# CK4484

Date of Notification (1	)		_	Namo	of Duildin	~ 0	10	fine .		_				
December 30, 20	15			Brix	mor Pron	erty G	Operato	1915 DEC 3	I Du	3. 0				
Agencies Notified	Type Notification	n		Street	t Address	- City C	Тоир	ASDEAL	FAI	0	ili,	- 15		
EPA DEP X DOL	Initial Amended Amendme	nt #	_	City, S	Fayette State, Zip C shohocke	Street, code en, PA	Suite 19428	ASÓPIESTOS & LICE	S CON	RO	L			
DOH DCA	justification  Cancellation			Name	of Contact	1			Tele	hone	e Numb	er		-
Name of English Mr.					CILITY INF	1000	ION							
Name of Facility When Space #6, Unocci Street Address	e Abatement is Tak upied	ing Place (	3)					Type of Facility  School (K	-12)					
Route 47 (Delsea	Drive) and Hes	ton Road	I					X Other (i.e	er 8 (Othe private 8	than	K-12) nercial b	uilding	js, hor	nes,
City (5) Glassboro								etc.) Square Feet 250,515	1000000	loors	5	1000	. Age	
County (6) Gloucester				County	y Code (7) E USE ONL)			Current Use (P	rior if beir	dem	nolished	50+		
Name of Monitoring Fir	m Hired by Building	Owner (8)			CM No.		Name	Shopping C of Abatement Co	enter		ALC: NO.			
Accredited Enviror Street Address	nmental Techno	logies					ecos	ervices, LLC	Jilliactor (	1)				
28 Pennell Road City, State, Zip Code								Address Vest Lincoln	Highwa	, Su	ite 500	)		
Media, PA							City, S	tate, Zip Code n, PA 19341						
Project Manager for Mo Eric Sutherland	nitoring Firm				one No.		Teleph	one No. 372-8884	T		se No.			
Start Date (10) 1/11/16		Schedule	d Co		Date (11)		Name	of OSHA Monito		116	7			
Occupancy Status Durin	og Ahatement (Che						EMSI							
Facility Closed/Vac Abatement Perform	cated During Entire	Period of A	bater	ment s			200 F	Address Route 130 No ate, Zip Code	rth					
Scope of Work (Check A		ed Space #	6			_		aminson, NJ						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					
			ocati					Tren Exemple	u () anu i	011-11	nable Pi	2400-00	emen	t
Location Asbestos-Containing	n of Material (ACM)	Used	ormal Sole	ly Iv bv		Des	cription o	of				Т	уре	
<u>TO BE AB</u> In Facil (13)	itenai	nce/ Staff?	Asbest (i.e.	thermal : surfac	aining Ma systems ing, VAT iscellane	aterial (ACM) insulation, , or ous)	Amo (Spe SF o		Removal	Repair	Encapsulate	Enclosure		
Restroor	n #1	Yes	140	X	F	loor tile	and m	natio	440	25			Ö	
Restroor	n #2			X			and m		110		X	-		
									110			+		
Name of Registered Was	te Hauler		N	JDEP W	laste	Cubic Y	'ords							
Naste Management				auler ID		of Wast		Name of I	Registered S Landfi		Ifill			
City, State Frenton, NJ			1			Disposa	al Date	City, State	9					
Completed by Jack Bally		Title Sr Dro	iost	Me		TBD	nature	Morrisvi		1	Date			
,		Sr. Pro	ject	ivianag	jer	_ ( )	ach	Bally 6	ki		12/30/	15		

NO CK

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

HECEIVED

Date of Notification (1) December 30, 2015	5			Name o	f Building ne	Owner/0	Operator	(2)		2015	PEC :	31	PM	l to.	٥.	
Agencies Notified  EPA	Type Notification			Street A	Address	/enue			A	2015 4 561 &	Sir	15 0	975±	17-	34	
DEP X DOL	Amended Amendmen	#4	_		ate, Zip Co ton Tow		NJ 08	609		å	LIC	EN:	SIN	G	<del>U</del>	
DOH DCA	Emergency justification) Cancellation	) 			f Contact hn Barr						hone					
Name of Facility Where	Ahatement is Takir	na Diago (2		FAC	ILITY INF	ORMAT	ION	-								
Isles Facility	Abdientent is Takii	ig Flace (S	)						Facility (4							
Street Address 1 N Johnston Street	t							St	chool (K-12 bchapter 8 her (i.e. pr	(Othe	than k	(-12) ercial	build	dinas.	hom	es.
City (5)						3.0		Square	0.)		loors			ldg. A		
Trenton County (6)				Carret	0-1-(7)			100,00		3			1	0+		
Mercer					Code (7) USE ONLY	)		Admir	Use (Prior 1 / Comm	if bein nercia	demo	lished	d)			
Name of Monitoring Firm Vertex	Hired by Building	Owner (8)		ASC	/ No.			of Abate ervices	ment Conti	ractor (	)					
Street Address 700 Turner Way								Address West Li	ncoln Hi	ghwa	, Suit	e 50	0			
City, State, Zip Code Aston, PA 19014							City, S	tate, Zip	Code							
Project Manager for Moni Dave Turotsy	itoring Firm			Telepho 610-5	ne No. 58-8902		Teleph	none No. 872-88		T	icense					
Start Date (10) 02/01/2016		Schedule	d Co				Name	of OSHA	B		-1101					
Occupancy Status During	Abatement (Chec		e)				EMS	Address								
☐ Facility Closed/Vaca	ted During Entire	Period of A	hater	ment			200 F	Route 1	30 North	1						
Abatement Performe  Other – Describe:	ed Outside of Norm exterior Work	nal Facility	Hour	s 				tate, Zip aminso								
Scope of Work (Check Al	l That Apply)			110000000000000000000000000000000000000												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		( Contractor)	enova emoli				×	Mini-l Glove	ontainmen Enclosure bag Proce	dure						
		le	Locat	ion				I Non-	Exempted (	*) and	lon-Fr	iable		edure Abate		
Location		N	orma	200		De	scription	of						Ту		
Asbestos-Containing I <u>TO BE ABA</u> In Facilit (13)	TED `	Mair	ntena			thermal surfa				(Sr	ount cify LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A									-		ite	Ф
Window	N		X	-		Glaze	and C	aulk		150	SF	Х				
									-			+	-			
Name of Registered Wast	e Hauler		IN	JDEP W	aste	Cubic	Yards		Name of Re	nietor	1 and	ISII				
Waste Management			529	lauler ID	711777	of Was			GROWS	-9.0001	_ Luiiu	1				
City, State Trenton, NJ							al Date		City, State	- DA	Table 1					
Completed by Jack Bally		Title			x=2024		ignature				$\neg$	Date				
Jack Dally		Sr. Pr	oject	Manag	ger		Jac	4/3	elly o	W		12/3	0/1	5		

CK 6616

D&S Proj. #: 2015-444

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

RECEIVED

Date of Notification (1)		I Name	of Building O	wner/Operator (	0)			2015 n	ica.	On.	· Last		
1 2 1/12 4 1/15		11	IN MIRZA		2)			4	<del>C31</del>	PM 12	2 E 1	<u> </u>	
Agencies Notified Type Notifi	cation		Address					A S BE C	Too		46		
DEP Amended	Ď	2135	ALBERTA	AVENUE				of [	ICENS	INC	201		
DOL Amendment			ate, Zip Code				_		10.)	114			
	су		DEN, NJ 07	7036									
justification	n)	Name o	f Contact		-			Teler	none Num	her	-		
DCA	ion	ROF	IIN MIRZA					1	iono man	DOI			
			FA	CILITY INFORM	/ATIC	ON .	==			_		_	
Name of facility where abatemer	it is takir	ng place (3)		O'LLT THE OTHE	MATIC	214		T (5-					
ROHIN MIRZA		•						Type of Faci	ty (4) 1001 (K - 1	(2)			
Street Address									chapter 8	5	than	K-12	)
2135 ALBERTA AVENUE								◯ Oth	er (Private s./Homes	/Comm	nercia	ıl ,	
City (5)		County (6)					_	Square Fee			1	Bldg.	Age
3 (3)	- 1	County (6)				ounty Code (7)							90
LINDEN		UNION			(5)	ate use only)		Current Use	(Prior if be	eing de	molis	hed)	
Name of Monitoring Firm Hired by	/ Bldg. C	Owner (8)		ASCM No.		Name of Abatem	nent C	Contractor (9)					
Street Address						D & S REST							
Olioci Address						Street Address					-	_	
City, State, Zip Code						20 California		e					
						City, State, Zip Co							
Project Manager for Monitoring Fire	n		Phone Numb	per	-	Paterson, NJ Telephone Numb		03	History	se Num			
						973-345-80				01169			
Start Date (10)	Sc	hed. Compl	etion Date (1	1)	-	Name of OSHA N					_		
12/29/15	10	01/15/16				D & S Resto Street Address	ratio	n, Inc.					
Occupancy Status During Abateme	nt (Che	ck only one)			-	The state of the s							
Facility closed/vacated during Abatement performed outside	entire p	period of aba	atement.			20 California City, State, Zip Co		nue					
Describe: NORMAL I		nai iaciiity ni	ours-										
Scope of Work (check all that appl						Paterson, NJ	0750	)3					
≥3 sf or >3 lf	Renova	ation				Ţ	Fu	II Containmen	w/negativ	e press	sure		
☐ ≥160 sf or ≥260 lf	Demoli					Į.		ni-enclosure ovebag proced	IFO				
Location of		PRINT.	y used solely				No	n-Exempted (	) and Non	-friable	proc	edure	
asbestos-containing	by mai	intenance/ci	ustodial	l						R	R	E	E
material (acm) to be abated in facility (13)	staff(1)	2)		material (A	OM)	sbestos-containing		Amount (Specify	SF or	m	e p	n	n
	Yes	No	N/A					LF)		o v	a	a p	L
BASEMENT		X		pipe insulation	on			32 L FT		e	r	P	
										#	H	H	#
										H	Ħ	H	H
					_		-						
legistered Waste Hauler		DEP Hauler	ID# Cu	bic Yards of Wa	aste	Name of Register	od!	alé:III					
D & S RESTORATION, INC.		3506	1	YD		TULLYTOWN	v, RF	SOURCE R	COVE	2Y			
PATERSON, NJ 07503			Disposal Da			City, State			.CO / LI	. 1	-		
completed by (Print or Type)	Title		12/30/15	Signature		TULLYTOW	N, PA	1					
BOGDAN JOLDZIC	PRESI								Date	201-	-		-
ASR-41 *	Do not u	se this form	for asbestos	licensura avam	ntod	ooth data a			12/24/	2015			

(K 6617

D&S Proj. #: 2015-443

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

A ECEIVED

Date of Notification (1)	II Nam	e of Building O	wner/Operator (2		2015 n	10 -		Ø		
Agencies Notified Type Notif	and	drew tiplady	when Operator (2	2)	ASSEC & L	C 31	PH 12:	40		
EPA Initial	Stree	et Address			3050	10311	19/7	- 0		
☐ DEP ☐ Amended		hamilton stre			Œ L	ICENSI	MIR	0Ł		
DOL Amendmen		State, Zip Code					116			
DOH Emergen	so so	merville, nj 08	8876							
justification		of Contact			Teler	none Num	her			
DCA Cancellat	tion an	drew tiplady				iono i talli	Dei			
		FA	CILITY INFORM	IATION			116			
Name of facility where abatemer	nt is taking place (	3)			Type of Faci	v (4)				
andrew tiplady						1001 (K - 1	2)			
Street Address					Su	chapter 8	(Other	than K	(-12)	
15 hamilton street					Oth	er (Private	/Comme	ercial		
City (5)	County (6	)		County Code (7)	Square Fee	# of Flo	ors	BI	dg. /	Age
somerville	comerce			(State use only)	Current Use	(Prior if be	eing den	nolish	(he	
Name of Monitoring Firm Hired by	y Bldg. Owner (8)	· ·	ASCM No.	I INcome (A)	1.1		3	10110110	Juj	
			ASCIVI NO.		ment Contractor (9)					
Street Address				Street Address	TORATION, INC.	18791816				
City, State, Zip Code				20 Californ	ia Ave					
oity, State, Zip Code				City, State, Zip C		1/2 1/84			-	
Project Manager for Monitoring Fire	m	Imi		Paterson, N						
, and ago, for Monitoring Fill	iii	Phone Numb	per	Telephone Num		Licens	e Numb	er	-	
Start Date (10)	I Cabad Com			973-345-8 Name of OSHA			01169			
12/29/15		pletion Date (1	1)	D & S Resto						
Occupancy Status During Abateme	01/15/15			Street Address	oration, Inc.				-	-
Facility closed/vacated during	entire period of	hatement		20 California	a Avenue					
Abatement performed outside Describe:	e of normal facility	hours-		City, State, Zip C	ode					_
Other-Describe: NORMAL I	HOURS			- Dataman N	1.07500					
Scope of Work (check all that appl	ly)			Paterson, N.						
≥3 sf or ≥3 lf	Renovation				Full Containmen Mini-enclosure	w/negative	e pressu	ire		
≥160 sf or ≥260 lf	Demolition				Slovebag proced	ıre				
Location of	Is location norm	ally used solely			Non-Exempted (	and Non-			dure	
asbestos-containing material (acm) to be	by maintenance staff(12)	custodial/	Description	of asbestos-containing	a Amount		R	Re	E	E
abated in facility (13)	V		material (A	CM)	(Specify		m o	200	c	n c
D A OF LOTTE AND	Yes No	N/A			LF)		V	a	a p	Ľ
BASEMENT	L X		pipe insulatio	n	1371 ft		ė N	-	·	_
								717	╡┤	+
								fit	5	Ħ
								٦tc		
egistered Waste Hauler	NJDEP Hau	ler ID# Cu	bic Yards of Wa	eto INama (B				][		
D & S RESTORATION, INC.	13506	2	yds.	I or riogioto	red Landfill N, RESOURCE R	COVED	v			
ity, State PATERSON, NJ 07503		Disposal Da		City, State	-, LESOUNCE R	COVER	1		-	
ompleted to the control of the contr	Title	12/30/15		TULLYTOW	N, PA					
DOOD	PRESIDENT		Signature			Date				
	Do not use this fo	rm for asbestos	licensure exem	pted activities		12/23/1	15			

(Klowid

D&S Proj. #: 2015-441

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

MECEIVED MISLEC 21 PM

						•	-6 41	Man.			
Date of Notification (1)	Name of Build		r/Operator (2)			ASAF.	1 10-	1115:	41		
Agencies Notified   Type Notificati	JOHN CO					9	1051	· nee			
☐ EPA ☐ Initial	Olicel Address					JE 1	ICEN	SINGHO	)L		
☐ DEP ☐ Amended	24 Cedar I		00000000000000000000000000000000000000					4			
DOL Amendment #:											
■ Emergency (including	CHATHA Name of Conta	The second second second	NJ 07928	rrekt.		LTolo	hone Nu	mbor	-		
justification)						I reic	Hone Ivu	illoei			
DCA Cancellation	JOHN CO	ONLIN				L					
		FACIL	ITY INFORMA	MOITA							
Name of facility where abatement is	s taking place (3)					Type of Fac	hool (K	12)		501201	
JOHN CONLIN								8 (Other th	an K	.10\	
Street Address						<b>⊠</b> ∘	ner (Priva	ite/Comme		12)	
24 Cedar Lane						Square Fe	lgs./Hom	125.00	RI	dg. Ag	70
City (5)	County (6)		T	Coun	ty Code (7)	Square re	1 # 011	FIOOIS	וט	iy. Ay	je
					e use only)	Current Us	∋ (Prior if	being dem	olishe	ed)	_
CHATHAM Twp.	Morris										
Name of Monitoring Firm Hired by B	Bldg. Owner (8)		ASCM No.		Name of Abatement	•					
				_	D & S RESTOR	ATION, IN		ill.			
Street Address					Street Address						
City, State, Zip Code				_	20 California A						
City, State, Zip Code					City, State, Zip Code						
Project Manager for Monitoring Firm	I Pho	ne Numbe	er	-  -	Paterson, NJ 07	7503	Lice	ense Numb	er		
,	1				973-345-8020			01169			
Start Date (10)	Sched. Completion	Date (11			Name of OSHA Mor	nitor					
	100	(	,		D & S Restorat	ion, Inc.					
12/30/15 Occupancy Status During Abatemer	01/22/16				Street Address						
Facility closed/vacated during		nent			20 California A						
Abatement performed outside				- 11	City, State, Zip Code						
Describe: NORMAL H	OURS			-11	Paterson, NJ 07	7503					3.00000
Scope of Work (check all that apply						Full Containm	ent w/neg	ative press	ure		
$\boxtimes$ >3 sf or >3 lf	Renovation					Mini-enclosur					
≥160 sf or ≥260 lf	Demolition					Glovebag pro Non-Exempto		Non-friable	nroc	edure	
Location of	Is location normally us					Troil Exempt	2 ( ) ( ) ( )	R	R	Е	E
asbestos-containing	by maintenance/custo staff(12)	odial	Description	n of as	bestos-containing	Amo		e m	e	n	n
material (acm) to be abated in facility (13)		NI/A	material (	ACM)		LF)	ify SF or	10	a	a	C
	Yes No	N/A						v e	r	р	
BASEMENT	X		PIPE INSU	LATI	NC	85 L F					
											Ш
					***************************************					H	H
								_	닏	부	부
Registered Waste Hauler	NJDEP Hauler ID	)#   C	ubic Yards of V	Vaste	Name of Registere	d Landfill				Ш	
D & S RESTORATION, INC.	13506	1	YD		TULLYTOWN		3 RECO	VERY			
City, State		Disposal D			City, State						
PATERSON, NJ 07503		12/31/1:			TULLYTOWN	I, PA					
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT		Signature					ate 2/23/2015			
	Do not use this form for	or achoete	a liaanauwa aw	amntas	Loctivities				-		

(K6615

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

D&S Proj. #: 2015-442			Notif (Purs	ication of As uant to NJA	best C 8:0	tos Abatement 60 and 12:120)			RECE		bea.		
Date of Notification (1)		Name of F	Building Ow	ner/Operator (2	2/		2	015	EC 31	1 9	EL	Ž.	
1 2 / 2 3 / 1 5				nei/Operator (2	-)		4		ICENS	PMI	<b>3</b> .		
Agencies Notified Type Notific	ation	anthony Street Add					ની ડુ	BF	27.	0.8 1/2	· 4	1	
☐ EPA ☐ Initial ☐ Amended	- 11		rayburn re	and .				de	.ICENC	CNT	00.		
Amendment	#:   <del> </del>		, Zip Code	Dad	_		-		-CM2	ING.	IUL		
DOL Emergence			ton, nj 0	70/6									
DOH (including justification	- 11	Name of C	ontact	7 940					160				
DCA Cancellation	· 11	anthon	y russo					i eiek	none Numb	er			
			FAC	ILITY INFORM	IATIC	N .		=	111				
Name of facility where abatement	is taking p	lace (3)					Type of	Faci	ty (4)				
anthony russo									1001 (K - 1;	2)			
Street Address									chapter 8				
72 and reviews 1								Oth	er (Private/ ps./Homes,	Comm	ercia	.1	
72 east rayburn road City (5)	I Cou	inty (6)					Square		# of Flo			Bldg. A	Age
5.9 (5)	100	irity (6)				unty Code (7)					_		
millington	sor	nerset			(51	ate use only)	Curren	t Use	(Prior if be	ing de	nolis	hed)	
Name of Monitoring Firm Hired by	Bldg. Own	er (8)		ASCM No.	-	Name of Abatemer	nt Contractor	(9)			-		
						D & S RESTO							
Street Address				-	-	Street Address	KATION, I	NC.		_			
						20 California A	Ave						
City, State, Zip Code					_	City, State, Zip Cod							
Project Manager for Marilla 1						Paterson, NJ 0	7503						
Project Manager for Monitoring Firm	1	Pi	none Numb	er		Telephone Number			License	e Num	ber		
Start Date (10)						973-345-8020				01169			
	Sched	d. Completi	on Date (11	)		Name of OSHA Mo D & S Restora							
12/30/15	01/12	2/16				Street Address	non, mc.		_		-		
Occupancy Status During Abatemen	nt (Check o	only one)				20 California A	venue						
Facility closed/vacated during Abatement performed outside	of normal	od of abate	ement.			City, State, Zip Code							
Describe: NORMAL H		raciiity 110u	15-		_								
Scope of Work (check all that apply					-	Paterson, NJ 0	7503						
V > 2 of av = 0 14		_					Full Contain	mer	w/negative	press	ure		
≥160 sf or ≥260 lf	Renovatio					×	Mini-enclos Glovebag p						
	Demolition						Non-Exemp	oted	') and Non-	friable	proc	edure	
Location of asbestos-containing	by mainte	nance/cus	used solely todial	l con	_					R	R	E	E
material (acm) to be abated in facility (13)	staff(12)			Description material (A	n of a (CM)	sbestos-containing	0.00000000	noun	SF or	m	e p	n	n
abated in facility (13)	Yes	No	N/A	(V	,		LF		01 01	O V	a	a	C L
GARAGE				duct INSUL.	A TIC	ONT	105	0		e	r	р	
				duct HVSUL	W11(	714	35 sq	rt		X	Ц	닏	
				The same of the sa						#	Ц	ᆜ	1
									-	井	뭐	片	H
										#	4	片	<del> </del>
Registered Waste Hauler D & S RESTORATION, INC.	NJDE 1350	P Hauler II 06	18 00 mm	bic Yards of W	aste	Name of Registered TULLYTOWN,		י קר	ECOVER	V			
City, State			Disposal Da		-	City, State	ALSOUK(	1 3	ECUVER	Y			
PATERSON, NJ 07503			12/31/15			TULLYTOWN.	, PA						
DOODANTER	Title PRESIDE	ENT		Signature					Date				
			or asbestos	licensure ever	nnted	activities			12/23/	2015			



		NOTI	FICA Purs	uant to I	ASBESTOS NJAC 8:60 at	nd 12:120	)			EC	EL	100	<del>-</del>	
ate of Notification (1)			Na	ime of Bu	uilding Owner od Apartmer	Operator	(2) Intry Club		2015 L 458E,	EC 2		han s	U 	
	ification			reet Addr					Aur	- 0	PH	12:	20	and the same
90			1	Cherry	Hill Lane				A S S E .	The			43	-
EPA X Inition	al ended		Ci	ty, State,	Zip Code				& 1	ICE	LUN	TRI	11	
	endment#		C	old Bridg	ge, NJ 0885	7				TOLK	SIMO	3,11	<u></u>	
LI Em	ergency (inclu	ding		ame of C					Telephoi	e Numb	oer "			
	ification) ncellation		В	Bernade	tte Poppel									
] DOA   121 , 011				FACILI	TY INFORMA	TION								
ame of Facility Where Abatemen	t is Taking Pla	ice (3)					Type of F	acility (4)						
Glenwood Apartment							Sch	ool (K-12) chapter 8	Other th	2 K-12				
treet Address							X Othe	cnapter o er (i.e. priv	ate & cor	mercial	buildin	gs, ho	me ,	
22-28 Cotton wood Ln							etc.)		12 12 12 12 12 12 12 12 12 12 12 12 12 1					-
City (5)							Square F	eet	# of Flor	S	65-	g. Age		
Old Bridge, NJ							2,000		2	maliaba				-
County (6)			C	County Co	ode (7)			Jse (Prior	it being a	MOUSTR	eu)			
Morris			(3	STATE US	SE ONLY)		Apartm		1(0)					-
Name of Monitoring Firm Hired by	Building Owr	er (8)		ASCM	No.	Name	e of Abatem	Constr	actor (9)	10				
N/A							A General	Consu	uction, i					-
Street Address						Stree	et Address	A	DMP	uito 2	18			
50000							60 Clifton		, PIVID	une 2	10			-
City, State, Zip Code						City,	State, Zip (	Code						
only, oraco, mp over							fton, NJ C	17012		NI	_			_
Project Manager for Monitoring F	irm		T	Telephon	ie No.	200000000	phone No.	00	1	ense N	0.			
10,000						-	3-389-00		- 0	093		-		1000
Start Date (10)	S	cheduled	Corr	npletion D	Date (11)		ne of OSHA A Genera		uction	20				
01/14/2016		1/19/20						II COHSU	dollori,	10.				-
Occupancy Status During Abater	ment (Check C	only One	)			Stre	et Address 60 Cliftor	Δνεριμ	PMB	Suite 2	218			
Facility Classed Nacated Du	ring Entire Per	iod of Ab	atem	nent						-		1777		
Facility Closed/Vacated Dui Abatement Performed Outs Other – Describe:	ide of Normal	Facility F	Hours				, State, Zip ifton, NJ							_
Scope of Work (Check All That A	Apply)													
		X Re	enova	ation			Full	Containme	ent with N	gative l	Pressur	е		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		☐ De	emoli	tion			X Clay	Enclosure ebag Prod	edure					
							Non-	Exempted	d (*) and !	on-Fria	ble Prod	edur	9	
		la l	Local	tion									ment pe	
200000		N	orma	ally		Descrip	tion of				-			-
Location of Asbestos-Containing Materi	al (ACM)			ely by ance/	Asbestos	Containir	ng Material ( ems insulat	(ACM)		unt	R	70	Encapsulate	
TO BE ABATED	8			Staff?	100	surfacing.	VAT, or	1011,	SF	LF)	Removal	Repair	apsı	
In Facility (13)			(12)	)	0	ther misce	ellaneous)				Va	=	llate	
(10)		Yes	No	N/A									0	1.
		-	140	1974	Din	e/elhow	insulation	n	16	LF	K			
22 Cotton wood Ln- Cra		х		-			insulation		18	LF	X			1
24 Cotton woodLn- crav		Х		+			/ insulation		17	) LF	K			T
26 Cotton wood Ln- cra		Х		-			v insulatio		-	) LF	X			T
28 Cotton wood Ln- cra	wl space	Х		NJDEP '		Cubic Yar		Name of	f Register		fill			- de
Name of Registered Waste Ha	uler			Hauler I	10000	of Waste	(m17)		va Landf					
Service Transport Group				20990		10 CY Disposal	Date	City, Sta		-				-
City, State						01/19/2		Wayne	esburg, (	H 446	88			
New Castle, DE		TOTAL .					ature		17	-	Date			-
Completed by		Title	cido	nt		Jigi	1 8		1_1		12/29	/201	5	
Krutarth Jagad		Pre	side	111				1	-					
								-	AND MARKET					

CK 1104

				(Pur	suant to	NJAC 8:60	and 12:120	0)			)E	The same	A STATE OF THE PARTY OF THE PAR	git		
	of Notification (1)	-				Building Owr					7	A STATE OF THE PARTY OF THE PAR	1			
	/17/15	T N. 115			treet Ad	al Constru	action Cor	p			1		-		-	4
	ncies Notified	Type Notification				ate Hwy. 1	7 South				15	1275.				1
×	EPA DEP	Initial Amended		1.1		e, Zip Code			0.4			1	No.			***
×	DOL	Amendment				ridge, NJ	07075								29	
$\boxtimes$	DOH	Emergency (i	including	N	lame of	Contact				Telepho	ne N	lumbe	177		110.00	12
Ħ	DCA	Cancellation		1	Nichola	as A. Dina	llo			1.0 -0.1				-		in the second
_					FACIL	ITY INFORM	NOITAN					_		_	2	
	ne of Facility Where		g Place (3)	)				Туре	of Facility (4)			- F. A.	ion		parently .	079
	nnin Flag Proper	ty							School (K-12) Subchapter 8	(Other th	ın K	120	3		7	440
	et Address 1 Bloomfield Av	2210						X	Other (i.e. pri	vate & co	ıme	rcial	uilding	s, h	omes	- 1
City		enue							etc.) re Feet	# of Flo	-	ر منة	Blog		0.0:	-
	erona							15,0		1			150+		20	
	inty (6)			To	County C	ode (7)		100000	ent Use (Prior	if being o	emol	lished)				
	ssex			1	STATEU	ode (7) SE ONLY)		Cor	nmerciai P	roperty	-				-	
	me of Monitoring Firm	n Hired by Building (	Owner (8)	-	ASCM	No.			atement Contr							
N/	'A						1000000		Contracto	rs, LLC						
Stre	et Address						7000	t Addre	ss Drive							
Cit	, State, Zip Code								Zip Code			-				-
City	, State, Zip Code								NJ 07461							
Pro	ject Manager for Mo	nitoring Firm		1	Telephor	ne No.		hone N	SALEST CONTRACTOR CONT	Li	ense	No.				
	,				3.5		973	8-864-	2022	0	137	7				
	rt Date (10)		Schedule		pletion [	Date (11)	0.0000000000000000000000000000000000000		HA Monitor							
	1/04/16		01/24/			- Auto-H		eriSci								_
Occ	cupancy Status Durir	5 0		335				t Addre	ss 30th Stree	+						
×	Facility Closed/Vac	cated During Entire I ned Outside of Norn	Period of A	Abatem	ent		07, 700		Zip Code							-
	Other - Describe:		idi i doini	110010	·				k, NY 1001	6						
Sco	ppe of Work (Check	All That Apply)									-			_		
П	≥3 sf or ≥3 lf	F1 55	Пв	Renovat	ion		[	FL	ıll Containmer	nt with Ne	ativ	e Pres	sure			
X	≥160 sf or ≥260 lf		-	Demoliti				X Mi	ini-Enclosure		,					
							ĺ	X N	ovebag Proce on-Exempted		n-Fr	riable l	roce	dure		
			Is	Location	on								2.11.2	ater	nent	
	Locatio	n of	1	Normall	у		Description	on of				-		Тур	e	
	Asbestos-Containin	g Material (ACM)		ed Solel aintenar			Containing ermal syster	Materia		Amo (Spe			æ .		E	m
	TO BE A		Cus	todial S (12)	staff?		surfacing, V	'AT, or	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SF or			Remova	Renair	aps	Enclosure
	Building 1 throu	),		( /	T	C	ther miscell	aneous	)				va :	#	Encapsulate	ure
	Building I throu	gnout		No	N/A											
	Exterior: Sidin	g of Building		Х		tran	site siding	shing	gles	2,000	S.F.	.   :	K			
	Throughout t	he building		х			plaste	er		5,000	S.F	.   :	ĸ			
	Baser	nent		Х			floor til	es		325	.F.	;	x			
	Baser	nent		x			pipe insul	lation		50 L	F.	;	x			
Na	me of Registered Wa			N	JDEP W		Cubic Yards		Name of F	- A-DYK'S (- 17)		dfill				$\neg$
	lantic Carting			622	auler ID 90713		of Waste 40		G.R.O.\	N.S.						
	y, State				30113		Disposal Da	te	City, State		-					-
A-33090	ayne, NJ						on comple		Morrisv							
Completed by Title						Signatu	ire	· ·			Date					
Ma	arko Stankovic		Pres	sident			Mari	ko Sta	nkovic			12/	17/15	5		

### RECEIVED SEE TOS CONTROL NOTIFICATION OF ASBESTOS ABATEMENT Check#2382 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 28 / 15 12 David De Santis Type Notification Agencies Notified Street Address ☐ EPA X Initial 287 Gardner Road X DOLWD Amended City, State, Zip Code Amendment # X DHSS Ridgewood, NJ 07450 DCA Emergency (including Name of Contact (NJAC 5:23-8) justification) Telepho le Numbe Cancellation David De Santis FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residential School (K-12) Subchapter 8 (Other th in K-1 2) Street Address Other (i.e., private and commercial buildings, 287 Gardner Road homes, etc.) City (5) Square Feet # of FI ors Bldg. Age Ridgewood, NJ 07450 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Bergen Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. Licens : No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 01 / 06 / 16 01 / 07 / 16 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_AM-\_\_\_\_PM/ PM\_\_\_AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pre sure >3 sf or >3 lf = 160 sf or 260 lf ■ Renovation Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type ... rmally Description of Lacation of Used Solely by Remova Repair Encapsulate Enclosure Asbestos-Containing Material (ACM) Am junt Asbestos Containing Material (ACM) Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? SIF rLF) IN Facility surfacing, VAT, or (12)(13)other miscellaneous) Yes No N/A X X 80 SF Duct insulation Crawl space П NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered La dfill Name of Registered Waste Hauler 0033785 TBD T.R.R.F. Inc Gr Tech LLC City, State City, State Disposal Date TBD Tullytown, PA Wayne, NJ 07470 Date Completed By (Print or Type) Title Signature/

State of New Jersey

Owner

ewic wenad

12/28/2015

N.Jevtic



Date of Notification (1) 12/28/15				uilding Own		erator (	2)			AS	201			
Agencies Notified Type Notification			et Addi	ress D AVE					٤	- C)	15 DE		73 Th	
EPA   Initial   Amended   Amendment #_				Zip Code KNOLLS	, NJ	07927	,			SOJ	<u>S</u>		O	
Emergency (including property)  DOH justification)  Cancellation	uding		ne of C	ontact AROFF					Telepho	e¶emb (	<b>X</b>	r	< 1	
		F	ACILIT	TY INFORM	OITAN	N			5		ö		3	
Name of Facility Where Abatement is Taking PI RESIDENCE	ace (3)		HOILI				П s	f Facility (4) chool (K-12) ubchapter 8	)	01.	<b>60</b>			
Street Address 28 GRAND AVE							× o	ther (i.e. pri tc.)	vate & con	mercial	-v	ngs, h		5,
City (5) CEDAR KNOLLS			_				Square 2000	SF	# of Floo		19	70	-	
County (6) MORRIS			inty Co ATE US	ode (7) E ONLY) _			RESI	nt Use (Prior DENCE		TIOUSTIE	:u)			
Name of Monitoring Firm Hired by Building Own	ner (8)	A	SCM N	No.		Name SPE	of Abate CIALT	ement Cont Y TRADE	ractor (9) S CON	RACT	ING	LLC		
Street Address			90				Addres: NTOF	s RINO WA	Y BLDG	2				
City, State, Zip Code							tate, Zij STER	o Code , NY 109	18					
Project Manager for Monitoring Firm		Tele	ephone	e No.			none No 610-52			nse No !02	las			
Otali Dali (17)	cheduled Co	omple	2.9	ate (11)		Name SPE	of OSH CIALT	IA Monitor Y TRADE	ES CON	RACT	TING	LLC		
Occupancy Status During Abatement (Check C	Only One)						Addres	s RINO WA	Y BLDG	2				
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: single family home	iod of Abate Facility Hou	emen urs	t		.	City, S	State, Zi	p Code R, NY 109	-807					
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		vation					Mir	l Containme ni-Enclosure ovebag Proc n-Exempted	edure				Э	
		50									1	Abate		
Location of Asbestos-Containing Material (ACM)	Is Loc Norn Used S	nally olely b	by	Asbestos		scription		(ACM)	Amoi	nt		Ту		
TO BE ABATED In Facility (13)		al Sta	ff?		surfac	cing, V	ns insula AT, or ineous)	ation,	(Spec		Removal	Repair	Encapsulate	Enclosure
	Yes N	lo	N/A			\			234		X			
BASEMENT			X			VAT			234.		Λ.			
		+												
		-												
Name of Registered Waste Hauler FREEHOLD CARTAGE		2000	DEP Wiler ID	77770	Cubic of Wa	Yards ste		Name of TRRF	Registered	Landfill				
City, State FREEHOLD, NJ		100			Dispo 1/10/	sal Dat	е	City, Stat	e TOWN,	'A				
Completed by MICHAEL R ADAMS	Title MANAC	SING	MEN				re V. Q	//		Da	ate 2/28/	15		

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

NO CF		NOT	FICA <sup>*</sup> (Purs	TION C	of New F ASBE O NJAC	STOS	ey ABATEMi and 5:16)	ENT			13867	1111	S DEC 31	20	CENER
ate of Notification (1)	/3/15		N	ame of	Building	Owne	r/Operator	(2)	Chance		CK	200	)	弘	- 7
gencies Notified  EPA DEP	Type Notification  Initial  Amended			treet A	ddress te, Zip Co	ode	115	Sc	outh 12th S	Street		120	17,00	٤	37
DOL DOH	Amendment # Emergency (inclining justification)  Cancellation		7-	5.00	Contact		Chance		ark, NJ 07	107 Telephone I	umber	8	8		_
				FACIL	ITY INFO										
lame of Facility Where A	Abatement is Taking Resid  115 South	ential		st.				R	pe of Facility School (K-12 Subchapter & Other (i.e., pr homes, etc.)	) 3 (Other than	(-12) ercial b	ouildir	ngs,		
City (5)			C-200 (A)					So	quare Feet 1400	# of Floor			g. Age 70 +		
County (6)	Newark,	NJ 0/	107	County USE C	Code (7	) (ST/	ATE	C	urrent Use (Pr	ior if being de	nolishe	_	, 0		=
Name of Monitoring Firm	Essex h Hired by Building O' MECS	wner	   A	SCM N	March 28	-	Stev	nent ven	Contractor (9 s Environr	) nental Se	vices	, Inc	). 		
Street Address	PO Box 341					Stree	et Address		PO E	322 Sox 322					_
City, State, Zip Code	Crosswicks, N	nations.				City,	State, Zip 0	Code	Allentow	n, NJ 085	)1				
Project Manager for Mo Bill We	nitoring Firm eisgarber		(609	hone N	-4070	_	phone No. (609) 2		9688	License	0.	493			
Start Date (10) 12/14/15	Sched	luled Co	mpleti /31/1		∍-(11) -	Nam	e of OSHA	Mor		ironment	1				_
Occupancy Status Duri Facility Closed/Vaca Abatement Performe	ng Abatement (Check ted During Entire Per ed Outside of Normal	ck only o	one) Abaten	nent			et Address State, Zip	_	9	eley Place	8				_
Other - Describe: _ Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Re Der	novatio	on n			Mini-E	nclos	nment with Ne	egative Press	ire				_
		No	ocatio			-	Description	of				A	baten Typ		
Location Asbestos-Containing TO BE AB/ IN Facili (13)	Material (ACM) ATED ity	Main Cu	Solely stenand stodia staff? (12)	ce/	Asbes (i.e.	stos Co , thern sur	ontaining M nal systems facing, VA er miscellan	ateri s ins T, or	ulation,	Amoun (Specif SF or Li		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		Da:	iler Insu	lat:	on	20 s	-	×		100	
Basen Basen			×		T1		al Pipe I			53 1		×			
Dasell	10110														
Name of Registered W Stevens Environ		es, Inc	l F	NJDEP V Hauler III 182		of \	bic Yards Waste 1 CU		Name of Re	gistered Lanc		dfill			
City-, State	Allentown,					_	4/1/16 Signature	ا رنيا	1	Morris	ate				_
Completed By Mahlon E. S			rojec	t Mai	nager		1	4			<b>FIRST</b>	12/2	29/1:	5	

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

### State of New Jetsey NOTIFICATION OF ASSESTOS AS ATEMENT (Pursuant to NJAC 8:80 and 12:120)

3		p.1	
		') <u>-</u>	5.00
; 11	195		

Date of Notification (1) 12/10/15				f Building (		perato:	(2)	Б	n;	- <u>]</u> (	7 ()	Y	-=			
Agencies Notified Type Notification		1	Street A	ddress	Ave.				<del>) (</del>		1	n arter	1			
DEP Amended  DOL Amendment		_ [		ne, Zip Co		1			הוס	V	20	,	T			
DOH Justification)  DCA Cancellation	including	1	Name o	Contect				IATA I		pho ne		-	1	~		
Name of Facility Where Abstement is Taking	Pisce (3	)	FACI	LITY INFO	RMAT	ON	Type	of Facility (4)	17.		11.	0	77	21150		
Springfield High School				_				school (K-12)		- th	le 45\	-0	-	EC 3		
139 Mountain Ave.								Other (I.e. priv	ate &	comm	erclai	DHIC	Maga.	hom	98,	
City (5) Springfleld							184,	70410000	1	Floors		55	18g. A			
County (6) Burilington		Code (7) USE ONLY,		_ "	Scho	nt Use (Prior)	if beir	ng dem	olishe	_	0	3.				
Name of Monitoring Firm Hired by Building of Errylro Vision Cansultants Inc.	1 No.		Franklin Sport of		ement Contra vices Inc.	ector	(9)		-							
Street Address 20-10 Maple Ave.				Addres Maple	T											
City, Stata, Zip Code Fair Lawn, NJ 07410						inaton	Code NJ 07057	,			_					
Project Manager for Monitoring Firm Guilermo Morales			Telephone No. Telephone No. License No. 973-849-3525 973-406-7341 01107													
Start Date (10) 12/12/15	Schedule		notelan	Date (11)		100000000000000000000000000000000000000	of OSH	A Vonitor								
Occupancy Status During Abatement (Chec		28					Andres									
Facility ClosedVacated During Emire F  Abatement Performed Outside of Norm  Other – Describe:	al Facility	Houn	nent s			City, S	lese, Zij	Ç0də	_				_	_		
Scope of Work (Check All That Apply)						Wall	ington	, NJ 07057					_			
23 st or a3 lf 2160 st gr 2280 if		enava enava				×	Mini	Containment FEnciosure vebag Proced								
		Locat					2 800	PERSONNELS	) Brid	NOTE	Neone	Abatament enumerate				
Location of Asbestoz-Containing Meteria (ACM) TO BE ABATED In Facility (13)	Mai	lorma d Sole nlens odial ( (12)	nce! Staff?		thermal surfec		Aateriai s insulai T, or		(S	nount peaify ar LF)		Dameuni	Rapak	e Encapsulate	Endosure	
	Yas	No	N/A						-	5 6 =		_		F	ď	
air handling room	+	_	*		plpa	insula	tion	-	ē	31f.	-	_			-	
														_		
Name of Registered Waste Hauler	-		JDEP W		Cubic			Name of Re	gister	ed Lar	idfill					
Newark Carling Inc. Hauler ID No. 05409					of Was			G.R.O.W.	S							
City, Siste Newark, NJ					12/14	oel Date /15		Chy, State Morrisville	, P/	4					à.	
Completed by Laslaw Nalodka	Presi	dent			S	ignature 	N	ch_			12/	0/1	5			

ABB41 (R-08-08) Fax # 862-221-9207

<sup>\*</sup> Do not use this form for asbestos licensure a empted activities.

RECEIVED

n 01 12 02:34a							,		>	•			
	NOT	nfig (Pur	ATION O	of New Jen F ASBESTO NJAC 8:50 :	8 ABATE	MENT		11	96)	· · ·	/		
Date of Notification (1)		1000		uilding Owne	or/Operator	(Z)				_/			Π
12/15/15 Agencies Notified Type No	attle at an		Springite	Hd BOE	_		-	- Ü	- <del>2</del> 4	1:	-		+
_		1 -		Intein Ave	<b>)</b> .				10	′			
	ended ended	100	A DOMESTIC OF THE PARTY OF THE	Zip Code			181	AIN	TAP				$\Box$
	endment # ergency (Including	1	Springflaid, NJ 07081 Value 1 Telephone Number									-	4
E DO⊢	lification) ncellation	- 1	Bill Knorr										215
			FACILI	TY INPORM	ATION	1 =	7.5 - tht - 241				100 A		
Name of Facility Where Abatemen Sprienofield High School	t is Taking Place (3)						School (K-12				-5		OEC
Street Address		_				F	Subshapler E	(Othe	r than K-12)	h3e	DOC		$\omega$
139 Mountain Ave.		etc.)											
Cky (5) Spriengfield			0	<del></del>			4,725	3	FICOTE	5	6 60 2 5 Z		9
County (8)			County Co	ods (7)			rrent Use (Prior	f be)r	g demolishe	d)	RO		£-
Burlington			MORA		\ \Nn=		hool	mannr	/B1	_			7
Name of Monitoring Firm Hired by Enviro Vision Consultants			00079				ervices Inc.		1-7				
Street Address						at Add							
20-10 Maple Ave.							Zin Code			_			
Fair Lawn, NJ 07410	ity, State, Zip Code City, State, Zip Code Wallington, NJ 07057												
Project Manager for Monitoring F	ir m	Telephon			shone	No. 3-7341		License No 01107					
Guilermo Morales	Schedule	4.000	973-94				SHA Monitor		01101	_		_	-
Start Date (10) 12/15/15	12/16/1		INGROVE D	ALLE (11)	Les	wela	Nalodka ·		100				
Occupancy Status During Abarier	ment (Check Only One	)			1	el Ado			9				
Facility Closed/Vacated Dur Abatement Performed Outs	ing Entire Period of A	bater	ement 156 Maple Ave.										
Abatement Performed Outs Other - Describe:	ide of Idealing Laterch	1100				**************	ton, NJ 070	57					
Scope of Work (Check All That A	100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1										
≥3 5f or ≥3 if ≥180 5f or ≥260 if	leased 7.7	encvi					Full Containme Mini-Enclosure Glovebag Pro- Non-Exemple	e oodura					
		Loca	ilan				NON-EXEMPLE	u j year		T	Abate	ment	
Location of	N	lorme	BHY		Desc-ipt	ion of	_			-	19	pa	_
Asbestos-Containing Materia TO BE ABATED	Ma (ACM)	inten	ely by ance/	(i.a. th	ermal syste	ems in		(	Ameunt Specify	8	æ	Encapsulate	F
in Facility (13)	Cusi	(12)	Staff?		surfacing, ther misce			S	For LF)	Romova	Repuir	psult	Enclosure
(13)	Yes	No	N/A							-		看	8
locker room					pipe inst	ulatio	in		6If.	2			
												000	
										_	1		1
										_			
Name of Registered Waste Hau	iler		NJDEP V Hauler ID		Cubic Yard of Waste	15	G.R.O		lered Landfil				
Newark Carting Inc.			05409		7 Discount D	\n	City, Sta			_			
City, State Newark NJ					Disposal D 12/17/15		Morris		PA				
Completed by	Title				Signs		11	,	/	ate	IAF		
Lesiew Nalodka	Pres	ider	זר			4	NOW		1	2/11	112	_	

0002/0004

Brint Form Etate of New Jersey NOTIFICATION OF ASSESTED ABATEMENT (Pursuant to NJAC 8:80 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 12/285/2015 Montclair Board of Education Agencies Notified Type Notification Street Address 22 Valley Road EPA Initial XX DEP Amended City, State, Zip Coda DOL Amendment # Montclair, NJ 07042 Emergency (Including × DOK justification) Name of Cornact DCA Cancellation Telephone Nul Lenny Saponara Name of Facility Where Abatement is Taking Place (3) FACILITY INFORMATION Hillside School (sub 8) Type of Facility (4) Street Address School (K-12) 54 Orange Road Subchapter 8 (Other than K-12 Other (i.e. private & commerci City (5) etc.) Montelair Square Feet # of Floors County (5) County Code (7) Essex Current Use (Prior If being demolish Name of Monitoring Firm Hired by Building Owner (8) school ASCM No. Detail Associates, Inc. Name of Abatement Contractor (9) Lilich Corporation Street Address Street Address 300 Grand Ave 606 McBride Ave Cily, Stete, Zip Code Englewood, NJ 07631 City, State, Zip Code Woodland Park, NJ 07424 Project Manager for Monitoring Firm Telephone No. Anthony Valentine Telaphone No. Licensa No 201-569-6708 973-225-8400 Start Date (10) 01104 Scheduled Completion Date (11) 12/29/2015 Name of DSHA Monitor 12/30/2015 J&S Environmental Laboratories Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abstement Performed Outside of Normal Facility Hours
Other - Describe: start afternoon 5 pm unoccupied × City, State, Zip Code Union, NJ 07083 Scope of Work (Check All That Apply) ≥3 #f pr ≥3 If Renovation ≥180 sf or ≥280 H Full Containment with Nagativa Pra :zuro Damolition Mini-Enclosure Glovebag Procedura Non-Exempted (") and Non-Friebtte Proceditie le Location Abatement Location of Normally Asbestos-Contsining Material (ACM) Used Solely by Description of Type Asbestos Contahing Material (ACM) TO BE ABATED Maintenance/ Amount (I.e. thermal systems insulation, Custodial Sieff? S. H. Apparatu In Facility Specify Endosure Repair SUMECINCI, VAT, OF (13) (12) SF or LF) other miscellaneous) Yes Na NIA print shop xx pipe Insulation 20 LF × 1 Name of Registered Waste Hauter NJOEP Waste Cubic Yards Name of Registered Lancill Lilich Corporation Hauler ID No. of Waste 18724 GROWS Landill City. State Disposal Date Woodland Park, NJ City, State n/a Morrisville, PA Completed by Sig nature Momo Glavatovic Oatu vice president 2/28 /2015 ASS-47 (R-05-08) \* Do not use this form for asbestos itcensure ax impted activitios.

### - State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

CK 4 3880

Date of Notification (1) 28/15	Name	of Buildin	g Owner/Operator RANS Co	1C.					_				
Agencies Notified Type Notification  By PA  Market Type Notification  Market Type Notification			LSO WI	SSAHi (	CKON	DUE							
☑ ⊕A □☑ Initial □□ Amended Amendment # □□ Emergency (including	City, S	State, Zip C	icae Licapell	PHIA	PA.	19129	3						
□ DOH justification)     □ DCA	Name	of Contac			Telepho	ie Numbei		(8.1		4			
	and the second second	CILITY INF	ORMATION										
Name of Facility Where Abatement is Taking Place (3)" $RESIDENCE$				Type of Facilit		Sek 15)	2115						
Street Address 3603 PACIFIC AU	E			Other (i.e., homes, etc	private & o	mmércial	bulle	ngs,	-				
City (5) LONGPORT				Square Feet	_   (	S S S S S S S S S S S S S S S S S S S	4		里				
County (6) ATLANTIC	7) (STATE	Current Use (I	ANT	Demolish	9	į.	<b>&lt;</b> 万						
Name of Monitoring Firm Hired by Building Owner (8)	No.	Name of Abatem	nent Contractor	(0)		وي ت.	Ç	cur					
Street Address			Street Address	5, 5 CA				VA 2	11				
City, State, Zip Code			0: 0:-1- 7:- 0	Sada.			80:	52					
Project Manager for Monitoring Firm Te	ephone	No.	MAPLE SHADE, N J, 08052  Telephone No. 856-779-0472 (10444										
Start Date (10) Scheduled Comp		te (11)	Name of OSHA	Monitor	LEMM								
Occupancy Status During Abatement (Check only one			Over 11 Address			<u> </u>							
Facility Closed/Vacated During Entire Period of Abat  Abatement Performed Outside of Normal Facility Ho	ement urs		City, State, Zip Code  MAPLE SHADE, NJ, 08052										
Other - Describe:  Scope of Work (Check all that apply)													
≥3 sf or ≥3 lf   Renova   ≥160 sf or ≥260 lf   Demail			☐ Full Containment with Negative Pr ssure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure										
is Local Norma			10					bater Typ					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Used Soli Maintena Custoc Staff (12)	ety by ince/ lial ?	Asbes (i.e.	tos Containing Ma thermal systems surfacing, VAT	Description of tos Containing Material (ACM) Am thermal systems insulation. (Sp surfacing, VAT, or other miscellaneous)					Encapsulate	Enclosure			
Yes No	2.000		201		301	WSF	1						
SIDING	X		RANSITE		300	001	λ						
·													
	NUDEP !		Cubic Yards	T Name of R	egistered L	ndfill			_				
Name of Registered Waste Hauler  14 LEMCO INC,	of Waste	City, State	A.	C. U	, 1			_					
City. State MAPLE SHADE, N.J	TVILL	5 1	J .	5	(								
Completed By  JOE KLEMM  Title  OWN	Date 12	-28-15											

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

CK# 3880

Date of Notification (1) Name of Building Owner/Operator (2)														
12-	-28-17			TR.	NOSFORI	MOSTER	5	VT ER PR	156	75		_		
Agencies Notified	Type Notification	1	1	Address		1		0.						
E BPA	[2] Initial		1		u, CLAR	KSLAN	2	wa ICO			_	=		
IN DEP	Amended Amendment	E	City,	State, Zip (	Code	A . 7		06- 0						
Ď por	Emergency (					un, Tu	/	, 08218						
□ DOH	justification)		Name	of Contac				elephone Numbe	5		_			
□ DCA	Cancellation			15 1	RBARA			1748						
		4, 1	FA	CILITY INF	ORMATION	•	•	G 2				_		
Name of Facility Where	Abatement is Takin	ng Place (3)				Type of Facility		Sold De		J				
RF5	I DEN.CC					School (K-1	2)	ather than (		17.				
Street Address	- 6 4 - 6	×		IALIE		Other (i.e., p	VİK	te & commercial	build	ings,				
121/2	3 SACRI	AMEN	10	AUC		homes, etc.		1100	5~	ig. Ac	10	$\dashv$		
City (5)						Square Feet		Fat Floors .	1	g. ~ ₹ 0				
VOW	MOR				TI COTATE	Current libro /P	<u>-</u> [	being demolish	_		-	=		
County (6)				nty Code ( ONLY)	7) (STATE	Current use (F	10	Delly dellows	red) ;	i y				
	WTIC				None of Abotom	ent Contractor (9	=	1			_	=		
Name of Monitoring Firm		Owner	ASCM	No.		EMCO I								
(8)	3				Street Address	6 19 CO I	PU				_	-		
Street Address					3 6	95,51	21	uc = Acr.	_					
					City, State, Zip C		_	000			_	=		
City, State, Zip Code						LE SIN	1	DE NIT	080	550		_		
		TTO	lephone	Nh	Telephone No.		7	License No.		-		-		
Project Manager for Mor	nitoring Firm	16	epi ioi ic	190.		79-047	اح	0044	4					
N/	/1		lation Da											
Start Date (10)	Sche	IU	euon Da	tion Date (11) Name of OSHA Monitor										
117116			<u>b</u>		Street Address		_	*						
Occupancy Status Durin	g Abatement (Che	eck only one	oman!		Ou cot modification									
Facility Closed/Vacat	ed During Entire P	enod of Aba al Facility Ho	urs	City, State, Zip Code										
Abatement Performed  Other - Describe:	Outside of Morris	a roomity rio			0.0,1 0 = 10,1 = 2									
							_							
Scope of Work (Check a	ull that approy)					ntainment with Ne	ega	ve Pressure				1		
		☐ Renova			☐ Mini-En	ad Procedure						1		
≥160 sf or ≥260 ff		2 Demoi	XXII		Non-Ex	empted (*) and N	on-	riable Procedure			_	$\dashv$		
· ·		Is Loca	tion		,				A	bater Typ				
		Norma Used Sol			Description o	f			-	.,,-		$\dashv$		
Location Asbestos-Containing M	of	Maintena		Asbes	tos Containing Ma	terial (ACM)		Amount	_		E	m		
TO BE ABA		Custoo		(i.e.	thermal systems surfacing, VAT	insulation,		(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure		
IN Facility		Staff (12)			other miscellane	ous)			BVOI	alr	sula	Sur		
(13)			T	1					-		6			
SIDIN	/.	Yes No					=	200	-	$\vdash$	$\dashv$	-		
SIDIN			IX		MANSTE	<del></del>	6	700 SF	X		-	-		
- 17.18	~				-									
		-	+											
			+-				T							
			NUDEP	Waste	Cubic Yards	Name of Reg	ist.	red Landfill						
Name of Registered Was			Hauler II	O No.	of Waste	1 PN	7	= M.UA	1					
KLEMCO	INC			904	Disposal Date	City, State	_	2,400						
City, State					Disposal Date		٠,	DRINE		Vi-	T-			
MARLE SH	17. N. FOR	2		Signature			DBINE Date	1,	T	_	_			
Completed By	Title	0	.1		Signature	oh Kuca		17	28	10	_			
JOSEPHIL	UF ham _	O WWW	К			W 1 1	=							



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

CK 52:0

J -	(	Pursu	iant to N	JAC 8:60 a	nu 12.120)	1):	CI	)						
ate of Notification (1) 2/28/15		Sc	ott Nevi	ding Owner ins Privat	Operator ( e Home	2)							4	
gencies Notified Type Notification			eet Addre	ss otain Dr					=	2				
EPA Initial			y, State, Z						2000	C		77		
DEP Amended		Lit	tle Egg	Harbor N	J 08087				-00	DE C	ş	70		
Emergency (inc	luding		me of Co		45000			Telepho	He Number	ယ်	5	$\sim$		
DOH justification) Cancellation		100000	cott						50	_	- 1	A_	_	
	21 (2)		FACILIT	Y INFORMA	ATION	Type of I	Facility (4)		10	3				
lame of Facility Where Abatement is Taking F Scott Nevins Private Home	Place (3)					Sch	nool (K-12)	(Other t	フー 12)	9	E	7		
Street Address						X Oth	ner (i.e. pri	vate & co	nmercial t	mercial baildings, homes,				
131 S Captain Dr						Square		# of Flo	ors		. Age			
City (5) Little Egg. Harbor NJ 08087						1000+		1		35+	•		_	
County (6)	-	C	ounty Cod	de (7) E ONLY)		Current		r if being	emolished	d)				
Ocean  Name of Monitoring Firm Hired by Building Over	wner (8)		ASCM N	lo.			ment Cont	ractor (9)			12			
Name of Monitoring Firm Hired by Building Of N/A						naco Inc								
Street Address					t Address Box 329									
City, State, Zip Code				City,	State, Zip	Code NJ 0809	91							
Project Manager for Monitoring Firm	Т	elephone	No.	Telep	ohone No.		- 1	cense No						
		- 5			-753-98		- (	)727						
Start Date (10) 12/29/15	Scheduled 12/31/15		pletion Da	ate (11)	Nam Sar	e of OSH/ ne	A Monitor						_	
Occupancy Status During Abatement (Check	c Only One	<del>)</del>			Stree	et Address	S							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of At	batem	ent		City,	State, Zip	Code							
Scope of Work (Check All That Apply)						П - "	Oteinm	ont with	egative P	ressur	e			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Santana and a second	enova emolit				Min	i-Enclosur	e	egative Pressure					
						× Not	n-Exempte	ed (*) and	Non-Friad	ble Procedure  Abatement				
	5.55	Locat	(CH1)45		8¥ 5005							ре	_	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use	Norma d Sole intena todial (12)	ely by ince/ Staff?	(i.e. th	s Containin nermal systemsurfacing,	Description of ontaining Material (ACM) All systems insulation, affacing, VAT, or or miscellaneous)				Removal	Repair	Encapsulate		
500000	Yes	No	N/A					-	1005	-	-		+	
Exterior Siding			X		Exterior				)0SF	X			+	
living room area			х		floor	Tile		4	0 SF	Х		-	+	
										-	1	-	+	
				<u> </u>	Cubic Yar	de	Name (	of Regist	red Landf	ill	_		1	
Name of Registered Waste Hauler			NJDEP V Hauler ID		of Waste	uo		D.W.S.						
United Containers			22459		3 Disposal I	Date	City, S	tate						
City, State Elm NJ					12/31/15	5	Morri	sville P	19067	Date				
Completed by	Title	sider	nt		Sign	ature	_	_		12/28	/15			
Anthony T Perna	1163	oluci							-					

CK# 4797

583.9			,
(	1	4	Y
XX	10 C	1	1
ナト	N 1	1.	1

730			1 :-		7 11 -	/0	arch - 1	2)	7 1	1 (	)	F-924	_		7		
Date of Notification (1) 12/21/15					uilding Ov operty	wner/Op	erator (	<b>2</b> )									
Agencies Notified	Type Notification		10000	eet Add	ress st Farm:	s Rd					>> (5)	215	-	Đ			
× EPA	× Initial				, Zip Code					{	دلاء	8		n			
× EPA × DEP × DOL	Amended Amendment #				dale, N		rsey 0	7727		ľ	-51	C		7			
	Emergency (i justification)	ncluding	Na	ame of C	Contact					Teleph	ae-Mum	her		1 1			
DOH DCA	Cancellation		F	rank							()	300	•	=			
				FACILI	TY INFO	RMATIC	N		- ( F : !!! + . / / \		==	- E	- [	9"]			
Name of Facility Where	Abatement is Taking	Place (3)						_	of Facility (4)	1	つヹ	6	6	3			
CED Property								H	School (K-12) Subchapter 8	(Other th	In K-12	, in					
Street Address								×	Other (i.e. priv	rate & co	nmercia	l buildi	ngs, t	omes	5,		
263 Almeda Drive							-+		etc.) re Feet	# of Flo	ırs	Blo	lg. Ag	e	-		
City (5)								900	1	1	-500	50	7				
Brick			TC	ounty Co	nde (7)				ent Use (Prior	if being (	emolish	ed)					
County (6) Ocean					SE ONLY)	_	_		dence								
Name of Monitoring Firm	-	ASCM	No.	1	Name	of Aba	atement Contr	actor (9)									
Name of Worldong var					Ace	Insul	ation Co., I	nc									
Street Address							Street										
GBCG(7 IGGI GGG						1			ose Rd								
City, State, Zip Code									Zip Code	0.7	.00						
10-10-10-10-10-10-10-10-10-10-10-10-10-1		154					ck, New Jer	1220	ense No.								
Project Manager for Mo	To	elephon	e No.		Teleph			8 555	029	0.							
							732 294 1757 0 029  Name of OSHA Monitor										
Start Date (10)		Scheduled		oletion L	ate (11)		Name	01 03	MA WORKO								
12/22/15 12/24/15							Street	Addr	299		-						
Occupancy Status Duri							00000	71001									
Facility Closed/Va	cated During Entire med Outside of Norr	Period of Ab	ateme	ours City, State, Zip Code													
x Other – Describe:	7am-7pm	nar r doney r	10010			_											
Scope of Work (Check																	
	, a	П Ве	novati	on				F	ull Containme	nt with N	gative f	Pressui	re				
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			molitic				-		lini-Enclosure lovebag Proce	adure							
							2	X N	on-Exempted	n-Friable Procedure							
		lo I	ocatio	20								Abatement Type					
			ormally			De	scription	n of				-	13	pe	I		
Locati Asbestos-Containir			Solel		Asbes	tos Con	taining i	Mater	ial (ACM)	Am		70		En	ш		
TO BE A	BATED		idial S		(i.e.	therma	l system icing, V	ns insi AT, or	ilation,	(Spo		Removal	Repair	caps	Enclosure		
In Fa			(12)			other i	miscella	neous	5)			oval	air	Encapsulate	sure		
	0	Yes	No	N/A										0			
outs	ido	+ +		×			siding	1		900	sf	x					
Ours	ide	-	-	A							_						
											_	-	1				
												+	-	-	+		
											7.						
Name of Registered W	aste Hauler		1000	JDEP V		Cubic of Wa	Yards		Name of I	Register	1 Landfi	ш					
Ace Insulation Co.	, Inc		2000	auler ID 2086	NO.	2	2516		Chrins								
City, State	70		1.				sal Dat	e	City, State								
Colt Neck, New Je	ersey					13	146	1)	Bethleh	em, P/							
Completed by							Signatu	re	, /		1 -	ate	u =				
Bree McGuire		Secre	etary	Treas	игег		150	EST	レナ			12/21/	15	20			
2.22							-		(								