GL14-002	NO.		ATION C	e of New of ASBES NJAC 8:	TOS A	BATEN				age 1 Check					
Date of Notification (1) 2-2-2014				Building Ovi ip of De		perator	(2)								
Agencies Notified Type Notification	2/	100	Street Add	dress Mary's F	Place			1.							
EPA Initial  DEP X Amended  Amendment #	<u></u> 1	C	City, State	, Zip Code , NJ 078	9				ĮF.	1100	Ĺ	1 6	77		
Emergency (i justification)  DCA  Emergency (i justification)  Cancellation		N	lame of 0	Contact					Tele	phone N	ımh	0.			
_ BOA _ Gariseination		1	FACIL	ITY INFO	RMATIO	ON						-	×12		
Name of Facility Where Abatement is Taking Residential	Place (3)						Туре	School (K-12 Subchapter	2)	er than K-	.12\				
Street Address 19 Riverside Drive							×	Other (i.e. pr etc.)	ivate 8	commer	rcial				s,
City (5) Denville							1,20	45	2	Floors		60	dg. Ag )+	ge ——	
County (6) Morris			County C STATE U	ode (7) SE ONLY)				ent Use (Prio sidential	r if bei	ng demol	ishe	d)			
Name of Monitoring Firm Hired by Building C Precision Environmental Consultan			ASCM	No.		350000000000000000000000000000000000000		atement Cont o, Inc	tractor	(9)					
Street Address Unit 122, 3111 Route 38,Ste 11							Ham	burg Turnp	oike					1	
City, State, Zip Code Mt.Laurel, NJ 08054						Bloo	ming	Zip Code Jdale, NJ 0	7403						
Project Manager for Monitoring Firm Rosa Izzi				14-0785			710-	9725		License 01084					
Start Date (10) 1-30-2014	Scheduled 2-7-2014				er)			SHA Monitor D, Inc							
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire F			ent			Street 140		ess burg Turnp	oike						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	nal Facility F	lours						Zip Code gdale, NJ 0	7403					- 69	
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		nova moliti				<u> </u>	M G	ull Containme lini-Enclosure llovebag Prod lon-Exempted	edure					e	
	ls L	ocati	on		Table 1								Abate	ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	tenar	ly by nce/		os Con thermal surfa	scription taining I system cing, VA miscella	Materi ns insu AT, or		(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											Ф	
Exterior Transite Siding	+-+	X			AC	M Sid	ing		12	260 SF	_	X			
	1														
Name of Registered Waste Hauler GL Group, Inc		Н	JDEP W lauler ID 033034	No.	Cubic of Wa TBD	Yards este		Name of GROW	0.00	ered Land	dfill				
City, State Bloomingdale, NJ			20001			sal Date	9	City, Stat		'A					
Completed by Elena Solakov	Title Presid	ent	-			Signatur	e E	lem Stull			Date 2-2	e 2-20	14		

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

and the second		Notificat	at to NIAC 8	3:60	and 12:120)				- 5	' '	
D&S Proj. #: 2014-50	_	(Pursual	ון נט ואטאס כ	,.00 .	ana,						
AV#M5495			(Operator (2)				FEB	1 1 2014			7
Date of Notification (1)  0  2  / 0  4  / 1  4	Name of I	Building Owner	Operator (2)				1 20	1 1 2014		•	]
Agencies Notified Type Notification										,	•
EPA Initial	- 11	chard terrace						1 A			Ĺ
☐ DEP ☐ Amended		e, Zip Code									8
Amendment #:_	-11	over and the second									-
Emergency	BOgo Name of						Telephone Numb	per			
justification)							r.		-		_
DCA Cancellation	john :			TION							
		FACIL	ITY INFORMA	ATION		Tyn	e of Facility (4)			_	
Name of facility where abatement is t	taking place (3)					139	School (K - 1				
· 1. alla ant							Subchapter 8			2)	
john albert Street Address							Other (Private Bldgs./Homes	e/Commerci s. etc.	aı		
		*				Sq	uare Feet # of Fl		Bldg	. Age	_
315 orchard terrace	County (6)			Cou	unty Code (7)	-    _					_
City (5)	County (o)			(Sta	ate use only)	C	urrent Use (Prior if b	eing demol	ished	)	
BOgota, nj	BERGEN	I			Name of Abate	mont Cont	ractor (9)		_		=
Name of Monitoring Firm Hired by B	ldg. Owner (8)		ASCM No.		The second second second						
				_	D & S RES		JN, INC.		_	_	_
Street Address		80			20 Californ						
				_	City, State, Zip	The second secon					
City, State, Zip Code					Paterson,						_
		Phone Numb	her		Telephone Nur		Lice	nse Numbe	er		
Project Manager for Monitoring Firm		T Hone ream			973-345-			01169		_	_
	Tohod Con	npletion Date (1	(1)		Name of OSH		<b>T</b>				
Start Date (10)	Scried. Con	ipielion balo (	,		D & S Res		Inc.		_		
02/13/14	02/24/14			_	20 Californ		ie.			, no.	
Occupancy Status During Abatemer	nt (Check only of	ne) abatement			City, State, Zip				-11		
Facility closed/vacated during Abatement performed outside	of normal facilit	y hours-			l lowy, outro, - p	to To Berest					
				_	Paterson,				_		
Describe: NORMAL F	10010				Ш — —		Containment w/neg	ative press	ure		
Scope of Work (check all that appl	Renovation						ni-enclosure ovebag procedure				
	Demolition					□ No	n-Exempted (*) and	Non-friable	proc	edure	
≥160 sf or ≥260 lf		mally used sole	ely					R	R	E n	Ε
<ul><li>Location of asbestos-containing</li></ul>	by maintenan	ce/custodial	Descrip	otion c	of asbestos-conta	ining	Amount (Specify SF or	m o	p a	С	n c
material (acm) to be	staff(12)		- materia	al (AC	M)		LF)	v	i	a p	L
abated in facility (13)	Yes	No N/A					12 L FT	e	1	П	П
BASEMENT		X	PIPE INS				601ft		后		
BASEMENT		X	BAREH	EAT.	ING PIPES		00 110		同		
				-							
	IN SERV	Hauler ID#	Cubic Yards	of Wa	ste Name of Re	egistered L	andfill				
Registered Waste Hauler D & S RESTORATION, INC			1 yd		TULLY	OWN, R	ESOURCE RECO	OVERY	-		
City, State		Disposa			City, State		ΡΔ				3-1
PATERSON, NJ 07503		02/14			TULLY	TOWN, F		Date			
Completed by (Print or Type)	Title	m.	Signature	3			1.00	02/04/14			
BOGDAN JOLDZIC	* Do not use th	nis form for asb	estos licensure	e exer	npted activities.						

Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: 2014-52 APPENMEN ND Dept. of Health & Sonior Services Name of Building Owner/Operator (2) Date of Notification (1) TRAN 0 2 / 0 6 / 1 3 JULLIANNA REALTY Type Notification Agencies Notified Street Address Time: 10:63 H EPA 206 23RD AVENUE Amended DEP City, State, Zip Code X DOL PATERSON, NI 07503 Emergency Telephone Number (including DOH Name of Contact X justification) DCA DCA JULLIANNA REALTY Cancellation FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K-12) Subchapter 8 (Other than K-12) RESIDENTIAL BUILDING Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age # of Floors Square Feet 206 23RD AVENUE County (6) County Code (7 City (6) (State use only) Current Use (Prior if being demolished) PASSAIC PATERSON Name of Agatement Contractor (9) Name of Monitoring Firm Hired by Bidg. Owner (6) ASCM No. D&SRESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number elephone Number Project Manager for Monitoring Firm Phone Number 973-345-8020 01169 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. Street Address 02/11/14 02/26/14 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: Paterson, NJ 07503 Citier Describer NORMAL HOURS Full Containment winegative pressure Scope of Work (check all that apply) Mini-enclosure ≥ >3 sf or >3 If Renovation Glovebag procedure 2160 sf or ≥260 if Demolition Non-Exempted (\*) and Non-friable procedure is location normally used solely Logation of E e by maintenance/custodial 0 n Description of asbestos-containing Amount asbestos-containing η m staff(12) p (Specify SF or C material (acm) to be material (ACM) Đ 0 ä abated in facility (13) N/A Yes No V X BASEMENT PIPE INSULATION 遇 [ 20 LFT BOILER INSULATION 30 SQ FT BASEMENT BOILER Name of Registered Landfill NJDEP Hauler ID# Cubic Yarda of Waste Registered Waste Hauler TULLYTOWN, RESOURCE RECOVERY D & S RESTORATION, INC. 13506 1 yd Disposal Date City, State City, State PATERSON, NJ 07503 02/12/14 TULLYTOWN, PA Signature Completed by (Print or Type) Date Title **BOGDAN JOLDZIC** 02/06/14 PRESIDENT Do not use this form for asbestos licensure exempted activities.

ASB-41

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

D&S Proj. #: 2014-52

												-			<u> </u>
Date of Notification (1)		Nan	ne of Build	ling Owne	r/C	Operator (2)									
10 12 1/10 6 1/1	13	Π	JLLIANN	NA REA	LI	ſΥ				FEB	1 1	2014			
Agencies Notified   Type	Notification	$\neg$	et Address			-									
☐ EPA ☐ Init		1 20	06 23RD	AVENU	Æ					Ma Tanta					
DEP   Lad (Net)	ended.	City	, State, Zip	Code										- 1	İ
M DOI —	nergency	-   F	ATERSO	ON, NJ 0	75	503									_
DOH (in	cluding	Nan	ne of Conta	act				A STATE OF THE STA		Telephone	Number	5.			
	tification) incellation	]	ULLIAN	INA REA	ΑI	.TY				_		_			_
				FACI	LIT	Y INFORMA	TION				1 000000		9:51		
Name of facility where ab	atement is ta	king place	e (3)						П	Type of Facility (4	(K - 12)				
RESIDENTIAL BUI	I DING										pter 8 (O	ther that	an K-1	12)	
Street Address	LDING				-				٦ I	Other (i	Private/C	ommer		27/	
											Homes, e		Bld	g. Ag	ie
206 23RD AVENUE	}		(0)				0	anti Codo (7)	-	Square Feet	# 01 11001	15	Dia	9. / 18	, ,
City (5)		County	7 (6)					inty Code (7) ite use only)		Current Use (Pr	ior if bein	ng demo	lishe	d)	
PATERSON		PASS	SAIC				,	7.7							_
Name of Monitoring Firm	Hired by Bld	g. Owner	(8)		A	ASCM No.		Name of Abatem	ent C	Contractor (9)					
					_			D & S REST	ORA	ATION, INC.					
Street Address								Street Address							
								20 Californi City, State, Zip C		e.					_
City, State, Zip Code										502					
			Lob	one Numb	201		_	Paterson, N		303	License	Numb	er		
Project Manager for Moni	toring Firm		Pho	one Numi	Jei			973-345-8			1	)1169			
				D=1= /4	41		_	Name of OSHA	Moni	tor					
Start Date (10)		Sched.	Completio	n Date (1	1)			D & S Resto	oratio	on, Inc.				-	
02/11/14		02/26/					_	Street Address							
Occupancy Status During								20 California		enue			_		
Facility closed/vaca	ited during en ned outside of	tire perio normal f	d of abater acility hour	ment. 's-				City, State, Zip C							
Describe:	NORMAL HO	URS					_	Paterson, N							
Scope of Work (check a									_	Full Containment v	v/negativ	e press	ure		
$\ge 3$ sf or $>3$ If		enovation	1							Mini-enclosure Glovebag procedu	re				
≥160 sf or ≥260 lf		emolition								Non-Exempted (*)	and Nor	n-friable	ргос	edure	9
		s location	normally	used solel	ly							Re	R	E	E
Location of asbestos-containing	1g   ,	by mainte staff(12)	nance/cus	todial	1			asbestos-containi	ng	Amount (Specify S	SF or	m	р	c	n
material (acm) to be abated in facility (1	)e   ·	Egya	Na	NI/A	-	material (	(ACM	)		LF)	J, 0.	o v	a i	a p	L
avaled in facility (1		Yes	No	N/A						26.7.7		e	-	F	-
BASEMENT			X			PIPE INSU				20 L FT			屵	牌	井
BASEMENT BOILE	R		X			BOILER IN	NSU.	LATION		30 SQ FT	-	- 2	H	H	井
			. 10				- 12					┽┼	屵	片	#
									_			ᆛ	片	片	+
			D.11	10# 1	إل	ibic Yards of	Wast	e Name of Regis	terer	L andfill		_		Ш	10
Registered Waste Hauler D & S RESTORATION	r ON, INC.	NJDE 135	P Hauler 06		1	yd	, vast	TULLYTO	WN,	RESOURCE R	ECOVE	ERY			-
City, State	<b>5</b> 500			Disposal 02/12/				City, State TULLYTC	XX/NI	РΔ					
PATERSON, NJ 0				02/12/	12	Signature	_	-   TULLYIC	AVIN	,11	Date				
Completed by (Print or T BOGDAN JOLDZIO		Title PRESID	ENT			Jigi latule					02/0				
BOODAN JOLDEN				for asbes	_l	s licensure ex	xemp	ted activities.							

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

(Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: 2014-53 Name of Building Owner/Operator (2) Date of Notification (1) 10 12 1/10 17 1/14 GEOFFREY PATTON Agencies Notified Type Notification Street Address 🔀 Initial EPA 94 SO. COLLINWOOD ROAD Amended DEP City, State, Zip Code Amendment #: DOL MAPLEWOOD, NJ 0740 Emergency Telephone Number Name of Contact (including ☑ DOH justification) GEOFFREY PATTON ☐ DCA Cancellation FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) GEOFFREY PATTON Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors 94 SO. COLLINWOOD ROAD County Code (7) County (6) Current Use (Prior if being demolished) (State use only) ESSEX MAPLEWOOD Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Telephone Number Project Manager for Monitoring Firm Phone Number 01169 973-345-8020 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. Street Address 03/06/14 02/21/14 20 California Avenue Occupancy Status During Abatement (Check only one) City, State, Zip Code Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-Describe: Paterson, NJ 07503 Other-Describe: NORMAL HOURS Full Containment w/negative pressure Scope of Work (check all that apply) Mini-enclosure >3 sf or >3 If Renovation  $\boxtimes$ Glovebag procedure Non-Exempted (\*) and Non-friable procedure Demolition ≥160 sf or ≥260 lf E Is location normally used solely e е n Location of by maintenance/custodial Amount n m Description of asbestos-containing p C asbestos-containing (Specify SF or С staff(12) a a material (ACM) material (acm) to be LF) ٧ abated in facility (13) N/A No Yes 120 L FT **DUCT INSULAITON** BASEMENT 67 L FT DUCT INSULAITON GARAGE Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# TULLYTOWN, RESOURCE RECOVERY 2 YDS D & S RESTORATION, INC. 13506 City, State Disposal Date City, State TULLYTOWN, PA 08 PATERSON, NJ 07503 Date Signature Title Completed by (Print or Type) 2013 PRESIDENT BOGDAN JOLDZIC

this form for ashestos licensure exempted activities.

Date of Notification (1)			Name	of Building	Owner/Operator (2	2)			- 1023		
/	14		Cou	nty Colle	ege of Morris						. 1
Agencies Notified Type Notifica	tion		Street .	Address			FEB 1	1 201	4		
			214	Center G	Frove Rd						
☐ DOLWD ☐ Amended			City, S	tate, Zip C	ode			110		100	$\neg$
				dolph, N						2	
DCA Emergence [United Section 2015]				of Contact			Talast Ni	-6	-		
(NJAC 5:23-8) justificatio				Ponturo							
			FAC	ILITY IN	FORMATION						
Name of Facility Where Abatement is T	aking Place	(3)				Type of Facility (	4)	100			
Sheffield Hall - County College	of Morris					School (K-12)		250			
Street Address						☐ Subchapter 8 ☐ Other (i.e., pr	(Other than K-1	2) arcial hu	ildina	•	
214 Center Grove Rd						homes, etc.)	ivate and commi	ciciai bu	liuliig	3,	
City (5)						Square Feet	# of Floors	Blo	lg. Aç	ge	
Randolph						10,000	2		<del>5</del> 0+		
County (6)			Coun	ty Code (7	(STATE USE ONLY)	Current Use (Pri	or if being demo	lished)	290 2-00		
Morris						classrooms					
Name of Monitoring Firm Hired by Build	ing Owner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Whitman Environmental	•	-	0011	0	Controlled E	nvironmental S	ystems				
Street Address					Street Address						
7 Pleasant Hill Rd					1121 N. Beth	lehem Pike - Sı	uite 60				
City, State, Zip Code	111				City, State, Zip Co	ode					
Cranbury, NJ 08512					Spring House	e, PA 19477					
Project Manager for Monitoring Firm			phone I		Telephone No.		License No.				
Kevin Lovely			32 644		215 542 7000		00847				
The second control of	cheduled C				Name of OSHA N	Monitor					
2 / 24 / 14	3 /		_ ′ -		CES						
Occupancy Status During Abatement (0					Street Address		:1- 00				
☐ Facility Closed/Vacated During Entir ☐ Abatement Performed Outside of No.				cribe		lehem Pike - Su	uite 60	7			
Time of Abatement:AM-7:00				Cribe	City, State, Zip Co						
Scope of Work (Check all that apply)					Π F. II C	talaasaat ssith Naa	until un Dennauura				
☐ >3 sf or ≥3 lf	⊠ Re	novat	ion		☐ Full Con	tainment with Neg closure	jative Pressure				
⊠ ≥160 sf or ≥260 lf	V <del>a</del> 1/2/02	moliti			⊠ Gloveba	g Procedure	200				
			Name and the second		☐ Non-Exe	empted (*) and No	n-Friable Proced		Camario Ida		
	1	Loca Norma	7.7.5					Ab	atem	ent T	ype
Location of Asbestos-Containing Material (ACM	1 1122		ely by	Ashe	Description of stos Containing Ma		Amount	ᇛ	Repair	E	E
TO BE ABATED	′ Ma	intena			., thermal systems		(Specify	Removal	oair	ap	Enclosure
IN Facility	Cus	todial (12)	Staff?		surfacing, VAT		SF or LF)	a		Encapsulate	ure
(13)	Yes	No	N/A	1	other miscellane	eous)				te	
Classroom-SH153 & 105			$\boxtimes$	Fittings	-Elbow/joints-te	ent/glove bag	5 LF				
	П	П			***		-				
									П	П	П
					_			+		H	
		Ц.			01: 7: 4: 4				ш	ш	ш
Name of Registered Waste Hauler		- 650	NJDEP N Hauler II		Cubic Yards of Waste	Name of Regis					
Allied	4		20900		3	Constoga	Lanulli				
City, State					Disposal Date	City, State					
Telford, PA					3/07/14	Morgantov	vn, PA				
Completed By (Print or Type)	Title			iV.	Signature	_ 7	).	Date	j	1	
Patricia Visco	Office	Mana	ger		Pal	ucia l	Leco	4	10	1	4

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

**JAN 13** 

#### New Jersey Department of Health Consumer, Environmental and Occupational Health Service PO Box 369

Trenton, NJ 08625-0369 Telephone: 609-826-4950 Fax: 6

Fax: 609-826-4975

### NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

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

	i. NOTIFIC	CATION INFORMATION	NC.			
Date of Notification: 2 / I  ☑ Initial ☐ Amended ☐  Type of Work: ☐ Demolition	10 / 14 Cancellation	] Emergency (must inc	clude justification			
Type of Work Demoillion	△ Nenovation					w ( )
	II. BUIL	DING INFORMATION				
Name of Building Owner/Operator:		County College of	Morris - Sheff	ield Hall		*
Street Address: 214 Center Gro	ove Road City:	Randolph	State:	NJ	7in·	07869
Name of Contact: Joe Ponturo		Те	elephone N		-	_
	III FAC	ILITY INFORMATION			ti i saak	
	The same of the sa					
Name of Facility Where Work Activ	ity is to Take Place: _		lall - County C	ollege of	Morri	<u>s</u>
Describe Facility Use:		Science Class		NI I	1	07000
Street Address: 214 Center Gr	ove Road City:	Randolph	State: _	NJ	Zip: _	07869
County Name: Morris		County Code (S	-	2 /	-	/ 2044
Scheduled Start Date: 2 /		Scheduled Cor	npletion Date:	3 /	4	/ 2014
Occupancy Status During Activity	y (check only one):					·
☐ Facility Closed/Vacated During	National Company of the Company of t					1000
Activity Performed Outside Norr	nal Facility Hours—De	scribe: 7:00 pm to	7:00 am			
Other—Describe:	8 0					
Scope of Work (check all that ap	ply):					
⊠ Floor Tile	Square Footage:	2,583	Percentage	Asbestos	:	%
Mastic	Square Footage:	2,583	Percentage	Asbestos	:	%
Transite	Square Footage:		Percentage	Asbestos	:	%
Roofing	Square Footage:		Percentage	Asbestos	:	%
Siding	Square Footage:		Percentage	Asbestos	:	%
☐ Other: black board mastic	Square Footage:	50	Percentage	Asbestos	:	%
	IV. CONT	RACTOR INFORMAT	ION			
Contr	alled Environments	l Systoms	Talankana N	. 2	15 543	2 7(400
Company Name: Contr			Telephone N		10.00	19477
Street Address: 1121 N Bethle		Spring House	State:	-FA	Zip:	13411
New Jersey Asbestos License Nur					22 CA	1 5 4 1 2
Monitoring Firm (if applicable):	Whitman Env	ironmentai	Telephone N	0.:	32 042	4 5418
		V. SIGNATURE				
Completed By (type or print legibly):	Patricia Visco	Title:	0	ffice Mar	nager	
(type of plint legibly).	1	Title.				
Signature: Palucia (	luco		Date:	2/1	0/14	1 1 -

CHECK # 20840/20894

Date of Notification (1) 02-06-14				Building O	wner/O	perator	(2)						E	<del></del>		
Agencies Notified Ty					ddress ainsboro te, Zip Cod		5			F	EB 1-	7 (	014		•	
DOL C	Amendment Emergency (		-	Plainst	contact					Tol	onhe A	lumb	or			!
DOH DCA	justification) Cancellation		11.	Raymo	ond Burn		ON		1 '	. 884	5					اً
Name of Facility Where Aba	atement is Takin	g Place (3)		FACIL	LITY INFO	RIVIATIO	JN		of Facility (4 School (K-12 Subchapter	2) 8 (Oth						
250 Plainsboro Road									Other (i.e. pretc.) are Feet		& comme	ercial		ings, dg. A		s,
Plainsboro Township			- 17	County C	Code (7)			288	,000 ent Use (Prio	1		licho	58	3 yrs		
County (6) Middlesex		0		STATE U	JSE ONLY)			Con	nmercial			mane	u)	, in		
Name of Monitoring Firm Hi N/A	ired by Building (	Owner (8)		ASCM	l No.		Pinn	acle l	atement Con Environme							
Street Address							Street 200		ess d Street							
City, State, Zip Code							Zip Code NJ 07072	P)								
Project Manager for Monitor	T	Telephor	ne No.		Teleph 201-	none N 939-6			License 00756		X.					
Start Date (10) (1)02-15-14		Scheduled (1)02-22		pletion [	Date (11)		100	of OS n-Air	HA Monitor Inc.							•
Occupancy Status During A							Street 10-5		ss kson Aver	nue						
Facility Closed/Vacate Abatement Performed Other – Describe: Are	Outside of Norm				79				Zip Code nd City, N`	V 111	IN1					
Scope of Work (Check All T	That Apply)						2	_	tact Remov			-	-		30-00-0	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		22	nova moliti					Fu Mi Gl	Ill Containme ni-Enclosure ovebag Proc on-Exempted	edure	<del>-</del>				<b>a</b>	
		ls l	.ocati	on					J. L. Komptou	( ) an	0 1401111	Idolo		The State of	ment	
Location of Asbestos-Containing Ma TO BE ABATI In Facility (13)	aterial (ACM) ED	Used Mair Custo	Solei tenar dial S (12)	ly by nce/		os Cont thermal surfac	scription aining N system cing, VA niscellar	/lateria s insul T, or		(	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Roof: Exhaust	Hoods	+ +		x		Wea	ather S	Seal		6	50SF	$\forall$	x			
												×			NOTE OF	
Name of Registered Waste	LN	JDEP W	lasta	Cubic	Varda		Name of F	Pogist	arad Lan	dell						
ATC, Inc. / JBT (50071	Н	auler ID 1310		of Was			Minerva									
City, State Shirley, NY / Bronx, N	Y					Dispos TBD	sal Date	7,	City, State Waynes		, OH 44	4688	3			
Completed by Kevin Moriarty		Title Projec	t Ma	nager		S	ignatur	9 ((	dil	É		Date 02-	06-1	14		



MA# 1478 25120001		(Pur	suant to	NJAC 8:60	and 12:120	)					
Date of Notification (1) 01/27 1/4		N F	ame of E	Building Owr SON PUE	ner/Operator BLIC SCH(	(2) OOLS		1	S		
Agencies Notified Type Notification			treet Add	iress AWARE A	AVE		<b>1-</b>			٠	1
EPA Initial Amended Amendment #				, Zip Code SON, NJ	07503		FEB 1 1	2014	÷		
Emergency (II justification)		100	lame of 0	Contact A ZEMO			Telenhone Num	ber			
X DCA Cancellation				ITY INFOR	MATION					. Comme	j
Name of Facility Where Abatement is Taking PATERSON SCHOOL # 13	Place (3)					Type of Facility (4	2)	<b>3</b> 1			
Street Address 690 E. 23RD STREET	٠,					Other (i.e. p etc.)	8 (Other than K-12 rivate & commercial	al buildi	V		s,
City (5) PATERSON						Square Feet	# of Floors		dg. Ag	je 	
County (6) PASSAIC		(	County C STATE U	ode (7) SE ONLY)		school	or if being demolish	ned)			
Name of Monitoring Firm Hired by Building C TTI ENVIRONMENTAL	wner (8)		ASCM	No.	Name BO	of Abatement Cor JAN DEVELOP	ntractor (9) MENTS, LLC	0/20			
Street Address 1253 NORTH CHURCH STREET						Address GREYLOCK A	VE				
City, State, Zlp Code MOORESTOWN NJ 08057						State, Zip Code LEVILLE, NJ 0	7109	3/5/1			
Project Manager for Monitoring Firm JIM GUILLARDI			Telephor 856-84	ie No. 0-8800		hone No. -844-1971	License N 01059	lo.			
Start Date (10) 01-31-2014	Schedule		pletion C		Name J&S	e of OSHA Monitor ENVIRONMEI	NTAL LABORA	TORI	ES		
Occupancy Status During Abatement (Chec	k Only One	e)		2011		Address 3 RT. 22 WES	Г	(140.000 4000)			
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of A nal Facility	batem Hours	nent		City,	State, Zip Code ION, NJ					
Scope of Work (Check All That Apply)									5-1/460	- 1001.1	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				Mini-Enclosur				e	
	T le	Locati	ion						Abate	ement	l
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	lormal d Sole intena odial S (12)	lly ely by nce/ Staff?	(l.e. th	Descriptions Containing thermal system surfacing, Nother miscell	Material (ACM) ms insulation, /AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
BASEMENT ART ROOM	Yes	No	N/A X	Р	IPE INSU	LATION	24 LF	X		-	+
BASEMENT ART ROOM	-	-	+					1	1		
			+	-							
	-	-	-								
Name of Registered Waste Hauler	1 735	100	NJDEP V	Control of the last of the las	Cubic Yards	and the same of th	f Registered Landi				-200
NEWARK CARTING, INC			Hauler ID 509	No.	of Waste		, TULLYTÒWN	l			
City, State NEWARK, NJ					Disposal Da n/a	TULL	YTOWN, PA	Date			
Completed by Bob Mihailovic	Title Mem	ber		18	Signat			01	12	7/	14

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

V# QUID		fi.	uisuu		IAC 8:60 and			11.		7 7	-	1	7
e of Notification (1) 2-05-14			Name	e of Build cor Inc.	ding Owner/Op	perator (2	2)			i i			
encies Notified	Type Notification		Stree 60	et Addres Cedar	ss Lane		0	FE	EB 1 1 20	14			4
EPA DEP	Initial Amended Amendment #		City,	State, Z	ip Code od,NJ,07631				n r			-	
DOH	Emergency (inclujustification) Cancellation	uding	Nam	e of Cor an Wo	ntact od		1	Tele	enhone Numbe	er er			
DCA	Cancellation		F	ACILITY	INFORMATI	ON		- 70		<del></del>			
ecor Facility	Abatement is Taking Pl	ace (3)					Type of Facil School Subcha	(K-12)	er than K-12)	huilding	ie hoi	mes	
reet Address 60 Cedar Lane		7020 Things -					Other (i etc.)  Square Feet		& commercial	Bldg	. Age		
ity (5) Englewood							40000	1		100	)+		
ounty (6) Bergen			Cou (ST	unty Cod	le (7) : ONLY)		Commerc	ial	ing demolishe	<u> </u>			
	rm Hired by Building Ow	ner (8)		ASCM N	0.	Name	of Abatement an Arrow In	Contracto dustries	r (9) Inc.				
treet Address							t Address Mill St						
City, State, Zip Code		4				City,	State, Zip Cod erson, NJ,0	e 7501					
Project Manager for M	Ionitoring Firm		Te 2	lephone 01-790	No. )-0539	Telep 973	ohone No. 3-653-9652		License No 1183	).			
Goran Igev Start Date (10)		Scheduled 04-15-14		letion Da	ate (11)	Nam	e of OSHA Mo lian Arrow ir	nitor ndustries	Inc.				
02-15-14				19-172		+	et Address						
Occupancy Status Du	iring Abatement (Check	Only One)					4 Mill St						
Facility Closed/\ Abatement Perf	uring Abatement (Check /acated During Entire Pe ormed Outside of Norma e:	eriod of Ab	ateme	nt		City.		de 07501					
¬	/acated During Entire Peormed Outside of Norma e: ck All That Apply)	eriod of Ab	ateme	on		City.	4 Mill St State, Zip Co aterson NJ (	otainment v	vith Negative F ire and Non-Frial	ole Proc	edure		_
Facility Closed/\ Abatement Performance Other – Describ Scope of Work (Check ≥3 sf or ≥3 lf	/acated During Entire Peormed Outside of Norma e: ck All That Apply)	eriod of Ab	novation molition	on on		City, Pa	4 Mill St State, Zip Co aterson NJ ( Full Cor Mini-En Gloveba Non-Ex	otainment v		ole Proc		ment	
Facility Closed/\ Abatement Perficiency Other – Describ Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260  Lock Asbestos-Contain TO BE	/acated During Entire Peormed Outside of Norma e: ck All That Apply)	Re De	ateme lours novation	on on on y y by ce/	Asbestos C (i.e. there	Descript	4 Mill St State, Zip Co aterson NJ ( Full Cor Mini-En Gloveba Non-Ex	ntainment victosure ag Procedu empted (*)	ire	ole Proc	edure Abate	ment	
Facility Closed/\ Abatement Performer - Describ Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260  Loc Asbestos-Contai TO BE	/acated During Entire Peormed Outside of Normale:  Ck All That Apply)  If  ation of Ining Material (ACM)  E ABATED  Facility (13)	Re De Is L No Used Mair Custo	novation ocation ormally Solely tenanodial S	on on on y y by ce/	Asbestos C (i.e. theri su oth	Descriptional systematics of the containing of t	State, Zip Coaterson NJ ( Full Confine Mini-En Gloveba Non-Extion of g Material (ACems insulation VAT, or ellaneous)	ntainment victosure ag Procedu empted (*)	and Non-Frial  Amount (Specify	ole Proc	edure Abate Ty	ment	Γ
Facility Closed/ Abatement Performer - Describ Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260  Lock Asbestos-Container In  Mechan	/acated During Entire Peormed Outside of Normale:  Ck All That Apply)  If  ation of ining Material (ACM)  E ABATED  Facility (13)	Re De	novation nov	on on y y by ce/ taff?	Asbestos C (i.e. therr su oth	Descript containing all systems of the containing and systems of t	State, Zip Coaterson NJ ( Full Communication of g Material (AC ems insulation VAT, or	ntainment victosure ag Procedu empted (*)	Amount (Specify SF or LF)	ole Proo	edure Abate Ty	ment	Γ
Facility Closed/\ Abatement Performer Other – Describ Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260  Lock Asbestos-Contain TO BE In  Mechai	/acated During Entire Peormed Outside of Normale:  ck All That Apply)  If  ation of ining Material (ACM) E ABATED Facility (13)  nical Room	Re De Is L No Used Mair Custo	novation nov	on on y y by ce/ taff?	Asbestos C (i.e. therr su oth	Descript containing all systems of the containing and systems of t	Full Corministry  Full Corministry  Glovebar  Non-Ex  tion of g Material (AC ems insulation VAT, or ellaneous)  Sulation  Sulation	ntainment victosure ag Procedu empted (*)	Amount (Specify SF or LF)	Removal x	edure Abate Ty	ment	Γ
Facility Closed/\ Abatement Performer Other – Describ Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260  Lock Asbestos-Contain TO BE In  Mechai	/acated During Entire Peormed Outside of Normale:  Ck All That Apply)  If  ation of ining Material (ACM)  E ABATED  Facility (13)	Re De Is L No Used Mair Custo	novation nov	on on y y by ce/ taff?	Asbestos C (i.e. therr su oth	Descript containing mal system facing, er misce uct Insert in the containing of the	Full Cor Mini-En Gloveba Non-Extion of g Material (AC ems insulation VAT, or ellaneous)	atainment victosure ag Procedu empted (*)	Amount (Specify SF or LF)  80 Sf 80 Sf 200 Lf	Removal X	edure Abate Ty	ment	Γ
Facility Closed/\ Abatement Performer Other – Describ Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260  Lock Asbestos-Contain TO BE In  Mechai	/acated During Entire Peormed Outside of Normale:  Ck All That Apply)  If  ation of ning Material (ACM)  E ABATED  Facility (13)  nical Room  nical Room  nical Room	Re De Is L No Used Mair Custo	novation nov	on on y y by ce/ taff?	Asbestos C (i.e. there stoth	Descript containing all systems are misces and the containing and the containing are misces are the containing and the containing are misces are the containing are the co	State, Zip Conterson NJ (Conterson NJ (Conterson NJ (Conterson NJ (Conterson NJ (Conterson Non-Extension of the Mon-Extension (ACT) or contension of the Mon-Extension (ACT) or contension of the Mon-Extension (ACT) or contension of the Mon-Extension of the Mon-E	atainment victosure ag Procedu empted (*)	Amount (Specify SF or LF)  80 Sf 80 Sf 200 Lf	Removal X	edure Abate Ty	ment	Γ
Facility Closed/\ Abatement Performance Other - Describ Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260  Asbestos-Contain TO BE In  Mechain Mechain Mechain Mechain Name of Registere	/acated During Entire Peormed Outside of Normale:  Ck All That Apply)  If  ation of ning Material (ACM)  E ABATED  Facility (13)  nical Room  nical Room  nical Room	Re De Is L No Used Mair Custo	novation nov	on on on y y by cce/ taff?  N/A	Asbestos C (i.e. there is to oth)  D O O Vaste C O No. of T	Descript Containing a system on taining a system of the containing and sys	State, Zip Coaterson NJ ( Full Cormini-En Gloveba Non-Ex  tion of g Material (AC ems insulation VAT, or ellaneous)  Sulation Sulation Sulation	atainment victosure ag Procedu (*)	Amount (Specify SF or LF)  80 Sf 200 Lf  gistered Land	Removal X	edure Abate Ty	ment	Γ

NOCK

VIC C.			·									
Date of Notification (1)	24 / 1/	4				Owner/Operator (2 County College					7.	7
	/	<u>*</u>			100							
Agencies Notified ☑ EPA	Type Notification  Initial			Street A	ddress College I	Dr.		FEB	1 1 20	14		
☑ DOLWD		4 0044		City, Sta	ite, Zip Co	de						٠
☑ DHSS	Amendment #			Vinel	and, NJ (	08360			à.		17	
☑ DCA	Emergency (i justification)	ncluding	-	Name of	f Contact			Telephone Nun	nber	1	•	
(NJAC 5:23-8)	☐ Cancellation				is Siedne	er						
						ORMATION					OF 11 1000 11	
		Disea /	2)	FACI	LITTIM	OKWATION	Type of Facility (4	4)				
Name of Facility Where						1	☐ School (K-12)					
Cumberland Co.	College-Adminis	tration E	lag				Subchapter 8	(Other than K-1	2)			
Street Address							Other (i.e., pri	vate and comm	ercial buil	aings	•	
3322 College Dr							Square Feet	# of Floors	Bld	g. Age	<u> </u>	
City (5)							20000	1		0+		
Vineland							Current Use (Price					
County (6)				County	y Code (7)(	STATE USE ONLY)	10	or il bellig derrio	lisiteu)			
Cumberland							Offices					
Name of Monitoring Fi	rm Hired by Building	Owner (8	3)	ASCM N	lo.		ent Contractor (9)					
Cardno ATC				00098	В	BRISTOL EN	VIRONMENTAL	_, INC.				
Street Address						Street Address						
3 Terri Lane						1123 BEAVE	R STREET					
City, State, Zip Code				1/2		City, State, Zip C	ode					
Burlington, NJ 08	8016					BRISTOL, PA	<b>4 19007</b>					
Project Manager for M			Tele	phone N	No.	Telephone No.		License No.				
John Lutz	ionitoring i iiii		0.000	09-386-	100000	215-788-6040	0	00509				
Start Date (10)	Sch	eduled Co				Name of OSHA						
2 / 4	100-325-000	2 /	A			BRISTOL EN	VIRONMENTA	L, INC.				
	120					Street Address						
Occupancy Status Du						1123 BEAVE	PSTREET					
☐ Facility Closed/Vac	cated During Entire	Period of A	ADate	re Dec	oribe						-	
Abatement Perform	ned Outside of Norm nt: 7:00AM-3:30PM	nai Facility	Λ- <u></u>	AM	Silbe	City, State, Zip C BRISTOL, P.						
	E= 45					Ditio: 02, 11						
Scope of Work (Check	k all that apply)						ntainment with Neg	gative Pressure				
≥3 sf or ≥3 lf		☑ Re	nova	tion		☐ Mini-En						
≥160 sf or ≥260 lf		∐ De	molit	ion		☐ Non-Ex	ag Procedure empted (*) and No	n-Friable Proce	edure			
		Is	Loca	ation	Г					atem	ent T	ype
Locat	tion of	1	Norm	ally		Description			70	B	т	п
Asbestos-Contain	ing Material (ACM)			lely by ance/		stos Containing M		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
TO BE	ABATED			Staff?	(i.e	., thermal systems surfacing, VA		SF or LF)	ova	=	psu.	Sur
	acility 13)	(3.8)	(12	)		other miscellar	neous)				late	0
\.	.0)	Yes	No	N/A						_		-
1 <sup>St</sup> floor bathroom	ns		$\boxtimes$		Plaster			390 SF				L
						20						E
		1	П	$\exists \Box$			All the second of the second o					
Name of Registered \	Waste Hauler		ᅳ	NJDEP	Waste	Cubic Yards of	Name of Reg	istered Landfill				2000
	SPORT GROUP,	INC.		Hauler I		Waste	MINERVA	LANDFILL				
				2099	U	Disposal Date	City, State					
City, State	DE 19720							BURG, OH 44	688			
NEW CASTLE, I		T:41-				Signature		And the second s	Date	,		61.00
Completed By (Print	or Type)	Title				1 / .	1 2.	1 41	2/	1/1	1	
Brian Scafiro		Estima	itor			Druan	serferi	111	1 57	//	1	
ACD 44		N				1	0	. /				

## Nock

00			1	
CR	Ho	66	11	1-
16	4	27	7	0

1/1	NAME OF THE OWNER, WHEN				MANAGEMENT OF THE PARTY OF THE				UKT .				J ;-	1
Date of Notification (1)	24 /	44	\	101			Owner/Operator (2	(5)		1		V		
	21 /	14			Cu	mberland	County College							i
Agencies Notified	Type Notifi	cation				t Address			FER	11	201	A		
☐ EPA 7083 ☐ DOLWD 7151	☐ Initial				33	22 Colleg	e Dr.			13 37	LU!	7		
☑ DHSS 709 à	Amendr					State, Zip C							48	1.4
☑ DCA .7052	☐ Emerge			,	Vir	eland, N	J 08360		65				,	1
(NJAC 5:23-8)	justifica	tion)			10000	of Contac	3		Talanhana	Alumba	- 1			لـ
	☐ Cancell	ation			Ph	yllis Sied	ner			-		122		
					FA	CILITY IN	FORMATION							
Name of Facility Where							10	Type of Facility	(4)				15-33	30775
Cumberland Co. Co.	ollege-Adm	ninistr	ation	Bldg	I			School (K-12		K 40)				
Street Address								Subchapter 8     Other (i.e., pr			al bu	ildina	S.	
3322 College Dr						9/		homes, etc.)					7.5	
City (5)					S1+100-28050			Square Feet	# of Floor	s	Blo	lg. Ag	je	
Vineland								20000	1		1	i0÷		
County (6)		5			Cou	nty Code (7	)(STATE USE ONLY)	Current Use (Pri	ior if being de	emolishe	ed)			
Cumberland								Offices						
Name of Monitoring Firm	Hired by Bu	ilding C	Owner	(8)	ASCN	No.	Name of Abateme	ent Contractor (9)				745-56-		
Cardno ATC					000	98	BRISTOL EN	VIRONMENTA	L, INC.					
Street Address							Street Address				_			
3 Terri Lane							1123 BEAVE	RSTREET						
City, State, Zip Code							City, State, Zip Co	ode						
Burlington, NJ 080							BRISTOL, PA	19007						
Project Manager for Mon	itoring Firm				ephone		Telephone No.		License N	No.	*			
John Lutz		V				5-8800	215-788-6040		00509	ĺ.				
Start Date (10)				0020		ate (11)	Name of OSHA M	onitor	102.00	276				
_2 / _4 /	14		2_/	_1	0_/	14	BRISTOL EN	VIRONMENTAI	L, INC.					
Occupancy Status During	Abatement	(Check	c only	one)			Street Address				200		-	
☐ Facility Closed/Vacate							1123 BEAVE	RSTREET						
☐ Abatement Performed Time of Abatement: 7							City, State, Zip Co	ode						
Time of Abatement: 1	:00AM-3:30	JPW/	— <sup>r</sup>	IVI	AIV		BRISTOL, PA	19007						
Scope of Work (Check al	I that apply)													
☐ >3 sf or >3 lf			⊠ Re	nova	tion		⊠ Full Cont ☐ Mini-Enc	ainment with Neg	gative Pressu	ıre				
≥160 sf or ≥260 lf			De		10 (N) (N) (N) (N)		Glovebag	Procedure						
			,				☐ Non-Exe	mpted (*) and No	n-Friable Pro	ocedure				
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Loca Norma			D				Ab	atem	ent T	ype
Location Asbestos-Containing		M)	Use	ed So	lely by	Asbe	Description o stos Containing Ma		Amour	ot	Re	Re	En	g
TO BE ABA	TED	•	100000		ance/ Staff?		., thermal systems	insulation,	(Speci		Removal	Repair	cap	Enclosure
IN Facili (13)	ty		Cus	(12			surfacing, VAT, other miscellane		SF or L	F)	<u>a</u>		Encapsulate	듄
			Yes	No	N/A			,		1			6	
(/				_		701	Ø.		390 S	F	$\boxtimes$		П	
			-			Plaster					_	_	=	吕
1 <sup>St</sup> floor bathrooms					+=	Plaster								ш
			-			Plaster							Ц	
				-	-	Plaster								
						Plaster								
	te Hauler						Cubic Yards of	Name of Regis		11				
1 <sup>St</sup> floor bathrooms		JP, INC			D NJDEP Hauler	Waste D No.		Name of Regis	stered Landfi					
1 St floor bathrooms  Name of Registered Was SERVICE TRANSPO		JP, INC			U U NJDEP	Waste D No.	Cubic Yards of Waste	MINERVA	stered Landfi					
1 St floor bathrooms  Name of Registered Was SERVICE TRANSPO	ORT GROU	JP, INC			D NJDEP Hauler	Waste D No.	Cubic Yards of	MINERVA City, State	stered Landfi					
1 St floor bathrooms  Name of Registered Was SERVICE TRANSPO City, State NEW CASTLE, DE 1	ORT GROU				D NJDEP Hauler	Waste D No.	Cubic Yards of Waste Disposal Date	MINERVA	stered Landfi	44688				
1 St floor bathrooms  Name of Registered Was SERVICE TRANSPO	ORT GROU	Title			D NJDEP Hauler	Waste D No.	Cubic Yards of Waste	MINERVA City, State	stered Landfi LANDFILL BURG, OH	44688				

NOOK

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

Cl # 2554

11/10			,			10		(O)		-		art - Adams	-	- 5	=7
Date of Notification (1) 1/30/14			1 2	lame of the second seco	Building Ov ON	wner/Op	erator	(2)					3/5		
Agencies Notified	Type Notification			treet Ad	dress T MONT	GOM	ERY I	PLAC	E		EED 1	1 0	11.6		
EPA 9/28  DEP  DOL 9/35	Initial Amended Amendment	#			e, Zip Code BURH, P.		12						2 1 5		-
■ DOH 9/42	Emergency (injustification)  Cancellation		 	lame of						Teler	ohone Numi	ber			
☐ DCA	Caricellation				ITY INFOR		DN				•			_	
Name of Facility Where A VERIZON	Abatement is Taking	g Place (3)						П	of Facility (4) School (K-12) Subchapter 8	n i	réhan K 12)	2			
Street Address 789 WAYSIDE RO	AD							×	Other (i.e. privetc.)	vate &	commercia	l buildi			s,
City (5) NEPTUNE								249		2	Floors		lg. Ag	e	
County (6) MONMOUTH	1			County C	Code (7) ISE ONLY)		_		ent Use (Prior MMUNICA			ed)			
Name of Monitoring Firm USA ENVIRONME	n Hired by Building	Owner (8) EMENT II	VC	ASCM	l No.		Name BRIS	of Aba	etement Contr ENVIRON	actor (	(9) TAL, INC				
Street Address 8436 ENTERPRIS								Addre	ss VER STRI	EET					
City, State, Zip Code							City, S	State, 2	Zip Code , PA 19007						
PHILADELPHIA, P Project Manager for Mon			- 1	Telephor			Telep	hone N	lo.		License No	o.			
MÁRK JENKINS		O-b-dida	_		35-5810			788-0	HA Monitor		00509				
Start Date (10) 2/13/14		Schedule 2/21/14		ipietion	Date (11)		BRIS	STOL	ENVIRON	IMEN	ITAL, INC	<b>)</b> .			
Occupancy Status Durin							Stree	Addre	ess AVER STR	EET					
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Norr 7:00 AM - 3:30 PM	Period of A nal Facility	baten Hours	nent		_	City,	State, 2	Zip Code _, PA 1900						
Scope of Work (Check /	All That Apply)							_					5-11-0		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Character .	enova emolit					M G	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure	100.40			e	
		Т.	1	i	T				OTT EXOMPTOR	. /			Abate	ement	t
Locatio	on of	l N	Locat Iorma	lly		De	scriptio	n of				-	13	ре	_
Asbestos-Containin	g Material (ACM)		d Sole			tos Con			al (ACM)	100	mount Specify	Z.		Enc	E
TO BE AS	BATED	Cust	odial (12)	Staff?	(1.6.	surfa	cing, V	AT, or			or LF)	Remova	Repair	Encapsulate	Enclosure
(13	)	Yes	No	N/A	1	otner	miscella	aneous	"			/al	=	late	JE .
BASEMENT BO	NI ER ROOM	X	NU	INA	-	VAT	& MA	STIC		5	50 SF	x	-		
BASEMENT BO		$\frac{1}{x}$		+-			TSI			3	80 SF	х			
BASEMENT BO		X	_	+-	<u> </u>	PIPE	FITT	INGS	3		6 EA	х			
BAGEMENT BO	JILL: 1110 0 111	+-	_	+									Γ		
Name of Registered Wa	aste Hauler		1,759	NJDEP V Hauler ID		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yards		Name of	Regist	ered Landfil				
	SERVICE TRANSPORT GROUP, INC.						aste				ANDFILL				
City, State NEW CASTLE, DE	19720				X		sal Da			ESBL	IRG, OH		В		
Completed by PATRICK T. DeCA		Title	MAT	OR			Signal	tru	ik T.L	De Ca	w/2 1	ate /30/1	4		
LATHOR 1. DOOR			-				10				18				

Ck# 2562

Date of Notification (1) 1/30/14			ame of B	uilding Ov N	wner/Ope	erator (	(2)			7 A			,				
Agencies Notified Type Notification			treet Add		FOOME									]			
EPA DEP DOL Amended Amendment #1 Emergency (inc		. F	ity, State	, Zip Code URH, P.	е		PLACE			r Lu i	1 20	14.		,			
DOH justification) Cancellation	adding	1	ame of C	ontact EX BAY	LOR				Tolo								
			FACILI	TY INFOR	RMATIO	N					-22	1					
Name of Facility Where Abatement is Taking F VERIZON Street Address 789 WAYSIDE ROAD	Place (3)						Sc Su X	her (i.e. pri	) (Othe	er than K-12 k commercia	) al build	ings,	home	s,			
City (5) NEPTUNE						Square 24910	0 2			Bldg. Age							
County (6) MONMOUTH			County Co	ode (7) SE ONLY)		_		t Use (Prior MUNICA		ng demolish IS	ed)						
Name of Monitoring Firm Hired by Building Ov USA ENVIRONMENTAL MANAGEN	vner (8) IENT IN	С	ASCM	No.		Name	of Abate	ment Control	ractor	<sup>(9)</sup> NTAL, INC	).						
Street Address 8436 ENTERPRISE AVENUE							Address BEAV	ER STR	EET								
City, State, Zip Code PHILADELPHIA, PA 19153							State, Zip STOL, I	Code PA 19007	7								
Project Manager for Monitoring Firm MARK JENKINS		Telephone No. Telephone No. 215-365-5810 215-							License N 00509	0.							
Start Date (10)	Scheduled 2/20/14	Com	Completion Date (11)  Name of OSHA Monitor  BRISTOL ENVIRONI							NTAL, INC	).						
Occupancy Status During Abatement (Check	)					Address											
Facility Closed/Vacated During Entire Pe			atement 1123					ER STR	EET								
Abatement Performed Outside of Norma  Other – Describe: 2/15/14 - 7 AM - 7 PM	Facility	Louirs		И - 1 AM	S.F		State, Zip STOL,	Code PA 1900	7								
Scope of Work (Check All That Apply)																	
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		0.07	ovation nolition					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Proce									
			1						Scripted ( ) and Horr Hub				Abatement				
	0.00000	ocati ormal	3,000,000		Doo	orintian of						T					
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Custo	tenar	nce/	Asbest (i.e.	tos Conta thermal surfac	aining systen sing, V	cription of ining Material (ACM) systems insulation, ing, VAT, or iscellaneous)			Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure			
	Yes	No	N/A									_		-			
BASEMENT BOILER ROOM	X				VAT	& MA	STIC			50 SF	X	_	-				
BASEMENT BOILER ROOM	X					TSI				30 SF	X	_	_	-			
BASEMENT BOILER ROOM	X	u 182			PIPE	FIΠ	INGS			6 EA	X	-	-	-			
Name of Registered Waste Hauler		JDEP W	aste	Cubic	Yards		Name of	Regis	tered Landfi	11	1						
SERVICE TRANSPORT GROUP, IN	H	Hauler ID No. of Waste 20990															
City, State NEW CASTLE, DE 19720						Disposal Dat					4468	8					
Completed by PATRICK T. DeCARO	MATOR Signature Date 1/30/14						4										

### State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

		(Pursua	ant to	NJAC 8:	60-7 ar	nd 12:120-7)	(0)			-	-					
Date of Notification	n (1)		Name o	f Buildi	ing Own	er/Operator	(2) cal Day Car	re				7				
2-6-14			Five Star Adult Medical Day Care													
Agencies Notified	Type Notificat	ion		Address		1.4 m	<b>5</b> 0						4 1			
[ ]EPA	[X] Initial		120	T Dee	rrie	ld Terra		FFR	1 7	21	)14					
[ ]DEP	Notifica	tion		State,				, , ,								
[X]DOL	[ ]Amended	tion	Lin	den, N	IJ,07	036		9350				,				
[X] DOH	Notifica	Clon	Name o	of Conta	ct	****	Telephone	Number	7							
[ ]DCA	[ ]EMERGENCY		Don	iniqu	ie Sa	intil							N. Alexander			
[ ]DCR	[ ]Cancellat	ion								-		-	_			
					TY INF	ORMATION	Type of Facili	ry (4)		_		-	t. 30.15			
Name of Facility Wh		is Taki	ng Pla	ce (3)			10000									
Same as above	€						[]School () []Subchapte	er 8 (Other	than	K-	12)					
Street Addres					- 8		[X]Other (i	.e., privat ildings, ho	e & cc	mm	er-					
								# of Floor			Ag	e				
			(C) D		Count	y Code (7)	Square Feet 17,000	1		45						
City (5		County	(6)ESS	ex	(STAT	E USE ONLY)	Current Use (P		ng der	AL. 9237		ed)	7/1			
		-						and the second s								
Name of Monitoring	Firm hired by	Buildi	ng AS	CM No.	N		ment Contractor									
Owner (8)	Littu milon of					AZTECH N	ANAGEMENT,	Inc.								
N/A Street Address		<i>V</i>			s	treet Addres						ő				
Street Address						86 Christopher St.										
air at to gin C	and a					city, State,	Zip Code									
City, State, Zip C	ode					Montclai	ir, NJ 0704	12								
	- Weritoring F	i Tan In	elepho	ne Numbe	er	Celephone Num	ber .	Į.	icense		umbe	r				
Project Manager fo			(973) 744			00371										
	t- (10) Sch	17	N/A	n Date	(11)	Name of OSHA	Monitor									
Scheduled Start Da 2-15-14	ite (10)		7-14	<del> </del>		N/A										
Month Day	Year M	onth	Day	Year					_		-					
Occupancy Status I	During Abatemen losed/Vacated I	t (Chec	ck only Entire	one) Period	li li	Street Addres	55									
of Abatem	ent					City, State,	Zin Code	-		_						
[ ]Abatement	Performed Outs: scribe: «OffHou	ide of rs Desc	Normal ript»	Facilit	-Y	City, State,	Zip code									
[ ]other - De	scribe: «Other	Occupan	cy Des	cript»												
Scope of Work (Che					-	f 1 m. 11	. Containment wi	th Negative	Pres	sur	e					
D49: 3152			[X]Re	novation	1	[ ]Mini	-Enclosure									
[X]>3 sf [ ]>160 s	f or >260 lf			molition		[X]Glov	rebag Procedure	ıra								
			Īs		1	[ ]Non-	Friable Procedu		A	bat	ene	at T				
Locat	ion of		Locat	ion		Descript		Amount		R	R	N	E			
	Containing	1	Use	ed.		Asbestos-Co Material		(Specif		M	E	CA	L			
	al (ACM)		Sole By Ma			(i.e., therm	al systems	SF or		0	PA	PS	S			
	ABATED cility		Custo	ice/	ins	sulation, sur	facing, VAT,	LF)		A	I R	U	U			
	13)		Staff	(12)	-	or other miso	cellaneous)			L	1556 250	r T	R			
		10	es No	X	Pir	e Insula	tion	25 lf	X							
Basement			-													
		_		-												
			NI TOUR	Waste	Carl	pic Yards	Name of Reg	istered Lan	dfill							
Name of Registers AZTECH MAN	ed Waste Hauler AGEMENT, I	NC.		ID No	. of	Waste 1.5	G.R.O.W	.s.								
City, State Montclair,	NJ 07042		1.			sposal Date 2-18-14	Morrisv	ille, PA	19	06	7					
						Signatu	ire		Da	te						
Completed By (Pr	int or Type)	ritle Presi	dent	=			the View	<u></u>	2-	6-	14					

Lt 2465	5	N			OF ASBE						7 1					
Date of Notification (1) 02/07/14					Building O			(2)	92	FE	EB 1	1 201	4	٠.,		
Agencies Notified	Type Notification			Street Ad 4200 A	dress MON C	ARTE	R BLV	D	N 8				- 13	4		
DEP  DOL	Initial Amended Amendment #				e, Zip Cod NORTH		6155					4.				
X DOH	Emergency (i justification)	ncluding		Name of	Contact				:	_ Tolor	shono Niji	mhor				
☐ DCA	Cancellation		EACII	ITY INFO	DMATI	ON		-								
Name of Facility Where	Abatement is Taking	Place (3)		1 AOIL	arr ner o	TXINI-XIII		Туре	of Facility (4	4)						
Street Address									chool (K-1 Subchapter		than K-1	2)				
247 JACKSON RD								X C	other (i.e. p				ings,	home	s,	
City (5) BERLIN							re Feet # of Floors			Bldg. Age						
County (6) CAMDEN		County C	ode (7) SE ONLY)		-	Current Use (Prior if being demolis VACANT HOME						ē.				
Name of Monitoring Fir		ASCM	No.				ement Cor PROFE					-72				
Street Address							10 mg 20 mg	Addres	s DOVE CO							
City, State, Zip Code				78.00			p Code DD, NJ 0	8701								
Project Manager for Monitoring Firm				Telephone No. Telep							License 1200	No.				
Start Date (10) 02/17/14	d Cor						A Monitor PROFE		NALS							
Occupancy Status Dur	ing Abatement (Chec	k Only On	e)					Addres	SOVE CO	OLIRT.						
Facility Closed/Va Abatement Perfor Other – Describe:	acated During Entire F rmed Outside of Norm :	Period of A nal Facility	Hour	ment s		_	City, S	State, Zi	ate, Zip Code WOOD, NJ 08701							
Scope of Work (Check	All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		- Control of the Cont		ovation					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					e		
		· Is	Locat	tion			Non-Exempted ( ) and						Abatement			
Locati Asbestos-Containii <u>TO BE A</u> In Fa (1)	ng Material (ACM) ABATED acility	Use Ma Cusi	Norma d Sold intena todial (12)	ally ely by ance/ Staff?		tos Con therma surfa	escription taining I I system acing, V/ miscella	Material ns insula AT, or	SF or LI			Removal	Repair	e Encapsulate	Enclosure	
EXTE	RIOR	Yes	No X	N/A			SIDING	 3		1	200	x				
LATE																
				-												
Name of Registered Waste Hauler				NJDEP W Hauler ID		Cubic of Wa	Yards aste			Registe	red Land	fill				
NEWARK CARTING				)4509		10	and Det	IESI			1				. 100	
NEWARK, NJ	City, State NEWARK, NJ				Disposal Da 02/17/14				7/14 BETHLEHEM PA					10		
Completed by JOSEPH PERLST	NER				Signatu	le /	d O		3722	Date 02/07/	14		<u> </u>			

^		13200			
11	11	4	0		9
1	15	H	( )	1	) - /
(	1 1	1 1			/_/_

,			T No	me of Ru	ilding Ow	ner/Operato	r (2)	<u>U.</u> )	1		12	-				
Date of Notification (1) 2-7-2014			Name of Building Owner/Operator (2)  Township of Neptune													
	Type Notification			reet Addr									1 . 3			
			2	5 Nepti	une Blvo	i		-	ED 1	1 .001/		1	-			
EPA DEP	Initial Amended		Ci	ty, State,	Zip Code					2.0	9	*				
X DOL	Amendment #		I	Neptune	e, NJ 07	754	757-14-2						1			
	Emergency (in justification)	cluding	100000	ame of C			Telephone Number									
DOH DCA	Cancellation		L	eanne	Hoffmar	n, PE								_		
				FACILI	TY INFOR	MATION	T-ma of	Facility (4)	_		-	-		-		
Name of Facility Where A	batement is Taking	Place (3)					Type of Facility (4)									
"The former Welsh	Farms Dist. Cer	iter"		- Maria			School (K-12) Subchapter 8 (Other than K-12)									
Street Address							Other (i.e. private & commercial buildings, homes,									
703 Corlies Ave.							Square		# of F	loors	Bld	g. Ag	е	-		
City (5)							Square	1 661	,, 0.7	100.0	50+					
Neptune					da (7)		Current	t Use (Prior	if being	demolishe	ed)	-				
County (6)				County Co				ing for De			•					
Monmouth		(0)		ASCM I	No	Nan		ment Contr		9)						
Name of Monitoring Firm	Hired by Building C	wner (8)		n/a	NO.			anageme								
n/a				11/4			et Address									
Street Address							Troy La									
n/a							, State, Zip									
City, State, Zip Code			Lincoln Park, NJ 07035													
n/a	Ti	elephone	e No.	Tele	ephone No			License No	o.	-3030						
Project Manager for Mon	intoring Firm		1	n/a		5.1	3-706-79			01193						
n/a	——— Т	Scheduled			ate (11)	Nar	ne of OSH	A Monitor								
2-17-2014	Start Date (10) Scheduled Completion Date (11) 2-17-2014 2-24-2014						znica Ma	anageme	nt Co	ф						
Occupancy Status Durin		Stre	et Address	s												
Facility Closed/Vac				ent		22	2 Troy La	ane								
Abatement Perform	ned Outside of Norm	nal Facility F	lours	Cit		,	y, State, Zij									
X Other – Describe:	Demo, Collapsed Roo	of		-		—   Li	incoln Pa	ark, NJ 07	035							
Scope of Work (Check A	All That Apply)															
≥3 sf or ≥3 lf		Re	nova	tion				Containme		Negative F	ressur	е				
x ≥160 sf or ≥260 lf		× De	molit	ion			Mini-Enclosure Glovebag Procedure									
							× Nor	n-Exempted	Non-Friat	n-Friable Procedure						
		le l	ocati	ion						Abatemer Type						
		No	ormal	ly		Descrip	Description of				-	· ,				
Locatio Asbestos-Containing		Used	Sole		Asbest	os Containir	ng Material	(ACM)	200	mount pecify	70	_	Enc	g		
TO BE A	BATED	Custo			(ı.e.	thermal system surfacing		guori,		or LF)	Remova	Repair	aps	Enclosure		
In Fac			(12)			other misc	ellaneous)				val	ji.	Encapsulate	ure		
		Yes	No	N/A									Ф			
		+		-	Т	o be disp	osed of a	as								
Collapse	d Root	-		+												
						Asbestos	Materials	3			+	+	-	-		
											+-	-	-	-		
Name of Registered Wa	aste Hauler		5,000	NJDEP W		Cubic Yar	ds	Name of	Registe	ered Landfi	11					
Loznica Managem			Hauler ID No. of Waste TBD				GROWS Landini									
City, State					THE STATE OF THE S	Disposal	al Date City, State Morrisville PA 19067									
	Lincoln Park, NJ 07035					TBD				Date				-		
Completed by		Title	1 6				Signature									
E. Cirovic		Secr	etan	<u> </u>			. UN	DVVC			-					

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.
\*LOZNICA MANAGMENT CORP WILL SUPPLY 1 SUPERVISOR AND 1 HANDLER TO LINE THE DUMPSTER AND DISPOSE OF ROOF
MATERIAL FOR YANNUZZI AND SONS DEMOLITION.

N#1597	ursuant to N.J.A.O.						2	4	7			
Date of Notification (1) 02-07-2014	Name of Building Ow Kennedy Universi	ner / Operator (2 ty Hospital	.) 		1 201/	fi .						
	Street Address							-				
3-11-11	18 E. Laurel Road	W 24.5				-11			$\dashv$			
	City, State & Zip Cod	le						1				
	Stratford, NJ 080		*		7.0			1	_			
	Name of Contact		33		Telenho	, oo						
□ DOH □ Emergency     □ Consequence     □ Consequence     □ DOH	Mr. John Fariana											
DCA Cancellation									1			
	FACILITY INFO	Type of Facility	(A)									
Name of Facility Where Abatement is Taking F	lace (3)	School (K-1										
Kennedy University Hospital			8 (Other than	K-12)								
Street Address		Other (i.e. private & commercial buildings, homes, etc.)										
18 E. Laurel Road		Outer (i.e.,	# of Floo	re	Bldg. Ag	ae						
		Square Feet	# 011100		10.09.	5	2					
City (5) County (6)	County Code (7)	250,000		2		J.			-			
Oily (O)	0	Current Use (Pr	ior if being de	molished)								
Stratford, NJ 08084   Camden	-	Hospital					_		-			
Name of Monitoring Firm Hired by Building Ov	vner (8) ASCM No.	Name of Abater	ment Contract	tor (9)								
Health & Safety Services, LLC	117	Resource Ma	nagement (	Group, LLC	<u>:</u>	_			-			
Health & Salety Services, LLO		Street Address										
Street Address 318 12 <sup>th</sup> Street		2115 Hamilto		202				_	-			
City, State & Zip Code		City, State & Zi										
Hammonton, NJ 08037		Trenton, NJ (		- 1.:	e Numbe				-			
Project Manager for Monitoring Firm	Telephone Number	phone Number Telephone Number Licer										
Mr. Jim Proctor	609-704-8850	609-977-6159			01	185	_	_	$\dashv$			
Scheduled Start Date (10) Scheduled C	ompletion Date (11)	Name of OSHA	Monitor						1			
02-21-2014	4-21-2014	J&S Environ	mental Lab	oratories II	nc		-					
Occupancy Status During Abatement (Check		Street Address										
Facility Closed/Vacated During Entire	Period of Abatement	2333 Route 2							-			
	mal Hours 4:30pm-1:00am	City, State & Z	ip Code									
		Union, NJ 07	083									
Describe:		,										
Facility Occupied During Abatement					12							
Scope of Work (Check all that apply)			Full Cor	ntainment wi	th Negati	ve F	ress	ure				
	□ Renovation		Mini-En	closure								
≥3 sf or ≥3 lf	Demolition	i	Glove E	ag Procedu	res							
≥160 sf ≥260 lf	Demonition	i	Non-Ex	empted and	Non-Fria	ble	Proc	edui	re			
	I I I - setion	Description		Amou		Abat	eme	nt Ty	ype			
Location of	Is Location	Asbestos-Cont		(Speci	ify	$\neg$						
Asbestos-Containing	Normally Used Solely by	Material (AC		SF or L	_F)	-		띄	Ш			
Material (ACM)	Maintenance or	(i.e., thermal sy	stems			en	Re	cap	1Ck			
TO BE ABATED	Custodial Staff?	insulation, surfact	ing, VAT			Remova	Repair	Encapsulate	Enclsoure			
in Facility (13)	(12)	or other miscella	ineous)			<u>a</u>	-	ate	6			
(13)	Yes No N/A						_	_	-			
th.		Floor Tile & N	Mastic	25 SF		X		Ц	닏			
4 <sup>th</sup> Floor patient bathroom		Floor Tile & N		25 SF		$\boxtimes$						
4 <sup>th</sup> Floor patient bathroom		Floor Tile & I		25 SF		X						
4 <sup>th</sup> Floor patient bathroom		Floor Tile & I		25 SF								
4 <sup>th</sup> Floor patient bathroom		FIOOI THE GI	eractio.									
						T	П	Ī				
		Ouble Varde	Name of Re	nistered I an	dfill							
Name of Registered Waste Hauler	NJDEP Waste		Name of Re	gistered Lan	aiiii							
	Hauler ID No.	of Waste	Grows Lar	adfill								
Robinson Waste Disposal Service, In	c. 17304	TBD		141111			-					
City, State	Disposal Date	City, State Morrisville	PΑ									
Voorhees, NJ	TBD	MICHISAILE	, 1 14		ate							
Completed By (Print or Type)	Title	Signature \	<u> </u>				7/2	01/	1			
Mr. Brian J. Haney	President	7	10 11/		U	⊈I U	114	V 1"	7			
IVII. Dilati o	1 / 7/	MAC	1			_						

0x# 1007	N			OF ASBE O NJAC 8				E' = "A	No.			, -2				
Date of Notification (1) 02/03/2014				Building (		perator	(2)									
Agencies Notified Type Notification		0.00	Street Ad		/E	- <del> </del>		300	£ :	8 1	1 001	A		-		
EPA Initial		100		ORD AN		*			1 1	'	1 201	4	•	+		
DEP Amended Amendment				ARLIN		N.J.	50						è			
DOH justification Cancellatio	)	100	Name of JAMES	Contact LAWL	ER				T <sub>f</sub> '.					1		
			FACIL	ITY INFO	DRMATI	ON							_			
Name of Facility Where Abatement is Taki PRIVATE	ng Place (3)						-	of Facility (4)								
Street Address						-		School (K-12 Subchapter 8	(Othe							
46 ILFORD AVE.		Other (i.e. private & commercial buildings, homes, etc.)														
City (5) NORTH ARLINGTON		Squar 1,70	e Feet 0	# of 2	Floors		3ldg. / 82	\ge								
County (6)			County C	ode (7) ISE ONLY	)		Curre N/A	nt Use (Prior	if beir	ng demo	lished)					
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	No.				tement Contr			CTION	I LLC	 ;			
Street Address							Addres	ss RDEN PL								
City, State, Zip Code							tate, Zi	_				-				
, , , , ,						HAC	KENS									
Project Manager for Monitoring Firm		Telephor	ne No.			708-			License 01135							
Start Date (10) 02/14/2014	d Con 2014	npletion [	Date (11)				ALITYCAL	INC	76.							
Occupancy Status During Abatement (Che	e) .					Addres		DEE	т							
Facility Closed/Vacated During Entire Abatement Performed Outside of Not	Period of A	baten	tement					F 38TH ST ip Code	REE	١.						
Other – Describe:	mar r donky	- Ioure						RK N.Y. 10	018							
Scope of Work (Check All That Apply)	900000						_									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	- Contraction	enova emolit				×	Mir Glo		ive Pressure Friable Procedure							
	lo.	Locat	ion					II-Exempled	( ) ain	11011-11	Abatement					
Location of	N	lorma	lly		De	scription	of						Туре			
Asbestos-Containing Material (ACM) TO BE ABATED	Mai	d Sole intena	nce/		tos Con thermal					mount specify	Z Z		Enc	m m		
In Facility	Cust	odial (12)			surfa	cing, VA	T, or			or LF)	Removal	Repair	Encapsulate	Enclosure		
(13)	Yes	No	N/A		outer i	HISCERIA	leous)				à	=	ılate	ure .		
BASEMENT	163	X	INA		PIPE	INSUL	ATIO	N	1	6 LF	Х	$\vdash$				
				-												
						4										
			LIDES :		10	Va		No	)act-+		den.					
Name of Registered Waste Hauler SHARON QUALITY CONSTRUCT	Waste Cubic Yards Name of Registered Landfill O No. of Waste TBD MINERVA ENTERPRISE						INC.									
City, State	0	033967			sal Date	;	City, State		.com/10/05/05/5							
HACKENSACK N.J. 07601				3D		WAYNE		RG OI	OHIO,							
Completed by CARLOS ESQUIVEL	Title SAFE	ETY I	MANAG	SER	\$	Signatur	Rug	Egynfufly Date 02/03/20					:014			
ASB-41 (R-06-08)						* Do m	ot use	this form for	asbes	tos licens	sure exe	mpte	activ	rities.		