CK 2084

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

The second secon	EGET Print Form	
Production of the state of the	DEC 2 1 2016	
Participan Control of	ASPESTOS CONTROL & LICENSING	

Date of Notification (1) 12-13-2016					f Building ell Alley,		Operator	(2)				- NCI		-!	UID
Agencies Notified	Type Notification				ddress lancey S						ASI			CON	TROL 3
DEP N DOL	Amended Amendment  Emergency justification)	(including	-	New Y	ork, NY Contact	10002	2			Tel	ephone N	Number	eg .		
☐ DCA	Cancellation	l			LITY INFO		ON								
Name of Facility Where A Residential	Abatement is Takin	g Place (3)		PAGI	LIITINFO	JRIVIAT	ION	_	of Facility (4						
Street Address								X (	Subchapter and Subchapter and Subchapter (i.e. prestc.)	ivate	& comme			*15-21111.3130.11	nes,
City (5) Jersey City, NJ 073	02							5000		1	f Floors		Bldg 754	ı. Age	
County (6) Hudson				County (	Code (7) USE ONLY)			Curre	nt Use (Prio	r if bei	ng demo	lished)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	1 No.				ement Cont vironmenta			LLC			
Street Address								Addres Virgini	s a Avenue						
City, State, Zip Code									p Code /, NJ 0730	04					
Project Manager for Mon	itoring Firm			Telephor	ne No.		10000 0 TO 17 CO	none No 333-8			License 01174				
Start Date (10) 12-13-2016							= 0.00	of OSH e as a	IA Monitor bove						
Occupancy Status During	Abatement (Chec	k Only One	)				Street	Addres	s						
Facility Closed/Vaca Abatement Perform Other – Describe:						_	City, S	tate, Zi	p Code						
Scope of Work (Check A	II That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			nova molit				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
		le l	ocati	ion						7 311			17.50	ateme	nt
Location	of	No	rmal	ly		De	scription	of						Туре	
TO BE ABA	Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  Used S Mainte					os Cont thermal surfa	Description of s Containing Material (ACM) Amount ermal systems insulation, surfacing, VAT, or SF or LF) other miscellaneous)					Kemoval	- Soban	Encapsulate	Enclosure
Roof		Yes	No X	N/A		Roc	of mate	rial		20	00 SF	X	+	+	-
11001	^			Noc	n mate	IIai		20	00 31	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
Name of Registered Was	1 100	JDEP W lauler ID		Cubic of Wa	Yards		Name of R	- 1							
Green Environmenta	I Services			034889		5	316		G.r.o.w.s	s. No	rth Lan	dfill, F	Α		
City, State Jersey City, NJ							sal Date 3-2016		City, State Morrisvil	le, P	Ą				
Completed by Liliana Serrano	mar	nager	- 9	Signature		Senna	لعد		Date 12-13	-20	16				

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

	EG	E		Print	Form
DEC 2 1 2016	DE(	2 2	1 2	016	

Date of Notification (1)						and 12:12	33.7		D	EC	21	20	116
12-19-2016			Nan Bu	ne of Buil Ilseve F	ding Own Brunswic	er/Operato	r (2)	100				100000	
Agencies Notified Type Notificat	ion		_	et Addre		on, LLO		1 1	SPE	STO	0.0	ONT	BOI
EPA Initial			615	Jerse	Street					0,0	00	ING	
DEP Amended Amended			City.	State, Z	p Code							4	
Emergen	cy (includ	ding			, NJ 07	302							
DCA justification Cancellate				e of Con	<sub>tact</sub> entowic	7		Telep	hone N	umbe	er		
Name of Facility Where Abatement is Ta					INFORM						_		
Residential	king Plac	e (3)					Type of Facility	/ (4)					
Street Address							School (K	-12)					
							Subchapte Other (i.e.	er 8 (Other t private & co	han K-	12)	سنامانس		
City (5)		271000					CIC.)			CIAI D			
Jersey City, NJ 07302							Square Feet 10000	# of Flo	oors		Bldg 70+	. Age	
County (6) Hudson			Coun	ty Code (	7)		Current Use (Pr		demolis	thed)	1000		
Name of Monitoring Firm Hired by Buildin	a Owner	/0\			VĹY)				derito.	sileu)			
S S Sy Bandin	g Owner	(0)	AS	CM No.		Name o	of Abatement Co	ntractor (9)					
Street Address						Street A	Environmer	ntal Servic	ces, L	LC			
City, State, Zip Code							irginia Avenu	ıe					
ony, State, Zip Code		. Cameron				City, Sta	ate, Zip Code						
Project Manager for Monitoring Firm			Tolonk				City, NJ 07	304					
			relepr	one No.		Telepho	ne No. 33-8855		ense N	10.			
Start Date (10) 1-10-2017	Sched	uled C	ompletion	n Date (1	1)		OSHA Monitor		174				
	1-17-	2017					as above						
Occupancy Status During Abatement (Che						Street A	ddress						
Abatement Performed Outside of Non	Period o mal Facil	f Abate	ement										
		.,				te, Zip Code							
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 If × ≥160 sf or ≥260 If		Reno				×	Full Containment with Negative Pressure						
	×	Demo	lition			Н	Mini-Enclosure Glovebag Procedure						
						×	Non-Exempted	edure (*) and Nor	n-Friab	e Pro	cedu	e.	
Location of		s Loca Norm										emen	t
Asbestos-Containing Material (ACM)	Us	ed So ainten	lely by	Asbe	De stos Con	scription of	erial (ACM)	• • • • • • • • • • • • • • • • • • • •			Ty	/pe	_
TO BE ABATED In Facility	Cus	stodial	Staff?	(i.e	e. thermal	systems in	sulation	Amoun (Specif	V	R	_	En	m
(13)		(12)			other r	cing, VAT, niscellaneo	or us)	SF or LI	F)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							/al	=	ulate	ure
Entrance by garage		Х			Li	noleum		40 SF		Х			
1st floor apartment			ŗ	laster		2400 S		X					
1st floor storage by kitchen			Li	noleum		1005 S							
Roof				f materia				X					
ame of Registered Waste Hauler	JDEP W	aste	Cubic '			5100 Si egistered La	1	X					
reen Environmental Services, LLC	fauler ID 034889	No.	of Was		I.	egisterea La 5. North La							
ity, State	- 1000			al Date	City, State	. I TOILLI	anunn						
ersey City, NJ						Morrisvill	e, PA						
iana Serrano	Title Office	1/10-	2005		Si	gnature			Date	_			
	Office	ivial	ager				12-19-2016						

CK2100	NOT	TIFICAT	State of New Je	OS ARAT	EMENT	Business and every consideration	DE	G	E		Prin
Date of Notification (1) 12-19-2016		Nam	ant to NJAC 8:60 e of Building Own Iseye Brunswic	er/Operato		Spine of Control		DEC	2	1 20	016
Agencies Notified  Type Notificatio  Type Notificatio	n	Stree 615	et Address Jersey Street			and the state of t	ASBE		S C		
DOL     Amended     Amendmer     Emergency     justification     Cancellatio	(including	Jers	State, Zip Code sey City, NJ 07 of Contact ald Eglentowic				Telephone N	lumbe	er		
Name of Facility Where Abatement is Takin Residential			CILITY INFORMA		Type of Facil						
Street Address City (5)					Other (i. etc.)	oter 8 (0 e. priva	Other than K- te & commer	12) cial b	uilding	js, ho	mes,
Jersey City, NJ 07302 County (6)		Count	y Code (7)		Square Feet 10000	2	7.		Bldg 70+	. Age	
Hudson  Name of Monitoring Firm Hired by Building	Owner (8)	(STATE	CM No.	Name	Current Use ( of Abatement (			shed)			
Street Address				Gree	n Environme Address /irginia Aver	ental S	Services, L	LC			
City, State, Zip Code  Project Manager for Monitoring Firm				City, S	tate, Zip Code y City, NJ 0						
Short D. J. (18)	Sahadilada		one No.	Telephi 201-3	one No. 33-8855		License N 01174	lo.	-		11000
1-9-2016 Occupancy Status During Abatement (Check	Scheduled Con 1-9-2016	npletion	Date (11)	Same	of OSHA Monito as above	or			7		
Facility Closed/Vacated During Entire P     Abatement Performed Outside of Normal Other – Describe:	oriod of AL-4	nent		Street A	Address ate, Zip Code						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If	Renovat  Demoliti				Full Containn Mini-Enclosu Glovebag Pro	re ocedure					
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Is Location Normally Used Solely Maintenan Custodial St (12)	y by ce/	Asbestos Cont (i.e. thermal surfac	scription o	terial (ACM) nsulation, or	م ٤)	mount Specify or LF)	e Pro Remov	Abate		Enclosi

ılate Yes No N/A ure Roof X Roof material 600SF X Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards Name of Registered Landfill Green Environmental Services, LLC of Waste 0034889 G.r.o.w.s. North Landfill City, State Disposal Date Jersey City, NJ City, State 1-9-2016 Morrisville, PA Completed by Title Signature Liliana Serrano Office Manager Date 12-19-2016

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CK2098	NO	TIFICA (Purs	ATION O suant to	F ASBEST NJAC 8:60	and 12:120	MENI			DEC	2 1	20	16
Date of Notification (1) 12-16-2016					er/Operator Propertie:				DLU	Error 1	20	.0
Agencies Notified Type Notification			reet Add 19 Mor	ress nticello Av	/enue			ASBI			ONT	ROI
EPA Initial Amended  X DOL Amendmen	t #			, Zip Code City, NJ 0	7304							
DOH Emergency justification	)	1000	ame of C	ontact Eglentowi	cz		,	Telephone Num	hor			
DCA Cancellatio				TY INFORM								
Name of Facility Where Abatement is Taki Residential	ng Place (3)					Пѕ	of Facility (4) chool (K-12)	)				
Street Address						×	Subchapter 8 Other (i.e. pri tc.)	(Other than K-12) vate & commercia	) I buildi	ngs, h	omes,	
City (5) Jersey City, NJ 07304						Square 4000	e Feet	# of Floors	75	lg. Ag +	е	
County (6) Hudson			ounty Co	ode (7) SE ONLY) _		Currer	nt Use (Prior	if being demolish	ed)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.	Name	of Abat en Env	ement Cont ironmenta	ractor (9) al Services, LL	С			
Street Address						t Addres Virgini	s a Avenue					
City, State, Zip Code						State, Zi sey City	p Code y, NJ 0730	04				
Project Manager for Monitoring Firm		Ī	elephone	e No.		hone No -333-8		License N 01174	0.			
Start Date (10) 12-20-2016	Schedule 12-23-2		pletion D	ate (11)		e of OSF ne as a	A Monitor above					
Occupancy Status During Abatement (Ch	eck Only On	e)			Stree	et Addres	SS					Į.
Facility Closed/Vacated During Entir Abatement Performed Outside of No Other – Describe:	e Period of A ormal Facility	batem Hours	ent		City,	State, Z	ip Code					
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						
		Location					III-Exemple	( ) and Non : no.		Abate	ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Normall d Sole intenar todial S (12)	ly by nce/	(i.e. th	Descriptions Containing sermal systemsurfacing, Nother miscell	Materia ms insul VAT, or	ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A		Roof ma	tarial		2000 SF	X			
Roof	X			Koot ma	iteriai		2000 01	11				
Waste Houles			NJDEP W	Jaste	Cubic Yard	S	Name of	Registered Landf	ill			_
Name of Registered Waste Hauler Green Environmental Services		F	Hauler ID	No.	of Waste 30		G.r.o.w	v.s. North Land				1145e Se
City, State Jersey City, NJ					Disposal Dis		City, Sta Morris	ville, PA				
Completed by Liliana Serrano	Title	се Ма	nager		Signa	ture	ا عکن یا		) ate 12-16	-201	ĵ.	

Print Form

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

				(P	(Pursuant to NJAC 8:60 and 5:16)  Name of Building Owner/Operator (2)											
Date of Notification (1)					Nam	e of Buildir	ng Owner	Operator (	2)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DEC	2	1	2016	)
12/	15 /	16			PS	E&G		/ Job #	1612-509	1	Check#	8783				
Agencies Notified	Type Notific	cation			Stree	t Address					AST	3EST(	25	CO	VTR	OL 8
⊠ EPA					40	00 Hadle	y Road				7.0	LIC	E	181	IG_	
⊠ DOLWD	Amende				City,	State, Zip	Code				l.		-			
☐ DCA	Amenda Emerge				So	uth Plair	field, N	J 07080								
(NJAC 5:23-8)	justificat		ciuaing	3	Name	e of Conta	ct				Telephone	Numbe	r			
,	Cancella				Ric	k Russo	)									
<u> </u>					FA	CILITY II	NFORM	ATION								
Name of Facility Where Al	batement is	Taking	Place	(3)					Type of I	Facility (4	4)					
PSE&G Control Hou	ise								Scho			IZ 40)				
Street Address											(Other than vate and cor		al bu	ildino	IS.	
467 River Street										es, etc.)						
City (5)									Square F	eet	# of Floors	3	Blo	dg. A	ge	
Paterson							4000000									
County (6)					Cou	nty Code (	7)(STATE	JSE ONLY)			or if being de	molishe	d)			
Passaic										ol Hous	se					
Name of Monitoring Firm H	lired by Bui	lding C	)wner (	8)	ASCM	No.		of Abateme		ctor (9)						
NA							(4.878994)	teTech, I	10.							
Street Address							U sometiment	Address	DO D	0.5						
City State 7in Code								laple Ave		X 25						
City, State, Zip Code							1.50-1.00	tate, Zip Co								
Project Manager for Monito	oring Eirm	-		Tolo	phone	Me		berton, None No.	13 00040	*	License No					
r roject Manager for Monito	Jillig Fillii			Tele	phone	NO.		265-2107			00529	J.				
Start Date (10)	Τ.	Sched	uled Co	omple	tion Da	ite (11)		of OSHA M			00020		_			-
12/15/_				39		16	200000000000000000000000000000000000000	L Analyti								
Occupancy Status During /														_	7.27	
☐ Facility Closed/Vacated					Street Address ement 200 Route 130 North											
Abatement Performed (					rs - Describe City, State, Zip Code										-	
Time of Abatement:	AM	PN	1/	_PM-		AM	1 599	aminson		77						
Scope of Work (Check all t	hat apply)						1		•							
≥3 sf or ≥3 lf			⊠ Rer						tainment with Negative Pressure							
\(\text{\geq} \geq 160 \text{ sf or \geq} 260 \text{ lf}				nolitic				] Mini-Encl ] Glovebag		re						
			P								-Friable Proc	edure				
•				Locat orma									Aba	ateme	ent Ty	/pe
Location of Asbestos-Containing Management		л)		d Sole		Ashe		scription of taining Mat		л)	Amount		Re	Re	En	En
TO BE ABAT	ED	,		ntena	nce/ Staff?		., therma	I systems i	nsulation,	,	(Specify		Remova	Repair	caps	Enclosure
IN Facility (13)			Gust	(12)	olaii!			cing, VAT,			SF or LF	)	<u>n</u>		Encapsulate	ure
(10)		1	Yes	No	N/A	1	Other I	modenand	,43)						9	
Exterior				$\boxtimes$	П	Black F	Pipe Wra	ıp qı			10 LF		X	П	П	П
				•						=						
		135-34					-		- 1	_	ᆜ	븨				
											Ш	Ш	Ш			
									[							
111-						Vaste	Cubic Y	ards of			ered Landfill					
Veolia ES Technical S	auler ID NJD0		Waste 2		EQ W	layne D	Disposal- N	11D048	090	633						
City, State	NJD0806313 2 Disposal Date City, State					-										
Flanders, NJ							12/15	5/16	Belle	ville, M	1 48111					
Completed By (Print or Type	e)	Title		Signature Date					1 -1							
Gwendolyn Trumbett	i	Or	eratio	ons C	oordi	nator						13	115	5/1	6	

ASB-41

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

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

Date of Notification (1)				Name of Building Owner/Operator (2)  Our Lady of Lourdes Health System / Job #1612-5095 Check #8784									J16	
12 /	19 / _	16	-		Out	r Lady of	Lourdes Health	System / Job	#1612-5095 Ch	eck #	‡878	4		
Agencies Notified	Type Notifica	ation			Street	Address			ASBE	STC	SC	ONT	FROI	
⊠ EPA	Initial				160	0 Haddo	n Avenue					SING		
⊠ DOLWD	☐ Amended	XXII			City, S	State, Zip C	Code							
☑ DHSS	Amendm		·-		Car	nden, NJ	08103							
☐ DCA (NJAC 5:23-8)	☐ Emergen justification		laing			of Contac			Telephone Numb	er				
(110/10/0.20-0)	☐ Cancellat				Wa	lt Wenne	r			_				
					FAG	CILITY IN	IFORMATION							
Name of Facility Where A	batement is T	aking P	lace	(3)				Type of Facility (						
Our lady of Lourdes	s Medical C	enter						School (K-12)	) (Other than K-12)					
Street Address								Other (i.e., pr	ivate and commercial	cial bu	ilding	IS,	9	
1600 Haddon Avenu	ne							homes, etc.)						
City (5)								Square Feet	# of Floors	Ble	dg. A	ge		
Camden														
County (6)					Cour	ty Code (7	)(STATE USE ONLY)		or if being demolis	ned)				
Camden								Hospital						
Name of Monitoring Firm	Hired by Build	ding Owr	ner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
TTI Environmental							AbateTech, It	ıc.						
Street Address							Street Address							
1253 North Church	Street						30 Maple Ave	. PO Box 25						
City, State, Zip Code							City, State, Zip Co	ode						
Moorestown, NJ 080	057						Lumberton, N							
Project Manager for Monit				Tele	ohone	No.	Telephone No.		License No.		5.000			
Jim Guilardi						-8800	609-265-2107		00529					
Start Date (10)		Schedule	ed Co				Name of OSHA M				- 10000			
1 /3 /	27					17	EMSL Analyti							
Occupancy Status During			33	1000			Street Address							
☐ Facility Closed/Vacate	5		56		nent		200 Route 13							
☐ Abatement Performed	0.70					cribe	City, State, Zip Co							
Time of Abatement:	AM	PM/_		_PM-		AM	Cinnaminson							
Scope of Work (Check all	that apply)						Ommaninoon	,						
Scope of Work (Officer all	triat apply)							ainment with Neg	ative Pressure					
≥3 sf or ≥3 lf				novatio										
≥160 sf or ≥260 lf		ш	) Der	nolitio	п			g Procedure mpted (*) and Nor	n-Friable Procedur	е				
				Locati						Ab	atem	ent T	уре	
Location				lormal d Sole			Description o		V. <b>W</b> . 4 P. 7 V. 7	R	R	Щ	Щ	
Asbestos-Containing N TO BE ABA		1)		ntenai			stos Containing Ma		Amount (Specify	Removal	Repair	cap	clo	
IN Facilit		(	Cust	odial S	Staff?	(1.0	surfacing, VAT,	or	SF or LF)	val	_	Encapsulate	Enclosure	
(13)				(12)		-	other miscellane	ous)				ate		
			'es	No	N/A	Din a In			400 LF					
Morgue			-				sulation		400 LF					
Morgue Bathroom			_			•	sulation						片	
Trash Room							sulation		40 LF					
Hall adjacent to Trash Room						100 De	sulation		50 LF		Ш	Ш	Ш	
Name of Registered Wast	e Hauler			1,750,000	JDEP V		Cubic Yards of Waste	Name of Regist						
AbateTech, Inc.				100000	18750		15	G.R.O.W.S.	Landfill					
City, State					, , , , ,		Disposal Date	City, State						
Lumberton, NJ							1/6/17	Tullytown,	PA					
Completed By (Print or Ty	pe)	Title		Signature.					Da	Date ,				
Gwendolyn Trumber		100000000000000000000000000000000000000	ratio	nne (	oordi	nator	/10	1	12/19/11					

ASB-41 MAY 11

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

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I manufactured		DEC	2	1	2016		U

							Lambda	DEC 21	20	16		7
Date of Notification (1)  1   2   /   1   6   /   1   6    Associated Notified   True Notified		ame of B erika so		ner/Operator (2	2)		ASBE	STOS C		ROL	. &	
Agencies Notified  EPA  Initial  DEP  Amended  Amendment #		reet Add ty, State,	ress Zip Code				L	LIOEM	211 9 03			
DOL Emergency		Newark	c, NJ 071	04								
DOH (including justification)	Na	me of Co	ontact				Telepho	one Numbe	er			
DCA Cancellation	n	erika so	oto									
			FAC	ILITY INFORM	IATIO	N	<del></del>		3			
Name of facility where abatement	is taking pla	ce (3)					Type of Facility	/ (4) ool (K - 12	·			
erika soto							1 =	chapter 8 (		han k	(-12)	
Street Address							Othe	r (Private/0	omme		(12)	
							Square Feet	# of Floo		I B	ldg. A	ne.
City (5)	Count	y (6)			Cou	unty Code (7)	Oquale 1 cet	# 011100	13		iug. A	go
W 200		2020			V15.2755	ate use only)	Current Use (	Prior if beir	ng den	nolish	ed)	
Newark  Name of Monitoring Firm Hired by	ESS.			1001111	L.,	I blasses of Obstantial						
Name of Monitoring Film Filed by	blug. Owner	(0)		ASCM No.		Name of Abatement	0.5					
Street Address					-	D & S RESTOR	ATION, INC.					
						20 California A	ve					
City, State, Zip Code					-	City, State, Zip Code				-		
						Paterson, NJ 07	503					
Project Manager for Monitoring Firm	1	P	hone Numb	er	_	Telephone Number		License				
						973-345-8020 Name of OSHA Moni	ika s		1169			
Start Date (10)	Sched.	Completi	on Date (1	1)		D & S Restorati						
12/28/16	01/20/	24.77				Street Address	011, 1110.					
Occupancy Status During Abatemer						20 California Av	renue					
Facility closed/vacated during Abatement performed outside Describe:	of normal fa					City, State, Zip Code						
Other-Describe: NORMAL H					=	Paterson, NJ 07	503					
Scope of Work (check all that apply	Renovation Demolition						Full Containment Mini-enclosure Glovebag proced Non-Exempted (*	ure			edure	
Location of asbestos-containing	Is location by mainten			1	20-1, 20-2	HALLOW STATE OF THE STATE OF			R	R	E n	Е
material (acm) to be	staff(12)	-0.1100-200-200-200-200-200-200-200-200-200		Description material (		sbestos-containing	Amount (Specify	SF or	m	р	С	n
abated in facility (13)	Yes	No	N/A				LF)		v e	i	a p	Ĺ
BASEMENT BOILER area		X		PIPE INSU	LAT	ION	55 l ft		X			
basement gas meter closet/	X		PIPE INSU	LATI	ON	25 L FT		X				
											111	
								1		片	#	
Registered Waste Hauler	INJDEF	Hauler	ID# I C	ubic Yards of V	Vaste	Name of Registered	Landfill		<u> </u>	Ш	Ш	
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BOGDAN JOLDZIC	PRESIDE	NT		o.g.iataro				12/16/	2016			
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or monitoring i init i lifed by	blug, Owner (8)		ASCM No.		Name of Abatement	Contractor (9)			
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ty, State PATERSON, NJ 07503		Disposal Da			City, State	KE	COVERT		
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2005	itle PRESIDENT		Signature				Date		
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#### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

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Name of Building Owner/Operator (2) Date of Notification (1) 1 2 / 1 4 / 1 6 ASBESTOS CONTROL & philip deacon Agencies Notified Type Notification Street Address **EPA** Initial Amended DEP City, State, Zip Code Amendment #: DOL M Emergency newton, nj 07860 (including DOH Name of Contact Telephone Number justification) DCA philip deacon Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) philip deacon Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) sussex Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 12/19/16 12/30/16 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure >3 sf or >3 lf Mini-enclosure Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (\*) and Non-friable procedure Is location normally used solely Location of E by maintenance/custodial е e asbestos-containing n Amount Description of asbestos-containing n staff(12) m p material (acm) to be C (Specify SF or material (ACM) C 0 a abated in facility (13) a LF) Yes No N/A V BASEMENT PIPE INSULATION 120 l ft M BASEMENT BOILER BOILER INSULATION (fire box) 44 sq ft Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 3 yds TULLYTOWN, RESOURCE RECOVERY Disposal Date City. State City, State PATERSON, NJ 07503 12/20/16 TULLYTOWN, PA Completed by (Print or Type) Signature Title Date **BOGDAN JOLDZIC** PRESIDENT 12/14/16 Do not use this form for ashestos licensure exempted activities

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Date of Notification			Name of Bu	ilding Own	er/Operator (2)			1	L						
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153							Paterson, NJ 07	503							
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Cancellation	11 =	Torracir 5		LITY INFORM	ATION	l							
	talian alago	(2)					Т	Type of Facility (4	1)				
Name of facility where abatement is	taking place	(3)							(K - 12)	)			
brendan schriber							. 1	Subcha	pter 8 (0	Other th	an K-	12)	
Street Address							7		Private/C		cial		
									Homes, e		RId	g. Ag	Α
							-	Square Feet	# 01 F100	15	Dia	y. ny	C
City (5)	County	(6)			440000000	inty Code (7) ite use only)		Current Use (Pr	ios if boi	ag dom	olisho	4)	
A CONTROL LIB	ECCE	v			(31	ite use only)		Current Ose (Fi	ioi ii beii	ig deili	Olishic	۵)	
MONTCLAIR  Name of Monitoring Firm Hired by B	ESSE		T	ASCM No.	<u> </u>	Name of Abateme	ent C	Contractor (9)					
Name of Monitoring Firm Timed by B	iag. Owner (	(0)		AGGINI NO.		D & S RESTO							
					_	Street Address	JIVA	TION, INC.					
Street Address						20 California	Δν	a					
					_	City, State, Zip Co	-	0.		Darley Co.			
City, State, Zip Code						Paterson, NJ		:02					
		LDb	ne Numb		_	Telephone Number		103	License	e Numb	er		
Project Manager for Monitoring Firm		Pno	ne Numb	eı		973-345-80			100000000000000000000000000000000000000	01169			
						Name of OSHA N	Monitor						
Start Date (10)	Sched. C	Completio	n Date (11	1)		D & S Restor							
12/29/16	01/20/1	17				Street Address		,					
Occupancy Status During Abatement				The second secon	-	20 California	Ave	enue					
Facility closed/vacated during e			ment.			City, State, Zip Co							
Abatement performed outside	of normal fac	cility hours	S-		1								
Describe: NORMAL HO	OURS				_	Paterson, NJ	075	503					
Scope of Work (check all that apply)							ΠF	ull Containment v	//negativ	e press	ure		
	Renovation							Mini-enclosure					
								Glovebag procedu		. Calabata			8
≥160 sf or ≥260 lf	Demolition	-11					Ш	Non-Exempted (*)	and Nor	R	R	E	
Location of	Is location in by mainten						_	Amount		е	е	n	E n
asbestos-containing material (acm) to be	staff(12)			Descript		asbestos-containing	g	(Specify S	SF or	m	p a	c a	C
abated in facility (13)	Yes	No	N/A	- matorial	(, 10,11	,		LF)		V	i	p	L
				T DOWN DD I	NOLL	ATION	-	38 sq ft		e	1	$\Box$	I
GARAGE		X		BOILER I		LATION		22 sq ft			H	片	+
GARAGE		X	spray on (v	wall)		-			⊣씀	H	片	붐	
					-		recuties a			井	H	片	H
							_	_		ᆛ井	片	片	+
		P Hauler I		Subic Yards of	187	IN	a # c = 1	Londfill		_ ⊔		Ш	
Registered Waste Hauler	vvast	Name of Registe		RESOURCE R	ECOVE	ERY							
D & S RESTORATION, INC.	-	City, State	11,	. L. DO O MOD N			- All a cont						
City, State PATERSON, NJ 07503			Disposal I 12/30/1			TULLYTOV	WN.	PA					
Completed by (Print or Type)	Title			Signature			,		Date				
ROGDAN IOLDZIC	PRESIDE	TIVE							12/1	14/16			



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

Date of Notification (1)					Name	of Building	Owner/Operator (	2)	1 1				
12 / 2	0 /	16			Mat	trix Re	ealty, Inc.		ASSE	STO LIC	SO		HUL
Agencies Notified	Type Notific	ation				Address			Scarce and Company and Company of the Company	-1-2	-IYU	100	
■ EPA	Initial				Fors	gate D	rive, CN4000	)					
■ DOLWD	Amende Amendm					State, Zip C							
■ DHSS □ DCA	☐ Emerger		cluding	. 1	Crar	nbury, N	NJ 08512						
(NJAC 5:23-8)	justificati	ion)				of Contact	70		Telephone Numb	oer	_	1142.543	
	☐ Cancella	tion			Thor	mas Mo	Closkey		1		2006		
					FAC	CILITY IN	FORMATION						
Name of Facility Where A	batement is	Taking	Place	(3)				Type of Facility	(4)				
Building L								School (K-12	?) 3 (Other than K-12)	e			
Street Address		_							rivate and commer		ilding	s,	
259 Prospect Pla	ins Road	, Bu	ildin	g L				homes, etc.)		12.		-con-	
City (5)								Square Feet	# of Floors	500	dg. A		
Cranbury		72732			10	1 0 1 7	VICTATE LICE ON VI	9,600sf	1		)+ y	15	
County (6) Middlesex					Coun	ity Code (/	)(STATE USE ONLY)		or if being demolis		on	<b>\</b>	
Name of Monitoring Firm	Llicad by Duil	dina C	···nor/	0)	ASCM	Na	Name of Abateme	2.2		ora	.Oly		_
Hillmann Consult		airig C	wner (	°)  '	43CIVI	NO.	Prism Resp						
Street Address	ilig, LLO						Street Address	01136, 1116.					
1600 Route 22 E	ast Suite	#10	7				102 Techno	logy Lane					- 1
City, State, Zip Code	ast, Ouite	, 11 11	<i>-</i> 1				City, State, Zip Co	•			-715-		
Union, NJ 07083							Export, PA						
Project Manager for Moni	toring Firm			7.574 (5.50)	phone I		Telephone No.		License No.				
Michael Nelsen		Application of the		.7800	724-325-33	3000	01121						
Start Date (10) 01 / 09 /		Sched 02			ion Date (11)  Name of OSHA Monitor  / 2017  Hillmann Consulting, LLC								
Occupancy Status During		-					Street Address	LLO					
Facility Closed/Vacate				100	nent		1600 Route	iite #107				- 1	
☐ Abatement Performed						cribe	City, State, Zip Co		110 11 101		_		-
Time of Abatement: _	AM	PN	Λ/	_PM-		AM	Union, NJ 0						
Scope of Work (Check all	that apply)		2-10-11-1				E 5.11 Co.11	ainmant with Nos	nativa Deagaura				
☐ >3 sf or >3 lf			■ Re	novatio	on		☐ Mini-Enc	tainment with Neg losure	jalive Flessule				
≥160 sf or ≥260 lf			☐ De	molitio	n			g Procedure	n Friable Procedur	0			
			lo	Locati	00	1	□ Non-Exe	mpted ( ) and No	n-Friable Procedur	_	atem	ant Tr	vna
Location	of			Normal			Description of	of		-	-		
Asbestos-Containing I	Material (ACN	Л)		d Sole			stos Containing Ma	terial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABA IN Facilit			200000000000000000000000000000000000000	intena todial S		(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)	ova	Ť	psu	osur
(13)	y			(12)		1	other miscellane		,			late	0
	#//u		Yes	No	N/A			** **	4400.05				
Floor Tile &					×		Throughout Bu		4160 SF	×	H		
Transite Panels in Lab Hoods							1-10,E1-11, E1		120 SF	×			H
Pipe Fitting Insulation					x	Through	out Building & M	echanical Rm.	300 LF	×			믬
Window & Expansion caulk					×		Exterior Cubic Yards of	Name of Regis	176 LF	x		Ш	Ш
Traine of regional residence					JDEP \ auler IE		Waste	GROWS					
Waste Management s					V1724		50 cubic yards		Landini			-	
City, State							Disposal Date	City, State Morrisvill	ο ΡΔ				
Trenton, New Jersey							2/6/2017	IVIOITISVIII	/ Da	te /			-
Completed By (Print or Type) Title					tiv	Cunn	Signature	1000 11	11/10 0	2/	21	/11	/
Jessica Wolfe Administr					ilive	Supp	or Chr	WILLIU VO	rye 1	2/0	10,	//(	0.
ASB-41			_					ated potivities	//	1	/		

CKH Cell(	) GNC		ATION	OF AS	ew Jersey BESTOS ABAT AC 8:60 and 5:1			; E		$\mathbb{V}$	E	
Date of Notification (1)			Name	of Buildin	g Owner/Operator (	(2)	DE	C 2	1	2016		
12 /16 /	16		TH	E MIDDL	ESEX COUNT IN	PROVEMENT	AUTHORITY				A section of	
Agencies Notified Type Notific	ation		Stree	t Address			ASBES	TOS	CON	UR	OL 8	
☑ EPA ☐ Initial			101	INTERC	HANGE PLAZA		/ ADDLO	ICE	VSIP	G		
☑ DOLWD ☑ Amended			City, S	State, Zip (	Code							
<ul><li>☑ DHSS Amendm</li><li>☑ DCA ☑ Emergen</li></ul>		ina	CR	ANBURY	, NJ 08512							
(NJAC 5:23-8) justificati	on)	ii ig	Name	of Contac	t		Telephone Num	ber				
			FA	CILITY IN	NFORMATION		_					
Name of Facility Where Abatement is 7	Taking Pla	ice (3)				Type of Facility						
ROOSEVELT HOSPITAL						School (K-12						
Street Address							8 (Other than K-12 rivate and comme		uilding	IS.		
1 ROOSEVELT DRIVE						homes, etc.)	5.)					
City (5)						Square Feet # of Floors Bldg. Ag						
EDISON						>500,000			75+			
County (6)			Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	shed)				
MIDDLE SEX												
Name of Monitoring Firm Hired by Build	ding Owne	er (8)	ASCM	No.	Name of Abatement Contractor (9)							
EHS			266		DELTA/BJDS	S, INC						
Street Address					Street Address							
411 SOUTHGATE COURT SUIT	EE				1345 INDUSTRIAL BLVD							
City, State, Zip Code					City, State, Zip C							
MICKLETON, NJ 08056  Project Manager for Monitoring Firm		Tal		SOUTHAMPTON, PA 18966 shone No. Telephone No. License N								
JACK CARNEY			56 224		215 322-2900	í	License No. 00783					
	Scheduled				Name of OSHA M		00703					
12 / 24 / 16		/ 1			CRITERION L							
Occupancy Status During Abatement (					Street Address							
□ Facility Closed/Vacated During Entire			ment		3370 PROGR	ESS DRIVE						
☐ Abatement Performed Outside of No				scribe	City, State, Zip Co	A CONTRACTOR AND					_	
Time of Abatement: 7AMPN	// <u>11</u> PM	A	M		BENSALEM,							
Scope of Work (Check all that apply)												
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		Renovat Demoliti			☐ Mini-End	g Procedure						
					☐ Non-Exe	mpted (*) and No	n-Friable Procedu					
Location of		Is Loca Norma			Description of				atem	ent T		
Asbestos-Containing Material (ACM		sed Sol	ely by	Asbe	stos Containing Ma		Amount	Ren	Repair	Enc	Enc	
TO BE ABATED	100	Maintena ustodial			., thermal systems	insulation,	(Specify	Removal	air	Encapsulate	Enclosure	
IN Facility (13)		(12)			surfacing, VAT other miscellane		SF or LF)	1 =		ulat	Ire	
	Ye	s No	N/A							0		
4TH FL DOWN TO 2 <sup>ND</sup> FLOOR PI	PE 🗆			PIPE IN	ISULATION		10 LF					
CHASE										П		
		22.3										
											븯	
											Ш	
Name of Registered Waste Hauler			JDEP \		Cubic Yards of Waste	Name of Regis						
SERVICE TRANSPORT			20990			MINERVA	LANDFILL					
City, State 58 PYLES LANE, NEW CASTLE	DE. 197	720			Disposal Date	City, State WAYNESB	URG, OH 44688	3				
Completed By (Print or Type)	Title				Signature	-	Da Da					
Damian Lavelle		ECT N	IGR.		ID	i Jan	///	().	25	1-7	(11 h	

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.IAC 8:60 and 5:16)

0852-00					nt to NJ/			l	W	E		
Date of Notification (1)			Name of Building Owner/Operator (2)				had !			-		
12 /16 /	16	5		TH	IE MIDDL	AUTHORITY						
Agencies Notified Type Notifi	ype Notification				et Address	JUL, DE	0 2	1 1	2016	- 1		
☑ EPA ☑ Initial					1 INTERC					1		
☑ DOLWD ☐ Amended					State, Zip	ASBEST	OS	CON	TRO	)L &		
<ul><li>☑ DHSS Amendment #</li><li>☑ DCA ☐ Emergency (including</li></ul>				CRANBURY, NJ 08512					CEN	SIN	3	
(NJAC 5:23-8)   Emergency (including justification)   Cancellation			y	Name	e of Contac	ot		Telephone Num	ber			
								-				
		FA	CILITY IN									
Name of Facility Where Abatement is	e (3)				Type of Facility	(4)						
ROOSEVELT HOSPITAL						☐ School (K-12) ☐ Subchapter 8 (Other than K-12)						
Street Address								e., private and commercial buildings,				
1 ROOSEVELT DRIVE					h			etc.)				
City (5)							Square Feet	# of Floors		ldg. A	ge	
EDISON							>500,000			75÷		
County (6)					nty Code (7	7)(STATE USE ONLY)						
MIDDLE SEX					No.	Name of Abotem	HOSPITAL					
Name of Monitoring Firm Hired by Building Owner (8)  EHS						DELTA/BJDS	ment Contractor (9)					
Street Address				266	-	Street Address	5, INC					
411 SOUTHGATE COURT SUITE E					1345 INDUSTRIAL BLVD							
City, State, Zip Code												
MICKLETON, NJ 08056						City, State, Zip Code SOUTHAMPTON, PA 18966						
Project Manager for Monitoring Firm Tele					No.	Telephone No.		License No.		-	-	
				56 224	-0080	215 322-2900		00783				
Start Date (10) Scheduled Complete					ate (11)	Name of OSHA M	Name of OSHA Monitor					
12 /27 /16	_3	1_ /	/ _17_ CRITERION LABS									
Occupancy Status During Abatement (Check only one)												
☐ Facility Closed/Vacated During Entire Period of Abatem												
☐ Abatement Performed Outside of Normal Facility Hours Time of Abatement: 7AMPM/11PMAM				rs - Des	- Describe City, State, Zip Code							
		VI		BENSALEM,	PA 19020							
Scope of Work (Check all that apply)						M Full Conf	ninment with No.	rativa Drasavra				
≥3 sf or ≥3 If	novat	ion	☐ Full Containment with Negative Pressure ☐ Mini-Enclosure									
≥160 sf or ≥260 lf	moliti	on	☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure									
		Is	Loca	tion		☐ Non-Exe	inpled ( ) and No	n-Friable Procedur	1	otom	ent T	1/00
Location of Norr						Description o	f			_		
Asbestos-Containing Material (ACM)			ed Sol intena	ely by		stos Containing Ma	terial (ACM)	Amount	Rem	Repair	inca	ncl
I O DE ADATED				Staff?	(ı.e	<ul> <li>thermal systems is surfacing, VAT,</li> </ul>	(Specify SF or LF)	Removal	air	Encapsulate	Enclosure	
(13)		(12)				other miscellaneous)					late	G.
ATTLE DOLLAR ON DELCAR		Yes	No	N/A								
4TH FL DOWN TO 2ND FLOOR P	IPE		$\boxtimes$		PIPE IN	SULATION		10 LF				
			П						In	П	П	П
									1			
				JDEP \	Nacto	Cubic Yards of	Name of Posio	tored Landfill		Ш	Ш	Ш
					D No.	Waste	Name of Registered Landfill MINERVA LANDFILL					
SERVICE TRANSPORT					)	Disposal Data						
City, State 58 PYLES LANE, NEW CASTLE DE. 19720						Disposal Date	City, State	URG, OH 44688				
WAY OR THE THE PROPERTY OF THE				Signatura	WATNESD							
Completed By (Print or Type) Title  Damian Lavelle PROJECT MG						Signature	. 1	ρΩ <sub>α</sub> Da		, /	201	1
SR-41	1.1	.002	J 1 14	J. 1.		ton	motor	relle 1	2/1	0/0	×0/	6