From: Biljana Stankovic bilya@me.com @

Subject: 10-day

Date: February 3, 2015 at 11:29 AM

To: Bilyana Stankovich Bilya stanmarklic@ptd.net Cc: Bilyana Stankovich Bilya stanmarklic@ptd.net



mo 22632378333

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

Date of Notification (1) 02/03/15			Mill Cred		mer/Operator (2	21						
Agencies Notified	Type Notfication		Street Add	ress .ne 202/2	206							
⊠ EPA	Lattei		City, State.								5-10	
∑ DOF DE5	Amended Amendment #		1	ster, NJ								
	Emergency (ii		Name of C		07020			Telephone Nu	mper			
⊠ pa+	justification)  Cancellation		Larry Be					•				
☐ DC4	L Cancellation		-	TY INFOR	MACTION:						-	-
Name of Facility Where	Abatement is Taking	Place (3)	FALILI	ITEMPUN		Type of F	acilty (4	4)			_	
Butler Lotts						T set	ool (K-12	2)				
Street Address			-					e) 8 (Other than K-1	2)			
350 Warren Street							er file. Di	rivate & commerc	ם שנום	ngs	погле	25,
City (5)						Square F	eet	# of Floors	El	cg. A	je	
Jersey City						250.00		8		0++		
County (6)			Canaty Co	de Ti				ar if being demoks	hed)			
Hudson			(STATE US			N/A		A.F.				
Name of Monitoring Fire	r Hirad by Building C	terrar (B)	ASCM N	Vin.	Name o	737577	ent Can	tractor (9)				
N/A	r smed by puntary o	(37) (11)		***				ors, LLC				
Street Address			-			Aderess				-	-	-
5,120,703,103					27 F.:	dsall Dr	We.					
Oily, State Zp Code						ate. Zic C						-
ully, place ap oute						ex. NJ (						
Project Manager for Mo	eitoron Eira		Тејерпопе	5.5	Telepho			License 1	Vo.			
- open manager or no	nio ng mi		and the fact of the			564-202	12	01137				
Start Clate (10)		Sched dec C	empletion Da	ste (11)	1.5.0	d OSHA I	******			-		
02/04/15		02/08/15			Amer							
Occupancy Status Dum	on Abatement (Check				Street A	Address			-			
			20.000		117 E	East 301	in Stree	et .				
Backty Closed/Vac	sated During Entire P med Outside of Norm	enod of Abass al Facility Hou	ement ms		City St	ate. Zip C	ode					
Other - Describe:					- New	York, N	IY 100	16				
Scape of Wark (Check)	At Ther Angly)											
		¥ 0	vation			Edic	netainen.	ent with Negative	Pressin	nea:		
23 sf or ≥3 lf		Deno					nclasure		110335	-		
		6. <del>1</del>			×		nag Prod	sedure d (*) and Nor-Ena	ola Pen	cadur		1
						i ten-E	r-men-	at tene vot-rie	title - 101	Abate		
		is Loc									pe	
Locato		Norm Used Sc			Description		711	Amount			_	
Asbestos-Contanin TO BE AB		Mainter	апсе!		s Containing M nermal systems			(Specify	z,	344	3	5
In Fac		Custodia (1)			surfacing VAT	T, or		SF or LF)	Raniceza	Явран	800	Endosura
(13	T.	(1)	-1		other miscellan	eousi			2	=	Enrapsulate	2
		Yes N	N/A								e.	
Outside skylig	ihi windows	Х			demo			3	х			
			-									
Name of Registered Wa	aste Hauler		NJDEP Wa Hauler ID N		Cubic Yards of Waste			Registered Landf	1Ē.			
Pro-Tech			190713		5		G.R.O.	.W.5.				
City, State					Disposa Date		City, Stat	te				
New Haven, CT					on completi	เอก	Morris	ville, PA				0.0
Completed by		Tdle			Signature	٠.,	.1		Date			
Marko Stankovic		Preside	nt		W	larko.	stank	COVIC	02/03/	15		

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

											E	Dil							
Date of Notification (1)					Name of	Building Owner/0	Operator (2	2)			+								
01/30/2015					Tony I	Felella		E	IR 2	4 2015									
Agencies Notified	Type	of Notifica	tion		Street Ac	ddress													
/ <b>V</b> \ ED A		L= 141 = 1 KI	- 1:C 1:		906 Bl	oomfield Str	eet				1								
(X)EPA			otification					75			1 - 2								
(X) NJDEP		Amende			City, Stat	te, Zip Code			١٠١٠	2111114									
(X) NJ DOL	(2) (2) (3) (4) (4) (4) (4) (4)	Amend																	
(X)DOH			ency (includ	ing	Hobok	en, NJ 0703	30												
( ) DCA	1 02 20 20	justifica																	
	( )	Cancella	ation		Name of	Contact			Tel. Nur	nber									
					Tony I	Ministration of the Control of the C		1	-										
			F	ACILIT	Y INFORMA					22.2.2.2.2.3.1									
Name of Facility Where Abatem	ent is Takir	ng Place (			Type of F	acility (4)				29110									
Residence of Tony Felella						ool (K-12)		160											
Street Address						chapter 8 (othe													
906 Bloomfield Street, Ho	boken, N	17			(X) Othe	er (i.e. private 8	k commer	cial bldgs., ho	omes, e	tc.									
City (5)	County (6	3)	County Cod	le (7)	] C- F	5,000	# of Floo	. 3	DIV	0	0								
			(State Use	Only)	Sq. reet.	3,000	# 01 F100	rs <u>J</u>	Blag.	Age <u>8</u>	U								
Newark	Hudson	n			Current Use (if being demolished):														
Name of Monitoring Firm Hired b	by Bldg. Ow	vner (8)	ASCM No.		Name of Contractor (9)														
N/A			N/A		Industrial Safety & Environmental Solutions, Inc.														
Street Address					Industrial Safety & Environmental Solutions, Inc.  Street Address														
N/A					Street Address 3300 Hudson Avenue														
City, State, Zip Code						, ZipCode													
N/A					Union	City, NJ 070	87												
Project Manager for Monitoring I	Firm Tele	phone N	umber			e Number			TL	icense N	lumber								
N/A					(201)32	25-0055				1124									
Scheduled Start Date (10)	Sch	eduled Co	ompletion Dat	e (11)	Name of 0	OSHA Monitor													
02/02/2015	02/	/04/201	5		ISES, In	c.													
Occupancy Status During Abate	ment (Ched	ck only on	<u>e)</u>		Street Ad	dress													
<ul><li>( ) Facility Closed/Vacated Dt</li><li>( ) Abatement Performed Out</li></ul>	uring Entire	Period of	Abatement		3300 H	ludson Aven	ue												
( X ) Other - Describe:	Side of Not	IIIai Facili	ty Hours -		City State	e, Zip Code													
Work area in basement unoc	cupied du	ring aba	tement			City, NJ 070	27												
Source of Work (Check all that a			) Demolition			Renovation	07												
Source of Work (Officer all that a	ppiy	(	) Demondon		( ^,	renovation													
( ) Minor Project (< 25 S					( X	) Full Containr	ment with	Negative Pre	ssure										
(X) Small Project (>25 <1						) Mini-Enclosu													
( ) Large Project (>160 SF	or > 260	LF ACM	Į.		( X	) Glove-bag P			D										
Location of Asbestos-	Is Loca	tion Norm	nally Used		Desc	) Non-Exempt ription of ACM	eu () and	Amount		Abateme	nt Type	3							
Containing Material (ACM)	Solely	by Mainte	enance or	(i.e.	thermal sys	tems insulation, s		(Specify SF		1									
To be Abated in Facility (13)	Cus	todial Sta	ff? (12)		VAT, or ot	her miscellaneou	s.)	or LF)	_		ш	m							
									Remova	Repair	Encapsulate	Enclosure							
									104	pair	sul	nsc							
	YES	NO	N/A	-					<u>m</u>		ate	6							
basement	X	T	1	TSIP	ipe Insulatio	on		80 LFT	X										
Name of Reg. Waste Hauler		NJDEP	Waste Haule	r ID#		Cubic Yards of	Waste	Name of Reg	. Landfil	l									
NEWARK CARTING		04509	9			.5		IESI BETH	ILEHE	M LAN	DFILI	_							
City, State				Disp.				City, State				10-2							
369 Raymond Blvd., New		7105		-	8/2014			BETHLEH	EM, P.	A 180	15								
Completed by (Print or Type)	<u>Title</u>			Signature Date															
David Camaaha	Danie	at C			UM!	1 1/1/1/12	x/	01/20/20	1.5										

mo 22252828994

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

Date of Notification (1) 1/28/15					Building C	Owner/Oper	rator (2	)		FEB	4 2	2015			
Agencies Notified	Type Notification			Street Ad 190 Bla	idress anchard	Street									
EPA DEP DOL	Amended Amendment				e, Zip Coo k, NJ, 07			Ĺ	F.C	DUELL	ENS		3		
× DOH × DCA	justification)  Cancellation	•		Name of	Contact				Tele	ephone N	lumber				
				FACIL	ITY INFO	RMATION						7			
Name of Facility Where A Morris Company	Abatement is Takin	g Place (3)	)					ype of Facility School (K- Subchapte	-12)	er than K	-12)				
Street Address 190 Blanchard Stre	et							Other (i.e. etc.)	private 8	& comme	rcial buil			es,	
City (5) Newark								Square Feet	1800	f Floors		ildg. A	ige		
County (6) Essex				County C (STATE U	ode (7) SE ONLY)		-	Current Use (P	rior if bei	ng demol	lished)				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.	0.00		Abatement Co patement	ontractor	(9)					
Street Address	· ·							et Address 09 87th Street Suite A4							
City, State, Zip Code						100		te, Zip Code Bergen, NJ	07047						
Project Manager for Mor	nitoring Firm	T	Telephor	ne No.	7.1	elepho 201-29	ne No. 93-6305	12	License 01223						
Start Date (10) 2/6/15		Schedule 2/23/15		npletion [	Date (11)		OSHA Monito		G LLC			1905-100			
Occupancy Status Durin	g Abatement (Che	ck Only On	e)			S	Street A	ddress							
➤ Facility Closed/Vac	ated During Entire	Period of A	batem	ent		1	1600 I	ROUTE EAS	ST SUI	TE 107	V.				
Abatement Perform Other – Describe:		nal Facility	Hours					te, Zip Code N NJ 07083							
Scope of Work (Check A	All That Apply)					,									
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			enova emolit				×	Glovebag Procedure							
		T						Non-Exempt	eu ( ) an	IQ INOIT-I I	iable i ic		emen	t	
		1.0	Locati Iormal	3		Б		r					уре		
Location Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) ATED lity	Ma	d Sole intenar odial S (12)	nce/			stems i	iterial (ACM) insulation, , or	(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure	
Roo	f	165	140	ING		Ot	ther	-	13,	125 SF	×				
Windo	DW DW					Caulking	g/Glaz	zing	2,	433 LF	x				
Offic	e					V	ΆΤ		1	44 SF	Х				
Name of Registered Wa SAN TON SERVICE			H	IJDEP W lauler ID 2430		Cubic Ya of Waste		20.0000000000		ered Land		/ISI	NC		
City, State KENILWORTH, NJ			Disposal Date City, State KEARNY, NJ												
Completed by		Title				8101	nature			$\overline{}$	Date				
Bryan Parra		Proje	roject Manager 1/28/15												

CK 005798

# State of NJ of Asbestos Abatement

		1	Votification	on of Asbe	stos Ab	atement			3 3		5	7		
D&S Proj. #: 15-35	_	(	Pursuant	to NJAC	8:60 and	d 12:120)	1	昌小						
											- 1	1 111		
Date of Notification (1)	Nam	e of Buildir	ng Owner/C	Operator (2)				FEB	4	2015		1	1	
0 1 /2 3 /1 5	l Be	n Smith											1	-
Agencies Notified Type Notification	Stree	et Address		and the same of th										
EPA Initial Amended	64	5 SHERV	VOOD R	OAD				7 0-10	DEL /	11-				_
DEP Amendment #:	100	State, Zip						80						
DOL Emergency	-    H	o-Ho-Ku	s, NJ, 074	23					N 1	bor	-			<u>.</u>
DOH (including	Nam	e of Conta	ct					Telepho	ne ivurr	iber				
justification)	ll B	en Smith						_			_			-
Cancellation				TY INFORMA	ATION			_						
		(0)	1 AOILI	11111011111			Ту	pe of Facility	(4)					_
Name of facility where abatement is t	aking place	(3)						Scho	ol (K -					
Smith Residence									hapter				2)	
Street Address								Other Bldgs	r (Privat	te/Com es, etc.	merci	aı		
							S	quare Feet	# of F		T	Bldg	. Age	_
645 SHERWOOD ROAD	County	(6)			County	Code (7)								_
City (5)	County	(0)				use only)		Current Use (	Prior if	being c	iemol	ished)	)	
Ho-Ho-Kus,	Berge	en		7			<u> </u>	(0)						_
Name of Monitoring Firm Hired by Bl	dg. Owner	(8)		ASCM No.	11	ame of Abateme								
			_  _			D & S RESTO	RAT]	ON, INC.						=
Street Address					S	treet Address	. 1							
						20 California			en en en en		-			-
City, State, Zip Code					Ci	ty, State, Zip Co		,						
					-	Paterson, NJ elephone Number		)	TLic	ense N	umbe	er		=
Project Manager for Monitoring Firm		Pho	ne Numbe	r	-     1	973-345-80				01				
					<u> </u>	lame of OSHA N								
Start Date (10)	Sched.	Completion	n Date (11)			D & S Restor		Inc.						_
1/26/15	1/28/1	5			S	Street Address								
Occupancy Status During Abatemen	t (Check on	ly one)	A STATE OF THE STA	· · · · · · · · · · · · · · · · · · ·		20 California		ue						_
☐ Facility closed/vacated during	entire perio	d of abater	nent.			city, State, Zip Co	ode							
Abatement performed outside		acility hour	S-			D. NI	0750	2						
Other-Describe: NORMAL H	OURS				$- \sqcup$	Paterson, NJ			-+/	antivo r	orace	ire		=
Scope of Work (check all that apply								l Containmer	nt w/ne	ganve p	11 6331	110		
$\boxtimes$ >3 sf or >3 lf	Renovation	1					☑ GI	ovebag proce	edure					
≥160 sf or ≥260 lf	Demolition						☐ No	n-Exempted	(*) and	Non-fr	riable	proce		_
	Is location	normally i	used solely								e	e	n I	E
Location of asbestos-containing	by mainte staff(12)	nance/cus	todial			bestos-containin	g	Amour (Speci	ify SF o	r	m o	p a	C	n
material (acm) to be abated in facility (13)		No	N/A	materia	I (ACM)			ĹF)			٧	i	a p	L
abated in facility (10)	Yes	No	IN/A					23 LF			e		$\neg$	=
Basement		X		Pipe Insu	lation			23 LF				H	H	=
								-			H	Ī	FI	Ē
					-						H	Ħ		
			1	-				-			Ħ	盲		Ī
			15" 17	Cubic Yards o	of Waste	Name of Regis	tered L	andfill						
Registered Waste Hauler D & S RESTORATION, INC.		EP Hauler 506		1 CY	7, 114310	TULLYTO	WN, R	ESOURCE	E REC	OVER	Y			pens
			Disposal [			City, State								
City, State PATERSON, NJ 07503			2/4/	15 Signature		TULLYTO	WN, I	PA	-	Data		_		=
Completed by (Print or Type)	Title			()			1.	Date 1/23/2	015					
BOGDAN IOLDZIC	PRESID	ENT								114014				=

# PO Box 369, 3635 Quakerbridge Road Trenton, NJ 08625-0369

Telephone: 609-631-6749 Fax: 609-588-7618

FEB 4 2015

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

Initial Amended Cancellation
The state of the s
Building Information
Name of Building Owner/Operator: BEN SMITH
Street Address: 645 SHERWOOD ROAD City: HO-HO_KUS State: NJ Zin: 074
Name of Contact: BEN SMITH Telephone No.
Facility Information
Name of Facility Where Work Activity is to Take Place: SMITH RESIDENCE
Describe Facility Use: RESIDENTIAL BUILDING
Street Address: 645 SHERWOOD ROAD City: HO_HO_KUS
County Name: County Code (state use only)
Scheduled Start Date: 1 26 15 Scheduled Completion Date: 1 28 15
Occupancy Status During Activity (check only one):
Facility Closed/Vacated During Entire Activity
Activity Performed Outside Normal Facility Hours—Describe:
Other—Describe:
Scope of Work (check all that apply):
Floor Tile Square Footage: 160 SF Percentage Asbestos:
Mastic Square Footage: Percentage Asbestos:
Other:Square Footage: Percentage As bestos:
Contractor Information
Company Name: D & S Restoration, Inc. Telephone No.: 973-345-8020
Street Address: 20 California Avenue
New Jersey Asbestos License Number (if applicable): 01169
Monitoring Firm (if applicable): N/A Telephone No.: N/A
Signature
Completed By (type or print legibly): IAN MELHUISH Title: PROJECT MANAGER
ignature:

CAC 005/131

### State of NJ

			Notific	ation of Asb	esto	s Abatement		Free Free Co			-	401	
D&S Proj. #: 2015-36			(Pursua	ant to NJAC	8:60	and 12:120)			E		E	1	M
								1	New State of	-		711	
Date of Notification (1)	TIN	ame of Bui	Idina Owne	er/Operator (2)				11111	n 4	0.04		141	111
0 11 / 2 18 / 1 15				nopolator (E)				<u>Щ</u> Ц . FЕ	8 4	201	5	L	1
Agencies Notified   Type Notificati	00	Michael E					-	1			-		+
☐ EPA ☐ Initial	110							AST ASBES	TOS.CC	AVER	DL &	4	
DEP Amended	1		-	ORD ROAD					TCENS	NO-			1
DOL Amendment #:	$-\parallel$	ity, State, Z											
Emergency		WALL T						I Talashaa	Niverland	-			Discoulant.
justification)	IN	ame of Con	itact					Telephone	Number				
☐ DCA ☐ Cancellation		Michael	Brooks	0									
			FACI	LITY INFORM	ATION	1							
Name of facility where abatement is	s taking pla	ice (3)					TT	Type of Facility (4					
ST.								School	(K - 12)				
Michael Brooks							_		pter 8 (O			12)	
Street Address									Private/Co Homes, e		rcial		
1859 NEW BEDFORD ROAL	D						11		of Floor		Blo	lg. Ag	je
City (5)	Coun	ity (6)			Cou	inty Code (7)	-	***************************************	A ARTHUR STORY			1.TM 7	
						ite use only)	ΙĖ	Current Use (Pri	or if bein	g dem	olishe	ed)	
WALL TWP.		NMOUT	H										
Name of Monitoring Firm Hired by I	3ldg. Owne	er (8)		ASCM No.		Name of Abateme	ent Co	ontractor (9)					
						D & S RESTO	)RA	ΓΙΟΝ, INC.					
Street Address						Street Address							
						20 California	-			THE REAL PROPERTY.	ALL COMMEN		
City, State, Zip Code						City, State, Zip Co							
Project Manager for Monitoring Firm		Inh	on o Niumb		_	Paterson, NJ Telephone Number		)3	License	Numb	or		
Project Manager for Monitoring Pirm		I Ph	one Numb	er		973-345-80				1169	161		
	16.1					Name of OSHA M		r					
Start Date (10)	Sched	. Completic	n Date (11	)		D & S Restor	ration	n, Inc.					
01/29/15	02/10	)/15	11			Street Address							
Occupancy Status During Abatemer						20 California	Ave	nue					
Facility closed/vacated during Abatement performed outside						City, State, Zip Co	ode						
Describe:		acility floui	2.										
Other-Describe: NORMAL H					-	Paterson, NJ	0750	)3					
Scope of Work (check all that apply	')					I	=	III Containment w	negative/	press	ure		
$\boxtimes$ >3 sf or >3 lf	Renovatio	n					_	ini-enclosure ovebag procedure	2				
≥160 sf or ≥260 lf	Demolition	1						on-Exempted (*) a		friable	proce	edure	
Location of		n normally i		1						R	R	E	E
asbestos-containing .	staff(12)	enance/cust	todial			sbestos-containing	3	Amount (Specify SI	E or	m	e p	n	n
material (acm) to be abated in facility (13)	Yes	No	T NI/A	material (	(ACM)			(Specify SI	- 01	0 V	a	а	C
SE registro de Carlos en EU Propins a recursos de constituir de Maria Applica.	162	No	N/A							ě	r	р	
BASEMENT		$\square X$		PIPE INSU	JLAT.	ION		100 L FT					
							Get to						
													Ш
Registered Waste Hauler D & S RESTORATION, INC.	NJDE 135	EP Hauler I 506	700	ubic Yards of \ yd.	waste			andfill ESOURCE RE	COVER	Υ			
City, State			Disposal D	The second second second		City, State		SK-1	COLUMN DESCRIPTION OF THE PARTY				
PATERSON, NJ 07503			01/30/1	5		TULLYTOW	VN, F	PA					
Completed by (Print or Type)	Title PRESID			Signature					Date				
BOGDAN JOLDZIC						01/28/	15						
ASB-41	Do not us	e this form	tor asbesto	os licensure ex	cempte	ed activities.							

D&S RESTORATIO

PAGE 02/04

DAB Proj. 4: 2025-36 FEB	State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)  I Name of Building Owner/Operator (2)								10 DA	Υ				
Date of Notification (1)  [0 1    / 2    8    / 1    5	Mic	hael Brook		perator (2)			1	Tulk	gh	TUE	1	/		-
Agancies Notified Type Notification  EPA Initial Amended  Amended Amended ### Emergency (including justification)  DCA Cancellation	Olty, W	Address State, Zip Con ALL TWP., of Contact ichael Broo	de , NJ iks					Telephone						
			FACILIT	TY INFORM	ATION		-	1 P 10 - 14		11:	_	_	_	_
Name of facility where abatement is to Michael Brooks Street Address	aking place	(3)						Other (F Blags./F	(K - 12) pter 8 (Ot Private/Co tomes, 6t	o.	ie)			
1859 NEW BEDFORD ROAD	í. ————				- Alla Calling		Sc	guare Feet (	of Floor	•	F	idg.	Age	
City (5)	County	(6)				y Code (7) use anly)	0	ument Use (Pr	ior If bally	demo	siisi	ned)		
WALL TWP. Name of Monitoring Firm Hired by El		MOUTH B)	7	ASCM No.		Name of Abatemen				Section 1				
						D & S RESTOR	MATE	ON, INC.						Section.
Street Address						20 California /	va.							
_			Santinuita			ity, State, Zip Cod						-		
City, State, Zip Code	i)					Paterson, NJ (			License	blumb	R!	~-	The state of	-
Project Manager for Monitoring Firm		Phone	Numbe	if .	- 11	973-345-802	0			1169		-	e Table	
Start Date (10)	Sched.	Completion D	ate (11			D & S Restore		Inc.			Person	and the same of		
01/29/15	02/10/	15		Water Street		Street Address							7/1	
Commission Status During Abateman	(Check on	y one)				20 California		16		-		a pos		
Facility closed/vacated during Abstement performed dutside	entire period of normal fe	i of abatemet	nt.			City, State, Zip Co Paterson, NJ		2			2002			
Other-Describe: NORMAL H	DURS	A	-			X MILL SOLIT TO 1	TFul	Containment	w/nagstiv	o press	BUF	6		
Scope of Work (check all that expl)	) Renovation Semplifica	ı					F Glo	il-andicaura ivebag proced in-Exampted (*	Ure ) and Nor	-iriable	e é	1003	dure	
El Staneto: Stanet	le inpation	normally use	d solely	1	-	-				l a		R	E	E
Location of sebestos-containing material (som) to be	by mainter statt(12)	nance/custod	ial	Descri	ption of a al (ACM)	sbestos-containing	1	Amount (Specify LF)	BF or	o v		p a	o a p	0 1
abated in facility (13)	Yes	No	N/A			PON		100 L FT	-		$\dagger$			
BASEMENT		X		PIFEIN	SULAI	ION		10027			1			
			of policy in											10
				1							1		口	吊
			SIDERI						-					Ш
Registed Waste Hauler D & S RESTORATION, INC	NUD!			Diole Yards 1 yd.	of Waste	Name of Regist TULLYTOV City, State	/N,R	ESOURCE I	RECOV	ERY				
City, State			01/30/			TULLYTO	WN, I	PA					-	
PATERSON, NJ 07503 Completed by (Print or Type)	Title		0 1100	Signatur	9				Date 01/	9 28/15				
BOGDAN JOLDZIC	PRESE	ninh tem t	ar setting	otre linanesse	A AVAMO	ad activities.								

MC 005820

State of NJ

Notification of Asbestos Abatement

(Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: 2015-40 Name of Building Owner/Operator (2) Date of Notification (1) 0 1 / 2 19 / 1 15 tom lane Agencies Notified Type Notification Street Address ASSES X Initial EPA 302 woodside avenue Amended DEP City, State, Zip Code Amendment #: DOL Emergency RIDGEWOOD, NJ 07450 (including DOH Name of Contact Telephone Number justification) DCA tom lane Cancellation FACILITY INFORMATION Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) tom lane Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 302 woodside avenue # of Floors Bldg. Age Square Feet City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) RIDGEWOOD Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Telephone Number License Number Phone Number 01169 973-345-8020 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 02/16/15 02/20/15 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  $\times$  >3 sf or >3 lf Mini-enclosure □ Renovation Glovebag procedure ≥160 sf or >260 lf Demolition Non-Exempted (\*) and Non-friable procedure Is location normally used solely E Location of E by maintenance/custodial e n asbestos-containing Amount Description of asbestos-containing n m staff(12) C material (acm) to be (Specify SF or material (ACM) 0 C a abated in facility (13) Yes No N/A V D PIPE INSULATION 30 1 ft X BASEMENT (4 LOCATIONS) Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# D & S RESTORATION, INC. 13506 TULLYTOWN, RESOURCE RECOVERY 1 yd. City, State Disposal Date City, State PATERSON, NJ 07503 02/17/15 TULLYTOWN, PA Completed by (Print or Type) Signature BOGDAN JOLDZIC PRESIDENT 01/29/2015

Do not use this form for asbestos licensure exempted activities.

ASB-41

CK 005821

### State of N.I.

BOGDAN JOLDZ		PRESIDE Do not use	os licensure ex	empte	d activities.			01/29	/2015								
Completed by (Print or Type) Title Signature							1 1022110 111	.,		Date							
City, State PATERSON, NJ	07:503			Disposal D 02/02/1			City, State TULLYTOWN	I. PA									
D & S RESTORA	TION, INC.	1350		1	yd.		TULLYTOWN			COVER	Y			-			
Registered Waste Hau			P Hauler	ID# C	ubic Yards of \	Waste	Name of Registere					<u> </u>					
											H	片	片	H			
4 <del></del>											H	무	片	H			
2ND FLOOR		PIPE INS					ON	8	LFT		井	닏	부	님			
2ND FLOOR			X		DUCT INS				SQ FT			닏	ᆜ	H			
abated in facilit	y (13)	Yes	No	N/A					LF)		v e	i	p D	L			
asbestos-conta material (acm)	to be	by mainter staff(12)	idiiCe/CUS	- TOUISI	Description material (		sbestos-containing		Amount (Specify SF	= or	m	p a	n c	n c			
Location of				used solely					100 CEN		R	R	E	E			
≥160 sf or ≥260	) If	Demolition							ag procedure empted (*) a		friable	proce	edure				
$\ge 3$ sf or $>3$ If	$\boxtimes$	Renovation	1					Mini-en	closure ag procedure	2							
Scope of Work (chec	ck all that apply	')							ntainment w/	negative	press	ure					
Other-Describe	: NORMAL H	OURS				_	Paterson, NJ 0'	7503									
Abatement performance Describe:	ormed outside	of normal fa	acility hou	rs-			W.S										
Facility closed/v	acated during	entire perio	d of abate				City, State, Zip Code					_					
Occupancy Status Du	iring Abatemen		MARKET STREET, SQUARE,				20 California A	venue									
01/30/15		02/20/	/15				D & S Restorat	uon, Inc		*	- 8			-			
Start Date (10)		Sched.	Completi	on Date (11	)		Name of OSHA Monitor  D & S Restoration, Inc.										
							973-345-8020			0	1169						
Project Manager for M	Monitoring Firm		Pr	none Numb	er		Telephone Number			License		er					
	5						Paterson, NJ 0'	7503	1	14			-				
City, State, Zip Code						-1	City, State, Zip Code	)	THE RESERVE OF THE PARTY OF THE								
							20 California A	ve.									
Street Address							Street Address	MION	I, LIVC.								
Taking of Monitoring	i iii ea by E	Jug. Owner	(0)		ASONI NO.		D & S RESTORATION, INC.										
MONTCLAIR  Name of Monitoring	Firm Hired by F	ESSI Bldg Öwner		<del></del>	ASCM No.		Name of Abatement Contractor (9)										
MONTHOY 1 TO		roce	CV			(Stat	e use only)	Curr	ent Use (Pri	or if being	g dem	olishe	ed)				
City (5)		Count	y (6)				nty Code (7)										
218 SOUTH MO	UNTAIN AV	VENUE						Squa		of Floor		Blo	lg. Ag	je			
Street Address									Other (F Bldgs./H	Private/Co lomes, et	omme c.	rcial					
ROB RUST										pter 8 (O			12)				
	o abatement is	Juning place	JU (U)					',,,,,		(K - 12)							
Name of facility when	re ahatement is	s taking plac	ne (3)	. 7.01			Т	Type	of Facility (4	)							
					LITY INFORM	ATION											
☐ DCA	Cancellation		ROB RU	JST										*			
□ DOH	(including justification)	I I I I I I I I I I	me of Co	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME					Telephone	Number		e laque acc					
M DOI I-	Emergency		MONTO	CLAIR, N.	07042									5,1 Lant 311000			
_ DEP	Amendment #:		ty, State,			02102											
F	Initial Amended		218 SOT	ITH MOU	NTAIN AVI	ENTIF		Ĺ.	,	LICENS		1					
Agencies Notified	Type Notificati		reet Addre						ASBF	STOS C	UI	ROL	8	1			
10 11 1/12 19			ROB RU		(=/			i	İ				1				
Date of Notification (1	1)	IINa	ame of Bu	ildina Owne	er/Operator (2)				1		1 20	17	111	#			
				(1)					7.1								
D&S Proj. #:	2015-42		Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)											7)			
$\circ$		,		Motific	ation of Ach	octoc	Abatament	17.	NE (	G E	n n	7 5	- Pres	-			

### State of NJ Notification of Aspestos Abatement

750	APPROVED	
(LDe)	of Health & Senior Scrvid	es
W	(signature) 3.3	ð

F Das Proj, i	#:_2015-42	7	(Pu	ırsua	nt to NJAC	8:60	and 12:120)		00	(signature	)		-		
-Date of Notification	(1)	111		Öwne	r/Operator (2)	- на			Det	Sararan T	inter.		9		
Agencies Notified  EPA  DEP  DEP	Type Notification Initial Amended Amendment #:	on Street A 218 S City, Ste	OUTH Nate, Zip Ço	de	NTAIN AVI	ENU	3	· · · · · · · · · · · · · · · · · · ·							
DOH DCA	Emergency (Including justification)  Cancellation	Name of	TCLATE Contact RUST	R, NJ	07042		- June 1		Telephone	Number	in-				
	- Carronagon		The second Party of the se	FACIL	ITY INFORM	TOTA	1		1 7, 1	T ACT OF THE PARTY	-				
Name of facility wh	nore abatement is	taking place (a)					err.	T	/pe of Facility (4)		Cier				
ROB RUST	The state of the s		111111111111111111111111111111111111111	The last	V CONTIN	ni ni	111111111111111111111111111111111111111		School Subchar	oter 8 (Ot			12)		
Street Address									Other (P Bldgs./H			oial			
218 SOUTH M	OUNTAIN A	The state of the s		1000					The second secon	of Floors	400	Bld	g. Ag	9	
Clty (5)		County (6)					unty Code (7) ate use only)	-	Current Use (Pric	or if being	demi	olishe	lished)		
MONTCLATR Name of Monitorin		ESSEX			ASCM No.	l i	Name of Abatement Contractor (9)								
Neme of Monton	B Little Lingo by i	aldg. Owner (o)			ASCIN NO.			DRATION, INC.							
Street Address	Total Control of the		Marita waren	aumm)		-	Street Address	740 11.	LOXI, AVG.						
							20 California	Ave.	111		umule				
City, State, Zip Cod	18	100 mm	ale and all and	CASING CAR	Market State of the State of th		City, State, Zip Co	de		321101111111111111111111111111111111111					
				-		Sau	Paterson, NJ		3	500				-	
Project Manager for	r Manitoring Firm		Phone Number				Telephone Numb 973-345-80	20		License 01	Numb	er		11.0	
Start Date (10)	70	Sched, Com	ed. Completion Date (11)  Name of OS(1A Mor						Test						
01/30/15	Marie Carlo	02/20/15			The Party of the P		Street Address	(acion,	Wic.	- ADMY - III		Juliment	Company or a		
	d/vacated during	it (Oheck only on antire period of a of normal facility	batement.	55			20 California City, State, ZIP Co		Ţ6	The same of the sa	<u> </u>	2040			
Describe:			Modio.			-	Paterson, NJ	' ስማናስ'	4						
Scope of Work (ch			- JAKS	-10-		_	A troubspan 144		Containment w/	necutive	Dress	IIVA			
	×	Renovation  Demolition			15402			Mir Gio	il-enclosure yebag procedure n-Exempted (*) a	:			dure		
Location of		Is location norm	ally used	solely	-		TOTAL STATE OF THE	James .		al VIII	H	R	E	E	
asbestos-cor material (acr abated in fac	n) to be	by maintenance staff(12)		V/A	Descripti material		asbestos-containin )	g	Amount (Specify Si LF)	ar ar	m v	0 D M -	r c a p	n o L	
2ND FLOOR	- August			- September	DUCT INS	A.H.F	ITON	-	8 SQ FI		9	r	TT	1	
2ND FLOOR					PIPE INSU	BOOK PARKET			8LFT	Charles .	愤			市	
	and the same of the same of			Paris	the sales and the	and the same of		III II							
- Control of the Cont						4	The Figure							口	
						and the same			- Vier						
Registered Wasta Hauler Number Hauler ID# D & S RESTORATION, INC. 13506					ubic Yards of yd.	VVaete			indfill ESOURCE RE	COVER	YS				
City, State Disposal					ate	Self-	City, State		Transport of the second						
PATERSON, N	ALC: NO.		02	/02/1	5 Signature		TULLYTO	VN, P.	A			75.3	-	- CVV	
Completed by (Printing ROGDAN JOI		Title PRESIDENT	•							Date 01/29	/201:	5			

CK 005819

State of NJ Notification of Asbestos Abatement

D&S Proj. #: 2015-39			(Pursua	ant to NJAC	8:60	and 12:120)	NEGE			7		
Date of Notification (1)	IIN	ame of Bu	ilding Owne	er/Operator (2)		112	21					
0 11 1/12 19 1/11 15		janine ba	rone				FEB 4	2015	1	IJII		
Agencies Notified Type Notifie	cation	treet Addre					No. :		11	1		
☐ EPA ☐ Initial		26	nont torro			77	A D D Production of the	ra aran sangar sangar				
DEP Amended	1	ity, State,	nont terrac	e e			ASBESTOS CI		2			
DOL Amendment				05.10.1		Serve Linguis	2.02.10					
DOH Emergen		LITTLE	manufacture of the second	NJ 07424	AT		Telephone	Number		- 1616	ar September 18th	Demonstrative Action
justification							relephone	e Mulliber				
DCA Cancellat	ion	janine b	arone							_		
		1	FACI	LITY INFORM	ATION							
Name of facility where abateme	nt is taking pla	ce (3)					Type of Facility (4	4) (K - 12)				
janine barone	-							apter 8 (O	ther th	an K	-12)	
Street Address								Private/Co		rcial		
26 viewmont terrace								Homes, et # of Floors		Bl	dg. A	ge
City (5)	Cour	nty (6)				nty Code (7)						
I ITTEL E PATTO	DAG	COATO			(Sta	te use only)	Current Use (Pr	ior if being	g dem	olishe	ed)	
LITTLE FALLS  Name of Monitoring Firm Hired I		SSAIC er (8)	T	ASCM No.		Name of Abatemen	t Contractor (9)					
	,					D & S RESTOR						
Street Address					-	Street Address			-		_	
						20 California A	ve.					
City, State, Zip Code						City, State, Zip Code	9		SHO, CALLES		ACCOUNTS NO.	
						Paterson, NJ 0	7503					
Project Manager for Monitoring F	irm	P	none Numb	er	-	Telephone Number		License	Numb	er		
						973-345-8020	)	01	1169			
Start Date (10)	Sched	. Completi	on Date (11	)		Name of OSHA Mo						
Section 2000 Control of Control o				¢.		D & S Restora	tion, Inc.					
02/10/15	02/27	CONTRACTOR DESCRIPTION OF THE PERSON OF THE		C-0288FTEMBRANIS	concessed.	Street Address						
Occupancy Status During Abaten						20 California A						
Facility closed/vacated during Abatement performed outs						City, State, Zip Cod	е					
Describe:			-		-11	Paterson, NJ 0	7502					
Other-Describe: NORMA						Paterson, NJ 0						
Scope of Work (check all that ap						-	Full Containment w Mini-enclosure	/negative	press	ure		
	Renovatio	n						'e				
≥160 sf or ≥260 lf	Demolition	1					Non-Exempted (*)		riable	proc	edure	:
Location of		n normally enance/cus	used solely						l R	R	E	E
asbestos-containing material (acm) to be	staff(12)	nance/cus	itoulai			sbestos-containing	Amount (Specify S	For	m	р	n c	n
abated in facility (13)	Yes	No	N/A	material (	ACM)		LF)	. 01	0	a i	a	L
85/85 91	. 50	110	13/7				1,000		е	r	р	-
BASEMENT - lower		L X		PIPE INSU			100 l ft			ᆜ	屵	부
BASEMENT - upper		LX		PIPE INSU			30 l ft		×	ᆜ	브	부
BASEMENT - with carpet		LX		BARE HEA	ATINO	i PIPES	36 l ft		닏	부		11
									님	님	片	
Registered Waste Hauler	INID	EP Hauler		ubic Yards of \	Macta	Name of Registere	d Landfill		Ш	Ш	Ш	
D & S RESTORATION, IN			A. A	ubic varus or v . yds	vasie		, RESOURCE RE	COVER	Y			
City, State			Disposal D	THE RESIDENCE OF THE PARTY OF T		City, State	AND CONTRACTOR OF THE PARTY OF					anima profession.
PATERSON, NJ 07503			02/11/1.			TULLYTOWN	I, PA					
Completed by (Print or Type)	Title			Signature				Date	20		200	
BOGDAN JOLDZIC	PRESID					1 - 1' '1'		01/29/	2015			
ASR-41	* Do not us	e this form	tor asbesto	s licensure ex	empte	activities.						

CK005818

D&S Proj. #: 2015-38

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

[]	E	(C)	E		W	
	1	us. Inches			and a victor	_
		EFR		4	2015	

O I   V   P   P   Notification   P   Note   Notification   Note				- 10	2 10			f in but	1 1 11			house	1	
Suppose Notified   Type Notification   Pare Address   12 laurel avenue   12 laurel avenue   12 laurel avenue   13 laurel avenue   14 laurel avenue   15 laurel aven	Date of Notification (1)	Nam	e of Buildin	g Owner/C	perator (2)									
Signate Stoffled   Special Amendation   Special A			ren fallow	es				1 1	SDESIL	DOUNT	TULO		$\dagger$	_
DEP   Amended   Coloration	J	n Stree	et Address					Landing	LIC	ENSING				
Dep	L Amended	1												
DOL		City,	State, Zip (	Code										
DOH	DOI  -	S'	UMMIT,	NJ 07901					Tolophon	Number	and the same of th	and the same of	AND DESCRIPTION	mm.
Dead   Cancellation   Allen j. gondeck	DOH (including	Nam	e of Contac	t					relepriori	e Number				
FACILITY INFORMATION	□ DC4  -	ll a	llen i. gon	deck								_		_
Name of facility where abatement is taking place (3)	Cancellation		near j. Bear		TV INICODMA	TION								
School (K-12)   School (K-12			7	FACILII	I Y INFORIVIA	TION		Type	of Facility (	4)				
Street Address   12 laurel avenue   County (6)   County (6)   County (70 de (7)   (State use only)   County (8)   Current Use (Prior if being demolished)	Name of facility where abatement is	taking place	€ (3)					1,450	School	(K - 12)				
Street Address   12 laurel avenue								Ī					2)	
County (6)   County (6)   County (7)   County (8)   County (8)   County (8)   County (8)   Current Use (Prior if being demolished)	The second secon								Other	(Private/Co	mmerc	ial		
12 laurel avenue   County (6)   County (7)   County Code (7)   C	Street Address							0	-			Bida	. Age	
SUMMIT  Name of Monitoring Firm Hired by Bidg. Owner (8)  Street Address  City, State, Zp Code  Project Manager for Monitoring Firm  Phone Number  Start Date (10)  01/30/15  Cocupancy Status During Abatement (Check only one)  Scope of Work (check all that apply)  Sope of Work (check all that apply)  Sope of Work (check all that apply)  Loadion of asbestos-containing material (acm) to be abated in facility (13)  BASEMENT  Kitchen  NUME  Var  NUME  Var  Nume of Abatement Contractor (9)  D & S RESTORATION, INC.  Street Address  20 California Ave.  City, State, Zp Code  Paterson, NJ 07503  Telephone Number  973:345-8020  01169  Name of OSHA Monitor  D & S Restoration, Inc.  Street Address  20 California Avenue  City, State, Zp Code  Paterson, NJ 07503  Paterson, NJ 07503  Cocupancy Status During Abatement (Check only one)  Full Containment winegative pressure  Mini-enclosure  Glovebag procedure  Amount  Specify SF or 0 a a c c completed on a complete on a com	12 laurel avenue							Squa	are reet	# 011 1001	·			
Name of Monitoring Firm Hired by Bidg. Owner (8)   ASCM No.	City (5)	County	(6)					Cur	ent Use (F	rior if bein	g demo	lished	)	
Name of Monitoring Firm Hired by Bidg Owner (8)  ASCM No.  Name of Monitoring Firm Hired by Bidg Owner (8)  Street Address  City, State, Zip Code  Project Manager for Monitoring Firm  Phone Number  Project Manager for Monitoring Firm  Phone Number  Start Date (10)  O1/30/15  Occupancy Status During Abatement (Check only one)  Facility closed/vacated during entire period of abatement.  Abatement performed outside of normal facility hours-  Describe:  One of Work (check all that apply)  Soope of Work (check all that apply)  Soope of Work (check all that apply)  As of or 260 if Demolition  Location of ababestos-containing material (acm) to be abated in facility (13)  BASEMENT  Renovation  BASEMENT  PIPE INSULATION  Non-Exempted (1) and Non-friable procedure  Output Yards of Waste  2 yds  Disposal Date  O2/20/15  Disposal Date  O2/20/15  Date  OUTPUT ONN- RESOURCE RECOVERY  City, State  O1/29/15		T 73 TF	ONT		1	(State t	,,	Juli	J 000 (1					
Street Address  City, State, Zip Code  Project Manager for Monitoring Firm  Phone Number  Start Date (10)  Ol/30/15  Cocupancy Status During Abatement (Check only one)  Facility closed/vacated during entire period of abatement.  Abatement performed outside of normal facility hours- Describe:  Other-Describe:  Other-Describe:  NoRMAL HOURS  City, State, Zip Code  Paterson, NJ 07503  Paterson, NJ 07503  Full Containment w/hegative pressure  Mini-enclosure  City, State, Zip Code  Paterson, NJ 07503  Full Containment w/hegative pressure  Mini-enclosure  Mini-enclosure  Amount e e n n Cispedity SF or 0 a a a completed in facility (13)  BASEMENT  No N/A  PIPE INSULATION  PIPE INSULATION  Paterson, NJ 07503  Public Yards of Waste  2 yds  TULL YTOWN, PS  Date  City, State  PATERSON, NJ 07503  Date  City, State  Disposal Date  City, State  TULL YTOWN, PA  Date  OLizy/15	SUMMIT				ASCM No	IINa	ame of Abatemer	nt Contrac	ctor (9)					
Street Address  City, State, Zip Code  Project Manager for Monitoring Firm  Phone Number  Pacific Manager for Monitoring Firm  Phone Number  973-345-8020  Name of OSHA Monitor  D & S Restoration, Inc.  Street Address  20 California Ave.  Oity, State, Zip Code  Paterson, NJ 07503  Telephone Number  973-345-8020  01169  Name of OSHA Monitor  D & S Restoration, Inc.  Street Address  20 California Avenue  City, State, Zip Code  Paterson, NJ 07503  Full Containment w/negative pressure  Mini-enclosure  Glovebag procedure  Non-Exempted (') and Non-friable procedure  Non-Exe	Name of Monitoring Firm Hired by	Blag. Owner	(0)	'	ACCIVITION	1								
City, State, Zip Code  Project Manager for Monitoring Firm  Phone Number  Start Date (10)  01/30/15  Occupancy Status During Abatement (Check only one)  Pacifity closed/Axacated during entire period of abatement.  Abatement performed outside of normal facility hours- Describe: Describe														
City, State, Zip Code   Paterson, NJ 07503   Telephone Number   Phone Number   Phone Number   Phone Number   Phone Number   Phone Number   Paterson, NJ 07503   Telephone Number   P37-3-345-8020   O1169	Street Address							Ave.						nerca.
Project Manager for Monitoring Firm  Phone Number  Phone Number  Phone Number  Phone Number  Phone Number  Phone Number  Praterson, NJ 07503  Telephone Number  973-345-8020  Name of OSHA Monitor  D & S Restoration, Inc.  Street Address  20 California Avenue  City, State, Zip Code  Paterson, NJ 07503  Pate						- Cit			Carlotte State of the State of					
Telephone Number   Start Date (10)   Sched. Completion Date (11)   O1/30/15   O2/20/15   O2/20/15   O2/20/15   O2/20/15   Occupancy Status During Abatement (Check only one)   Facility closed/vacated during entire period of abatement.   Abatement performed outside of normal facility hours-Describe: NORMAL HOURS   NORMAL HOURS   Other-Describe: Normal facility hours-Describe: Normal fa	City, State, Zip Code						Paterson, NJ	07503		_				
Start Date (10)   Sched. Completion Date (11)   O2/20/15   O2/20/1		,	I Pho	ne Numbe	r	Te						er		
Start Date (10) 01/30/15 02/20/15 Occupancy Status During Abatement (Check only one)   Facility closed/wacated during entire period of abatement.   Abatement performed outside of normal facility hours-Describe: NORMAL HOURS   Other-Describe: NORMAL HOURS   Paterson, NJ 07503   Scope of Work (check all that apply)   Mini-enclosure   Glovebag procedure   Non-Exempted (*) and Non-friable procedure   Non-Exempted (*) and Non-Exempte	Project Manager for Monitoring Firm	1	1110	no mambe			973-345-802	20			)1169			
Oltory Status During Abatement (Check only one)    Facility closed/vacated during entire period of abatement.     Abatement performed outside of normal facility hours-Describe:   Other-Describe:   NORMAL HOURS			O Johina	Data (11)		- N								
Occupancy Status During Abatement (Check only one)    Facility closed/vacated during entire period of abatement.   Abatement performed outside of normal facility hours-Describe:   NORMAL HOURS   Paterson, NJ 07503	Start Date (10)	Sched.	Completion	Date (11)				ation, In	iC.					
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:       NORMAL HOURS         Scope of Work (check all that apply)       Full Containment w/negative pressure         Mini-enclosure       Glovebag procedure         Non-Exempted (*) and Non-friable procedure         Location of asbestos-containing material (acm) to be abated in facility (13)       Is location normally used solely by maintenance/custodial staff(12)       Description of asbestos-containing material (ACM)       Amount (Specify SF or o a a a c c c represented of a procedure of a procedur	01/30/15	02/20/	/15	Name of the last o		S		20						
Patinity Describe:   Abatement performed outside of normal facility hours-Describe:   NORMAL HOURS   Paterson, NJ 07503	Occupancy Status During Abateme	ent (Check or	nly one)	1,000										
Describe: NORMAL HOURS  Scope of Work (check all that apply)  Scope o	Facility closed/vacated during	g entire perio	od of abatem	nent.		0	ity, State, Zip Co	ae						
Scope of Work (check all that apply)  Scope of Work (check all that apply)  Scope of Work (check all that apply)  Sope of Work (check all that apply)  Mini-enclosure  Glovebag procedure  Non-Exempted (*) and Non-friable procedure  Amount (Specify SF or o a a a c c c LF)  Yes No N/A  BASEMENT  Non-Exempted (*) and Non-friable procedure  Non-Exempted (*) and Non-F			acility nours	5-		_	Datarson NI	07503						
Scope of Work (check all that apply)    Sometimes	Other-Describe: NORMAL	HOURS				$- \bot$	Paterson, 183		entainmen	t w/negativ	e press	ure		
Solution	Scope of Work (check all that app	oly)					L			Willogaa	- г			
Location of asbestos-containing material (acm) to be abated in facility (13)  BASEMENT  kitchen  Registered Waste Hauler D & S RESTORATION, INC.  NJDEP Hauler ID# Cubic Yards of Waste PATERSON, NJ 07503  Completed by (Print or Type)  Title  Signature  Description of asbestos-containing material (ACM)  Description of asbestos-containing material (Specify SF or n p p c n n p p c n n p p c n n n p p c n n n p p c n n n p p c n n n p p c n n n p p c n n n p p c n n n p p c n n n p p c n n n p p c n n n p p c n n n p p c n n n p p c n n n p p c n n n n	$\boxtimes$ >3 sf or >3 lf	Renovation	'n					Glove	bag proce	dure	1877 1872			
Location of asbestos-containing material (acm) to be abated in facility (13)  BASEMENT  Kitchen  Registered Waste Hauler  Description of asbestos-containing material (ACM)  NJDEP Hauler ID#  Description of asbestos-containing material (ACM)  PIPE INSULATION  74 I ft  PS sq ft  Name of Registered Landfill  TULLYTOWN, RESOURCE RECOVERY  City, State  PATERSON, NJ 07503  Completed by (Print or Type)  Title  Signature  Amount  M p c c n  M p c c n  M p c c n  M p c c n  M p c c n  M p c c n  M p c c n  M p c c n  N Amount  M p c c n  M p c c n  N Amount  M p c c n  M p c c n  M p c c n  N Amount  M p c c n  N Amount  M p c c n  M p c c n  M p c c n  M p c c n  M p c c n  M p c c n  N Amount  M p c c n  M p	>160 sf or ≥260 lf	] Demolition	1					☐ Non-	Exempted	(*) and Nor	n-friable	proce		
asbestos-containing material (acm) to be abated in facility (13)  BASEMENT  kitchen  PIPE INSULATION  PIPE INSULATION  NAT  PIPE INSULATION  P	L costion of	Is location	n normally u	sed solely					Amoun	+		е		1 500
material (acm) to be abated in facility (13)  Yes No N/A  PIPE INSULATION  74 I ft  V i p c r p C e r	asbestos-containing		nance/cust	odiai			bestos-containing	g	(Specif		15000	1 2		C
BASEMENT  Kitchen  VAT  VAT  95 sq ft  NJDEP Hauler ID# 13506  City, State PATERSON, NJ 07503  Completed by (Print or Type)  PIPE INSULATION  TVAT  NAME of Registered Landfill TULLYTOWN, RESOURCE RECOVERY  City, State TULLYTOWN, PA  Date 01/29/15	material (acm) to be		No	NI/A	materia	(ACIVI)			LF)		1	i	1000	1
BASEMENT kitchen  VAT  95 sq ft  NAME of Registered Landfill TULLYTOWN, RESOURCE RECOVERY  City, State PATERSON, NJ 07503  Completed by (Print or Type)  Title  VAT  VAT  Signature  VAT  Signature  PS sq ft  Cubic Yards of Waste  Aname of Registered Landfill TULLYTOWN, RESOURCE RECOVERY  City, State TULLYTOWN, PA  Date 01/29/15	abated in facility (10)	Yes	INO	IWA			23.7		7.4 I ft			1	П	tn
Registered Waste Hauler D & S RESTORATION, INC.    Disposal Date PATERSON, NJ 07503   Date O1/29/15   Date O1/29/15	BASEMENT		$\square X$		-	ULATI(	JN					一	F	情
Registered Waste Hauler D & S RESTORATION, INC.  Disposal Date PATERSON, NJ 07503  Completed by (Print or Type)  Title  D Cubic Yards of Waste 2 yds TULLYTOWN, RESOURCE RECOVERY  City, State TULLYTOWN, PA  Date 01/29/15			X		VAT				22 84 II		극음	一	H	T
PATERSON, NJ 07503  Completed by (Print or Type)  Registered Waste Hauler  13506  2 yds  TULLYTOWN, RESOURCE RECOVERY  City, State  02/02/15  City, State  TULLYTOWN, PA  Date  01/29/15						Service of the service					러片	計	Ħ	情
PATERSON, NJ 07503  Completed by (Print or Type)  Registered Waste Hauler  13506  2 yds  TULLYTOWN, RESOURCE RECOVERY  City, State  02/02/15  City, State  TULLYTOWN, PA  Date  01/29/15											믐믐	計	片	T
PATERSON, NJ 07503  Completed by (Print or Type)  Registered Waste Hauler  13506  2 yds  TULLYTOWN, RESOURCE RECOVERY  City, State  02/02/15  City, State  TULLYTOWN, PA  Date  01/29/15						7387	IN-mar of Carata	ored Las	dfill			1-1	1-	
Disposal Date   City, State   Disposal Date   City, State   Disposal Date   Disposal Date   Disposal Date   Disposal Date   Disposal Date   Date   Date   Date   Date   Date   Date   Date   Disposal Date	Registered Waste Hauler					t Waste	TITLYTOV	VN, RES	SOURCE	RECOV	ERY			manager of A
City, State         Date           PATERSON, NJ 07503         02/02/15         TULLYTOWN, PA           Completed by (Print or Type)         Title         Signature           01/29/15         01/29/15		J. 13:	200				The second secon							
PATERSON, NJ 0/503 Date Completed by (Print or Type) Title Signature 01/29/15	City, State						5-1-1-1 T. 16/13	WN, PA						
Completed by (Print or Type)   Title   01/29/15		Title		02/02/			1							
	BOGDAN JOLDZIC		DENT		1870					01/	29/15			

DECEIVED

1	-	
NJ DOR	Of Health	Welli Senior Services
-6	Treatth &	Senior Service
	29/4 Tin	0:91

0&5 Broj. #:42015(38)					estos A	batement nd 12:120)		All Training ealth & Sei	tior Sc	rvicus	7	
Date of Notification (1) 8	Nar		_	Operator (2)		2.20	129/	Time:	9,	7.	2000	
-Agancies Notified Type Notificati	on Stre	aren fallo et Addres	NAME OF TAXABLE PARTY.				· ·	p france		#		
☐ EPA . ☐ Initial ☐ Amended	11 1	2 laurel a	venue									
DEP Amendment #	1	, State, Zi					Consultation of the Consul				No.	
DOL Emergency		TIMMIT	NJ 0790	1			200202	Dec.				
DOH . (including		ne of Cont	The state of the s				Telephon	o Number				
DCA Justification)		allenj. go	ndeck									
		And the second	180	ITY INFORM	IATION	A. Marian						
Name of facility where abatement is	s taking place	e (3)					Type of Facility	(4)				Name of Street, or other Persons
3. 604 a 22 till commence and an extensive for the second commence and the second contract and the sec	٠.	• •				1 1		ol (K - 12)	ti eh.	on V d	100	
karen fallowes	pa.		94	1416	<u>.                                    </u>			napter & (O (Private/Co			2)	
Street Address							Bidgs.	/Homes, e	c.			
12 laural avenue	w and						Square Peet	# of Floor	5	Bldg	g. Age	3
Oity (5)	County	y (6)				y Code (7)	Current Use (F	adox If boing	- dome	illahma	47	
SUMMIT	UNIC	NY.			(State	use anly)	Current use (r	Alot a pens	g demi	Juai Jec	7	
Name of Monitoring Firm Hired by			T	ASCM No.	TIN	lame of Abatement C	Contractor (9)	Hillian Same				
, , , , ,						D & S RESTORA	TION, INC.					
Street Address			- the control of	Account		treat Address			9.93		_10206	
						20 California Av	e,			-		Married
City, State, Zip Code	200					ny, State, Zip Code	and the second second second					
					april 100	Paterson, NJ 075	503				2000	all payments
Project Manager for Monitoring Flm	)	Ph	one Numbe	r	ा	elephone Number		License	Numb 1169	er		
						973-345-8020 Name of OSHA Month	lor.		1102	-		
Start Date (10)	Sched.	Completic	on Date (11)	)		D & S Restoration						
01/30/15	02/20/	15			1 5	Street Address	mi, Elia				- Lee	-
Occupancy Status During Abatemo						20 California Av	enue					
Facility closed/vacated during	entire perlo	d of abate	ment			ity, State, Zip Code						
Abatement performed outside Describe:		achity nout	· · · · · · · · · · · · · · · · · · ·				nas.					
Other-Describe: NORMAL I	HOURS				<u> </u>	Paterson, NJ 07						=
Scope of Work (check all that app							Full Containment Mini-enclosure	W/negative	press	ure		
>3 of or >2 If	Renovation	1 '				岗	Glovebag proced	iure				
1 098≤ 10 ta 081≤	Demolition						Non-Exempted (	") and Non	-frlable			
Location of	is location by mainte	normally	used solely	1			Amount		e	A e	E.	E
asbestos-containing material (acm) to be	staff(12)	i jaki kadi kada		Descrip	ation of as II (ACM)	bestos-containing	Amount (Specify		m	P	¢	C
abated in facility (13)	Yes	Na	N/A	Merenic	a (Now)	34	LF)		V	i	P P	L
			7	PIPE INS	TIL A TIT	NT .	74.1ft		e X	h		1
BASEMENT		$\rightarrow$	- Julian	VAT	, AY (2 TT)		95 sq ft			F	Ħ	情
kitchen			-	1.77				-	T	I	o	1
and the same of th									10	O		T
					and a stand							TE
Registered Wasto Hauler		EP Hauler	ID# C	ubic Yards o	of Waste	Name of Registered	i Landilli		n			
D & S RESTORATION, INC			2	2 yds		TULLYTOWN,	RESOURCE	RECOVE	KY	Total layer		
City, State			Disposal D			City, State	. ממי					
PATERSON, NJ 07503			02/02/1	Signature		TULLYTOWN	, r.A.	Date				
Completed by (Print or Type)	Title	ENT		Olgharde			3		9/15			14

NOCK

MAY 11

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

Date of Notification (1)			Nam	e of Buildir	ng Owner/Operator	(2)					1
1 /30 /1	5		11-30-000		s, Inc. / Job #141		#6914 4 2	015		1-of	2
Agencies Notified  ☐ EPA ☐ Initial ☐ DOLWD ☐ DHSS ☐ Amendment	# <u>2</u>	>	35 City,	et Address 0 County State, Zip	Code	AS	SBESTO CL LICENOME		_i &		A commence
DCA Emergency-(	includi	ng			, NJ 07307		1=				
(NJAC 5:23-8) justification)  Cancellation			-	e of Contac atthew Mo	330		Telephone Num	ber			
			FA	CILITY IN	NFORMATION			-		_	
Name of Facility Where Abatement is Takir	ng Plac	ce (3)				Type of Facility	(4)			_	-
Goya Maintenance Garage						School (K-12					
Street Address 390 New County Road						☐ Subchapter 8 ☑ Other (i.e., p	8 (Other than K-12 rivate and comme	?) rcial b	uildir	ıgs,	
City (5)						homes, etc.)	)	1	v		_
Jersey City						Square Feet	# of Floors		Bldg. /	Age	
County (6)			Cot	nty Code (7	7)(STATE USE ONLY)	Current Hee (Dr	ior if being demolis	- h 1			
Hudson				mty Gode (r	)(STATE OSE ONET)	Current Use (Pri	ioi ii being demois	snea)			
Name of Monitoring Firm Hired by Building	Owner	(8)	ASCN	l No.	Name of Abateme	ent Contractor (9)					
Omega Environmental					AbateTech, I	nc.					
Street Address					Street Address						
280 Huylar Street					30 Maple Ave	. PO Box 25					
City, State, Zip Code					City, State, Zip Co	ode					
South Hackensack, NJ 07606					Lumberton, N	IJ 08048					
Project Manager for Monitoring Firm			ephone		Telephone No.		License No.				
Geiser Fajardo				1-6209	609-265-2107		00529				
	duled (		etion Da /	ate (11) 15	Name of OSHA M EMSL Analyti						
Occupancy Status During Abatement (Chec	k only		_		Street Address						
☐ Facility Closed/Vacated During Entire Pe			ment		200 Route 130	O Ni o willo					
☐ Abatement Performed Outside of Norma	l Facili	ty Hou	s - Des	scribe	City, State, Zip Co	2-1000000000000000000000000000000000000					
Time of Abatement:AMP	M/	PM-		AM	Cinnaminson						
Scope of Work (Check all that apply)											
<ul> <li>≥3 sf or ≥3 If</li> <li>≥160 sf or ≥260 If</li> </ul>		enovati emolitio			☐ Mini-Encl	Procedure	ative Pressure n-Friable Procedur	'e			
	1000	Locat							atem	ent T	vpe
Location of Asbestos-Containing Material (ACM)  TO BE ABATED  IN Facility  (13)	Use Ma	Norma ed Sole intena todial s (12)	ly by nce/		Description of stos Containing Mat , thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Entrance to Restroom, Lunch Room				Floor til	e & Mastic		190 SF		П	П	-
Throughout				-	ck joint compou	nd	6,000 SF				
Exterior					shing/mastic		500 SF				
I <sup>st</sup> FI. Northern Offices				Floor Til	le		900 SF				
Name of Registered Waste Hauler AbateTech, Inc.		Ha	JDEP V auler ID 18750	No.	Cubic Yards of Waste 20	Name of Registe G.R.O.W.S.					
City, State Lumberton, NJ					Disposal Date 2/6/15	City, State Tullytown, F	PA				
" " " " " " " " " " " " " " " " " " "		ons C	oordi	nator	Signature (	ms	Dat	-	30	15	- )
B-41				100000		<u></u>		-!-	- 1		_

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

Date of Notification (1)			Nan	ne of Build	ing Owner/Operator	(2)					1
1 /30 /	15		- 1		ds, Inc. / Job #14		#6914 4 2	2015		2 of	2
Agencies Notified  ☐ EPA ☐ Initial ☐ DOLWD ☐ DHSS ☐ Amended ☐ Amendment			3	et Address 50 Count , State, Zip	y Road	<u> </u>	Elec ( ) Liber St		1		
☐ DCA ☐ Emergency		ina	Je	ersey Cit	y, NJ 07307			1000	* m	1 (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	ži.
(NJAC 5:23-8) justification	)	9	Nan	ne of Conta	act		Telephone Nur	mber			- 1 / 1 / 2
☐ Cancellatio	1		M	atthew N	lontour						
-			F	ACILITY I	INFORMATION						
Name of Facility Where Abatement is Tal	king Pla	ce (3)				Type of Facility	(4)				-
Goya Maintenance Garage				25.		School (K-12					
Street Address 390 New County Road						Other (i.e., p	8 (Other than K-1 rivate and comme	2) ercial b	ouildir	igs,	
City (5)						Square Feet	# of Floors	E	Bldg. /	Age	
Jersey City									,,ug.,	igo	
County (6)			Cou	unty Code	(7)(S.TATE USE ONLY)	Current Use (Pr	ior if being demol	lished)			
Hudson								1 6			
Name of Monitoring Firm Hired by Buildin	g Owne	r (8)	ASCN	ΛNo.	Name of Abateme	ent Contractor (9)					
Omega Environmental			20		AbateTech, I	nc.					
Street Address					Street Address				11/ 12/		
280 Huylar Street					30 Maple Ave	e. PO Box 25					
City, State, Zip Code					City, State, Zip Co	ode					
South Hackensack, NJ 07606		1			Lumberton, N	J 08048					
Project Manager for Monitoring Firm  Geiser Fajardo			ephone		Telephone No.		License No.				
	1 - 1			1-6209	609-265-2107		00529				
_1 / 19 / 15	2 2	Comple /6	etion D	ate (11) 15	Name of OSHA M EMSL Analyti						
Occupancy Status During Abatement (Che					Street Address					-/	
☐ Facility Closed/Vacated During Entire F	eriod o	Abate	ement		200 Route 130	0 North					
Abatement Performed Outside of Norm	al Facili	ty Hou	rs - De	scribe	City, State, Zip Co						
Time of Abatement:AM	-IVI/	PIM	-	_AM	Cinnaminson	, NJ 08077					
Scope of Work (Check all that apply)						22 25.0 6006 5160					
□ ≥3 sf or ≥3 If ⊠ ≥160 sf or ≥260 If	⊠ R	enovat emoliti	ion on		☐ Mini-Encl			ire			
		s Loca						1 200	atem	ent T	vne
Location of Asbestos-Containing Material (ACM)  TO BE ABATED  IN Facility  (13)	Use Ma	Norma ed Sole aintena stodial (12)	ely by ince/	Asbe (i.e	Description of estos Containing Mat ., thermal systems in surfacing, VAT,	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A		other miscellaneo	us)				ate	(D
Throughout				Fire do	ors		18 total				$\vdash$
Canopy over Office Main Entrance				built up	roofing and flas	hing	60 SF	. 🛛	П	-	
nterior Perimeter Walls				Vapor E	Barrier Mastic		3,200 SF				
	П	П									
lame of Registered Waste Hauler AbateTech, Inc.		H	JDEP \ auler II 18750	No.	Cubic Yards of Waste 20	Name of Register					
City, State Lumberton, NJ				× 1	Disposal Date 2/6/15	City, State Tullytown, F	PA .				
Completed By (Print or Type)  Gwendolyn Trumbetti	e Operati	ons C	oordi	nator	Signature	74 A	Dat	te/ 7	30/	15	
B-41					2//	Ty -		1	- 1	×100 = 100	

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

MAY 11



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

Date of Notification (1) 1/30/15		0.000	me of Building SEG	Owner/Operato	r (2)			1			
Agencies Notified Type Notificati	on	10000000	eet Address 100 Hadley F	Rd			TED	7	AU		2/
DEP Amended  DOL Amended	ent #		y, State, Zip Co outh Plainfie	de d NJ 07080			ACUL LICEN			in i	
DOH justification justification Cancellate		200000	me of Contact e Mannion				Telephone Nur				
Name of Facility Where Abatement is Ta	king Place (3)		FACILITY INFO	ORMATION	Type	of Facility (4					
PSEG Lumberton Substation	Killig Flace (3)				PROFES	School (K-1)					
Street Address 386 Main St. (Rt 541)						Subchapter	8 (Other than K-12 rivate & commercial		dings,	home	es,
City (5) Lumberton NJ 08048		V		4		e Feet	# of Floors	100	o plu		
County (6) Burlington			unty Code (7) ATE USE ONLY			nt Use (Pric	r if being demolish	ed)			
Name of Monitoring Firm Hired by Buildin/a	ng Owner (8)	1	ASCM No. n/a			tement Con ronmenta	tractor (9) I Services Inc.				
Street Address n/a					t Addres	_					
City, State, Zip Code n/a					State, Zi	p Code NY 11980					
Project Manager for Monitoring Firm n/a		Tel	ephone No.	Telep	hone No		License N	٥.			
Start Date (10) 2/10/15	Scheduled 2/13/15	Comple	etion Date (11)	Name	e of OSH	A Monitor	WRS Supervis	or		III	
Occupancy Status During Abatement (C	neck Only One)			Stree	t Addres	s	-				
Facility Closed/Vacated During Enti Abatement Performed Outside of N	re Period of Aba	atement	t	10000000	ne as a State, Zi			H-1-1-1-1-1-1			
Other – Describe:	offilal Facility Fi	ours		0.000,000,000	ne as a						
Scope of Work (Check All That Apply)			*-								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	novation nolition	1		Min Glo	i-Enclosure vebag Proc				•	
	ls I c	cation		E	- NOI	I-Exempled	( ) and Non-Fliab	1	Abate		
Location of	Nor	mally Solely b	N/	Descriptio					Ту	ре	
Asbestos-Containing Material (ACM)  TO BE ABATED	Mainte	enance lial Staf	/ Asbes	tos Containing thermal systen	ns insula		Amount (Specify	Re	R	Enca	En
In Facility (13)		12)	i.f	surfacing, Va other miscella			SF or LF)	Remova	Repair	Encapsulate	Enclosure
***************************************	Yes 1	No I	N/A					<u>a</u>		ate	Ге
Exterior Roof			x As	bestos Roof	Flashi	ing	75 LF	×			
B											
Name of Desisters of Minute Having		LNID	EP Waste	Cubic Yards		Name of F	Registered Landfill				
Name of Registered Waste Hauler Waste Mangement		er ID No.	of Waste		Grows L						
City, State Camden NJ		1		Disposal Date TBD	е	City, State Tullytow					
Completed by Michael J DiMaria	Title Proj MO	GR/ Si	ite Supervis	Signatur Or Mul	chae	11K	Mara Da	te 30/15	5		

NOCK

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

Date of Notification (1)				Name	of Buildin	g Owner/Operator (	2)	116	T	3.7	15	VID
1/21	/ 15			PS	E&G	/ Job #150	1-4861 Check	COU	RTE	SY		
Agencies Notified Type No  ☐ EPA ☐ Initia	tification				Address	. D		FEB	4	2015		1
☑ DOLWD ☑ Ame					0 Hadle			<i>k</i>				
	ndment #1			35.0	State, Zip		-	L				
	gency (include	ding		Sou	ıth Plain	field, NJ 07080		A		1.1	*	
(NJAC 5:23-8) justif	ication)			Name	of Contac	at	<u> </u>	Telephone Number	er	2		
☐ Cano	ellation			Mic	hael Luc	ciani						
	19 11			FA	CILITY II	NFORMATION	727					
Name of Facility Where Abatemen	t is Taking Pl	ace (	(3)				Type of Facility (	4)				
PSE&G Control House							School (K-12)					
Street Address								(Other than K-12) vate and commerc	ial bu	ildina	S.	
Front Street							homes, etc.)					
City (5)							Square Feet	# of Floors	Bl	dg. Ag	je	
Scotch Plains												
County (6)				Cour	nty Code (	7)(STATE USE ONLY)	Current Use (Price	or if being demolish	ed)			
Union							Control Hou	se				
Name of Monitoring Firm Hired by	Building Own	er (8	)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Health & Safety Services						AbateTech, I	nc.					
Street Address						Street Address						
PO Box 365						30 Maple Ave	e. PO Box 25					
City, State, Zip Code						City, State, Zip Co						
Berlin, NJ 08009						Lumberton, N	NJ 08048					
Project Manager for Monitoring Fire	n		Tele	ephone	No.	Telephone No.		License No.				7
Jim Proctor		_	- 60	09-704	-8850	609-265-2107		00529				
Start Date (10)	Schedule	d Co	mple	tion Da	te (11)	Name of OSHA M	lonitor					-
1 / 19 / 14				/ .		EMSL Analyt	ical					
Occupancy Status During Abateme	ent (Check or	ily_or	ne)—			Street Address						
☐ Facility Closed/Vacated During						200 Route 13	0 North					
Abatement Performed Outside						City, State, Zip Co	ode				2.1	
Time of Abatement:AM-	PM/_		_PM-		AM	Cinnaminsor	n, NJ 08077					
Scope of Work (Check all that appl	y)					2000			- 7			
□ >3 sf or >3 lf		Ren	ovat	ion		☐ Full Cont	tainment with Neg	ative Pressure				
⊠ ≥160 sf or ≥260 lf		Dem					g Procedure					
The second secon						Non-Exe	mpted (*) and Nor	-Friable Procedure	)			
			ocat						Ab	ateme	ent T	уре
Location of			orma I Sole	illy ely by		Description of			R	R	Щ	ш
Asbestos-Containing Material (A				ince/		estos Containing Ma e., thermal systems		Amount (Specify	Removal	Repair	ıcar	ICIO
IN Facility			dial (12)	Staff?	, , , ,	surfacing, VAT	, or	SF or LF)	val	-	Encapsulate	Enclosure
(13)	_	es	No.	N/A	-	other miscellane	ous)				ate	
Exterior of Control House		7		N/A	AVCOVO	ted pipe		1,000 LE				
Extends of Control House		1			EXCAVA	ited hihe	-	1,000 LF				
	- I					0 0						
		1										
·		1						22	П	П	П	П
Name of Registered Waste Hauler		-		JDEP \	Vaste	Cubic Yards of	Name of Regist	ered Landfill				
Waste Management			202	lauler II		Waste	G.R.O.W.S.					
City, State				1125		Disposal Data						
Camden, NJ						Disposal Date 2/4/15	City, State Tullytown,	DΛ				
							Tullytown,				-	
Completed By (Print or Type)	Title			_		Signature/	10.	Date	9	1	10	1
Gwendolyn Trumbetti	Ope	ratio	ns	Coord	inator		$\triangle X   A A A$		1	21	11	9
ASB-41 MAY 11	* D-	not	100 41	nin form	for cohes	ton linenaura aus	to diactivities	· · · · · · · · · · · · · · · · · · ·			1	
VICA L = L E	Do	HOL U	SE II	iis iorm	ioi aspes	tos licensure exemp	neujacuvities.					

NOCK

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

	NOTI				C 8:60 and 5:1		MEGI	311	TW	7 1	T
Date of Notification (1)					Owner/Operator (			F3 - [	19	- 11-	
	15				ation Administr		409-4945-7 EER	Δ	201	15	
Agencies Notified Type Notificat	tion		Street	Address			FEB		-61		-
			FAA	Techni	cal Center		A POST OF THE	7-1	- 11111	ليب	and the same of th
<ul><li>☑ DOLWD</li><li>☑ Amended</li><li>☑ DHSS</li><li>Amendme</li></ul>	nt #2		1000	tate, Zip C		1	ASBESSE			3OC	8
☐ DHSS Amendme			Atla	ntic City	International A	irport, NJ 0840		ENS	1140	and the state of the	
(NJAC 5:23-8) justificatio			Name	of Contac	t		Telephone Number	er.			7
☐ Cancellation	no		Bob	Cook			-				
			FAC	CILITY IN	IFORMATION			¥0.			
Name of Facility Where Abatement is Ta	aking Place	(3)				Type of Facility					
William J. Hughes Tech Center						School (K-12	2) 8 (Other than K-12)				
Street Address						Other (i.e., p	rivate and commerc	ial bu	ilding	s,	
Building #162						homes, etc.)					
City (5)						Square Feet	# of Floors	Blo	dg. Ag	je	
Atlantic City								1_			
County (6)			Coun	ty Code (7	)(STATE USE ONLY)		ior if being demolish	ed)			
Atlantic			J			Technical C					
Name of Monitoring Firm Hired by Build	ing Owner (	(8)	ASCM	No.		ent Contractor (9)					
Health & Safety Services			117		AbateTech, I	nc.					
Street Address					Street Address						
318 12 <sup>th</sup> Street						e. PO Box 25		_			
City, State, Zip Code					City, State, Zip C						1
Hammonton, NJ 08037		T :			Lumberton,	NJ 08048	I isonas No				_
Project Manager for Monitoring Firm		-	phone		Telephone No.	7	License No. 00529				
Jim Proctor	<i></i>	J.	9-704	1	609-265-210		00529				-
Start Date (10) S	cheduled C		/ _	1	Name of OSHA I						
Occupancy Status During Abatement (C	heck only	one)			Street Address						
☐ Facility Closed/Vacated During Entire					200 Route 13	30 North					
Abatement Performed Outside of No	rmal Facilit	y Hour	s - Des	cribe	City, State, Zip C	ode					
Time of Abatement:AM	PIVI/3.30	I IVI-I	ZAIVI		Cinnaminso	n, NJ 08077					
Scope of Work (Check all that apply)					☐ Full Cor	ntainment with Ne	gative Pressure				
≥3 sf or ≥3 If		enovati			☐ Mini-En	closure	9				
☐ ≥160 sf or ≥260 lf	☐ De	emolitio	on			g Procedure	on-Friable Procedure	a .			
	ls	Locat	ion	T	Z Non Ex	simpled ( ) dire i i		_	atem	ent Ty	vpe
Location of		Norma	lly		Description	of			_		
Asbestos-Containing Material (ACM)	1	ed Sole intena	-		estos Containing M		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
TO BE ABATED IN Facility		todial		(1.6	e., thermal systems surfacing, VA		SF or LF)	oval	=:	Insc	sure
(13)		(12)	_	4	other miscellane					ate	(b)
F	Yes	No	N/A	Eloor t	ile & mastic		40 SF		П	П	П
Furnace Room				25 SF							
Air Handler Room			닏		ile & mastic			-			
Bathroom	$ \parallel$ $\square$		Ш	Floor t	ile & mastic	Annual Company	70 SF				
									Ш	Ш	Ш
Name of Registered Waste Hauler		0.33	IJDEP I lauler II		Cubic Yards of Waste		stered Landfill				
AbateTech, Inc.			18750		16	G.R.O.W.S	o, Landfill				
City, State					Disposal Date	City, State	22				
Lumberton, NJ					2/6/15	Tullytown	, PA				
Completed By (Print or Type)	Title				Signature	-	Dat	e.	7 (	115	-
Gwendolyn Trumbetti	Operat	ions	Coord	inator	(A	nt		110	70	11)	,

ASB-41 MAY 11

NO CK

MAY 11

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

Date of Notification (1)				Name	of Buildin	g Owner/Operator (2	2)	10				200		
1/21	/15	-	State of NJ DPMC/ Job #1412-4857 Check #6958											
Agencies Notified Type No.	tification		7.000	Stree	t Address							18		
☐ EPA ☐ Initial				33	West Sta	ite Street PO Box	034							
☑ DOLWD ☑ Amer				City, S	State, Zip	Code		ASEL: Tu:	10	- 2	1			
	ndment # <u>1</u> gency (inc			Tre	nton, NJ	08625-0034	The state of the s	LICE	1431		-	-		
	cation)	Juulig		Name	of Contac	ot .		Telephone Numi	oer					
☐ Cano	ellation			Jol	nn DeAng	gelo		(S)						
				FA	CILITY IN	FORMATION	PROVIDENCE OF THE PROVIDENCE O							
Name of Facility Where Abatement	is Taking	Place	(3)				Type of Facility							
Eatontown MVC							School (K-12	2) 8 (Other than K-12	v.					
Street Address							Other (i.e., p	rivate and commer	cial bu	uilding	JS,			
109 Route #36							homes, etc.)				-11000			
City (5)						7.5	Square Feet	# of Floors	B	dg. A	ge			
Eatontown														
County (6)				Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)					
Monmouth														
Name of Monitoring Firm Hired by E		wner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)							
Environmental Conenction,	Inc.					AbateTech, Ir	nc.							
Street Address						Street Address								
120 North Warren Street						30 Maple Ave	. PO Box 25							
City, State, Zip Code						City, State, Zip Co	ode							
Trenton, NJ 08608						Lumberton, N	J 08048							
Project Manager for Monitoring Firm	n		Tele	phone	No.	Telephone No.		License No.						
Rolly Jones			60	9-392	-4200	609-265-2107		00529						
Start Date (10)	Schedu	iled Co	mple	tion Da	te (11)	Name of OSHA M	onitor							
1/21/15	1	/	_ 30	_ / _	15	EMSL Analyti	ical							
Occupancy Status During Abateme	nt (Chéck	only o	ne)			Street Address								
☐ Facility Closed/Vacated During E						200 Route 13	0 North							
☐ Abatement Performed Outside o						City, State, Zip Co	ode							
Time of Abatement:AM	PM		_PM-		AM	Cinnaminson	, NJ 08077							
Scope of Work (Check all that apply	/)				311-11	□ Full Cont	einment with No	nativa Desagner						
≥3 sf or ≥3 lf	. [	⊠ Rer	novati	on		☐ Full Cont	ainment with Neg losure	Jauve Pressure						
≥160 sf or ≥260 lf	Ī	☐ Der	nolitic	n		☐ Glovebag								
					T T	Non-Exer	mpted (*) and No	n-Friable Procedur	_					
Location of			Locat orma			Danadation			Ab	atem	ent T	ype		
Asbestos-Containing Material (A	(CM)	Used	d Sole	ly by	Asbe	Description of stos Containing Mat		Amount	Rer	Repair	Enc	E		
TO BE ABATED	,		ntena	nce/ Staff?		., thermal systems i	nsulation,	(Specify	Removal	oair	àps	Enclosure		
IN Facility (13)		Oust	(12)	Jian:		surfacing, VAT, other miscellaned		SF or LF)	<u> 81</u>		Encapsulate	ure		
(1.5)		Yes	No	N/A	1	other misochanet	543)				te			
Exterior					Expans	ion Caulk		120 LF						
SlopSink Closet		$\boxtimes$			Pipe Fi	ttings		4 LF						
		П	П						П	П	П	П		
			$\overline{\Box}$											
Name of Registered Waste Hauler				JDEP (	Monto	Cubic Yards of	Name of Regis	torod Landfill		ш	ш	Щ		
AbateTech, Inc.			1535	auler II		Waste	G.R.O.W.S					- 4		
				18750	)	12		. Lanuniii						
City, State						Disposal Date	City, State	D.4						
Lumberton, NJ						1/30/15	Tullytown,	PA						
Completed By (Print or Type)	Title		30000000			Signature	_	Da	te i	24	1	,		
Gwendolyn Trumbetti	Ор	eratio	ons (	Coordi	nator	10	MIT		1	41	115	)		
ASB-41		-				/\			- 10		,	_		

NO CK

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

		ľ	ITOV				BESTOS ABA C 8:60 and 5:			THE	7-7-	W	17.0	
Date of Notification (1)					Name	of Building	Owner/Operato	r (2)	)	THE R. P. LEWIS CO., LANSING		17/		
	26 / _	15	_						tion / Job #14	109-4815 Ch	eck #69	60		
Agencies Notified	Type Notifica	ation			Street	Address	Ø		1	1 1 1 1 1 1	-	- 19	- 2	1
⊠ EPA	☐ Initial				FAA	Techni	cal Center		ž.	į.				
⊠ DOLWD				)	City, S	tate, Zip C	Code			ASSESTED.		W.	rand.	
□ DHSS	Amendme				Atla	ntic City	International	Air	port, NJ 08405	. ЦСЕ	NEHNG-	12	Č.	1
DCA (NJAC 5:23-8)	☐ Emergene justification		luaing			of Contac				Telephone Nu	mber	The state of		- Today
( ) · · · · · · · · · · · · · · · · · ·	☐ Cancellat				Bob	Cook			I					
					FAC	CILITY IN	FORMATION			120			-	
Name of Facility Where A	Abatement is T	aking	Place	(3)	10000000			1	Type of Facility (4	.)				
William J. Hughes									School (K-12)					
Street Address									Subchapter 8			11 211 2	220	
Building #162									Other (i.e., priv homes, etc.)	rate and comm	nercial bu	ilaing	s,	
City (5)			000						Square Feet	# of Floors	Bi	dg. A	ge	
Atlantic City									one to the second of the secon		3-650			
County (6)				-	Cour	ty Code (7	)(STATE USE ONLY	7)	Current Use (Prio	r if being demo	olished)			
Atlantic									Technical Ce	nter				
Name of Monitoring Firm	Hired by Build	ding O	wner (	8)	ASCM	No.	Name of Abate	mer	nt Contractor (9)					
Health & Safety Ser	rvices				117		AbateTech	, In	c.					
Street Address						1	Street Address				1			
318 12 <sup>th</sup> Street							30 Maple A	ve.	PO Box 25					
City, State, Zip Code		21 6-0207	12-12-1	-			City, State, Zip	Cod	de					
Hammonton, NJ 08	037						Lumberton	, N.	J 08048					
Project Manager for Mon	itoring Firm			Tele	phone	No.	Telephone No.	1		License No.				-
Jim Proctor				60	9-704	-8850	609-265-21	07		00529				
Start Date (10)	8	Schedu	ıled C	omple	ion Da	te (11)	Name of OSHA	Mc	onitor		4)			
1 /26 /		1			_ / _	15	EMSL Anal	lytic	cal					
Occupancy Status During		-					Street Address							
☐ Facility Closed/Vacate							200 Route	130	North					
Abatement Performed						cribe	City, State, Zip	Cod	de					
Time of Abatement: _	Aivi	PIVI	13.30	PIVI- <u>12</u>	AIVI		Cinnamins	on,	NJ 08077					
Scope of Work (Check al	I that apply)					7				5				
≥3 sf or >3 If			⊠ Re	novati	on		☐ Mini-E		ainment with Nega osure	itive Pressure				
☐ ≥160 sf or ≥260 lf		ĺ	☐ De	molitic	n		☐ Glovel	bag	Procedure	120 10 20				
			l.	1 1			⊠ Non-E	xem	npted (*) and Non-	-Friable Proced				
Location	of			Locat Norma			Description	n of					ent T	
Asbestos-Containing		1)	Use	d Sole	ly by	Asbe	stos Containing I			Amount	Remova	Repair	Enc	Enclosure
TO BE ABA				intena todial 3		(i.e	., thermal system			(Specify	Nov	air	aps	lost
IN Facili (13)	ty		Ouc	(12)	J.Carri.		surfacing, VA other miscella			SF or LF)	<u>m</u>		Encapsulate	IT e
(2/			Yes	No	N/A								0	
Furnace Room			$\boxtimes$			Floor ti	le & mastic			40 SF				
Air Handler Room			$\boxtimes$			Floor ti	le & mastic			25 SF				
Bathroom				$\boxtimes$		Floor ti	le & mastic			70 SF				
Name of Registered Was	te Hauler			18860	JDEP \		Cubic Yards of	8	Name of Registe	ered Landfill				
AbateTech, Inc.				H	auler II 18750		Waste 16		G.R.O.W.S.	Landfill				
City, State					10100		Disposal-Date		City, State					
Lumberton, NJ							1/30/15		Tullytown, F	PA				
Completed By (Print or T	ype)	Title					Signature	)	1		Date /	- 1		
Gwendolyn Trumbe		Op	oerati	ons (	Coord	inator	10	F	mit			6/	15	

ASB-41 MAY 11

State of New Jersey ASBESTOS ABATEMENT grauant to NJAC 8:60 and 5:16) WEALSOMED Date of Notification (1) of Health & Senior Service Name of Building Owner/Operator (2) 01 Hiram Quinones Check # 3475 Agencies Notified Type Notification ☐ EPA Street Address UP ES Times ☑ Initial Amended LICENSING ☑ DOLWD 42 Iroquois Trail ☑ DHSS City, State, Zip Code Amendment# DOCA Emergency (Including Wayne, New Jersey 07470 (NJAC 5:23-8) justification) Name of Contact ☐ Cancellation Hiram Quiones Telephone Number Name of Facility Where Abatement is Taking Place (3) FACILITY INFORMATION Residence Type of Facility (4) Street Address School (K-12) 42 Iroquois Trail Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, City (5) Wayne, New Jersey 07470 Square Feet County (6) # of Floors Bldg. Age County Code (7)(STATE USE ONLY) 3000 Passaic Current Use (Prior if being demolished) 55+ Name of Monitoring Firm Hired by Building Owner (8) Residence J & S Enironmental Laboratories LLC ASCM No. Name of Abatement Contractor (9) Street Address Lilich Corporation 2333 Route 22 West Street Address City, State, Zip Code 606 McBride Union, New Jersey 07083 City, State, Zip Code Project Manager for Monitoring Firm Woodland Park, New Jersey 07424 Telephone No. Sherrill Jelsomino Telephone No. Start Date (10) 908-206-0073 License No. 973-225-8400 Scheduled Completion Date (11) 01 / 15 / 15 01104 Name of OSHA Monitor 01 / 22 / 15 Occupancy Status During Abatement (Check only one) J & S Environmental Laboratories LLC ☐ Facility Closed/Vacated During Entire Period of Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe 2333 Route 22 West Time of Abatement: ZAMSPM/ \_PM-City, State, Zip Code Scope of Work (Check all that apply) Union, New Jersey 07083 ≥3 sf or ≥3 if
 ≥160 sf or ≥260 if □ Full Containment with Negative Pressure
 □ Mini-Enclosure
 □ Glovebag Procedure
 □ Non-Exempted (\*) and Non-Friable Procedure Renovation
Demolition is Location Location of Asbestos-Containing Material (ACM) Normally Used Solely by Abatement Type TO BE ABATED Description of Asbestos Containing Material (ACM) Maintenance/ IN Facility ... (i.e., thermal systems insulation, Custodial Staff? Removal Encapsulate Amount (13)surfacing, VAT, or (12)(Specify other miscellaneous) SF or LF) Yos No N/A Attic Ceiling X Vermiculite Insulation 480 SF X Name of Registered Waste Hauler NJDEP Waste Lilich Corporation Cubic Yards of Name of Registered Landfill Hauler ID No. Waste City, State 17824 G.R.O,W.S. Landfill Woodland Park, New Jersey 07424 Disposal Date City, State Completed By (Print or Type) 01/19/15 Morrisville, Pennsylavania Momo Glavatovic Signature Vice President ASB-41 Date MAY 11 Do not use this form for asbestos licensure exempted activities.

REB/02/2015/MON 04:08 PM

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:19) Name of Building Owner/Operator (2) Date of Notification (1) Virtua 02 02 15 Type Notification Street Address Approise Notified 20 STOW ROAD SUITE 3 ☐ Initial EPA ☐ Amended DOLWD City, State, Zip Code Amendment #\_ ☑ DH85 MAIN PP MARLTON, NJ. 09053 Emergency (including DCA Name of Contect (NJAC 5:23-8) Justification) PAT GIORDANO ☐ Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) VIRTURA MARLTON CAMPUS Subchapter B (Other than K-12) Other (i.e., private and commercial building Street Address nomes, etc.) 90 BRICK ROAD Bldg. Ad # of Fibora Square Feet CITY (5) 5 40 >50,000 MARLTON County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) County (6) HOSPITAL BURLINGTON ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) DELTA/BUDS, INC VERTEX ENVIRONMENTAL Street Address Street Address 1346 INDUSTRIAL BLVD. 700 TURNER WAY, SUITE 105 City, State, Do Code City, State. Zip Code SOUTHAMPTON, PA 18966 **ASTON. PA 19014** License No. Telaphona No. Project Manager for Monitoring Firm Telephone No. 00783 215 322-2900 610 558-8902 DON HEIM Scheduled Completion Date (11) Name of OSHA Monitor 51an Dale (10) CRITERION LAB 02 / 17 / 15 02 / 03 / 16 Occupancy Status During Abatement (Check only one) Street Address 3370 PROGRESS DRIVE Fediliy Closed/Vacated During Entire Period of Abstement Abstement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code PM-12AM Time of Abstement: ZAM-\_ BENSALEM, PA 19020 Scope of Work (Check all that apply) Full Containment with Negative Pressure ☐ Full Containmen
☐ Mini-Enclosure
☐ Glovebag Proce ☐ ≥3 sf or ≥3 If ☑ ≥160 af or ≥260 M Renovetion Glovebag Procedure Demolillon Non-Exampled (\*) and Non-Frieble Procedure Abstement Type Is Location Normally Description of Removal Recide Encapsulate Enclosure Location of Asbestos Containing Material (ACM) Amount Used Solely by Asbestos-Containing Material (ACM)
TO BE ABATED (i.e., thermal systems insulation, (Specify Maintenance SF or LF Custodial Staff? surfacing, VAT, or IN FECILITY (12) other misdellaneous) (13) Yes NA No 125 X TILE AND MASTIC WITH CARPET П X ADMINISTRATION Name of Registered Landfill Cubic Yarda of NJDEP Waste Name of Registered Waste Hauler Hauler ID No. MINERVA LANDFILL SERVICE TRANSPORT GRP. 20990 City, State Disposal Date City, State WAYNESBURG, OH 44668 58 PYLES LANE, NEW CASTLE, DE 18720 Signature Completed By (Print or Typs)

ASB-41 MAY 11

DAMIAN LAVELLE

PROJECT MOR

<sup>\*</sup> Oo not use this form for asbestos licensure exampled activities.

CY 58/12

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

Date of Notification (1)	No.		Il carries o	100	Owner/Operate	or (2	2)					
/	15	Virtua									111	
Agencies Notified Type Notifica	ition		Street	Address			-				1 1000	
☐ EPA ☐ Initial			20 9	STOW RO	DAD SUITE 3							
☑ DOLWD ☐ Amended			City, S	State, Zip C	ode			9 GENT 390	-			
<ul><li>☑ DHSS Amendme</li><li>☑ DCA ☑ Emergen</li></ul>			MA	RLTON, I	NJ. 08053							
(NJAC 5:23-8) justification	on)	A	Name	of Contact	t			Telephone Nun	nber			
☐ Cancellat			PA	GIORD	ANO							
			FAG	CILITY IN	FORMATION			1				
Name of Facility Where Abatement is T	aking Place	e (3)				T	Type of Facility	(4)				
VIRTURA MARLTON CAMPUS		20. 50					School (K-12					
Street Address							Subchapter	8 (Other than K-1	2)	.11 _11	_	
90 BRICK ROAD							homes, etc.)	rivate and comme	erciai bu	manig	5,	
City (5)				(6)		_	Square Feet	# of Floors	BI	dg. A	ge	
MARLTON							>50,000	5		40		
County (6)			Cour	ity Code (7	)(STATE USE ONL	(Y)	Current Use (Pr	ior if being demol	lished)			-
BURLINGTON				, ,	,		HOSPITAL					
Name of Monitoring Firm Hired by Build	ling Owner	(8)	ASCM	No.	Name of Abate	eme	ent Contractor (9)					
VERTEX ENVIRONMENTAL	5	/										
Street Address												
700 TURNER WAY, SUITE 105					1345 INDU	ST	RIAL BLVD.					
City, State, Zip Code			City, State, Zip Code									
ASTON, PA 19014					A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ON, PA 18966					
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No		-5 ::	License No.		75.		
DON HEIM			0 558		215 322-29			00783				
Start Date (10)	Scheduled (	Comple	tion Da	te (11)	Name of OSH	A M	lonitor					
02 / 03 / 15	02				CRITERIO	N L	.AB					
Occupancy Status During Abatement (	Check only	one)			Street Address	-				_		
☐ Facility Closed/Vacated During Entire		- 177	ment				ESS DRIVE					
☐ Abatement Performed Outside of No				cribe	City, State, Zip	20 3 14 4 15	STORES TO STORE STATE					_
Time of Abatement: 7AMPN					BENSALE							
Scope of Work (Check all that apply)					DENOMEE	,	17 10020			-		
	<u> </u>						ainment with Ne	gative Pressure				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		enovati emolitio			☐ Mini-l		losure g Procedure					
⊠ ≥100 si di ≥200 li		SITIONUC	)i i		□ Non-l	Exe	mpted (*) and No	n-Friable Proced	ure			
	1	s Locat	tion						Ab	atem	ent T	уре
Location of	11-	Norma ed Sole			Description				R	Z	Ш	Ш
Asbestos-Containing Material (ACM TO BE ABATED		aintena			stos Containing ., thermal syste			Amount (Specify	Removal	Repair	ncar	nclo
IN Facility	Cus	stodial	Staff?	(	surfacing, V	/AΤ,	, or	SF or LF)	val		Encapsulate	Enclosure
(13)		(12)	1	-	other miscell	ane	ous)				ate	
	Yes	No	N/A							_		_
ADMINISTRATION				TILE AN	ND MASTIC V	VITH	H CARPET	125		Ш	Ш	
	П							П	П	П	П	
Name of Registered Waste Hauler			JDEP '	Masto	Cubic Yards o	f	Name of Regis	stered   andfill				
SERVICE TRANSPORT GRP.		92	lauler II		Waste			LANDFILL				
			20990	)	Diapassi Data							
City, State	DE 407	20			Disposal Date		City, State	NIBC OU MAC	00			
58 PYLES LANE, NEW CASTLE		20					WATNESE	BURG, OH 4468				
Completed By (Print or Type)	Title				Signature	9			Date	į		
DAMIAN LAVELLE	PROJE	CT N	IGR		- 2a.m	16	- Xane	Lle	2/3	115		

ASB-41 MAY 11

# CK 009 385

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

Date of Notification (1) 1/29/15				f Building ( ersey De			(2) Human Se	ervices <sub>r</sub>	TD.	Á	- Augm			
Agencies Notified Type Notification			Street A	ddress outh Wa	rren S	treet					0		-	
DEP Amended Amendment #				ate, Zip Co on, NJ 08			10	ASE"						
DOH Emergency (i justification)  Cancellation	ncluding			f Contact /ardenck	i		80019	Те	iephone	Numb	er			-1
Name of Facility Where Abatement is Taking Ancora Psychiatric Hospital (Reside Street Address 49 Fern Avenue		3)	FACI	LITY INFO	ORMATI	ON	Subch	cility (4) I (K-12) apter 8 (Oth (i.e. private			build	dings,	home	es,
City (5) Ancora							Square Fee	et # c	f Floors		В	ldg. A		
County (6) Camden				Code (7) USE ONLY)			Current Use			olishe	d)			
Name of Monitoring Firm Hired by Building C Hatch Mott MacDonald	wner (8)		ASCN	No.			of Abatemen nuzzi Envir			es, I	nc.			
Street Address 111 Wood Avenue South							Address Route 206	South						
City, State, Zip Code Iselin, NJ 08830							tate, Zip Coo oorough, N							
Project Manager for Monitoring Firm Kevin Herrighty	evin Herrighty						ione No. 218-0880		Licens 0122					
	Schedule 2/19/15		npletion	Date (11)		733-55-50 mm-sec	of OSHA Mo uzzi Envir		Servic	es, I	nc.		-	
Occupancy Status During Abatement (Check  Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal Other – Describe:	eriod of A	Abatem				152 F City, S	Address Route 206 tate, Zip Cod porough, N	e				(1)		
Scope of Work (Check All That Apply)						Tillion			/					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	processor and the same of the	lenova emoliti				×	Full Cont Mini-Encl Glovebag	p & Culainment with osure procedure mpted (*) and	n Negati				a	
	ls	Locati	on									Abate	ment	
Location of		lormall d Solel				scription				+		Ту	pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	intenar odial S (12)	nce/		thermal surfa			(5	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Basement & Crawlspace			X	Ma Co	mnos	ite Pine	e Insulation	n 3	00 LF		Х			
Basement			X				ated Masti		00 SF		X			
1st Floor Kitchen (sink)			X	701.00	AND	oundpi			2 SF	-	X		_	
Exterior			X			Flashi			0 SF		X	_		
Name of Registered Waste Hauler		N.	JDEP W	aste	Cubic			ne of Registe		dfill	21			
Yannuzzi Group, Inc.		1.000	auler ID 7467	No.	of Was	cY CY	The state of the s	R.O.W.S.						
City, State Hillsborough, NJ						sal Date 3/14		State risville, P	A					
Completed by Anna Bastos	Title Admi	nistra	tive As	sistant	S	ignature	na. L	Bastos	)	Date 1/29				

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

Date of Notification (1)			875	- New	f D : I - I			(2)		0000 88				
Date of Notification (1) 1					Name of Building Owner/Operator (2) PSE&G / Job #1501-4860 Check #6994 FEB 4 2015									
Agencies Notified Type Notification					et Address	;.			÷ 5					
☐ EPA ☐ Initial				40	4000 Hadley Road				A51				i	
<ul><li>☑ DOLWD</li><li>☑ Amended</li><li>☑ DHSS</li><li>Amendment #</li></ul>				City,	State, Zip	Cod	e		450e.r. LK	JE K.	115	Alexander .	20	
□ DCA □ Emergency (including				So	South Plainfield, NJ 07080							Photograph (		
(NJAC 5:23-8) justification)					Name of Contact Telephone Number									
		An	drew Ya	ssa										
				FΑ	CILITY	NFC	RMATION		*			-		
Name of Facility Where Abatement is Taking Place (3)								Type of Facility (	4)					
PSE&G Control House							School (K-12)							
Street Address							Subchapter 8 (Other than K-12)							
56 Nelson Avenue						Other (i.e., private and commercial buildings, homes, etc.)								
City (5)							Square Feet # of Floors Bldg.				lda A	Ane		
Paramus								oquaio i cot	011 10013		nug. r	ige		
County (6)				Cou	ntv Code	(7)(ST	TATE USE ONLY)	Current Use (Pric	r if heing demoli	shed)				
Bergen					, ,			Control House						
Name of Monitoring Firm I	Hired by Buildi	ng Owner	(8)	ASCM	No.	N:	ame of Abateme							
Omega Environmental						Name of Abatement Contractor (9)  AbateTech, Inc.								
Street Address						Street Address								
280 Huyler Street						30 Maple Ave. PO Box 25								
City, State, Zip Code						City, State, Zip Code								
South Hackensack, NJ 07606						Lumberton, NJ 08048								
Project Manager for Monitoring Firm Telephone No.						Telephone No. License No.								
Geiser Fajardo 201-489-8700						609-265-2107 Cicense No.								
Start Date (10) Scheduled Completion Date (11)							Name of OSHA Monitor							
<u>2</u> / <u>9</u> / <u>15</u> <u>2</u> / <u>20</u> / 15							EMSL Analytical							
Occupancy Status During Abatement (Check only one)						_	Street Address							
☐ Facility Closed/Vacated During Entire Period of Abatement							200 Route 130 North							
Abatement Performed Outside of Normal Facility Hours - Describe							City, State, Zip Code							
Time of Abatement:AMPM/AM						- 1	City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all t	hat annly)					,	Giillailiilison	, NJ 08077						
	ac appiyy						☐ Full Conta	ainment with Nega	tive Pressure					
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		Re					Mini-Encl	osure					- 1	
<u> </u>		⊠ De	111011	lion			☐ Glovebag	Procedure npted (*) and Non-	Eriable Procedu	ro				
		Is	Loc	ation			E4 Hell Excl	inplod ( ) dild ittoli	Thable Trocedu	1	otom	ent T		
Location of Normal Asbestos-Containing Material (ACM) TO BE ABATED Normal Used Sole Maintena							Description of			100000				
							Containing Mat		Amount	Removal	Repair	inc	incl	
TO BE ADATED				I Staff?	(1.6	e., thermal systems insulation, surfacing, VAT, or			(Specify SF or LF)		air.	apsı	Enclosure	
(13)			(12)				ther miscellaned				2	Encapsulate	ř	
Control House Roof		Yes	No	N/A	Roof F	loob	Inc		200.05					
									308 SF		Ш	Ш	Ш	
Control House Interior  Exterior							oor Panels	80 LF						
Exterior			Ц		Transit	e Du	act Conduit		900 LF					
				NJDEP V		2000000	bic Yards of	Name of Registe	red Landfill					
Waste Management Hauler					No. Waste			G.R.O.W.S. Landfill						
City, State				1120			posal Date	City, State						
Camden, NJ								Tullytown, P	-0					
Completed By (Print or Type) Title							Signature	4		te				
Gwendolyn Trumbetti Operations C				Coordi	0 0 1// 1				i/30/15					
SR.41								1		10	11	)		

ASB-41 MAY 11

State of NJ

Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7

(Pursuant to NJAC 8:60-7 and 12:120-7) 2015-17 Check # 7063 B & G proj. #: Name of Building Owner/Operator (2) Date of Notification (1) 10 11 1/13 10 1/11 15 1 Robert Immediato Type Notification Agencies Notified Street Address ☐ EPA 14 Springhill Road Initial DEP City, State, Zip Code Amendment Randolph, NJ 07869 DOL Telephone Number Name of Contact DOH Cancellation Robert Immediato ☐ DCA FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) Robert Immediato Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age # of Floors 14 Springhill Road Square Feet County Code (7) County (6) Current Use (Prior if being demolished) (State use only) Morris residential Randolph, NJ 07869 Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. B & G Restoration, Inc. n/a 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 00378 (973)696-6869 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 02/10/2015 Street Address 02/09/2015 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-LincolnPark, NJ 07035 Describe: Other-Describe: Scope of Work (check all that apply) Glovebag procedure Full Containment w/negative pressure Demolition Renovation Non-friable procedure Mini-enclosure ≥160 sf or ≥260 lf is location normally used solely Ε e n Location of by maintenance/custodial Amount n Description of asbestos-containing m p C asbestos-containing (Specify SF or C staff(12) 0 material (ACM) a a material to be LF) abated in facility (13) N/A No X 35 sf linoleum kitchen area Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# Registered Waste Hauler Tullytown Resource & Recovery Center 19563 B & G Restoration, Inc. City, State Disposal Date City, State Tullytown, PA 02/10/2015 Lincoln Park, NJ Signature Completed by (Print or Type) Cordana Luna Title 01/30/2015 Secretary/Treasurer Gordana Luna