2) al buil	dings	hom	es,
City (5)						S	etc.) quare Feet	# of	Floors	E	Bldg. A	Age	4.020
Wayne					De-1975		20,000	2			5		
County (6) Passaic				unty Code (7) ATE USE ONLY		- c	urrent Use (Pri	or if bei	ng demolish	ned)			
Name of Monitoring Fire Omega Environme		Owner (8)	- /	ASCM No.			Abatement Cor Constructio		(9)				
Street Address 280 Huyler Street					1 -	treet Ad	dress etty Ave.						
City, State, Zip Code Hackensack, New	loroov			C Asymmetry	c	ity, State	e, Zip Code	. 0704	4 4000			1-2	
Project Manager for Mo			Tel	ephone No.	Language and Self-	elephon	New Jersey	7 0 7 0 1	License N	0			
Mr. Gary Mellor			20	1-489-8700	Ĺ	S 24			00724	.			
Start Date (10) October 2,2013		Scheduled December		etion Date (11) 2013			OSHA Monitor Construction	n Inc.					
Occupancy Status Durin	ng Abatement (Che	ck Only One)			4 73	treet Ad							
X Abatement Perform	cated During Entire ned Outside of Norr	nal Facility H	ours				etty Ave.						
Scope of Work (Check A	Mon-Friday 7:00am	-11:00pm,Sat	urday-/	:00am-3:30pm	—	Clifton,	New Jersey	0701	1-1802		-22-5		
Scope of Work (Check /	чіі тпас Арріу)	□ Per	ovation	,		X	Full Containm	ont with	Negative F				
≥160 sf or ≥260 lf			nolition	.5		\blacksquare	Full Containme Mini-Enclosure Glovebag Prod	9	Negative P	ressu	ie		
		T			116		Non-Exempted	d (*) and	d Non-Friab	le Pro			
Locatio	n of		cation mally		Donori	ption of					Abate Ty	pe	
Asbestos-Containing	g Material (ACM)		Solely benance	Asbes	tos Contain	ing Mate	erial (ACM)		nount			Ш	_
TO BE AB In Faci	ility	Custod		1 (10	thermal sys	g, VAT, o	or		pecify or LF)	Remova	Repair	псар	Enclosure
(13)					other misc	cellaneo	us)			oval	air	Encapsulate	sure
Second	Floor	Yes 1		x X	V	at		25	00SF	-			
Occord	1 1001			^				23		х			
		B											
E:			_								-		
Name of Registered Wa	ste Hauler		0.0000000000000000000000000000000000000	EP Waste	Cubic Yar	rds	Name of	Registe	red Landfill				
Slavco Construction	Inc.		1850	er ID No.)8	of Waste TBD		G.R.O.\	W.S L	andfill				
City, State Clifton, New Jersey	07011-1802		Sec. 1 4		Disposal I TBD	Date	City, State Morrisv		3				
Completed by		Title			Sign	ature	~/)	Da				
Vivian D. Jurcevic		Office N	/lanag	jer	10,	ma	nd	uce	un!No	ovem	ber 2	25th,	,2입

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

Date of Notification (1) November 1, 2013							Operator	(2) ER LLC					-
Agencies Notified	Type Notification			Street A		10001	VOLIVI	LIVELO			***	-	
₩ EPA	Initial			250 W	ayne T	own Ce	enter, N	J State Rte, 2	23 & Willowbroo	ok BI	vd.		
EPA DEP DOL	★ Amended	жэ			te, Zip C		07470		4)				137
	Amendment Emergency	(including	L		e, New		0/4/0		1 = 1 - 1				
DOH DCA	justification) Cancellation		- 1		r Contact Messier				Telephone Nu 201-587-10				
_				FACI	LITY INF	ORMAT	ION				-		
Name of Facility Where Wayne Town Center	Abatement is Takir	g Place (3)						Type of Facility	(4)				
Street Address	er i ortanon							School (K-	12) r 8 (Other than K-1	2)			
250 Wayne Town C	Center							Other (i.e.	private & commerc		ldings	, hom	ies,
City (5)								etc.) Square Feet	# of Floors		Bldg.	Age	
Wayne								220,00	2	1000	45	J	
County (6) Passaic					Code (7) USE ONLY)		Current Use (Pri Education	or if being demolis	hed)			
Name of Monitoring Firm Omega Environmen		Owner (8)		ASCN	No.			of Abatement Cor o Constructio					
Street Address								Address			_		
280 Huyler Street							Contract of the second	Setty Ave.					
City, State, Zip Code South Hackensack,	New Jersey							ate, Zip Code n, New Jersey	07011-1802				
Project Manager for Mon Mr. Gary Mellor	itoring Firm			Telephoi 201-48	ne No. 39-8700		Telepho	one No	License N 00724	Vo.			
Start Date (10)		Scheduled				X T		of OSHA Monitor					
October 2,2013 Occupancy Status During	Abstement (Che	Decemb		1,2013		X 0 0 - N		o Constructio	n Inc.				
Facility Closed/Vac	22	- 3 8					Street A	agress Setty Ave.					
Abatement Perform Other – Describe:	ed Outside of Norn	nal Facility F	lours		:00AM-3:	30 5 1	City, Sta	ate, Zip Code	,07011 1802				
Scope of Work (Check A	Il That Apply)						Cilitor	i, ivew Jersey	7 07011-1802				
≥3 sf or ≥3 lf	,,,	☐ Re	novat	tion			X	Full Containm	ent with Negative I	Dracei	ıre		
≥160 sf or ≥260 lf			moliti					Mini-Enclosure	e	10330	116		
								Glovebag Pro Non-Exempte	cedure d (*) and Non-Friat	ole Pro	cedu	re	
		10.000000	ocatio	70.00								emen	t
Location Asbestos-Containing		No Used	rmall Solel		Ashaa		scription o				Τ'	уре	
TO BE ABA	ATED	Main Custo		N977-403		thermal	systems	aterial (ACM) insulation,	Amount (Specify	R	7	Enc	m m
In Facili (13)	ty		(12)	(ant			cing, VAT niscellane		SF or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A				,		a	-	late	лге
First & Secon	d Floors			х	S	prav-O	n Firep	roofina	188,000SF	x	-		
First Flo	oor			х			VAT	9	1,000SF	X	+-	-	-
										-	+	\vdash	
						10-				+	+	-	
Name of Registered Was	te Hauler		N.	JDEP W	aste	Cubic	Yards	Name of	Registered Landfil				
Slavco Construction	Inc.			auler ID	No.	of Was	ste		W.S Landfill				
City, State			1.0				sal Date	City, Stat	e				_
Clifton, New Jersey (07011-1802					TBD		Morrisv					
Completed by Vivian D. Jurcevic		Title	1400	000-		S	ignature	NO	1 33	ate		4.00	40
VIVIAII D. JUICEVIC		Office	ivian	ayer			Ullu	and Cf	uluic)	oven	nber	1,20	13

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

Date of Notification (1) October 1, 2013					Building (/ayne T										
Agencies Notified	Type Notification		100	Street Ad 250 Wa		wn Ce	enter, N	J Sta	ie Rte.23	and	Willowbro	ok B	vd.	16	- ,-
EPA DEP DOL	Initial Amended Amendment				e, Zip Coo , New J		07470				DEC (,	A		
DOH DCA	Emergency (justification) Cancellation	including		Name of Mark M	The second second	100					ephone Nur 1-587-100	ber	gian.		
				FACIL	ITY INFO	RMATI	ON		-			- 1	- 150 500		
Name of Facility Where Wayne Town Cen		g Place (3)							of Facility (4 School (K-1	2)					
Street Address 250 Wayne Town	Center				F			図 c	other (i.e. p	rivate 8	er thạn K-12 & commercia		lings,	home	ıs,
City (5) Wayne								220,0		2	f Floors	4	dg, A 5	ge	
County (6) Passaic	3			County C	ode (7) SE ONLY)				nt Use (Prio int-Retail		ng demolish e	ed)			
Name of Monitoring Fit Omega Environme		Owner (8)		ASCM	No,				ement Con nstruction		(9)				
Street Address 280 Huyler Street				1	39			Addres Getty						772	
City, State, Zip Code South Hackensac	k							itate, Zi on, Ne	p Code w Jersey	0701	1-1802				
Project Manager for Me Mr. Gary Mellor	onitoring Firm			Telephon 201-48	ne No. 9-8700		Teleph	none No).		License No.	٥.			
Start Date (10) October 2,2013		Scheduled Decemb							IA Monitor	n Inc.					
Occupancy Status Dur		k Only One)		C 10 - 2- 3/15		Street	Addres Getty	s						-
Abatement Perfor	acated During Entire rmed Outside of Norn Monday-Friday 7:00	nal Facility H				_	City, S	tate, Zi	p Code w Jersey	0701	11-1802				
Scope of Work (Check	All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	nova molit	Page 12 (2)				Glo	i-Enclosure vebag Prod	e cedure	n Negative P			a	
		T led							Locality	4 / 4	a Hott I Hab	T	944.	ement	t
Locati	ion of	B: 10000000	ocati	5000		Do	scription	of						ре	
Locati Asbestos-Containi <u>TO BE A</u> In Fa (1:	ng Material (ACM) <u>ABATED</u> cility	Used Main Custo	tenai	nce/		tos Con therma surfa	taining l I system icing, VA miscella	Material s insula T, or		(8	amount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A										te	0
First & Sec				Х	. S	pray-C	n Fire	proofir	ng		3,000SF	x			
First	Floor	翅		X			Vat			1,	000SF	X;			
		1													
Name of Registered V	Vaste Hauler			JDEP W		77770707070707070	Yards		Name of	Regist	ered Landfill	-			1
Slavco Construction	on Inc.			lauler ID 8508	No.	of Wa			G.R.O.	W.S I	_andfill				
City, State Clifton, New Jerse	y 07011-1802	9				Dispo	osal Date	9	City, Stat		°a				
Completed by Vivian D. Jurcevic		Title Office	Mai	nager			Signatur	e) '((යා)	2 14	$\overline{\gamma}_{ii}$	2951	ite ctobe	er 1,	2013	}
									1	7	hall to the			-	_

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



Date of Notification (1) September 25th, 20	013				of Building Wayne					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 2	- *- 3	— . ¼	
Agencies Notified	Type Notification		15	Street /	Address				la Davida	00 11400		. 51	-	
EPA DEP DOL	Initial Amended Amendmen	1#_1	,	City, St	ate, Zip C e, New	ode		74	iė konie	23 and Willo	WDLOG		yg.	
DOH DCA	Emergency justification) Cancellation	(including		Name o	of Contact Messier		-	· · · · · · · · · · · · · · · · · · · ·		Telephone N		1	-	
	11-7				ILITY INF		NOI			144.				-
Name of Facility Where wayne Town Center	Abatement is Takir	ng Place (3	3)					Туре	Facility (4)		15		
Street Address 250 Wayne Town C				-				S O	chool (K-1 ubchapter ther (i.e. r	2) 8 (Other than K- private & commer	12) cial bu	dings	' hoù	ies,
City (5) Wayne								Square 220,0	Feet	# of Floors: . 2		Bldg.		
County (6) Passaic				County (STATE	Code (7) USE ONL	,			t Use (Pri	or if being demoli			1	
Name of Monitoring Firm Omega Environmen		Owner (8)		ASC	/ No.		Name	of Abate co Con	ment Cor struction	ntractor (9) n Inc.				
Street Address 280 Huyler Street							Street	Address Getty A						
City, State, Zip Code South Hackensack,	New Jersey		300000				City, S	state, Zip	Code	07011-1802				
Project Manager for Mon Mr. Gary Mellor	itoring Firm			Telepho	ne No. 39-8700		Telenh	none No.	. (%)	License 00724	No.			
Start Date (10) September 11,2013	3	Schedule Decem	d Co	mpletion 31,2013	Date (11)		Name	of OSHA	Monitor struction					
Occupancy Status During Facility Closed/Vaca		k Only On	e)				Street	Address Getty A		2 × , .				
Abatement Perform Other – Describe:	ed Outside of Norn	nal Facility	Hour	s 			City, S	tate, Zip	Code	07011-1802			- 10	
Scope of Work (Check A	II That Apply)		-				Cinto	an, 1401	Cococy	07011-1002	-	-	-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoli				X	Mini- Glove	Enclosure ebag Proc	edure				
		Τ.						I Non-	Exempted	(*) and Non-Fria	ble Pre			
Location	of		Locat Iorma			Do	0 orintia	-6				Auge (T	emen /pe	•
Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Maj	d Sole intena odial ((12)	nce/ Staff?	Asbes (i.e.	tos Cont thermal surfac	scription aining M systems cing, VA niscellan	laterial (/ insulati T, or	ACM) on,	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							1 11	,	ate	9
First & Secon				X	S	ргау-О	n Firep	proofing	3	188,000SF	. X			
First Flo	oor	S		×			TAV			1,000SF				
		+								1)	+			
Name of Registered Was	ite Hauler			UDEP W		Cubic			Name of F	Registered Landfi	1	1		
Slavco Construction	lna.			lauler ID 8508	No.	of Was				W.S Landfill				
City, State Clifton, New Jersey (07011-1802					Dispos	sal Date		City, State Morrisvi					
Completed by Vivian D. Jurcevic		Title Office	e Ma	nager		8	ignature Juu	and	ra	ucuic	ate Of	25	13	7.
		1					1		7		10	101		

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

Check # 22412

Data of Natification (1)					Nama	of Duildin	- 0	0)	<u> </u>						
Date of Notification (1)	22 /			Name of Building Owner/Operator (2) Redwood - ERC New Providence, LLC											
Agencies Notified	Type Notifica	-		Street Address 2											
⊠ EPA	☐ Initial			701 Maiden Choice Lane											
☑ DEP ☑ Amended ☑ DCA (NJAC 5:16) ☑ Amendment #2 ☑ DHSS ☐ Emergency (including)						City, State, Zip Code									
						Baltimore, Maryland 21228									
DCA (NJAC 5:23-8)	justification) Cancellation				Name of Contact Mark Hunter			Telephone Number							
								410-402-2475							
					FA	CILITY IN	IFORMATION		*/						
Name of Facility Where Abatement is Taking Place (3)						Type of Facility (4)									
Office Building							☐ School (K-12)								
Street Address								☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private & commercial buildings,							
535 Mountain Avenue								homes, etc.)							
City (5) New Providence								Square Feet 150,000	# of Floors		dg. A 40+	ge			
County (6)					Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)					
Union								N/A	•	3.23.33 .					
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.						No.	Name of Abatement Contractor (9)								
Westchester Environmental, Inc. 0268							Diamond Huntbach Construction Corporation								
Street Address						Street Address									
307 North Walnut Street							500 East Luzerne Street								
City, State, Zip Code							City, State, Zip Code								
West Chester, PA 19380							Philadelphia, PA 19124								
Project Manager for Monitoring Firm Telephone No.							Telephone No. License No.								
Matt Abraham 610-431-7545						-7545	00646								
Start Date (10) Scheduled Completion Date (11)							Name of OSHA Monitor								
Occupancy Status During Abatement (Check only one)							Street Address								
☐ Facility Closed/Vacated During Entire Period of Abatement															
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7AM-6PM/PMAM</u>						scribe	City, State, Zip Code								
Scope of Work (Check a	II that apply)														
							☐ Full Containment with Negative Pressure								
□ ≥3 sf or ≥3 lf □ Renovation □ ≥160 sf or ≥260 lf □ Demolition							☐ Mini-Enclosure ☐ Glovebag Procedure								
△ ≥100 SI OI ≥200 II		Δ	Dem	Olltic)[]		⊠ Non-Exe	g Procedure mpted (*) and No	n-Friable Procedu	re					
Is Location of Norma					THE COURSE					Abatement Type					
TO BE ABATED IN Facility					ely by		Description of			-	T.,	_	Tm		
					nce/		stos Containing Ma rmal systems insula	Amount (Specify SF or LF)	em ?	Repair	nca	incl			
				diai ((12)	Staff?		VAT, or		Removal	¥	psu	Enclosure			
(13)			es	No	N/A	1	other miscellaneous)			9.00		Encapsulate	- F		
Loading Dock, 2 nd flo	or, Mech, E	lec [1 1	\boxtimes	П	9" floor	r tile under 12" a	nd Mastic	7,500				\vdash		
1 st , 2 nd & 3 rd Floors			-	 X			" floor tile black		5,500			H	H		
* 3 rd Floor				X	☐ Floor		Tile Mastic		33,580				H		
* Basement/1st floor Hallway			1 [\boxtimes		Green I	Floor Tile Mastic		840			П	旨		
					JDEP \	9102.200	Cubic Yards of	Name of Regis					1		
Diamond Huntbach Construction					auler ID No. Waste		Waste 40 CY	Minerva							
City, State					. 5500		Disposal Date	City, State							
Philadelphia, PA 19124							12/31/13		rg, OH 44688						
Completed By (Print or Type) Title							Signature	01	12 / Da	ite		i	-		
Charles F. Imbimbo	Charles F. Imbimbol Project Manager Signature Date												2		