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Date of Notification (1) 2/10/14			0.000	lame of B Ana Qui	합니다 보통하다 맛죠? 그 이번만	vner/Operate	or (2)	450	P.	6		À		
Agencies Notified	Type Notification		1 7	treet Add North	100 mm			105 C	19	5				
EPA DEP DOL	Initial Amended Amendment				, Zip Code e, NJ 07			186	PO	3				
DOH DCA	Emergency ( justification) Cancellation		1 (3)	Name of C Ana Qui					Telep	hone Nur	nber			177
		DI (0)		FACILI	TY INFOR	RMATION	1 7	ype of Facility (4)	\				100	$\dashv$
Name of Facility Where house	Abatement is Takin	g Place (3)						School (K-12 Subchapter 8	2)	than K 1	2\			
Street Address 230-232 Avenue B								Other (i.e. pr etc.)	ivate &	commerci	al buildi			s,
City (5) Bayonne							١	Square Feet N/A	N/A	Floors	N/	dg. Ag A	je	
County (6) Hudson				County Co	ode (7) SE ONLY)			Current Use (Prio House	r if bein	g demolis	hed)			
Name of Monitoring Fire	m Hired by Building	Owner (8)		ASCM	No.	1 0 0000		Abatement Cont Abatement, Inc		9)				
Street Address								<sup>ddress</sup> sengren Aven	ue					
City, State, Zip Code	-							ite, Zip Code a, NJ 07512						
Project Manager for Mo	onitoring Firm		T	Telephon	e No.			ne No. 45-8685		License 1 #00675	No.			
Start Date (10) 2/21/14		Schedule 2/22/14		npletion D	ate (11)	10000		f OSHA Monitor Abatement, Inc	c.					
Occupancy Status Duri	ing Abatement (Che	ck Only On	e)					ddress	23000-0					
Facility Closed/Va	cated During Entire med Outside of Nor	Period of A	batem	nent		City	y, Sta	sengren Aver ate, Zip Code	iue					
Other – Describe:	Occupied			-/		_ To	otow	/a, NJ 07512						
Scope of Work (Check   ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf			Renova Demolit				×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure				e	
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Name of Registered V D&S Abatement, I			1	NJDEP W Hauler ID \$20996		Cubic Yar of Waste TBD	as			gement				
City, State Totowa, NJ						Disposal I	Date	City, Sta Tullyto		A				
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DOH Emergency (in justification)  DCA Cancellation	nciuding	St	me of Co teve				I	relepi	IOTIC			e ,		-
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Street Address 201 N Front Street						l e	ther (i.e. priv	# of F				. Age		_
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Name of Monitoring Firm Hired by Building ( N/A	Owner (8)		ASCM	No.		e of Abat naco Ir	ement Contr IC.	actor (	9)					
Street Address						et Addres Box 32								
City, State, Zip Code			Ų.		City, We	State, Zi st Berli	p Code n NJ 0809	91						
Project Manager for Monitoring Firm		T	elephon	e No.		phone N 3-753-9			Lice 007	ense No. 727				
Start Date (10)	Scheduled 2/17/14	Com	pletion D	Date (11)	Nam Sai		HA Monitor							
2/14/14 Occupancy Status During Abatement (Che	_	)			Stre	et Addre	ss							
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: Nights and weeken	Period of Ab	atem	ent		City	, State, Z	ip Code							
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	× R€	enova emolit				HM	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure					e	
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Name of Registered Waste Hauler United Containers			NJDEP \ Hauler II 22459		Cubic Yar of Waste 6	us	G.R.O							
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Completed by Anthony T Perna	Title Pres	iden	t		Sign	ature					ate 2/12/1	4		
Antilony i i ona														

NOTIFICATION OF ASBESTOS ARATEMENT

	(P			NJAC 8:60	-7 an	nd 12:120-7)	(2)	Telephone M	PA					
ate of Notification		1	Jame o	f Buildin	g Own	er/obergee	(2)	2	150	~	1			
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[ ]EPA	Notificati	on	City,	State, Z	p Coc	ie		ES,	$r_{D\alpha}$	77 3	-			
[ ]DEP	[]Amended		Mor	ntclair	,NJ	,07042		~ L/1	200 00	7.	12			_
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	i himad but h	ani ldi	ng A	SCM No.		Name of Abat	emen	t Contractor	Inc					
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Owner (8)						Street Addre	ess							
Street Address								opher St.				_		-
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City, State, Zip	Code					Montcla	air	, NJ 0704		<b>L</b> · · · ·	nse N	i mhe		
			ma l and	none Numbe	er	Telephone N	iumbe:	r			371			
Project Manager f	or Monitoring Fi		n/A	ione in		(973)7	44-	8800						
		1	1000	ion Date	(11)	Name of OSB	IA Mo	nitor						
Scheduled Start D	ate (10) Sche	2-24	_14	LOII Dass		N/A								
2-21-14	- Mr	nth	Day	Year										
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		itle				Signa	ture	1 1 1	100		Date			
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Print Form

			CATION	ate of Ne N OF ASB to NJAC					201	RE I	, CE	14	<u>ام</u>	HIL F
Date of Notification (1)			Name o	of Building	RN	Operator (	(2) 199 E	Bun	i Legg	( 8 /	8 1	4	•0	
Agencies Notified Type Notification	******		Street A	ddress	211	PAIN.	ST.	Bun	\$	5705	Co.	<del>7 J.</del>	رژی	
DEP Amended Amendment			City, Sta	ate, Zip Co	ode 10/24	BU	rh			CA	ING	ROL	•	
DOH Emergency justification) Cancellation			Name o	of Contact					Tele	ephone N	umber			_
Name of Facility Where Abatement is Takin	a Diago /	2)	FAC	ILITY INF	ORMAT	ION	T	- f E 10h						
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City (5) Avow	- 20							etc.) ire Feet / 520	. 1	Floors		Bldg.	Age	
County (6) MON MON	4			Code (7) USE ONLY	n		Curre	ent Use (Pri	or if beir	ng demoli	shed)	-) CD)		
Name of Monitoring Firm Hired by Building	Owner (8	)	ASC	VI No.				atement Co ation Co.	ntractor				-	
Street Address						Street /	Addre			on:				
City, State, Zip Code						T. T		ip Code k, N.J. 0	7722		X			
Project Manager for Monitoring Firm			Telepho	ne No.		Telepho 732-2				License 00029	No.			
Start Date (10) 2-18-14		0	mpletion 2-28	Date (11)		Name o	of OSI	HA Monitor						
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	ls	Locat	tion						( ) ====	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		55.24 FA	ement	
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Name of Registered Waste Hauler		IN	JDEP W	laste	Cubic	Yarde		Name of	Register	od l ands				
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City, State Colts Neck, New Jersey						al Date	14	City, Stat Easton						
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oject Manager for Monitoring Firm			Telephon	e No.		hone ! -294-	No. -1757		nse No 029				
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ame of Registered Waste Hauler			Hauler ID		of Waste	3 3	Chrins	10721					
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#### State of New Jersey

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Date of Notific		111	N	lame of	Building Owr	ner/Opera	or (2)	<del>,                                    </del>		100	18/	CA	•	4
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	lity Where Abatement is Takin	~					Туре	of Facility	(4)		-		7	-
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Date of Notification (1)	7 / 1		-   1	lame of	Building Owner/0	Operator (	2)	19/8		1	62	
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≠ DOH	<ul> <li>Emergency (in justification)</li> </ul>	cluding	1	lame of	Contact 0	$\frac{2}{3}$	*	Telephone	170	<del></del>		
D DCA	□ Cancellation			1)0	nald (	DOR	drec.					
Name of Facility Where	Abatamant is Taking I	Bloop (2)		FACIL	ITY INFORMAT	ION				_		
Name at racinty vinere		Duc	./[.:	10		16	Type of Facility					
Street Address	1000 1114		LILI	-}-			<ul> <li>□ School (K-</li> <li>□ Subchapte</li> </ul>	12) r 8 (Other than k	(-12)			
345	Lincoln	AU	5				Other (i.e.	private & comme	ercial buil	dings,	home	es,
City (5)			<u></u>				etc.) Square Feet	# of Floors	E	Ildg. A	ae	
l'acciels	sboro 1	UJ	0	800	06						0+	-
County (6)	cester		(	County C STATE U	Code (7) USE ONLY)		Current Use (Pr	ior if being demo	olished)			
Name of Monitoring Firm	Hired by Building Ov			ASCM	No.	Name o	of Abatement Co	ntractor (9)				
	chnole	1166			NA	E	ST 27.	chnoli	eie	<b>.</b>	In	16
Street Address	Bax 33	57				P	0. Box	with the cont	J			
City, State, Zip Code	eva+	N <sub>2</sub>	- (	80	533	City St	ate, Zip Code	A AL	50	2	13	3
Project Manager for Mot	ri g Firm		7	elephor	ne No.	Telepho	one No.	Licens	e No.	200	4 4	
	etien Kea	•	6	-09°	758-3365	609	758-330	5 (	)0,	54	4	
Start Date (10)		Schedule				Name o	of OSHA Monitor	, ,	196			
Occupancy Status Durin	**:			4-1	4	Street	Address	hnologie	es L	nc		
					7.5	1	O. Box	337				
Facility Closed/Vac	ated During Entire Pe ned Outside of Norma						ate, Zip Code				-	
☐ Other – Describe:							w Egypt	TU	(78)	くろ	3	
Scope of Work (Check A	All That Apply)		•			J	JIP.		00.			
15. ≥3 sf or ≥3 lf		□ Re	enovat	ion			Full Containn	nent with Negativ	ve Pressu	re		
□ ≥160 sf or ≥260 lf			emoliti	on		_ >8<						
								ed (*) and Non-F	riable Pro	cedur	е	
		Is	Location	on							ement	
Location	n of	1	ormall		De	escription	of		-	T ' Y	pe	
Asbestos-Containing		0.0000000000000000000000000000000000000	Solel ntenar	5.0000000000000000000000000000000000000			aterial (ACM) insulation,	Amount (Specify	20		En	m
TO BE AB		Custo	odial S (12)	taff?	surfa	acing, VA	Γ, or	SF or LF)	Remova	Repair	caps	Enclosure
(13)			(12)		other	miscellan	eous)		oval	air	Encapsulate	sure
		Yes	No	N/A							· O	
Basemen	.†	X			Pipe I	Cosul	lations	33 L	FX			
						1 -						
Name of Registered Wa	ste Hauler	1		JDEP W		c Yards	Name o	f Registered Lar	ndfill			
FPC To	hanlagies		H	auler ID	3	aste _	Was	te Manac	iemen	t	e f	4
City, State	thnologies			1 /0		osal Date	City, Sta	ate			• 1	•
	gupt 1	VJ			2	-14.	14 Mor	nisville	PA			
Completed by	711	Title	۸			Signature	700		Date Z -	1.1	11	
Steve Sche	in Keir	HRE	sid	ent		Sle	OR DOCK	ake	4-	4.	1	1

B & G proj. #: 2014-21

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) O&M RemovaFCEIL Check #6393

Date of Notification	(1)	111	Name of	Building Ov	ner/Operator (	2)		ALD						
0 2 / 1 0	1/114	11		SECTION AND SECTION	of Education	n å	2014 FEB 18 P							
Agencies Notified	Type Notificat	ion	Street Ad				LD 19 b	H 3 (	00					
☐ EPA	✓ Initial	11		Century R	load	A	SAFOTOG .		•					
☐ DEP	unidai	1		e, Zip Code			& 1113 M	MIRC	<del>)                                     </del>					
DOL DOL	Amend		37000	mus, NJ 0			SBESTOS CE LICENSI	NG	÷					
<b>₽</b> DOH		11	lame of	Contact					Telepho	ne Numb	er			
☐ DCA	☐ Cancell	ation	Bob /	Autorino	+0									
				FA	CILITY INFOR	MATION	١							
Name of facility wh	ere abatement i	s taking pla	ace (3)						of Facility					
Paramus High	School (NO	N Sub 8			T.				=	ool (K - 12 hapter 8 (		han k	(-12)	
Street Address	- AND									r (Private/			– ,	
145 Spring Va	alley Road							<u> </u>		s./Homes,			ld- A	
City (5)		I Cou	nty (6)			T Cou	inty Code (7)	Squa	are Feet	# of Floo	ors	ь	ldg. A	.ge
Paramus, NJ	07652					1 000	ate use only)	Curi	ent I Ise (	Prior if bei	na den	nolish	ed)	
		В	ergen	4	발		,		ool (nor		ig den	ionan	cuj	
Name of Monitoring	Firm Hired by	Bldg. Own	er (8)		ASCM No.		Name of Abatemen	t Contrac	ctor (9)					
RK Occupation	nal				0090		B & G Restorat	ion, Inc	6					
Street Address							Street Address							
403 St. James							105 Ryerson Ro	-						
City, State, Zip Code							City, State, Zip Code	е						
Phillipsburg, N							Lincoln Park, N		5					
Project Manager for	Monitoring Firm		- 1	Phone Nun	(MOSEON)		Telephone Number			License	e Numb	er		
Jon Gilbert				(908)454-			973-696-6869			0378			_	
Scheduled Start Dat	e (10)	Sched	. Compl	etion Date (	11)		Name of OSHA Mo B & G Restorat	1007770						
02/21/2014		02	/22/20	14			Street Address	ion, me		+-				_
Occupancy Status D					F		105 Ryerson Ro	oad						
Facility closed							City, State, Zip Code	е						
Describe:	rformed outside	of normal	racility n	ours-										5
Other-Describ	e:					_	Lincoln Park, N	NJ 0703	5					
Scope of Work (che		')								wrap	& cu	t	_	7/1
Demolition		Renovation	n			□ F	ull Containment w/ne	egative p	ressure	<b>☑</b> Glove	bag pr	oced	ıre	
≥ 3 sf or ≥ 3 lf		≥160 sf or	≥260 If				/lini-enclosure			☐ Non-	friable p	oroce	dure	
Location of				lly used sole	ely						R	R	E	E
asbestos-cont		by mainte staff(12)	nance/c	ustodiai			sbestos-containing	- 1	Amount	CE	e m	e	n	n
material to be abated in facil		Yes	Na		- material	(ACM)		- 1	(Specify LF)	SF or	0	a	a	C
	, , , ,	162	No	N/A					5-0000 <b>4</b> A		v e	I r	P	1-
Mechanical room	m			X	pipe fitting	j insula	ation	9 0	ount					
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					100				8. 9.					
Registered Waste Ha			EP Haule	er ID#	Cubic Yards of	Waste	Name of Registere			v. Comto			200	
B & G Restoratio	n, inc.	195	US	Disposal	Nate	-	Tullytown Reso	ource &	Recover	y Center				
City, State Lincoln Park, NJ	07035				24/2014		Tullytown, PA							
Completed by (Print		Title			Signature		· · · · · · · · · · · · · · · · · · ·			Date				
Gordana Luna	7,5-7	Secretar	v/Treas	urer	-	1.5	Gordana Luna				0/2014	1		

B & G proj. #: 2014-20

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

Check #6393

Date of Notification	1 (1)	118	lama of Buil	dina Own	os/Operator (2)		AND THE RESERVE OF THE PERSON			•				
0 2 / 1 0			Kelly Libr	era	2114	FEE	18 PM 3: 28					5.		
Agencies Notified EPA	Type Notificat	ion S	treet Addres		\ A.G.	5 E C	TOS CONTROL							
□ DEP	✓ Initial		77 Tusca		a,J	ラモン 8 1	ICENSING							
			ity, State, Z		500000000000000000000000000000000000000	<del></del>								
₩ DOL	Amend	nent	Maplewo	od, NJ	07040									
<b>№</b> DOH	l —		ame of Cont	act					Telepho	ne Numb	er			
DCA	L Cancella	ation	Kelly Lib	rera								=		
				FACI	LITY INFORM	MOITA	N .	-						
Name of facility wi	here abatement i	s taking pla	ice (3)					Type o	f Facility  Control  School	(4) ool (K - 12	2)			
Kelly Librera								7	=	hapter 8 (	36	nan K	-12)	
Street Address								5	Othe	r (Private/	Comme			
77 Tuscan Ro	oad							C		./Homes,		DI	dg. Ag	70
City (5)		L Cour	nty (6)			Cou	inty Code (7)	Squar	e Feet	# of Flo	ors	DI	ug. Aç	je.
Maplewood,	N.I 07040		7 105	630.			ate use only)	Curre	nt Use (	Prior if be	ing dem	olishe	ed)	
mapionood,	110 01 0 10	E	ssex				•		lential		ing com	0110111	,	
Name of Monitorin	g Firm Hired by	Bldg. Owne	er (8)		ASCM No.		Name of Abatement C	ontract	or (9)					
	N/A						B & G Restoration	n, Inc.			*			
Street Address				'L		_	Street Address			*************				
	-						105 Ryerson Roa	d						
City, State, Zip Coo	le						City, State, Zip Code							
							Lincoln Park, NJ	07035						
Project Manager fo	r Monitoring Firm	ĺ	Pho	ne Numb	er		Telephone Number 973-696-6869			Uicens 0378	e Numb	er		
							Name of OSHA Monit	or.		0378				
Scheduled Start Da	ate (10)	Sched	. Completion	n Date (11	)		B & G Restoratio							
02/21/2014		02.	/22/2014				Street Address	11, 1110.						
Occupancy Status	During Abatemer	nt (Check o	nly one)				105 Ryerson Roa	d						
Facility close							City, State, Zip Code	-						
Abatement po	erformed outside	of normal	facility hours	<b>i-</b>										86
Other-Descri	be:					=	Lincoln Park, NJ	07035				-74		
Scope of Work (ch	neck all that apply	()								wra	p & cu	t		
Demolition		Renovation	n				full Containment w/neg	ative pre	essure	<b>☑</b> Glov	ebag pr	oced	ıre	
✓ >3 sf or >3 lf		≥160 sf or	≥260 If				Mini-enclosure			☐ Non-	-friable	oroce	dure	43111
Location of			normally u		1						R	R	Е	E
asbestos-cor		by mainte staff(12)	enance/custo	odiai			sbestos-containing		Amount (Specify		m	p	n c	n
material to be abated in fac		Yes	No	N/A	material (	ACM)			(Specify LF)	31 01	o v	a	a	L
		103	140	INA							е		Р	
basement				X	pipe insula			105				브	브	닏
crawl space				X	pipe insula	tion		10	f			부	屵	片
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					his Vasda of	Masta	IN of Designatored	Loodfill				Ш	Ш	Ш
Registered Waste F B & G Restorati		NJDI 195	EP Hauler II 663	)# C	ubic Yards of \ 1½	rvastė	Name of Registered Tullytown Resou		Recover	y Center				
City, State				Disposal D	N. 200.		City, State							
Lincoln Park, N	IJ 07035	<u> </u>			4/2014		Tullytown, PA							
Completed by (Prin	nt or Type)	Title	1		Signature		Gordana Luna			Date	0.000			
Gordana Luna		Secretar	y/Treasure	r			Zoraana Luna			02/1	0/201	4		

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

2014-22 B & G proj. #: RECEN Date of Notification (1) Name of Building Owner/Operator (2) 10 2 / 1 1 1 / 1 4 2014 FEB 18 PM 3: 28 Corinne Ball Agencies Notified Type Notification Street Address ☐ EPA ASBESTOS CONTROL & LICENSING 12 Woodward Avenue M Initial DEP City, State, Zip Code DOL Amendment Bloomingdale, NJ 07403 DOH. Name of Contact Telephone Number Cancellation ☐ DCA Corinne Ball **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Corinne Ball Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 12 Woodward Avenue Bldg. Age Square Feet # of Floors City (5) County (6) County Code (7) Bloomingdale, NJ 07403 (State use only) Current Use (Prior if being demolished) Passaic residential Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. N/A B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road ity, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 roject Manager for Monitoring Firm Phone Number Telephone Number License Number 973-696-6869 0378 Name of OSHA Monitor cheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 02/24/2014 02/25/2014 Street Address ccupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: Lincoln Park, NJ 07035 Scope of Work (check all that apply) wrap & cut ☐ Demolition Renovation ☐ Full Containment w/negative pressure Glovebag procedure  $\ge$  >3 sf or >3 if Mini-enclosure ≥160 sf or ≥260 if Non-friable procedure Is location normally used solely Location of by maintenance/custodial E e asbestos-containing Amount п Description of asbestos-containing staff(12) n m р material to be C (Specify SF or material (ACM) C 0 a abated in facility (13) a Yes No N/A p asement pipe insulation 210 lf gistered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill & G Restoration, Inc. 19563 3 Tullytown Resource & Recovery Center Disposal Date ty, State City, State Lincoln Park, NJ 07035 02/26/2014 Tullytown, PA Signature ompleted by (Print or Type) Title Date Ciordana Luna Gordana Luna Secretary/Treasurer 02/11/2014

CK 605497

D&S Proj. #: 2014-56

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

RECEIVED

							2010	-					
Date of Notification (1)	Name	e of Buildir	ng Owne	r/Operator (2)			-014	FEB 18 PI	M 2 -				
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Agencies Notified Type Notification	Stree	t Address					و	LICENSU	UTDa.				
DEP Amended	7 N	NORMA	DY BO	JLEVARD '	WES?			LICENSIA	KUL				
Amendment #:	City,	State, Zip	Code			-			· Q	-			
DOL Emergency		IORRIS		S, NJ							-		
DOH (including justification)	Name	of Contac	ct					Telephone	Number				
DCA Cancellation	FI	RAN CA	SSIDY										
			FACIL	ITY INFORM	ATION								
Name of facility where abatement is	taking place	(3)					Ту	pe of Facility (4)	(K - 12)				
FRAN CASSIDY								=	oter 8 (O	ther th	an K-	12)	
Street Address							1	Other (P				3.76	
								Bldgs./H	omes, et			I - A -	
7 NORMADY BOULEVARI							<u>-</u>   s	quare Feet #	of Floor	s	BIG	dg. Ag	je
City (5)	County (	(6)				nty Code (7) te use only)	-	Current Use (Pric	or if being	demo	olishe	ed)	_
MORRIS TWP.	MORE	RIS						<i>2</i> )					
Name of Monitoring Firm Hired by E	Bldg. Owner (8	3)	T	ASCM No.		Name of Abatem	ent Con	tractor (9)					
					_	D & S RESTO	ORATI	ON, INC.					
Street Address					$\neg$	Street Address							
		100				20 California							
City, State, Zip Code			Pareller Control (1990)			City, State, Zip Co							
						Paterson, NJ			11	Niversia			
Project Manager for Monitoring Firm		Phor	ne Numb	er		Telephone Numb			License	1169	er		
						973-345-80 Name of OSHA N				1107	_		
Start Date (10)	Sched. C	ompletion	Date (11	)		D & S Resto		Inc					
02/20/14	03/04/14	4				Street Address	ration,	inc.					
Occupancy Status During Abatemer						20 California	Avenu	ie					
Facility closed/vacated during	entire period	of abatem	ent.			City, State, Zip C	ode						
Abatement performed outside	of normal fac	ility hours-	×.		- 1								
Describe: NORMAL H	OURS				_	Paterson, N.	07503	3					
Scope of Work (check all that apply							Full	Containment w/	negative	press	ure		
	Renovation							i-enclosure					
≥160 sf or ≥260 lf	Demolition							vebag procedurent- n-Exempted (*) a		friable	proc	edure	,
	Is location n	ormally us	sed solely	/						R	R	E	E
Location of asbestos-containing	by maintena	ince/custo	dial	1	on of a	asbestos-containin	a	Amount		e m	е	n c	n
material (acm) to be	staff(12)			material			<u> </u>	(Specify SI LF)	For	0	a	a	C
abated in facility (13)	Yes	No	N/A					L.,		v e	l r	р	-
BASEMENT		X		DUCT INS	SULA	ITON		15 L FT		X			
BASEMENT		X		PIPE INSU	JLAT	ION		2 L FT					
			01 - 0.00										
Registered Waste Hauler		Hauler ID		ubic Yards of	Waste	Name of Regist	ered La	ndfill	00177	237			
D & S RESTORATION, INC.	13506			l yd			vn, RE	SOURCE RE	COVE	( I			70-3
City, State			02/21/1 02/21/1			City, State TULLYTO	WN D	Δ					
PATERSON, NJ 07503	Title		02/21/1	Signature	_	· LOLLITO	*****		Date				
Completed by (Print or Type)  BOGDAN IOLDZIC	Title PRESIDE	NT		J.g. ataro					02/10	)/2013	3		

+ Do not use this form for ashastas licensura exampled activities

UK 205198

D&S Proj. #: 2014-54

State of NJ

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

RECEIVE

									_	- OEII	ED				
Date of Notification		111	Name of E	Building Own	ner/	Operator (2)			2014	FEB 18 PH	25				
0 2 /1 0			BETH	STERNBE	ERG	ì				- IN PH	3: 25				
Agencies Notified EPA	Type Notificat Initial	ion 3	Street Add	Iress				14	SIE	STOS CON LICENSIN					
☐ DEP	Amended		204 FC	REST AV	EN	TUE .			હૈ	LICENSUN	TROI	50			
_	Amendment #:	ि	City, State	, Zip Code						. Oliv	ų.				
⊠ DOL	Emergency	-11	<b>GLEN</b>	RIDGE,	NJ	07028									
☑ DOH	(including justification)		lame of C	ontact						Telepho	ne Numbe	r			
☐ DCA	Cancellation		BETH	STERNB	ER	G		205							
				FAC	CILIT	TY INFORM	IOITA	N							
Name of facility wh	nere abatement i	s taking pl	ace (3)						П	Type of Facility	(4) ol (K - 12	١			
BETH STERN	BERG									=	hapter 8 (		an K	.12)	
Street Address									-		(Private/C			12)	
204 FOREST A	VENUE										./Homes,	etc.		dg. A	ge
City (5)	TYLITOL	Cou	nty (6)		-		Cor	unty Code (7)	-	Square reer	# 011 100	"5	0.	-g. / ·	go
			, , ,					ate use only)	11	Current Use (F	Prior if bei	ng dem	olishe	ed)	
GLEN RIDGE			SEX					0.000						16	
Name of Monitorin	g Firm Hired by	Bldg. Own	er (8)		A	ASCM No.		Name of Abatem	nent C	ontractor (9)					
								D & S REST	ORA	TION, INC.					
Street Address					The last			Street Address	W						
								20 Californi		<u>).                                    </u>			_	-	
City, State, Zip Cod	е							City, State, Zip C							
Project Manager for	Monitoring Firm			Phone Num	bor	-	-	Paterson, N Telephone Numb		03	License	Numb	or		
Project Manager 10	r Monitoring Firm	U	- 1	Phone Num	ber			973-345-8				)1169	ei		
		10.					_	Name of OSHA		or					
Start Date (10)		Sched	a. Comple	etion Date (1	11)			D & S Resto	oratio	n, Inc.					
03/04/14		03/2						Street Address	-						
Occupancy Status I		100						20 California	a Ave	nue					
	d/vacated during erformed outside							City, State, Zip C	ode		4				
Describe:			raomey ric				_	D N	1.075	02					
	be: NORMAL H	The state of the s					-	Paterson, N					NAME OF STREET		
Scope of Work (ch		- Table							=	ull Containment lini-enclosure	w/negativ	e press	ure		
12	×	Renovation								lovebag proced	ure				
≥160 sf or ≥2	60 If	Demolitio	10%							on-Exempted (*	) and Non			_	-
Location of			n normal enance/c	y used sole ustodial	ly	48.55		<u> </u>		Amount		e R	R	E n	E
asbestos-cor material (acm		staff(12)			-1	Description material (		asbestos-containir	ıg	(Specify	SF or	m	p	С	n
abated in fac	ility (13)	Yes	No	N/A						LF)		v	i	a p	L
BASEMENT				$\neg$	1	PIPE INSU	TAT	ION		90 L FT	2 2 //1	e	ń	П	$\vdash$
DASEMENT				+-	╬	HEHIOC	2211	1011	-	John .		H	Ħ	H	卄
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Registered Waste F			EP Haule	A 100000		ic Yards of V	Naste					-1	_		
D & S RESTOR	ATION, INC.	13:	506		1 y				VN, R	ESOURCE R	ECOVE.	RY			
City, State PATERSON, N	I 07503			Disposal 03/05/		e		City, State TULLYTO	X/NT T	2.4					
Completed by (Prin		Title		- 03/03/	_	Signature		I TOLLETTO	** 1N, I	. А	Date		-		
BOGDAN JOL	5752 (0.	PRESID	DENT		'	3					02/10	/14			
ACR_//1				m for asbes	tos	licensure ex	empte	ed activities.	-		1,				

D&S Proj. #: 2014-55

State of NJ

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

RECEIVED

								PIAE	D				
Date of Notification (1)		Na	me of	Building Owr	ner/Operator (2	2)	2014 F	EB 18 PM 3					
0 2 / 1 0 / 1 3		-		BUXTON	1			3 PM 3	120				
Agencies Notified Type Notified Initial	cation	Str	eet Add	dress			Hodes	STOS CONTR ICENSING					
☐ DEP ☐ Amended				CE ROAI	)		હૈં [	ICENSIA I F	?0 <i>!</i>				_
DOL Amendment	t #:	11		e, Zip Code				Ollac					
Emergen				FLY, NJ				LTolophon	e Number		_		
justification		Na	me of C	ontact				relephon	e Number	-			
DCA Cancellat	tion		BRIA	N BUXTO	N						_		_
				FAC	ILITY INFORM	MOITAN	I						
Name of facility where abatement	nt is takin	g plac	ce (3)					Type of Facility (	4) I (K - 12)				
BRIAN BUXTON									apter 8 (Ot	ther th	ıan K	-12)	
Street Address					111 (30)			Other (	Private/Co	omme		,	
66 JOYCE ROAD									Homes, et		Ble	dg. Ag	ne er
City (5)	10	Count	v (6)			Cou	inty Code (7)	Square reer	# 01 1 1001.	.	5.,	-9-7-9	,-
J., (0)			, , ,			10000000	te use only)	Current Use (Pr	rior if being	g dem	olishe	ed)	
TENAFLY			GEN			٠.							
Name of Monitoring Firm Hired I	by Bldg. C	)wner	(8)		ASCM No.		Name of Abatement (						
Street Address						_	D & S RESTORA Street Address	ATION, INC.					
Street Address							20 California Av	re.					
City, State, Zip Code						-	City, State, Zip Code						
					( <del>t)</del>		Paterson, NJ 07:	503					
Project Manager for Monitoring F	irm			Phone Num	ber		Telephone Number		License		er		
							973-345-8020		0	1169			
Start Date (10)	S	ched.	Compl	etion Date (1	1)		Name of OSHA Moni D & S Restoration						
03/03/14	0	3/18/	/14				Street Address	on, me.	1.00				
Occupancy Status During Abater	ment (Che	ck or	ly one)				20 California Av	enue					
Facility closed/vacated dur Abatement performed outs							City, State, Zip Code						
Describe:		mai i	acility II				D	502	92				
Other-Describe: NORMA	100						Paterson, NJ 07						_
Scope of Work (check all that ap	10000000						Transfer of the Contract of th	Full Containment w Mini-enclosure	//negative	press	ure		
	Reno		1				☒‹	Glovebag procedu				120	
≥160 sf or ≥260 lf	Demo		norma	lly used sole	lvl			Non-Exempted (*)	and Non-f	friable	Proce	edure	_
Location of asbestos-containing	by m	ainter		ustodial		tion of a	sbestos-containing	Amount		e m	е	n	E n
material (acm) to be	staff(		-	$\neg$	- material			(Specify S LF)	F or	0	p a	c.	C
abated in facility (13)	Ye	S	No	N/A						v e	i r	р	_
BASEMENT			X		PIPE INS			250 L FT		X	旦		
BASEMENT			X		BARE HE	EATIN	G PIPES	40 L FT		早	Ц	X	부
					4					ዙ	岸	H	붜
		_		4-	<del> </del>					片	ዙ	ዙ	묶
Registered Waste Hauler		V.IDE	P Haul	er ID#	Cubic Yards of	Waste	Name of Registered	Landfill		Ш	<u> </u>	Ш	<u> </u>
D & S RESTORATION, IN		1350		0.10#	3 YDS		TULLYTOWN,		COVER	Y			
City, State				Disposal			City, State						
PATERSON, NJ 07503				03/04/			TULLYTOWN,	PA	T Data				_
Completed by (Print or Type)	Title	CIDI	ZNTT		Signature				Date 02/10/	14			

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

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* Amagrex 5	· .	NO	TIFICAT	State of New Jer	S ARAT	EMENT	REC	300		
Date of Notification (1)	(nd)		(Pursu	ant to NJAC 8:60	and 12:1	20)	COMO	125	(En	
2/11/14	Û		Nam	e of Building Owns		7	CVILTEB F	9 8	TOX	
Agencies Notified Type Notificati	on		Stree	Address ,	pher	KUCA	Ym. /	PM	3. 25	
EPA Initial			5	2015, U	w		& LICEN	CONT	**************************************	
DEP Amended Amended	ent#		City,	State, Zip Code	\	•	- CEN	SING	RO! -	
DOH Emergeni	cy (includ	ing	Name	Of Contact	W 2	esey			1	
DCA Cancellat	ion		1	eta Civa	ana	ro "	Telephone	Number	, Ar	
Name of Facility Where Abatement is Tal	king Plac	æ (3)	FA	CILITY INFORMA	TION	Tona (F. )	10			
LIZOED BECK RES	ide					Type of Facil		1000	25.3	
Street Address St Ave						School Subcha	ter 8 (Other than k	(-12)		
City (5)		-				etc.)	e. private & comme	ercial buil	dings, h	omes,
AVON						Square Feet	# of Floors	11	Bldg. Age	)
County (6)			Count	y Code (7) E USE ONLY)		Current Use (	Prior if being demo	lished)	20+	
Name of Monitoring Firm Hired by Building	Owner	(8)		CM No	TN	DOS	1000			
		1-7	///	JIM 140.	Ace	of Abatement ( Insulation C	Contractor (9)			
Street Address					Street	Address				
City, State, Zip Code						lontrose Ro	ad			
Desired					Colts	tate, Zip Code Neck, N.J.	77722			
Project Manager for Monitoring Firm			Telepho	one No.	Teleph	one No.	License	No.		
Start Date (10)	Schedi	uled Cor	mpletion	Date (11)		294-1757	00029			
Occupancy Status During Abatement (Che	101	221	M		Name (	of OSHA Monito	)r			
Facility Closed/Vacated During Entire	Dariad a	- A h - 1 - 1			Street /	Address				
Abatement Performed Outside of Norr	mal Facill	ity Hours	S		City St	ate, Zip Code				
Scope of Work (Check All That Apply)	D-	+00	<u> </u>		0.0,00	ate, zip code				
≥3 sf or ≥3 If										
≥160 sf or ≥260 lf		Renova Demolit			Н	Full Contains Mini-Enclosu	nent with Negative	Pressure	į.	
						Glovebag Pro	cedure			
1		s Locati				- Louis Excellipte	ed (*) and Non-Fria		batemer	nt
Location of Asbestos-Containing Material (ACM)	Us	Normali ed Sole	y by	Des Asbestos Conta	cription o	of		-	Туре	
TO BE ABATED In Facility	Cus	aintenar stodial S	taff?	(i.e. thermal:	systems i	nsulation.	Amount (Specify	2		E I
(13)		(12)		other m	ing, VAT, iscellane	, or Ous)	SF or LF)	Remova	Encapsulate Repair	Enclosure
	Yes	No	N/A					2	ilate	ure
Kitchen			Y	FLOOK	·le		135 17	V		+
Orthor	-		X	(190nin			IT /F	14		
					)					
Name of Registered Waste Hauler		N.I	DEP Wa	aste Cubic Y	ardo					
Ace Insulation Co., Inc.		Ha	uler ID N			G.R.O.	Registered Landfill			
City, State				Disposa	I Date	City, Stat				
Colts Neck, New Jersey	T:4'			218	73/1		em, PA			
Bree McGuire	Title Secre	etary T	reasur	er Sign	nature	mm	Dat	e <sub>1</sub> , 1		-
		-,			>in	111/		5/11/1	14	

## CX XX

Date of Notification (1)			T	Name of I	Building C	)wner/O	per 201	12FFR	18 PM							
02/11/14	11.05.0			RUMSO	ON MAN	NAGEN	MENT.		IN PM	3:	<u> </u>					_
	ype Notification		- 1	Street Ad 7 WES		3	400	EST	Os con	170						
EPA DEP  DOL	Amended Amendment			City, State		de 07760		£ []	OS COL CENSIN	G K	)L					
X DOH DCA	Emergency ( justification) Cancellation	N. N. S.		Name of PETER						Tele	nhone A	lumber		and.	_	
				FACIL	ITY INFO	RMATI	ON		7 TO 10 11							
Name of Facility Where About Street Address	atement is Takin	g Place (3)		**					of Facility (4) School (K-12 Subchapter 8	) 3 (Othe						
7 WEST RIVER									Other (i.e. pri etc.)	ivate &	comme	rcial bu				s,
City (5) RUMSON								6000		1	Floors		Blo	ig. A	je 	17
County (6) MONMOUTH				County C (STATE U		10) April		Curre	nt Use (Prior AIL	r if bei	ng demo	lished)			1000	
Name of Monitoring Firm H	lired by Building	Owner (8)		ASCM	No.				tement Cont PROFES							
Street Address	3.6							Addres	SS DOVE CO	URT						
City, State, Zip Code					8				ip Code OD, NJ 08	701			×			
Project Manager for Monito	oring Firm			Telephon	e No.			none N 668-9	o. 078		License 1200	e No.				
Start Date (10) 02/14/14		Schedule 02/14/1		mpletion D	Date (11)				HA Monitor	SSIO	NALS					
Occupancy Status During	Abatement (Chec	ck Only One	e)				1	Addres								
Facility Closed/Vacate Abatement Performed	ed During Entire d Outside of Norr	Period of A	bater Hour	ment s					DOVE CO	URI	200					
Other – Describe:						_	LAK	EWO	OD, NJ 08	3701			_		_	241-
Scope of Work (Check All ≥3 sf or ≥3 if ≥160 sf or ≥260 if	That Apply)	575	enova emoli					Mir Glo	Il Containme ni-Enclosure ovebag Proc n-Exempted	edure					9	
		le	Locat	tion					LXGIIIptou	1/4.				Abate	ment	
Location of Asbestos-Containing N TO BE ABAT In Facility (13)	Material (ACM) FED	Used Mai	orma d Sole ntena	ally ely by ance/ Staff?		tos Con thermal surfa		Materia is insuli AT, or	I (ACM) ation,	(8	mount Specify or LF)		Removal	Repair	e Encapsulate	Enclosure
FLOOR	}		X			FLO	OR TI	LES		8	00 SF	X				100000
	· · · · · · · · · · · · · · · · · · ·		_													
Name of Registered Waste	e Hauler		1000	NJDEP W		170000000000000000000000000000000000000	Yards		Name of F	Regist	ered Lan	dfill				
NEWARK CARTING				Hauler ID )4509	INU.	of Wa	iole '	1100	IESI			10 to 10			12	
City, State NEWARK, NJ						Dispo 02/17	sal Date 7/14	9	City, State BETHLI		И РА				_0	
Completed by JOSEPH PERLSTEIN	J	Title OWN	ER	201	11		Signatur	e / (				Date 02/1	1/1	4		

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ate of Notification (1)	T		of Buil E.G.	ding Owner/Ope	erator (2	2)				É	24		
gencies Notified Type Notification		Stree	t Addre	ss DLEY ROAD						90,0	1	رو	
EPA Initial Amended		City	State, 7	Zip Code PLAINFIELD,	NJ 07	080				Solver Control	100	10	25
Emergency (inclu justification)	uding		e of Co	ntact N		277	Children Control Control	Telepho	ne Numb	er C	<u>ک</u> رک	7	D C
DCA L		F	ACILIT	YINFORMATIC		100 DO 100	acility (4)		STATE OF THE PARTY			6	7
Street Address						Sch	ool (K-12) chapter 8 ( er (i.e. priva	Other thate & co	nan K-12) mmercial	building	gs, ho	mes,	-
City (5)  City (5)	) K. D	ي-ن	<u> </u>			Square F	eet	# of Flo	oors		. Age		
MillBurn County (6)		Cou	inty Coo	de (7) E ONLY)	_		Use (Prior if						
Name of Monitoring Firm Hired by Building Own ENVIRONMENTAL TACTICS	ner (8)	1	ASCM N 0045	lo.	Name UNI	of Abater QUE SY	nent Contra STEMS (	octor (9) OF AN	MERICA				
Street Address 64 BROAD STREET				·	396		HEAD AV	/Ε.					
City, State, Zip Code MATAWAN, NJ 07747					sol		Code ER, NJ 0		inossa N				
Project Manager for Monitoring Firm		73		2-2217	732	hone No. -432-83			icense N 01111				
Start Date (10) S	3/	3	etion Da	ate (11)	UNI		STEMS	OF AI	MERICA	4			_
Occupancy Status During Abatement (Check					Stree	t Address WHITE	HEAD A	VE.					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: aulasers	riod of Aba I Facility Ho	ours	nt .		City,	State, Zip UTH RI	Code VER, NJ	08882					
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novatio				Mini	Containmer -Enclosure rebag Proce -Exempted	edure				)	
	Is Lo	ocatio	n			IZI NUII	-Exempled	( ) und	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Abate Ty	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Maint	tenan	by ce/	Asbestos Co (i.e. therm	al syste facing,	Material	(ACM) tion,	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
(/	Yes	No	N/A			- N.	1	<i>†</i>	o LF	V	-	0.000	_
OUTDOORS	-	$\times$		Somas	Tic	TIPE	CONTING	60					
									_	-	-		
10 Subject Monto Haular			JDEP V	vuoto -	bic Yard	is	Name of			fill			
Name of Registered Waste Hauler WASTE MANAGEMENT		Н	auler ID 1125	No. of V		10	GROW City, Sta		RTH				
City, State ELIZABETH, NJ					sposal C		MORR	ISVIL	LE, PA	Date	1	1	
Completed by CAROL RAIMO	Title OFFI	CE N	IGR.		Signa	ature	al K	Eir	100	2	10	1/1	7

Date of Notification (1)		Na P.	me of B	uilding Ov	vner/Op	perator (2)	2014 FEB		VEL	)				
Agencies Notified Type Notification		Str 40	reet Add	iress ADLEY F	ROAD	shi .	SEE C	8 PA	7.3.					
□ EPA □ Initial □ Amended □ DOL □ Amendment #		Cit	ty, State	, Zip Code PLAINF	FIELD,	, NJ 070	& LICEN	CON	70-	3				
Emergency (inc justification)	cluding		ame of C	Contact			TIE		enflorie I	/lumber				
DCA Cancellation		>	FACILI	TY INFOR		ON			Unautice ,					
Name of Facility Where Abatement is Taking F	Place (3)					T)	pe of Facility (  School (K-1  Subchapter	2)	orthon k	/ 12\				
Street Address FIENN AVE	BR:	06	E			×	Other (i.e. ) etc.)	rivate a	& comme	ercial b				i.
City (5) Mill BURN							quare Feet N/A		f Floors			g. Ag <i>M</i> /		
County (6)		C	ounty C	ode (7) SE ONLY)		_   0	urrent Use (Pr	or if bei	ing demo	olished)				
Name of Monitoring Firm Hired by Building Ov ENVIRONMENTAL TACTICS	vner (8)	1	ASCM 0045				Abatement Co			ICA				
Street Address 64 BROAD STREET						Street Ad	dress	AVE.						
City, State, Zip Code MATAWAN, NJ 07747						City, Stat	e, Zip Code H RIVER, N		82					
Project Manager for Monitoring Firm			elephon	e No. 2-2217		Telephon				se No. 11	-			
TOM GEIGER Start Date (10)	Scheduled					Name of	OSHA Monitor		AMER	ICA				
Occupancy Status During Abatement (Check	Only One	98	119		- 3-4	Street Ad	idress					_		
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma	eriod of At	oateme	ent				HITEHEAD te, Zip Code	AVE.						-
Other - Describe: aulasers	arr acting t	10015			_		H RIVER, N	J 088	82					
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 if	⊠ Re	enovati	on				Full Contains	nent wit	th Negati	ive Pre	ssure	9		
≥160 sf or ≥260 lf	De	emolitic	on				Mini-Enclosu Glovebag Pri Non-Exempte	cedure	ed Non-F	Friable	Proc	edum	1	
-	Γ.,						Non-Exemple	T a	IIU IVOIT-I	Habic		Abate	ment	
Location of	No	ocatio ormally	,		De	scription o	f			-		Ту	oe T	-
Asbestos-Containing Material (ACM)		Solely		Asbest	os Cont		terial (ACM)	1 8	Amount (Specify		ZD	_	Enc	ш
TO BE ABATED In Facility	700-400-600-600	dial St (12)	taff?	(1.6.	surfa	cing, VAT,	or		SF or LF)	)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A		omeri	miscenarie	ous)				/al	-	late	ire
OUTDOORS		X		Sor	A57	ic Pi	PE CONTIN	6	0 L	= >	<			
	$\vdash$													
										15				
Name of Registered Waste Hauler WASTE MANAGEMENT		H	JDEP Wauler ID 1125		of Wa				stered La ORTH	inatili				
City, State			120		Dispo	osal Date	City, St		LLE, P	 A				
ELIZABETH, NJ Completed by	Title					Signature	1	11 .		Date	16	/	,,,	,
CAROL RAIMO	OFFI	CE M	IGR.			4	arel &	Res	100	1	31		7	-

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#### State of New Jersey

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Date of Noufication (1) 2 /11 /14 .		N	me of Bull	qrub OwnersOberaro	1 STRORT	PRETING
Agences Nouhed Type Hothcason		5	reel Addre		E 7/00	Co. 122
□ PA □ Anended □ Anended		- c	ry. Suie. Z	p Code	1	648 P. 810
☐ ∞ Ameroment #_  Emergency (inc. ius/inca von)	φιωι	4	ime of Con	16-64 1-15	60,010,	Telephone Number
□ Caucaliatou			Dry	E BREUR	-16	<b>S</b>
			FACILITY	HE ORMATION	- Carlly	,,,
Name of Faching Where Abatement is Taking	Place (3	)		ne contrato para de la contrato	Type of Facility  School (K-12	1
PESITEDEE	1	=			D O FOR (1.0., P	(Other than K-12) hyate & commercial buildings
5400 SIMPSO	w. /4	v.			Square Feel	# of Floors Bido Age
CITISI OCEAN CITY				IV VA	1000	or H being demokshed)
Cauchy 161 0			SE ONLY		VA	CONT
Name of Monitoring Firm Hired by Building O.	wn er	This	ÇM Ho.	Name of Abate	meni contrador 19	ć,
(8)		<u>.                                    </u>	=	Sveet Addres		ce Ave.
Siteet Acoress				City, State, Zip	C∞.	
City State Zp C∞e				M A THEOREM	PLZ SHA	License No
Project Hanager for Horstoning Firm	· · ·	J 61600	one No	856-7	79-047	2 00444
C Date (VIII)			mDale (11)	Harra d OSH Jin S E	PKALEN	M
10 11 /14 - 3		1	9	Sueet Addres	V.,	= A u.E.
Occupang Status During Abatement (Chec B) Facting Closed Vacated During Engre Pet			ent	369°		
Dona - Describe	Facility	Hours		_ MD	PLE SHAD	E, N.J. 08052
Scope of Work (Check all Mai apply)	□ Rec	OVBIO	n	m was	Containment with N Enclosure today Procedure	
- 3 st or 23 it	₩ 000			H 450	Exempled () and	Non-France Procedure
	15 L	ocation maly		Description	20.01	
Location of	lised	Soleh	by A	Pessos Coursinud Opesios Coursinud Oescultura	Malena (ACM)	(Specify E
Aspesios Coniainno Maiera (ACM)	C	න් (ක්ර 13 සි 7		other threes	/ A 1 , VI	(Specify Regree
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Name of Registered Waste Hauler			JOEP WX	) OI WOOD	C,1	4, C, M.O.
name of Registered Waste Hauler  KiEMCO INC.			790	o 1 47 3 3 10	C, /	M, C, M. O
Name of Registered Waste Hauler  Ki &MCO INC.	5,0		790	01 43310	ale Ciry. Siai	4, C, M.O.
Tame of Registered Wasie Haular  Kiémco INC.  Cin Sizie  Marle SIVADE, NI  Compresso By	iœ 0 (	80	52 ER	01 Weste 05 0 6 0 6 10 0	ale Ciry. Siai	9, C, M. J. D.J. D.J. D.J. 2 [11]

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

0. 10		NOTI						J.A.C. 8:60		12·120)	RE UFEB	00	.,.			
Date of Notification	(1)				_			Owner / Operate		12.120)	ingress.	V 1	11	Er	)	-
	02-11-2014	1						nter Mall	()	20	14 Ere					
Agencies Notified	Type Notific	cation		Stree		7-7-7-7-8	700000000000000000000000000000000000000				TEB	18	PM	2. 4		
	_							enter Drive		A <	-175	- 3-12-115-12-1	. 11	J: 6	2_	
DEP	Initia	202					& Zip C			~ 3	& L10	OSC	Dais			
□ DOL	10000	ended (2 <sup>nd</sup> )						07095			a [11	FAVS	UNI	RC	Į	
□ DCA		ergency cellation	- 1				ontact					- I KE	emn	n^ "		~-
☐ DCA	L Can	cellation		Mr.	Ja	me	s Ber	eheiko				4			5	
					CI	LIT	Y INF	ORMATION								
Name of Facility W Woodbridge Cent		nent is Taking F	Place	(3)				Type of Faci	(K-12)							
Street Address										(Other than K					-4- \	
250 Woodbridge Cen	iter Drive								A CONTRACTOR	rate & comme	rcial bu				etc.)	
0.1 (2)		To (0)	10		_			Square Feet		# of Floors		Bid	g. Ag			
City (5)		County (6)	Co	unty	Co	ode	(1)	315,90		2	F 1 B			40		
Woodbridge, NJ (	07095	Middlesex								if being demo	lished)					
Name of Manitorine	- Ciona I lina d	by Dyilding Or	/5		_	100	CM No	Shopping N		nt Contractor	(0)					
Name of Monitoring Criterion Labora	행 기가 지기 기가		ner (a	)	ľ	ASI	JIVI INO	Resource N	/lanag	gement Grou						
Street Address								Street Addre								
3370 Progress I		e J								ve, Suite 202	2					
City, State & Zip Co								City, State &								
Bensalem, Pa. 1								Trenton, N.								
Project Manager fo	r Monitoring	Firm	9 C C S C C C C C C C C C C C C C C C C	phone				Telephone N			Licens	se Nur				
Mr. Mike Panep			215	-244	1	300	<u>0</u>	Brian Hane	y (609	9)977-6159			0118	5		
Scheduled Start Da 02-25-20		Scheduled Cor	mpleti 03-04			(11	1)	Name of OS J&S Enviro		onitor tal Laborator	ies Inc					
Occupancy Status					hat			Street Addre	100000							
		During Entire F						m City, State &					-			
Abatement Describe:	Periorniea (	Outside of Norm	iai no	urs 4	.JU	prii	- 1.00a	5.30	0.5							
	sunied Durin	g Abatement						Union, NJ (	1/003							
Scope of Work (Ch								<u> </u>								
Ocope of Work (Off	con all triat o	трріу)							$\boxtimes$	Full Contain	ment wi	ith Ned	ative	Pre	ssure	Э
≥3 sf or ≥3	lf		X	Re	no	vati	on		Ħ	Mini-Enclosu		,				
≥160 sf ≥26			Ħ			olitic			$\boxtimes$	Glove Bag P		res				
									Ħ	Non-Exempt			riable	Pro	cedu	иге
L	ocation of		ls	Loca	tio	n		Description	n of		Amour	nt	Aba	tem	ent T	ype
	tos-Containi	ng		mally				Asbestos-Cor			(Specif					Ť.
	terial (ACM)			olely				Material (A			SF or L	F)	لم	7255	Encapsulate	m
	BE ABATED			itena				(i.e., thermal					em	Rep	cap	Cle
1	n Facility		Cust	odial	- 4	аπ?	1 4	insulation, surfa or other miscel					Remova	Repair	Sul	Enclsoure
	(13)		Yes	(12) No		N/A	3	of other miscer	laneo	us)			<u> </u>		ate	6
Space #1060			103	35,000	+			sulation			10 LF	-				
Space #1060			H		+	H		ated pipe fittings						H	H	H
Space #1000			H		+	H	ASSOCI	ated pipe fittings			10 Tot	aı		Η	H	H
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				1		Щ		[a	1			1011		Ш		
Name of Registere	d Waste Hai	iler		100000			Waste D No.	Cubic Yards of Waste	Nan	ne of Register	ed Land	IIII				
Resource Managem	ent Group, L	LC		0.000		218		TBD	Grov	ws Landfill						
City, State Hamilton, NJ 08619					_			Disposal Date		, State						
The state of the s				1	41				IAIOL	risville, PA			Dati			
Completed By (Prin Mr. Brian Haney	nt or Type)			0.00	tle resi	iden	nt	Signature	J's	At no.	) ide		Date 02/11/	2014		

Date of Notification (1)  2 /	12 /	14				Casino	Owner	Operator (2	·)	ELICAS,	م	6	8	<b>A</b>	
Agencies Notified	Type Notificat			-	Street A	Address				ر کی کھی	PA	_		<i></i>	
⊠ EPA	⊠ Initial				2999	Street R	Road			1/05	. "	2	-		
☑ DOLWD	☐ Amended			-		ate, Zip Co				The state of the s	ON		ngg		
□ DOH	Amendme	nt #			50	salem, P		20		(0)	NOR	2			
☐ DCA	☐ Emergence		uding	-		of Contact				Telephone Nu	mher	4			-
(NJAC 5:23-8)	justification  Cancellation					e Ziegler			la la	relephone ivu	mber				
						ILITY IN		ATION							
Name of Facility Where	Ahatement is Ta	akina F	Place (	3)	- 710		-		Type of Facility (	4)					
Atlantic City Race									☐ School (K-12)						
Street Address		tcy D	unun	9	_				☐ Subchapter 8	(Other than K-					
4501 Black Horse I	Diko			-					Other (i.e., pri	vate and comm	nercial b	uilo	lings	S,	
	rike								homes, etc.) Square Feet	# of Floors	T	Nda	. Ag	Δ	-
City (5)  Mays Landing									10,000	1		50			
County (6)					Count	ty Code (7)	VSTATE	USE ONLY)	Current Use (Price	or if being demo	olished)			11.0	-
Atlantic						, (- /	,,,,,,,,		Jockey Build						
Name of Monitoring Firm	Hired by Build	ing Ov	vner (8	() [A	ASCM N	No.	Name	of Abateme	ent Contractor (9)						
Eagle Hygiene Ass	1111-00-1-1-1-01-00-00-00-0-00-0-0-0-0-		•				Cor	ntrolled Er	nvironmental S	ystems					
Street Address							Street	Address							
359 Dresher Rd							112	1 N. Bethl	ehem Pike - Su	uite 60					
City, State, Zip Code							City, S	State, Zip Co	ode						
Horsham, PA 1904	4						Spr	ring House	e, PA 19477						
Project Manager for Mor	nitoring Firm			Tele	ohone N	No.	Telepl	hone No.		License No.					
Keith Crawford	8,5			21	5 672	6088	215	542 7000		00847					
Start Date (10)	S	chedu	led Co	mplet	ion Dat	e (11)	Name	of OSHA N	lonitor						
2/26/	14	3	/	_21	_ / _	14	CES	S							
Occupancy Status Durin	g Abatement (C	Check	only o	ne)			Street	Address							
☐ Facility Closed/Vacat	ted During Entire	e Perio	od of A	bater	nent		112	1 N. Beth	lehem Pike - Su	uite 60					
☐ Abatement Performe						cribe	City, S	State, Zip Co	ode						
Time of Abatement:	7:00AM	PM/11	<u>::00</u> PN	/	AM		Spr	ring House	e, PA 19477						
Scope of Work (Check a	all that apply)							M Full Cont	tainment with Neg	etivo Proceuro					
≥3 sf or ≥3 lf		Ī	⊠ Rer	novatio	on			Mini-Enc		alive Flessule					
≥160 sf or ≥260 lf		Ī	☐ Der	nolitio	n				g Procedure	- Crishla Desas	dura				
			le.	Locat	on	T		⊠ Non-Exe	mpted (*) and Nor	n-Friable Proce		hat	omo	ent T	vno.
Location	n of			ormal			Г	Description of	of		-	_	_		
Asbestos-Containing		)		Sole			stos Co	ontaining Ma	iterial (ACM)	Amount	<u> </u>		Repair	nca	incl
TO BE AB IN Faci				ntena odial S		(i.e.		nal systems facing, VAT		(Specify SF or LF)	Zellova		a	apsu	Enclosure
(13)				(12)				r miscellane		01 01 21 7	-			Encapsulate	9
N 1			Yes	No	N/A							1		1.00	
"Uncle Nicks"					$\boxtimes$	ACM Ma	astic c	on Cork W	all Panels	2160 SF	D	3			
Hallway Restroom					$\boxtimes$	ACM Pi	ipe Se	alant .	77.22.1	5 EACH	D	3			
Above Ceiling					$\boxtimes$	HVAC L	Jnit Du	uct Insolat	tors	10 EACH	D	3			
Jockey Bldg-Main						Ceiling	Plaste	er		2600 SF	D	1			
Jockey Bldg Thru or			$\boxtimes$	Floor Ti	ile, Ma	astic, Carp	et & flooring	5350 SF	D	3					
Furnace			$\boxtimes$	Pipe Fit	ttings			9 EACH	D	1					
Jockette's Room				Ceiling	Tiles			1500 SF	D	1					
Name of Registered Wa		1999.6	JDEP V	Sylvens	100-325	Yards of	Name of Regis								
Geppert Recycling	I			Н	auler IC	O No.	Waste 80	е	Western B	erks Commu	ntiy L	and	lfill		
City, State	2.4000			-1-3			Dispo	sal Date	City, State	D4 (0555					
Hatfield, PA							3/3	0/147:	Birdsboro,	PA 19508					
Completed By (Print or	Гуре)	Title						Signature	7/		Date		1		
Patricia Visco		Of	fice N	lana	ger		ý	Value	es Ulsa	e	72	12	/1	Y	

Date of Notification

1		()			JAC 8:60 and		MEI	CEHA	Er				
ate of Notification (1) /03/14			Ва	rbara T		perator (	2) 14 FEB	10 5	- L				
gencies Notified	Type Notification			eet Addres 35 Wars	ss ren Avenue	Sa s	BECT	IG PM	3: 8	?/			
EPA DEP DOL	Initial Amended Amendment #		Ur	y, State, Z nion, NJ	07083		& LIC	S CON ENSING	TRO	L Number	or.		
DOH	Emergency (in justification) Cancellation	cluding	16.275	me of Cor obert Ca		v.		4	kelenr				
DCA	Carlot and		_	FACILITY	INFORMATI	ON	Type of Fa	ncility (4)				-	
louse	e Abatement is Taking	Place (3)					Scho	ool (K-12)	Other	than K-12) commercial	huilding	ıs. ha	mes.
treet Address 1035 Warren Ave	nue						Othe etc.)  Square F	eet	# of F		Bldg	. Age	
City (5)							N/A	20000000	N/A		N/A		
Union County (6)			Co (S	ounty Coo	ie (7) : ONLY)		House			demolishe	d)		
	irm Hired by Building C	owner (8)	1	ASCM N	0.	Name D&S	of Abatem Abatem	ent Contra ent, Inc.	ctor (9	9)			
N/A Street Address							t Address Rosengre	n Avenu	е				
City, State, Zip Code							State, Zip Cowa, NJ (						
Project Manager for I	Monitoring Firm		T	elephone	No.		phone No. 3-345-868	35		License No #00675	).		
Start Date (10)	2	Scheduled 2/19/14	Com	pletion Da	ate (11)		e of OSHA S Abaten			h = 91 = 90			
2/18/14 Occupancy Status D	ouring Abatement (Chec		)			Stre	et Address Rosengre	en Avenu	Je				
F - Wh. Classed	Vacated During Entire formed Outside of Norr	Period of Ab	atem	ent		City	State, Zip towa, NJ	Code					
Scope of Work (Che  ≥3 sf or ≥3 lf  ≥160 sf or ≥26	eck All That Apply)	Second .	enova				Mini-	Enclosure	edure	n Negative F			e
							□ Non-	Exempled	( ) an	id (tol) ( )		Abate	ement
			Locat									Ту	pe
Asbestos-Conta	cation of aining Material (ACM) E ABATED Facility (13)	Used Mai	ntena	ely by nce/ Staff?	Asbestos C (i.e. then	mal syst ırfacing.	tion of ag Material ( ems insulat VAT, or ellaneous)	(ACM) ion,	(	Amount Specify F or LF)	Removal	Repair	H Encapsulation
69		Yes	No	N/A						120 LF	+-	-	X
ba	sement		X		con	tamına	ted pipes			120 Li			
				1								-	$\vdash$
										A 1 1 4	FILL		
Name of Registere D&S Abatemer				NJDEP V Hauler ID #20996	No.	ubic Yar Waste BD	ds	7.000		stered Land agement		E .	
City, State				20000	D	isposal BD	Date	City, Sta Tullyto		PA	K.		
Totowa, NJ Completed by	•	Title	act N	/lanage			lature	RI	ljstå		Date 2/03/1	4	
Deanna Brkusa	anın	FIO	COL II	ago		14	Vruing,	1191	-				- C-

# 40 3003200A

Date of Notification (1) 2/03/14		1 19963	ame of B	-7. 150	ner/Operator	(2)	A 8			2014	FF		
Agencies Notified Type Notification		St	treet Add		ace			Nia.	ź.	2014 30ES	<del>- (6</del>	10	Pa
X EPA X Initial Amended Amendment #	8	C	ity, State	, Zip Code range, N						4/	(0) (5)	CON	77
Emergency (ii  DOH DCA Cancellation	ncluding	1000	lame of C						ohone Nu	Imper	=	SING	1/A
Name of Facility Where Abatement is Taking	Place (3)	_	FACILI	TY INFORM	MATION	Type o	f Facility (4)	)					
House	1 1000 (0)						chool (K-12		- than I/	12\			
Street Address 215 MOntague Place						× 0	ubchapter 8 ther (i.e. pri c.)	ivate &	commer	cial build	lings,	home	s,
City (5) South Orange	***************************************					Square N/A		# of N/A	Floors	10000	ldg. A	ge	
County (6) Union			County Co			Curren	t Use (Prior	r if bein	g demoli	shed)		89	
Name of Monitoring Firm Hired by Building C	Owner (8)	1	ASCM	No.			ement Cont		(9)				
N/A Street Address					Stree	t Address	S						
Other Chata Tim Code						Roseng State, Zip	ren Aven	ue					
City, State, Zip Code					Tota	owa, N	07512			N			
Project Manager for Monitoring Firm		1	relephon	e No.	973	hone No -345-86	585		#0067				
Start Date (10) 2/17/14	Scheduled 2/18/14	Com	pletion D	ate (11)	3,000,000		A Monitor ement, Inc	C.					
Occupancy Status During Abatement (Chec						et Addres	s ren Aver	nue			1250040		
Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other – Describe: Occupied	Period of Aba nal Facility H	atem ours	ent		City,	State, Zi							
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat moliti				Min Glo	Containme i-Enclosure vebag Proc	edure					
		_				∐ Nor	n-Exempted	i (*) an	d Non-Fr	iable Pr	Aba	temen	t
Location of	No	ocati rmal	ly		Description	on of					_ 1	уре	Т
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used Main Custo	tenar	nce/	(i.e. th	s Containing nermal systel surfacing, \ other miscell	ms insula /AT, or		(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						0.15		+	-	-
basement & crawl space		X			pipe insu	lation			50 LF	X			
					1								7-10
(D. 1.1. 1)		-	NJDEP W	laste	Cubic Yards	8	Name of	Regist	ered Lan	dfill	-		<u></u>
Name of Registered Waste Hauler D&S Abatement, Inc.		1	Hauler ID 20996	No.	of Waste TBD		Waste				١		
City, State Totowa, NJ					Disposal Da	ate	City, Sta Tullyto		A				
Completed by Deanna Brkusanin	Title Project	t Ma	anager		Signat	ure	i Bell	Ille		Date 2/03/	14		

100 1695304327

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

RECEIVED

Date of Notification (1)   Name of Facility (2)   Part	Date of Notification (1) 1/30/14			100		Building Over Bernste		perator	(2) 2	014 FEB	18	Die	· vas				
Name of Contact   Cancellation   Deanne Bernstein	1.50	Type Notification		- 85			load		Á.	SBESTA	)n =	FF ,	3: 19	3		MO11.	
Name of Contact   Cancellation   Deanne Bernstein	EPA DEP DOL	Amended Amendment		C	ity, State eaned	e, Zip Code k, NJ 07	9			& LIC	ENS.	ING	ROL	205			
Name of Facility Where Abatement is Taking Place (3)	DOH DCA	justification)		200			ein				rele	pnone	e Num	Jei			
Name of Facility Where Abatement is Taking Place (3) House Street Address 1125 Lambert Road  City (5) Teaneck  County (6) Bergen Name of Monitoring Firm Hired by Building Owner (8) N/A	LI DOA	Caricellation						ON			-						
Street Address 1125 Lambert Road  City (5) Teaneck  County (6) Bergen  Name of Monitoring Firm Hired by Building Owner (8)  N/A  Street Address  11 Rosengren Avenue  City, State, Zip Code Totowa, N.J 07512  Start Date (10) 2/01/14  Street Manager for Monitoring Firm  Telephone No. Street Address  11 Rosengren Avenue  City, State, Zip Code Totowa, N.J 07512  Start Date (10) 2/01/14  Street Address  Street Address  Street Address  11 Rosengren Avenue  City, State, Zip Code Totowa, N.J 07512  Start Date (10) 2/01/14  Street Address  Street Address  Street Address  11 Rosengren Avenue  City, State, Zip Code Totowa, N.J 07512  Start Date (10) 2/01/14  Street Address  Street Address  Street Address  11 Rosengren Avenue  City, State, Zip Code Totowa, N.J 07512  Start Date (10) 2/01/14  Street Address  Street Address  11 Rosengren Avenue  City, State, Zip Code Totowa, N.J 07512  Start Date (10) 2/01/14  Street Address  Street Address  11 Rosengren Avenue  City, State, Zip Code Totowa, N.J 07512  Start Date (10) 2/01/14  Street Address  11 Rosengren Avenue  City, State, Zip Code Totowa, N.J 07512  Start Date (10) 2/01/14  Street Address  11 Rosengren Avenue  City, State, Zip Code Totowa, N.J 07512  Scope of Work (Check All That Apply)  Street Address  11 Rosengren Avenue  City, State, Zip Code Totowa, N.J 07512  Scope of Work (Check All That Apply)  State State Containing Material (ACM) IN Each SANTED In Facility (12)  Yes No N/A  Pipe insulation 24 LF X  Subdohapter 8 (Other ham K-12) Square Feet N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/A		batement is Taking	Place (3)							of Facility (4	)						
City (5)   Teambert Road   Example			-									er than	n K-12)				
City (5)   Teaneck									N C	Other (i.e. pr	ivate 8	com	mercial	build	ings,	home	s,
Teaneck County (6) Bergen    County Code (7)		%									# of	Floor	s	В	dg. A	ge	$\neg$
Bergen   (STATE USE ONLY)   House										-	1				/A		
Name of Monitoring Firm Hired by Building Owner (8)   ASCM No.   Name of Abatement Contractor (9)   D&S Abatement, Inc.	1 CON 11500 W	V									r if bei	ng dei	molishe	ed)			
Street Address  Street Address  Street Address  11 Rosengren Avenue  City, State, Zip Code  City, State, Zip Code  Totowa, NJ 07512  Project Manager for Monitoring Firm  Telephone No.  1 Telephone No.  973-345-8685  Start Date (10)  2/01/14  2/02/14  Scheduled Completion Date (11)  2/02/14  Scheduled Completion Po.  3/02/14  Scheduled Completion Po.  4/02/14  Scheduled Completion Po.  4/02/14  Scheduled Completion Po.  5/02/14  Scheduled Completion Po.  5/02/14  Scheduled Completion Po.  5/02/14  Scheduled Completion Po.  5/02/14  Scheduled Completion Po.  6/02/14  Scheduled Completion Po.  6/02/14  Scheduled Completion Po.  6/02/14  Scheduled Completion Po.  6/02/14  Scheduled Compl	100	Hired by Building (	Owner (8)		ASCM	No.	1	Name			tractor	(9)		-			
City, State, Zip Code  Totowa, NJ 07512  Project Manager for Monitoring Firm  Telephone No.  Start Date (10) 2/01/14  Cocupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other – Describe: Occupied  Scope of Work (Check All That Apply)  Says af or ≥3 If  Location of Asbestos-Contialning Material (ACM) TO BE ABATED In Facility (13)  Project Manager for Monitoring Firm  Telephone No.  Telephone No.  Project Manager for Monitoring No.  Streat Address 11 Rosengren Avenue  City, State, Zip Code Totowa, NJ 07512  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Project Manager for Monitoring Firm  Telephone No.  Streat Address 11 Rosengren Avenue  City, State, Zip Code Totowa, NJ 07512  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation)			(-)														
Totowa, NJ 07512  Project Manager for Monitoring Firm  Telephone No. 973-345-8685  Start Date (10) 2/01/14  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Other – Describe: Occupied  Renovation Demolition  Renovation Demolition  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and No	Street Address										iue						
Project Manager for Monitoring Firm	City, State, Zip Code																
Start Date (10) 2/01/14    Scheduled Completion Date (11)   2/02/14   D&S Abatement, Inc.   Coccupancy Status During Abatement (Check Only One)   Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours   Other – Describe: Occupied   Other – Occupi	Project Manager for Moni	itoring Firm		T	Telephor	ne No.		Telepl	hone No	0.				).			
D&S Abatement, Inc.	Start Date (10)		Scheduled	Com	pletion [	Date (11)						#00	010	_			_
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other – Describe: Occupied  Scope of Work (Check All That Apply)    ≥3 sf or ≥3 lf											C.						
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Occupied  Scope of Work (Check All That Apply)    Scope of Work (Check All That Apply)   Scope of Work (Check All That App											III.						
Scope of Work (Check All That Apply)    ≥3 sf or ≥3 lf	Abatement Performe	ed Outside of Norn	Period of Ab nal Facility H	atem lours	ent			City, S	State, Zi	ip Code		-					
EX ≥3 sf or ≥3 lf								Toto	wa, N	J 07512					_		
Demolition    Solution   Demolition   Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Ex		II I nat Apply)	П	201/0	ion			Г	7 5	II Containme	ent with	Nen:	ative P	ressu	re		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Page 1									Mir Glo	ni-Enclosure ovebag Prod	e cedure					e	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  SF or LF)  Amount (Specify SF or LF)  Yes No N/A  Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Yes No N/A  Diple insulation  24 LF  X			le l	ocati						T EXCITIPIO	/	4 110.			Abate	ement	t
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Ves No N/A    Disea Solely by Maintenance/ Custodial Staff? (12)    Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)    Amount (Specify SF or LF)   Os United Solely by Maintenance/ (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)    Amount (Specify SF or LF)   Os United Solely by Maintenance/ (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)    Amount (Specify SF or LF)   Os United Solely by Maintenance/ (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)    Disea Solely by Maintenance/ Custodial Staff? (I2)   Yes No N/A   Dipe insulation   24 LF   X	Location	n of	No	rmall	у		De	scriptio	n of					-	- T <u>y</u>	pe	Г
boiler room X pipe insulation 24 LF X	Asbestos-Containing	Material (ACM)												D D		Enc	g
boiler room X pipe insulation 24 LF X	In Facil	ity			Staff?	(1.6.	surfa	cing, V	AT, or					emo	Repa	apsı	clos
boiler room X pipe insulation 24 LF X	(13)				N/A		otnerr	niscella	ineous)					<u>a</u>	=	llate	īe
Bollot toolit	heiler re		Yes		IN/A		nine	ingul	ation			24 I F	=	x	$\vdash$	-	
	boller ro	JOH	+		-		pipe	moun		-					-		
			+		-585 ·									-	-		
			-						<del>5-111</del>								
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill	Name of Registered Was	ste Hauler		IN	JDEP W	Vaste	Cubic	Yards		Name of	Regist	ered l	andfill				1
D&S Abatement, Inc.  Hauler ID No.   of Waste   TBD   Waste Management of PA	1 CONT. CO.			1000000		No.	1-0300000000000000000000000000000000000	ste			2000 CO	gem	ent of	f PA			
City, State Totowa, NJ  Disposal Date TBD  City, State Tullytown, PA				8				sal Dat	e 7			Α					
Completed by Deanna Brkusanin  Title Project Manager  Signature  Date 1/30/14			100000000000000000000000000000000000000	t Ma	anager		5	Signatû	Pelu	ua R. M.	lelle				4		

01/30/2014 12:48 FAX 18753459338

DS ABATEMENT

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6.0			BALKON.	

/2014 12:48 FAX 1975345933	3		DS Al	BATEMEN'	T					@ C	03			
	REA											. ).	1	1-
	P		CATION	OF ASBE	Jersuy ITOS ABATE 60 and 12:12	MENT	2014 FEB	18 M 3	ED					
Date of Notification (1) 1/30/14		Ť		e Bernste	wner/Operato	r (2)	\$ 1000 C	1793	10					
Agendee Notifice   Type Notifice   London	-		5000 A 1125 L	ddress Embert F	Road		LICE	CONTRI	7/					
E DEP Amended	4			rie, Zip God ck, NJ 07					•				-	
E DOH Latification)  DCA Cancellation	j (iudahdirdii	Ī		Contact is Bernste	ain			Telephona	Ali mahai					
Al-	-		FAC	LITY INFO	RMATION									
Name of Facility Where Absternent is Takin House Street Address	Bose (	5) ———			·		a of Facility (4 School (K-12		v and					
1125 Lambert Road						83	Other (i.e. pr etc.)	ivata & somm	erdal bu	aliding			8,	
City (5) Teaneck						N/A	<u> </u>	S of Finers N/A		Bidg N/A	Ab	ð		
County (8) Bergen			County	Code (7)		Ho		r if being dem	aliahad)	U				
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCA	Mo.			stement Cont dement, Inc							
Street Address	100 100 0 10 10	<u>.</u>				Addn	ngran Aven	ue						
City, State, Zip Code							Zip Code NJ 07512							
Project Manager for Monitoring Firm		T					Liouna albos	200						
Start Date (10) 2/01/14	2/02/14		no itsign	Date (11)	2.000		HA Montor tement, Inc		וחח	_ 1	n	DI	V	_
Occupancy Status During Abatement (Cher	sk Only Or	18)				Addn			THE PERSON	=	<u> </u>	Ur	1	-
Facility Clased/Vacated During Entire Abstament Performed Outside of Norr Other - Describe: Occupied	Period of a	Abalan Hour	nent B	30	City,	State,	igren Aven Zip Code NJ 07512	Uė	JAN	3	0	201	4	
Scops of Work (Check All That Apply)								<del></del>			_			
23 sf or ≥3 ff 2180 sf or ≥260 ff						1801 5 2 3	ul Containme lini-Englosure lovebag Proc	חו אינה אסיים	(IVE	₹Ã	PF	PR(	)VI	
							INCHES OF LINE	(°) and Non-F						
	- In	Locat	ion					-90000000000000000000000000000000000000			I tan	nent		1
Location of Asbestos-Containing Metarial (ACM) TO BE ABATED In Facility (13)	- Use	Normal ed Sole sintana todial ( (12)	noo/ Staff?	G.e. t	Descriptions Containing Permal system Surfacing, V other miscell	Hateri Teni an AT, or	Hetion,	Amount (Specify SF or LF)	- Table	T	Ť	Encapsuada.	Enclosure	
	Yes	NYA			4				_	$\downarrow$	8	-		
boiler room	-	×	╁	·	pipe Insul	aton		24 LF	X	+	+	-		
· · · · · · · · · · · · · · · · · · ·	+								$\dashv$	+	+			
Name of Registered Waste Hauter			VJDEP V		Cubic Yards Name of Registered Lundfill									
D&S Abstement, Inc.		l h	deuler ID 20988	No.	TBD Waste Management of PA									
Chy, State Totowa, NJ					TBD /	7		n, PA						
Completed by Deanna Brikusanin	Proje													

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

(Pursuant to NJAC 8:60 and 5:16)

eck#1817		(P	ursu	ant to	NJAC 8:	60 and	15:16)	D ~	, \		3.0		_
ate of Notification (1)		Nar	ne of B	uilding Owi	ner/Ope	rator (2)	RECEIV	En					
	11 / 14		1				000		~0		C-0.30-		
02				an Kar			2014	FEB 18 PM			-77.1-		
encies Notified	Type Notification		1000	eet Add				-5 16 PM	3= i e				
] EPA	☑ Initial				r Avenue		450	ESTOS CON LICENSINA	'.,				
DOLWD	Amended		Cit	y, State	, Zip Code		2	FOLUS COM	TDO				
DHSS	Amendment #		His	hland	Park, NJ	08904	a	LICENSING	TAUL Number				-
] DCA	Emergency (inclujustification)	romg	Na	me of (	Contact			- 1 ; 14 6	Biebuoue Manner				
(NJAC 5:23-8)	Cancellation		Sm	san Ka	mens			4					
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				FACIL	ITT INFO	KIN II		Type of Facility (4)		107-421-			
ame of Facility Where	Abatement is Taking F	Place (3)					1	School (K-12)					
rivate home							18	Subchanter 8 (	Other than K-1 2)	V0000 030000			
treet Address								Other (i.e., priv	rate and commercia	al buildi	ings.		
								homes, etc.)		1 50 1			-
23 Cedar Avenue					-	- 112		Square Feet	# of Floors	Blog.	. Age		
ity (5)													_
ighland Park, NJ 0	8904			County (	Code (7) (ST.	ATE USE	ONLY)	Current Use (Prio	r if being demolish	ed)			
County (6)				County	0000 (1) (01.								
liddlesex						lama of	Abatama	ent Contractor (9)		18.0			
vame of Monitoring F	irm Hired by Building O	wner (8)	AS	SCM No	200			all Contractor (o)					
						r Tech							-
Street Address					S	Street Ac	dress						
711 GG1 710 d. 500					5	76 Vall	ey Rd#	283			_		_
Old The Code					0	City, Sta	te, Zip Co	ode					
City, State, Zip Code					77	Vayne	NJ 0747	70				- 520-	
			Talasi	none No		Telephor			License No.				
Project Manager for i	Monitoring Firm		relebi	TOTIE IN					01127				
	72				The second secon	73-638		1-nitor	01127			-	_
Start Date (10)		uled Co				Name of	OSHAN	MOHITOI					
02 / 21	/ 14 0	02 /	22	_ / _	14 E	Envirov	ision Co	onsultants,Inc					_
	uring Abatement (Check	coniv on	e) .			Street A	ddress						
Occupancy Status D	acated During Entire Pe	riod of A	-, batem	ent	2	0_21 W	Jaoaraw	Road, Bldg .# 3	34A				
X Facility Closed/Va	med Outside of Normal	Facility	Hours	- Desc	ribe	City Sta	ate, Zip C	ode	•		0		
Apatement Ferror	nt:P	M/	PM_	^			wn, NJ (						
	. The street contract of the street of the s				I	air Lav	Clean I	ip and decontamin	ation with negative	pressi	ure	-	= -
Scope of Work (Che	ck all that apply)					Н	Full Cor	ntainment with Neg	gative Pressure				
57 . 5 . 6 5 16		Rer	ovetic	n		Н				Drace	ure		
>3 sf or >3 lf > 160 sf or >260 l	f	Der	nolitio	n		$\boxtimes$	Gloveb	ag Procedure empted (*) and No	n-Friable Procedu	re	uic		
							Non-EX	empled ( ) and No	all-i tiable i rocca	TAb	ateme	ent Tr	vn
			Locati								1	1	Т
Loc	ation of		ormal		0.00	De	scription	of	Amount	Re	Repair	Encapsulate	
Asbestos-Contai	ning Material (ACM)		d Sole ntena		Asbes	tos Con	taining M	laterial (ACM) s insulation,	(Specify	Remova	pa	Sap	
	ABATED		odial S		(1.e.	, menne surfa	acing, VA	T. or	SIF or LF)	Va	7	Sul	
IN.	Facility		(12)			other	miscellar	neous)			1	ite	
	(13)	Van	No	N/A						100	1	_	1
		Yes	140						80 LF	X			
Basement		للا		X	Pipe insu	ilation			OU LI	一三			+
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	d talanta Haudar		N.	DEP Wast	e Hauler ID No.	Cubic Y	ards of W	aste Name of Reg	istered Landfill				
Name of Registere	n Aaste Laniel							T.R.R.F. Inc					
Gr Tech LLC				00337	85		BD Data	City, State					=
City State						Dispos	sal Date						
	i					TE	3D	Tullytown,					_
Wayne, NJ 07470	of or Type\	itie					Signatura			Date			
Completed By (Prin	(CO, 1)PO)						H		1	)2/11/2	2014		
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ASB-41		* Do n	oi use	this for	m for asbe	stos lice.	nsı <b>V</b> .e exe	empted activities.					
BAEV 11													

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X	Emergenc	NOTIF
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* Emergenc	NOT	(Pursi	TION OF	of New Jers ASBESTO IJAC 8:60 a	S ABATE and 12:12	:0)	K 281	390	18 p	VEI	<del>)</del>		7
Date of Notification (1) 2/11/14		Nar Sa	ne of Bu m Willi	ilding Owne ams Priva	r/Operato ate Hom	or (2) ne	-41	FEB	18 p	4 ~	_		
Agencies Notified Type Notification			eet Addre	ess 13th Stree	at	2 89/	- 33	ESTA	S CON	1 3: j	B		
■ EPA				Zip Code		v ·	Œ	LICA	S. COA	TRO.			$\dashv$
EPA Initial Amended Amendment #_ Amendment #_ Emergency (inc.)		No	orth Be	ach Have	n NJ 08	8008			AN/CAL	3 101			_
Emergency (inc justification)  DCA  Emergency (inc justification)  Cancellation	luding		me of Co am	ontact				Teleph	none Num	ber		- 12	
L DOA			FACILIT	Y INFORM	ATION	Time of	acility (4)						$\dashv$
Name of Facility Where Abatement is Taking F Sam Williams Private Home	Place (3)					Sch	nool (K-12)	(Other	than K-12	2)			
Street Address 19 West 13th Street					3	≥ Oth etc.	er (i.e. pri .)	vate & c	commerci	al buildin	gs, ho		4
City (5) North Beach Haven NJ 08008						Square I		# of F		35-	<b>5</b> 0 150		
County (6) Ocean		Co (S	ounty Co	de (7) E ONLY)		detach	Use (Prior ned Gara	age		ned)			
Name of Monitoring Firm Hired by Building On N/A	wner (8)	1	ASCM N	No.		ne of Abater ernaco Inc		ractor (9	9)		•		
Street Address					-	eet Address D Box 329							$\perp$
City, State, Zip Code						y, State, Zip est Berlin		91		70			
Project Manager for Monitoring Firm		reiephone vo.				ephone No. 66-753-98	00		License f 00727	No.			
Start Date (10) 2/12/14	Scheduled 2/14/14		oletion D	n Date (11)  Name of OSHA Monitor  Same									
Occupancy Status During Abatement (Check	Only One	9)			Str	eet Address							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of A al Facility	bateme Hours	ent		Cit	ty, State, Zip	Code						
Scope of Work (Check All That Apply)										_			
23 sf or ≥3 lf ≥ 2160 sf or ≥260 lf	Parties -	enovat emoliti				Mini	Containmonto Conta	e cedure				a .	
40						△ Non	-Exemple	d () an	u Noll-i ii			ement	
**		Locati			Descri	ption of				-	Ту	pe	Γ
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use	d Sole intenar todial S (12)	ly by nce/ Staff?	(î.e. th	s Contain nermal sys surfacing	ing Material stems insula g, VAT, or cellaneous)	(ACM) tion,	(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		Evtorio	or Siding	- 7	7	50 SF	x	$\vdash$		
Garage	-		X		EXIGNO	n Olding							
	-										_	_	_
							I Now	f Pacie	ered Lan	dfill	1_		1_
Name of Registered Waste Hauler United Containers		1	NJDEP V Hauler ID 2459		of Waste 2		G.R.C	.W.S.		uiiii			
City, State Elm NJ					Disposa 2/14/14		City, St Morris	ate sville F	A 1906				
Completed by Anthony T Perna	Title	sident			Sig	inature.	4 - 1 2 34 mm at 100	and the State of t		Date 2/11/1	4		



Date of Notification (1)				Name of	Building (	Owner/Oper	ator (2)		N	CE	1/-			
Febru	ary 11, 2014		S	Sandvik	Tooling	Services	3		.11	ECE	AE	D		
Agencies Notified	Type Notification			Street Ad	ddress			Z	14 FF	RIO				
⊠ EPA	Initial		1	702 Ne	evins Ro	ad				05 CO	M 3:	in		
DEP DEP	Amended	44.7		City, Sta	te, Zip Co	de		As	BES	tna -	0.	1 6		
DOL	Amendment : Emergency (i		— F	air Lav	vn, NJ 0	7410			&1	02 CO	HID	٥.		
□ DOH	justification)	nordaling		Name of	Contact				Telé	phonegyn	nber 1	UL		10,7,47,10
DCA	Cancellation		E		ring Ma								770	
Name of Facility Where	Abstament is Taking	Dlage /2	,	FACI	LITY INFO	DRMATION	Type	e of Facility (4	1					
Name of Facility Where		Flace (3	,				Тур							
Sandvik Tooling Ser Street Address	vices			-			$\dashv$ H	School (K-12 Subchapter 8		r than K-1	2)			
							$\times$	Other (i.e. pr				lings,	home	es,
1702 Nevins Road	- Samuel -							etc.)	#	Floors		Ida A		
City (5)							Squ	are Feet	# 01	Floors	В	ldg. A	ge	
Fair Lawn, NJ 07410	)			Caustin	2 nd n (7)			ant Han /Drin	s if bois	a domolio	nod)			
County (6)				County C	JOGE (1) JSE ONLY)		_ Cun	ent Use (Prio			ieu)			
Bergen	- Hissal by Duilding (	Dunne (0)		ACCM	l No.	l NI	ama of Ab	atement Cont		usiness				
Name of Monitoring Firm	n Hirea by Building (	Jwner (8)		ASCN	I NO.	5 806				(9)				
AET, Inc. Street Address		200					treet Addre	Group, LL	_C.	+				
									CTE C	000				
222 Church Road								S HWY N,	SIEZ	:09				
City, State, Zip Code	0.7					Common Co	ity, State,							
Bridgewater, NJ 088 Project Manager for Mor				Telepho	ne No		elephone I	, NJ 08034	•	License N	lo.			
1717h h/ 5479 - 45	illoning Firm					000				00781	10.			
Eric Houseknecht Start Date (10)		Schedul		08-296	Date (11)		73) 759	SHA Monitor		00761				
2/26/1		Schedul		4/30/14				Group, Ll	C					
Occupancy Status Durin		k Only Or		4/30/14	+		treet Addr		_0.					
								s HWY N,	STF 2	209				
	cated During Entire F ned Outside of Norm					-	ity, State,		012	.00				
Other - Describe:								, NJ 08034	1					
Scope of Work (Check A	All That Apply)					01	iony i iii	, 140 0000		_	-7.			
≥3 sf or ≥3 lf			Renova	ation				ull Containme	nt with	Negative	Pressu	re		
≥160 sf or ≥260 lf			Demoli				M M	lini-Enclosure		regative	10000			
		_						lovebag Proc		Non Eriable	Droco	duro		
		1/4				77.77		on-Exempted	( ) allu	NOII-FIIADIE	FIOCE		emen	t
90 00		1 - 100	Locat Norma				ACCOMPANIES STATE						ре	
Locatio Asbestos-Containing			ed Sole		Achee	Descri tos Contain	iption of	al (ACM)	Δ	mount				
TO BE AE		10 0000	intena todial			thermal sy				Specify	Z.	ת	inc	Ē
In Fac	78,950.00	Cus	(12)				g, VAT, or cellaneous		SF	or LF)	Remova	Repair	Encapsulate	Enclosure
(13)				1		Other mis	cenaneous	2)			va	air.	late	ure
		Yes	No	N/A									L.	
throughout th	ne building		X		pi	pe insulat	tion & fit	tings	2,	688 l/f	X			
11 work			X		floor ti	le/mastic	or carne	et/mastic	13	900 s/f	X			
			/\	-					-	TBD		-		
boiler r	oom	-	1	-	asbesto	s pipe & b	reecning	insulation		עסו	$+ \bigcirc$	+		
between b			X			exposed und				1	X			
Name of Registered Wa	iste Hauler		0.7	NJ DEP V Hauler ID		Cubic Ya of Waste		Name of F	Registe	red Landfil	L			
Freehold / Newark Carting / Rovic						1	55.9	Cumberl	and C	o./ BFI /	GRO	WS	/ TR	RF
City, State				4509 165.9 Disposal Date				City, State	250 TEACHER					
Freehold / Newark /	Riverdale, NJ					200000000000000000000000000000000000000	0/14	Newburg		erial / M	orrisv	ille.	PA	
Completed by		Title				1	ature/	10			ate	-		
Mike Cooper		Presid	dent			1/2	1//		-	2/	11/14			

\* Energenal \*

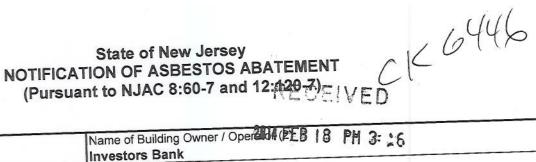
1. 1/1.	J		(	Juani io					Ch	<u>'</u> 9	9~1	1 45	_		
Date of Notification (1) 2/10/13			N	ame of B Inthony	Building Ov	wner/O	perator ( Porta (F	2) Privat	e Home) <sup>*</sup>	ارس رکام	18	PH	1	3	
Agencies Notified	Type Notification			treet Add	dress rne High	Wav				&)	100	PH	2	~	
EPA DEP DOL	Initial Amended		1		, Zip Code						CA.	Ox.	<i>G.</i>	>	$\dashv$
DOL	Amendment				ort NJ 0		5				. (0)	WAR.			
<b>■</b> DOH	Emergency (i justification)	nciuaing		lame of C						Telep	hone N	umber C	1		
DCA	Cancellation			Anthony	TY INFOR	TAMS	ON			2200					$\dashv$
Name of Facility Where A				TAGILI	TT IIII OI	COULT !	T	Туре	of Facility (4)						
Anthony & Rebecca	Porta (Private	Home)	_						School (K-12) Subchapter 8		than K	12\			
Street Address 403 Marne Highway							5		Other (i.e. pri etc.)	vate &	commer	cial build	899		3,
City (5) Hainesport NJ 0803	6							Squar 1000	re Feet )+	# of F	loors	3.0	dg. Aq 5 +	je	
County (6) Burlington				County Co	ode (7) SE ONLY)			Curre	nt Use (Prior	if being	demol	ished)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCM	No.		(0) (0) (0) (0) (0) (0)	of Aba aco Ir	tement Contr	ractor (9	9)				
Street Address							Street PO E	Addres							
City, State, Zip Code									ip Code	1000					$\neg$
						8	1		in NJ 0809						_
Project Manager for Mon	itoring Firm		Telephone No.				100000000000000000000000000000000000000	none N 753-9		1.5	License			5354	
Start Date (10) 2/11/14		Schedule 2/12/14		pletion D	Date (11)		Name Sam		HA Monitor						
Occupancy Status During	Abatement (Chec	k Only On	e)				Street	Addre	ss						
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire ed Outside of Norr	Period of A nal Facility	batem Hours	ent	.,		City, S	State, Z	ip Code						
Scope of Work (Check A	II That Apply)							_							
≥3 sf or ≥3 if ≥160 sf or ≥260 if		-	enova emoliti					Mi Gl	III Containme ni-Enclosure ovebag Proc on-Exempted	edure	_			<b>a</b>	
		la la	Locati					= 14C	JI-Exempled	() and	NOIT	I	Abat	ement	
Location	n of	1	lormal	ly			escription					-	Ty	rpe 	
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Ma	d Sole intenar odial s (12)	nce/	Asbesi (i.e.	therma surf	ntaining I al system acing, V/ miscella	ns insul AT, or	lation,	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Kitche	en .	-		X			Floor Ti	ile	- 2	15	0 SF	x	-		
Kitorie	JII	-		-											
				LIDES ::	last-	Tout	la Verde		Name of	Dogists	red La-	dfil			<u> </u>
Name of Registered Wa United Containers	ste Hauler		H	NJDEP W Hauler ID 2459			ic Yards /aste		G.R.O.		icu Ldi	i dini			
City, State Elm NJ							osal Dat 2/14	е	City, Stat Morrisv		1906	57			
Completed by		Title					Signatu	re /				Date			
Anthony T Perna		President					(	1				2/10/1	4		



Date of Notification (1) January 31-2014	Check#256	2			Building Ov t Nationa				raining Cer	nter	REC	-	, ,			
Agencies Notified	Type Notification		S	treet Ad						2014	FER	1	1	EL	)	
EPA DEP DOL	Initial Amended Amendment # Emergency (ir justification)		_   0	ity, State	e, Zip Code t, NJ 08	e			£	SBE	REC FEB 18	) <i>p</i>	M	3: <sub>i</sub>	7	
DCA	Cancellation		E	Bill McE	Bride					-						
		DI (0)		FACIL	ITY INFOR	RMATIC	NC	Time	e of Facility (4	4\		•	Y		SHOT IN	_
Name of Facility Where Sea Girt National G Street Address	Abatement is Taking Guard Training Co	enter an	d Arn	nory				Пур	School (K-1: Subchapter	2) 8 (Othe	er than K-1	12)				
100 Camp Drive								×	Other (i.e. p etc.)	rivate 8	commerc	cial b	uildi	ngs, I	nome	s,
City (5) Sea Girt, NJ 08750	0							Squ	are Feet	# of 0	Floors		Ble N/	dg. Aq A	ge	
County (6) OCEAN				County C	ode (7) SE ONLY)				rent Use (Prid ining Cent		ng demolis	shed	)			
Name of Monitoring Firm Whitman	n Hired by Building C	wner (8)		ASCM 00110					atement Cor ces Corpo		(9)					
Street Address 7 Pleasant Hill Roa	ad.						Street 426	0.000	ess Street							
City, State, Zip Code								State,	Zip Code	103				Name of the least		
Cranbury, NJ 0851 Project Manager for Mo				Telephon			Teleph	none l	No.		License 01074	No.				
		0-6-4-4-							1700 SHA Monitor		01074					
Start Date (10) Feb 19/2014		March 3	30/2014 EA					Servi	ces Corpo	ration						
Occupancy Status Durin							Street		ess above							
Abatement Perform	cated During Entire P ned Outside of Norm 7:30 AM to 3:30 PM	eriod of A al Facility	batem Hours	ent					Zip Code					<del>111-11</del>		1
Scope of Work (Check /															*1	
≥3 sf or ≥3 if ≥160 sf or ≥260 if	α παι, φρη,	-	enovat emoliti					N G	full Containm Mini-Enclosum Blovebag Pro Mon-Exempte	e cedure					e	
		le le	Location	on					ton Exemple	<u>u ( ) us.</u>	0.110.111.	T		Abate	ement	
Locatio	on of	1	Location	y		De	scription	n of				1	_	Ту	pe	
Asbestos-Containin TO BE AB In Fac (13)	g Material (ACM) BATED illity	Ma	d Solel intenar odial S (12)	nce/		os Con thermal surfa		Materi ns insu AT, or		(5	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Field training are	na decignated	100		X	Cle	an un	trans	ite d	ebris	8.260	cubic y	/d ×				
as asbestos aba		+ -		<u> </u>	0.0	on up				-,=-						
	***	-										+				
1,2,3	0x 4	-										+				
Name of Registered Wa	aste Hauler		IN	JDEP W	/aste	Cubic	Yards		Name of	Registe	ered Land	fill	-	-		L
Clean Venture Inc	John Francis		9 303	auler ID 3755	No.	of Wa 8,260	) .		GROW	/S Lar		1000				
City, State 201 South First Stre	eet					Dispo TBD	sal Date	е	City, Sta Morris		A 1906	7				
Completed by Gina Salvador		Title Office	e Mar	nager		,	Signatui		Pual-	_		Date 1/31		)14		



	Name of Bu	uilding Owne	er / Operat	or (2) EB   8 PM 3: L6		
te of Notice 2/10/14	7 Eleven,	Inc.	2814 [	LO 10 PA SELL		
Type Notification	Street Addr	ress				
encies Notified Emergency No	History 1722 Rou	th Street		SIOS CONTRO		
Lillorgone,	City State	& Zip Code	č	LICENSING		
nitial Notificati		exas 7520	1		Tele	phone Number
V DOI X Amended Noti	Name of C	Contact				
X DOH Cancellation	Jeff Aller	n _				
DCA	FACIL	ITY INFOR	RMATION			
t io Tal			Type of Fa	ocility (4) ol (K-12)		
ame of Facility Where Abatement is Tak	dina				(-12)	
Vacant Dan			Subc	napter 8 (Other than r (i.e., private & comm	El Ciai Dullanis	homes, etc.
502 Smith S	Street		Square F	et # of Floors	Bldg	
502 3111111			1 - 1		1	50
County	v (6) County Cod	de (7)	5,0	lse (Prior if being dem	nolished)	
City (5)			Current	on		
Perth Amboy Middi			Auto Sh	Ab atomont Contracto	r (9)	
- In a by Duild	ing Owner (8)	ASCM No.	Name of	Abatement Service	s, LLC	
Name of Monitoring Firm Hired by Build	ing 0 (- /		Street A	drass		
			Street A	noolhouse Road		
Street Address			- Ot-	to 9 7in Code		
A 7: 0-40			Monroe	Township, NJ 08	831	
City, State & Zip Code			Telepho	ne Number	License Nu	00714
The Manitoring Firm	Telephone N	Number	732-60	5-9062		0071-9
Project Manager for Monitoring Firm		(4.4)		COULA Manitor		
Start Date (10) Sched	duled Completion Date	(11)	Global	Abatement Service	es, LLC	
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2/28/14	(Check only one)	8	Street /	Address		
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check # 2713

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

GAC Project # 060-14 Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJ February 11, 2014 Street Address
ENVIRONMENTAL HEALTH & SAFETY DEPTH 3: 13 Agencies Notified Notification Type ☑ Initial Notification EPA 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS DCA ☐ Amended Notification & LICENS CONTROL
Telephone Number G City, State, Zip Code X DOL ■ Emergency (including PISCATAWAY, NJ 08854 X DEP- No Longer REQUIRED justification) Name of Contact X DOH □ Cancelled MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) **BUSCH CENTRAL HEATING, BLDG# 3540** ☐ School (K-12) ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **BUSCH CAMPUS** # of Floors: 2 Bldg. Age: 60+ years Sq. Feet: N/A County Code (7) City (5) County (6) (State Use Only) Current Use (prior if being demolished): HEATING PLANT **PISCATAWAY MIDDLESEX** Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. ATC ASSOCIATES 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 **BURLINGTON, NJ 08016** Telephone Number License Number Project Manager for Monitoring Firm Telephone Number 609-386-8800 **BRIAN KEARNY** 973-492-0477 00840 Scheduled Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) 02/21/14 02/24/14 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD □ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe ☑Other - Describe: Shift Hours: 3:00PM - 5:00AM FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure **⊠**Renovation Mini-Enclosure ≥ 3 sf or ≥ 3 lf Glovebag Procedure Demolition □ > 160 sf or ≥ 260 ■ Non-Exempted (\*) and Non-Friable Procedure Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Location of Asbestos-Containing (ACM) (i.e. thermal systems insulation, surfacing. (Specify SF Solely by Maint./Custodial Material (ACM) in Facility (13) Remove Repair Encap Enclose Staff? (12) or LF) VAT, or other miscell.) YES NO NA PUMP ROOM X TSI <9 LF Name of Registered Landfill NJDEP Waste Hauler ID # Name of Reg. Waste Hauler Cubic Yards of Waste: 10 CY G.R.O.W.S. North Landfill See Below See Hauler Below #1 & 2 Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State 100 New Ford Mill N.IDEP # 12561 02/24/14 Rd. Morrisville, Pa Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 19067 NJ DEP # 22612 215-736-1700 Date Completed by (Print or Type) February 11, 2014 SENIOR PROJECT Raymand C. Pedalino RAYMOND C. PEDALINO MANAGER

Pate of Notification (1)		Nan	ne of Bui	lding Owne	er/Operator	(2)				3/2	6/	Э	1	1
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Agencies Notified Type Notification			et Addre Andre							12-11/2 41/6/2	)	7	<u>جي</u>	
EPA Initial Amended Amendment #_		City	, State, Z anahaw	zip Code kin NJ 0	8050						_	PC	· <b>S</b>	
DOH Emergency (incliging justification)  Cancellation	uding	Nar Da	ne of Co In	ntact		2-25	43.9		Telep	hone Numbe		· ·		
			FACILIT	Y INFORM	ATION	T 70	no of Ec	acility (4)				_	-	$\dashv$
Name of Facility Where Abatement is Taking P Dan Strzelec Private Home	lace (3)						Scho	ol (K-12)	(Othe	than K-12)				
Street Address 15 Andrew					ť		Othe etc.)	r (i.e. priv	rate &	commercial t		s, ho		4
City (5) Manahawkin NJ 08050						10	quare Fe 000+		1	Floors	35+			
County (6) Ocean		Co (S	ounty Coo	de (7) E ONLY)		Н	lome			g demolished	1)			
Name of Monitoring Firm Hired by Building Ow N/A	mer (8)	1	ASCM N	lo.			Abatem o Inc.	ent Contr	actor	(9)		•		
Street Address					5.00		dress x 329							
City, State, Zip Code					City	, States	e, Zip C Berlin N	ode NJ 0809	1					
Project Manager for Monitoring Firm		Te	elephone	No.			ne No. 3-980	0		License No.				
Start Date (10) 2   13   1 4	Scheduled 2   18   1	Comp	oletion Da	ate (11)		me of	OSHA	Monitor						
Occupancy Status During Abatement (Check		A			Str	eet A	ddress							
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma Other – Describe:	eriod of Ab	ateme	ent		Cit	y, Sta	ite, Zip (	Code						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If	Re × De	enovat	ion on			·	Mini-E	Enclosure	edure	h Negative P				
	ls	Locati	on				11011						ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	N Used Mai Cust	Location Normally d Solely by intenance/ todial Staff? (12)  Location  Asbestos Conta (i.e. thermal s surfaci other m				stems	aterial ( insulati T, or	ACM) on,	:	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		Exterio	r Sir	ling	<u>`</u>		1000 Sf	×			
Exterior Siding	-		X			or Til			4	300 Sf	х			Γ
family room	-		×			/1 110								
			1											
Name of Registered Waste Hauler		1	NJDEP V Hauler ID	Vaste No.	Cubic Ya of Waste			Name o		stered Landfi	11			
United Containers  City, State			22459		Disposa 2/19/14		)	City, Sta Morris	ate sville	PA 19067				
Elm NJ				73 - N. S.	2/13/1-						Date			_

Signature

Title

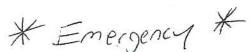
President

2/12/14

Print Form

Anthony T Perna

Completed by



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

	11				:60 and 12			CL A	390	3								
Date of Notification (1) 2/12/14	Name of Building Owner/Operator (2) Kevin Cavangh Private Home																	
Agencies Notified Type Notification						Name of Building Owner/Operator (2) Kevin Cavangh Private Home  Street Address 3 West Kirkland Av  City, State, Zip Code Brant Beach NJ 08008  Name of Contact Kevin  FACILITY INFORMATION												
DEP Amended	Initial Amended Amendment #					City, State, Zip Code Brant Beach NJ 08008												
DOH Emergency justification)		1 1	Name of C	Contact		-	Telephone Mumber.											
DCA Cancellation		1		ITY INFO	RMATION	J						_						
Name of Facility Where Abatement is Takin	g Place (3)		FACIL	III INCO	KinATION		Туре о	f Facility (4)				242011	F-1 1					
Kevin Cavangh Private Home								chool (K-12			ĸ							
Street Address 3 West Kirkland Av								Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)										
City (5) Brant Beach NJ 08008					Square Feet 1000+			Floors	1 20070	Bldg. Age 35+								
County (6)		County C	ode (7) SE ONLY)					ng demolish	ed)									
Ocean  Name of Monitoring Firm Hired by Building	No.	7 20	Name of Abatement Contractor (9)															
N/A					rnaco Inc.													
								Street Address PO Box 329										
								, State, Zip Code est Berlin NJ 08091										
							elephone No. License No. 56-753-9800 00727											
Clair Date (10)								ne of OSHA Monitor me										
								eet Address										
Facility Closed/Vacated During Entire Period of Abatement								State, Zip Code										
Scope of Work (Check All That Apply)									<del>////</del>									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure															
Y	ls l	s Location						•				Abate	emen	t				
Location of	ormal			Desc	scription of					Type								
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	ntenai	enance/ dial Staff? (i.e. thermal surfac other m				taining Material (ACM) systems insulation, cing, VAT, or niscellaneous)			Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure					
Exterior Siding			х		Exteri	ior Sid	ding	2	3	600 Sf	x							
, and the second		- 0						•			x							
			-								-			-				
Name of Registered Waste Hauler	5.0	NJDEP Waste Cubic Yards											1_					
United Containers	Hauler ID No. of Waste 22459 4				G.R.O.W.S.													
City, State Elm NJ	2/21/14	oosal Date City, State 1/14 Morrisville PA 19067																

Signature

Date

2/12/14

Completed by

Anthony T Perna

Title

President

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

CK# 05/16

Date of Notification (1) 2-12-2014				Name of Building Owner/Operator (2)   V E D  Matthew Wurtzel														
Agencies Notified	Type Notification	1	Street Address 27 Rosedale Ave. PH 3: i1															
DEP  DOL	Initial Amended Amendment		1	City State	e. Zip Coo	de 704055	STO	S CONT	ROL.		G	ų.						
DOH DCA	Emergency ( justification) Cancellation	including	T	Name of 0		Č.	: L10	ENSING	Tele	ephone h	ne Number							
			FACIL	ITY INFO	RMATIO	N	Type of Fac	TIL. (4)										
Name of Facility Where A							50.305											
Street Address					_		l (K-12) apter 8 (Oth	er than k	(-12)									
27 Rosedale Ave.						Other	(i.e. private	& comme	ercial b	uildi	ngs, l	nome	s,					
Western Constitution of State Constitution o				etc.) Sguare Fee	t # o	Floors		Ric	ig. Ag	16								
City (5) Millburn								2100					50+					
				County C	ode (7)		-	Current Use (Prior if being demolished)										
County (6) Essex				(STATE U	SE ONLY)			House	, (i 1101 ii 001	ng come	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Name of Monitoring Firm	Lliend by Duilding	Owner (8)		ASCM	No		Name	of Abatemen	t Contractor	(9)		-						
n/a	mired by Building	Owner (o)		n/a	140.													
Street Address				III/a			Loznica Management Corp Street Address											
n/a			Street Address 22 Troy Lane															
City, State, Zip Code							City, State, Zip Code											
n/a			Lincoln Park, NJ 07035															
Project Manager for Mor		Telephon	e No.		Telephone No. License No.								-					
n/a		n/a			973-706-7950 01193													
Start Date (10)	d Con	npletion D	Date (11)		Name of OSHA Monitor													
2-21-2014	013	•	8 6	-	Lozn	znica Management Corp												
Occupancy Status Durin	****		Street Address															
Facility Closed/Vacated During Entire Period of Abatement						22 Troy Lane												
Abatement Perform					City, S	tate, Zip Coo	-											
Other – Describe:		-		_	Linc	oln Park, I												
Scope of Work (Check A	II That Apply)	- W			<del></del>					5000	14.4							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	enova emolit					Mini-End Gloveba	g Procedure											
							_ Non-Exe	mpted (*) ar	IU NOII-I	Tiable I	ement							
	Locat lorma	\$125000 A.B							1	Туре								
Location	d Sole		Achor		cription	of Naterial (ACN	A)	Amount	t			m						
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (1						thermal s	system	s insulation,	"   (	(Specify SF or LF)		R <sub>0</sub>	Repair	Encapsulate	En			
						surfaci other mi			s			Remova			Enclosure			
(13)	(13)					Other III	iscellai	ieous)				a	-					
	Yes	No	lo N/A															
Basement				х	As	bestos F	Pipe I	nsulation	4	42 LF		х						
								por este som se										
Name of Registered Waste Hauler				NJDEP W Hauler ID		Cubic Y												
Loznica Management Corp			1 (3)	0033137	TBD	i G	GROWS Landfill											
City, State Lincoln Park, NJ 07		Disposal Da TBD				ate City, State Morrisville PA 19067												
Completed by Title					Signatu								Date					
E. Cirovic		Secr	etary	,		16	E. Cironc				2-12-2014							



Data of Natification (1)					TN	(0.111		WEDE	• • • • • • • • • • • • • • • • • • • •				
Date of Notification (1)					1		g Owner/Operator (	2) KECE	IVED				
	_ ′ _	14			Lau	ıra Ober	g						
	e Notifica	ation	1225	200	Street	Address		2014 FEB 18	PM 2: :0				
	nitial				201	Birdwo	od Ave		. 11 2. 10				
	Amended	2000000			City, S	State, Zip (	Code	*SESTOS & LICEN	CONTO				
	mendme		ali radia a		Had	ddonfield	I. NJ	& LICEN	COMIROL				
	Emergeno ustification		gnious		100000000000000000000000000000000000000	of Contac	<del>1</del>	7.0516	Telephone Numb	95-			
	Cancellati				1	ıra Ober	n		receptione regime	R	-		
					1				!				
Name of Facility Where Abater	mont is T	okina	Diago	(2)	FA	CILITY	FORMATION	1 <del>- 2 - 111 - 2</del>					
Resident	HEIR IS I	aking	Place	(3)				Type of Facility (4	•				
								School (K-12)	(Other than K-12)				
Street Address								Other (i.e., pri	vate and commen	cial bu	ilding	IS,	
201 Birdwood								homes, etc.)					
City (5)								Square Feet	# of Floors	BI	dg. A	ge	Actions
Haddonfield								2500Sf	3 Floors		80 yı	s.	
County (6)					Cour	nty Code (	7)(STATE USE ONLY)	Current Use (Pric	or if being demolis	hed)		3.250 V	
US; Camden CO.								Resident		765			
Name of Monitoring Firm Hired	by Build	ling O	wner (	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					-
Environmental Manager	nent int	terna	tiona	ı.				n Environmenta	Service, LLC.				
Street Address							Street Address		,		-		
34 E. Germantown Pike	#204						14 Read Driv	e					
City, State, Zip Code		-					City, State, Zip Co						-
E. Norriton, PA 19401							Sicklerville, I						
Project Manager for Monitoring	Firm	-		TTO	ephone	Na		42 00001	1				
Raymond Giordano	1			1	10-277		Telephone No.	*	License No.				
Start Date (10)	- 10	\_L_J	1-40	1			856-318-1341		01158				
0. 6				-	etion Da		Name of OSHA M						
///					7_ /	14	Graham-Tech	n Environmenta	I Services, LLC	<b>.</b>			
Occupancy Status During Abat							Street Address	×					-
☐ Facility Closed/Vacated Dur							14 Read Drive	е					
Abatement Performed Outs Time of Abatement: 7AM-3						cribe	City, State, Zip Co	ode					
Time of Abatement. 1Aivi-3	.30FW		-FIVI-	e e e e e e e e e e e e e e e e e e e	Alvi		Sicklerville, N	NJ 08081					
Scope of Work (Check all that a	apply)									1000-200			
☐ ≥3 sf or ≥3 if			⊠ p.					tainment with Nega	ative Pressure				
☐ ≥160 sf or ≥260 lf			⊠ Re □ De				Mini-Enc     Glovebar     Glovebar	losure g Procedure					
							☐ Non-Exe	mpted (*) and Non	-Friable Procedur	е			
			2000	Loca						Ab	atem	ent T	vpe
Location of				Norma	ally ely by		Description o			-		_	
Asbestos-Containing Materi TO BE ABATED	ial (ACM)	)			ely by ance/	Asbe	stos Containing Ma	terial (ACM)	Amount	em	Repair	inca	no
IN Facility		- 1		todial	Staff?	(1.6	e., thermal systems surfacing, VAT,		(Specify SF or LF)	Remova	¥.	psu	Enclosure
(13)		-		(12)			other miscellane		G. G. L. ,	-		Encapsulate	9
			Yes	No	N/A							ω	
Crawl Space				×		Duct Pa	aper		45LF	×	П	П	
-					100000					+		=	-
			П							$\Box$	П		
Name of Registered Waste Hau	ıler				JDEP I	Nacte	Cubic Yards of	Name of Registe	rod Landell	Ш	Ш	Ш	
Graham-Tech Environme		ervic	e, LL		lauler II	No.	Waste	5 1	orth Landfill &	Tully	towr	1	
City, State		-			00346	500	Disposal Date	City, State				ā	
14 Read Drive Sicklervill	le, NJ 0	8081					Disposal Date		ntown Rd. Mon	risvil	le,P/	A	
Completed By (Print or Type)		Title					Signature	<u> </u>				30	-
Vernice Graham		Vince of	eside	nt			VUNI	July	Dai	7-1	1-1	4	

#### State of NJ

B & G proj. #: 2014-23

Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)
\*\*\*EMERGENCY\*\*\*

Date of Notification (1)				LIVILI	-	MF.	Cr. Crieci	K # 0396		_
	- 1			ner/Operator (2		ne.	CENTEL CHECK	)		
Agencies Notified   Type Notified		Ridgew	ood Boa	rd of Educat	ion	2014 FEB	10 -			
□ EPA	ation	Street Add				• • •	18 PH 3: (	10		-
DEP M Initia	'	49 Cott	tage Plac	ce		ASBESTO & LICE	800			
		City, State,	Zip Code			å LIČI	ENSUNTRO	<del></del>		
_   _	ndment	Ridgev	vood, NJ	07451			-1421AC			
₩ DOH		Name of Co	ontact				Telepho	ne Number		
DCA Canci	ellation	Steve	Titcheno	r						8
			FAC	CILITY INFORM	IATIO	N		<del></del>		
Name of facility where abatement	t is taking p	place (3)					Type of Facility	(4)		
Ridgewood High School				8			School	ol (K - 12)	*****	
Street Address	-							hapter 8 (Other to (Private/Commo		)
627 E. Ridgewood Ave						1-	Bldgs.	./Homes, etc.	siciai	
City (5)	I Cor	unty (6)			-	1015	Square Feet	# of Floors	Bldg.	Age
Ridgewood, NJ					(F) (S) (S)	unty Code (7) ate use only)		+	. M	
		ergen	4	0	(0	ate ase only)	School (non	Prior if being den	nolished)	
Name of Monitoring Firm Hired by	y Bidg. Owr	ner (8)		ASCM No.	1	Name of Abatement C		-3ub 0)		
N/A						B & G Restoration	. Inc.			
Street Address					-	Street Address	,			
						105 Ryerson Road				
City, State, Zip Code						City, State, Zip Code				
5-1-1V						Lincoln Park, NJ	07035			
Project Manager for Monitoring Fir	m ·	P	none Numb	per		Telephone Number		License Numb	ber	
			1750			973-696-6869		0378		_
Scheduled Start Date (10)	Sche	d. Completi	on Date (1	1)		Name of OSHA Monito				
02/18/2014	02	2/19/2014	0			B & G Restoration Street Address	i, Inc.			
Occupancy Status During Abateme					$\neg$	105 Ryerson Road				
Facility closed/vacated during	g entire per	iod of abate	ment.			City, State, Zip Code				
Abatement performed outsid Describe:	e of normal	facility hou	rs-			.,				
Other-Describe:					-	Lincoln Park, NJ (	7035			9
Scope of Work (check all that app	ly)						Г	wrap & cut	t	
☐ Demolition ☐	Renovation	on				ull Containment w/negat	tive pressure	Glovebag pro		
✓ >3 sf or >3 lf	≥160 sf or	≥260 If			V N	/lini-enclosure	<u> </u>	Non-friable p	orocedure	
Location of		n normally		1			<del></del>	R	RE	T
asbestos-containing material to be	staff(12)	enance/cust	todial	Description	n of a	sbestos-containing	Amount	e m	e n	I E
abated in facility (13)	Yes	Na	1	material (A	(CM)	<u></u>	(Specify S LF)	For o	P C a	c
X 8 %	103	No	N/A					V e	i p	-
Room # 241			X	Mastic only			800 sqft			
Room # 243		7	X	VAT (9" x 9	")		125 sqft			
Room # 243			X	Mastic			350 sqft	$\square$		
egistered Wests Usula-										
egistered Waste Hauler  B & G Restoration, Inc.	NJDI 195	P Hauler II	D# Ci	ubic Yards of W	aste	Name of Registered La Tullytown Resource		Center		
ity, State			Disposal Da	ate 4		City, State	c & Recovery	Center		
Lincoln Park, NJ 07035				9/2014		Tullytown, PA				
ompleted by (Print or Type)	Title			Signature				Date		
Gordana Luna	Secretary	y/Treasure	r			Gordana Luna		02/11/2014		

Notification of Aspestos Abatement B & G pro), e; 2014-23 (Pursuant to NJAC 8:60-7 and 12:120-7) \*\*\*EMERGENCY\*\*\* 3 Date of Notification (1) Name of Building Owner/Operator (2) 001 - TU DA 0121/111/114 Ridgewood Board of Education 12 CONTROL Agencies Nothing Type Nothcation Street Acdress ☐ EPA & LICENSING Initial 49 Cottage Place DEP City, State, Zip Code DOL. MUNION Amendment Ridgewood, NJ 07451 MININED ADDROVED DOH Name of Contact Cancellation DCA Steve Titchenor FACILITY INFORMATION Name of facility where abstument is taking place (3) Type of Facility (4)

Sersol (K - 12) Ridgewood High School S. pchapter \$ (Other than K-12) Street Address Offer (Private/Commercial Bit pa./Homes, etc. 527 E. Ridgewood Ave Bldg, Age City (5) County (6) County Code (7) Ridgewood, NJ (State use only) Current Use (Prior if being demolished) Bergen School (mbn-sub 8) Name of Monkering Firm Hired by Bldg. Owner (8) ASCM No. Marne of Abatement Contractor (b) NIA B & G Restoration, Inc. Street Address STEEL Address 105 Ryerson Road City, State, Zip Gode City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number Telephone Number Liconae Numbra 973-696-6869 0378 Scheduled Start Date (10) School, Completion Date (11) Name of OSHA Monitor B & G Restoration, Inc. 02/18/2014 02/19/2014 Street Address Oscupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vecated during entire period of abatement, City, State, Zio Code Abatement performed outside of normal facility hours-Describa: Other-Describe: Lincoln Park, NJ 07035 Scope of Work (check all that apply) WTEP & cut Glovebag procedure □ Dempition Renaustion Full Containment winegative pressure 2 >2 st or >3 if ☐ ≥160 of or ≥280 (F Mini-enclosure Mon-frieble grocedure in location normally used solely Lossian of by maintenance/custodial asbestos-containing E . staff(12) Description of asbeatos containing Amount n material to be Ph memerial (ACM) (Specify SF or LF) Pa 6 ebated in facility (13) 8 No NA Room # 241 X Wastle only 800 saft Room # 243 X 7 VAT (9" x 8") 125 agit Room # 243 Mastic 350 acft Registered Waste Playler NO SEPTEMBER Cubic Yards of YVOSIO Name of Registered Landfill B & G Restoration, Inc. 19563 Tullytown Resource & Recovery Conter City, State Disposal Day CRy. Slote incoln Park, NJ 07035 02/19/2014 Tullytown, PA Completed by (Print or Type) Signatura Gordeza Luna Cardena Same Secretary/Treasurer 02/11/2014

Feb 12 20	14 10:09am	P001/001
74	NJ Hopt of Hea	olth & Senior Services
PEA.	Par 2/12/	M Time: 14-0

B & G proj. #:	2014-23			Notif (Pursus	ication of A	8:60	os Abatement 7 and 12:120-7)	FOR	Di rican	maiore	Q		vices
Date of Notification (	1)	11.	Name of Bu	iliding Ow	ner/Operator	(2)			FN				
0 2 / 111	1114	] [			rd of Educ		2014 5	Co.	- 53				
Agencies Notified	Type Notifica	tion	Street Addn		, w e/ +444		1111	CB 18				-	
☐ DEP.	initial	. []	49 Cotta	age Plac	ce `		A SEE	EB 18 FM	ऽः <b>सृ</b> ष्टु				
DOL.	Amen	iment	City, State, Ridgew	Zlip Code rood, NJ	07451		£ [	ICENSING	ROL.	80-7.00		2 3-	
DOH DOA	Cance		Name of Co Steve 1	ntact itcheno	<del></del>	_		Teleph	one Numbr	<b>Y</b>	-		<u> </u>
					CILITY INFOR	MATIO	N	<del>\</del>		• •••		-	
Name of facility when	a shelement	ir tabina n	Jama (2)					12 × 15 45					
Ridgewood High		io taking p	inco (c)						ool (K - 12				4
Street Address			- miles						chapter 8 (			(-12)	)
627 E. Ridgew	and Ave							Bidg	r (Private/C	:omm eta.	erciaj		
. —	000 VA6							Square Feet	# of Flag		B	ldg.	Age
City (5) Ridgewood, NJ	1/20/		inty (6)			7503220	unty Code (7) ate use only)	Current Use	(Prior If help	na der	<u>.</u>	- 55	
Name of Monitoring F	•		argen		·	Ш,		School (no		.g ca,			
Maine of Mountained t	N/A	ndb, AMI	lei (b)		ASCM No.		Name of Abateman B & G Restorat	505					
Street Address			<del></del>		I. <del></del>		Street Address	ion, m.			-		
	ï			•		1	105 Ryerson Re	nad					
City, State, Zip Code					100	_	City, State, Zip Code			-			
957-257 (AM)						. 1	Lincoln Park, 1					-	
Project Manager for M	anitoring Fire	n ·	Ph	one Num	ber		Telaphone Number 973-696-6869		License	Num	per	TIME!	-
Scheduled Start Date					warm (because		Name of OSHA Mo	plas	0378		_		
02/18/2014	(10)		d. Completic 2/19/2014	on Date (1	1)		B & G Restorat	•					
Occupancy Status Dur	ind Abateme	nt (Check	(ana vine			-	The second second second						
Facility closed/vi  Abatement perfo	acated during	entire per	iod of abate	ment, 3-			105 Ryerson Re City, State, Zip Code						
Describe: Other-Describe:				-	<u> </u>		Lincoln Park, N	U 07035					
Scope of Work (check	all that appl	y)	-						CEIM L.J	& CIV	<b>†</b>	_	
Demolition	2	Renovation	on	85			uli Containment w/ne	enussana avitana	Glovei	-		_	
2 >3 sf or >3 if		_ 160 sf or	>260 IF				Vini-enclosure	-2-4-+ Process	Non-fr				
		A THE REAL PROPERTY OF THE PARTY OF THE PART	n normally u	sed enler	<del>yl</del>	- ALL .			MO MOLED		ninite:	_	7
Location of asbestos-contain	oina	by mainte	enance/cust	odial	1			A-10100		R =	ě	E	E
material to be	1000 <del>-0</del> 0	staff(12)		·	materia	LOT OF E	sbestos-containing	Amount (Specify	SF or	m	p	ç	n
abated in facility	(13)	Yes	No	N/A				ĹF).		V	a	a	L
Room # 241				X	Mastic on	ly		. 800 saft		e	-	F	-
Room # 243	7		7	X	VAT (9")	-		125 sqft	<del>-</del>	-		븜	卄
Room # 243 .				X	Mastic		-				<u> </u>	무	井
C- WW						-		350 soft			井	井	#
										牌	片	井	1
Registered Waste Haule B & G Restoration,		NJD1	P Hauler II	D#   C	ubic Yards of	Waste	Name of Registered		0	<u>  L  </u>	<u>.</u>	L	14
City, State		-/-		Disposal D	ate 4	-	Tullytown Reso	mee & Kecovel	y Center		_		<del></del> .
Lincoln Park, NJ 0	7035				9/2014		Tullytown, PA	O Dec					
Completed by (Print or Gordana Luna	Туре)	Title Secretain	y/Treasure	r .	Signature	,	Gordana Luna	<del></del>	Date : 02/11/	204			
									104111	4014			

## Ut 2909

3900		NO	TIFICA (Purs	TION O	F ASBEST NJAC 8:60	OS A	BATEN 12:120)	IENT	P	SC	~.					
Date of Notification (1) 2/12/14 .					uilding Owr Lewis Pri			(2)	BESTO LICE	/0	EIV	ED				
Agencies Notified	Type Notification		53		ch Street	t		43	BESTO LICE	' 0	PM 3:	ûg				
EPA DEP DOL	Amended Amendment #_		Cit	y, State ammoi	, Zip Code nton NJ (	0803	7		LICE	NSU	WIRC	);				
DOH DCA	Emergency (inc justification) Cancellation	aluding		me of C	Contact					Telep	hone N	umbe	er			
_ DOX	Carlot atten			FACILI	TY INFOR	MATIC	NC									
Name of Facility Where A Jeanne Lewis Privat		Place (3)						Sch	nool (K-12	)				Øs ·		
Street Address 535 Peach Street								Oth etc		vate &	comme	rcial t				,
City (5) Hammonton NJ 080	037							Square 1000 +		1	Floors		35-	g. Ag + ——	е 	
County (6) Atlantic				ounty Co	ode (7) SE ONLY)		_	Current	Use (Prior	r if bein	g demol	lished	d)			
Name of Monitoring Firm	Hired by Building Ov	wner (8)		ASCM	No.			of Abater naco Inc	ment Cont	ractor (	9)					
Street Address								Address Box 329								
City, State, Zip Code								State, Zip st Berlin	Code NJ 0809	91						
Project Manager for Mor	nitoring Firm		Т	elephon	e No.		500000000000000000000000000000000000000	hone No. -753-98	00		License 00727					
Start Date (10) 2/24/14		Schedule 2/28/14	·	oletion D	Date (11)		Name	of OSHA	Monitor							
Occupancy Status Durin							Stree	t Address							20	
Abatement Perform	ated During Entire Poned Outside of Norma Home Owner will be h	al Facility	bateme Hours	ent		_	City,	State, Zip	Code							
Scope of Work (Check A	All That Apply)		1				-	<b>–</b>	Containme	4	Nogotis	n Dr	occur occur	9		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti					Mini-	-Enclosure	e cedure						
				_				△ Non	-Exempted	1 (*) an	a Non-r	Habit			ment	
Location	n of		Location	у .			escriptio								ре	
Asbestos-Containin TO BE AF In Fac (13	g Material (ACM) BATED illity	Ma Cus	d Solel intenar todial S (12)	ice/ staff?		herma surf	al systemacing, \	Material ms insulated (AT, or aneous)		(5	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Pagen	nont	Yes	No	N/A X	F	loor	Tile 8	Mastic		7	00 SF		x			
Baser	nent															
																-
Name of Registered W	aste Hauler	-	1000	IJDEP V	AND STREET	100000000000000000000000000000000000000	ic Yards	5	Name of	Regist	ered La	ndfill		_	L	1
United Containers	nited Containers					3	Vaste	ata .	G.R.O.							
City, State Elm NJ							oosal Da B/14		Morris		A 190		to			
Completed by Anthony T Perna		Title Pres	ident				Signat	ure				2/	12/1	4		

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

		(Pu	rsuant t	o NJAC 8	8:60 and	12:120	))	NEGO		10	26	8-	)		
Date of Notification (1) 2/12/14				Building C School	Owner/O	perator	(2) 201	AFEB 18	2/	VE,	7)				
Agencies Notified Type Notification		1188	Street Ad	idress intry Dav	y Drivo		Sc.	168/8	9 ps	,					
EPA Initial Amended				te, Zip Cod			JAF P	5/05	- 17	3.6	7		-		
DOL Amendment :				Hills, NJ		3	Q	LICEN	CON	70	•				
Emergency (i justification)  DCA  Emergency (i justification)  Cancellation	ncluding	100	Name of Michae	Contact el Virzi				ES 103 LICEN	Apri	phode	Numb	er	<b>L</b>		
			FACIL	ITY INFO	RMATIC	ON								Name of the last o	7
Name of Facility Where Abatement is Taking Pingry School	Place (3	)						of Facility (4	-						
Street Address							□ s	chool (K-12 ubchapter 8	(Othe						
50 Country Day Drive								other (i.e. pr tc.)	ivate 8	comm	ercial	build	ings,	home	es,
City (5) Short Hills							Square 3000	e Feet	# of 1	Floors		BI 55	dg. A	ge	
County (6) Bergen			County C	Code (7) ISE ONLY)			Currer	nt Use (Prio	r if beir	ng dem	olishe	d)			
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCM	l No.				ement Cont			LC				
Street Address							Address Gate D	s Orive, PO	Box 4	183					
City, State, Zip Code						City, S	State, Zij	o Code							
		- 1-	Falaulaa	N.				NJ 0741	18	Licens	a Na				
Project Manager for Monitoring Firm			Telephor	ne INO.			hone No 583-85			703	se No			53525	
Start Date (10) 3/12/14	Schedule 4/4/14	ed Com	pletion [	Date (11)		Name	of OSH	A Monitor		9	= 11	1		110	
Occupancy Status During Abatement (Chec	k Only Or	ne)				Street	Addres	S		-	12		(4)	2 2	- 7
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:						City, S	State, Zi	p Code						<u> </u>	
Scope of Work (Check All That Apply)					*		***								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renovat Demoliti					Min Glo	Containme i-Enclosure vebag Proc n-Exempted	edure					е	
	Is	Locati	on										Abate	ement	
Location of	- C	Normall ed Solel				scription							IУ	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	nce/				is insula AT, or		(8	mount Specify For LF)		Removal	Repair	Encapsulate	Enclosure
`	Yes	No	N/A											œ.	
Exterior			х		tran	ncite s	offit		15	50 SF		x			
									10 mg 2 mg						
Name of Registered Waste Hauler			JDEP W		Cubic of Wa	Yards		Name of F		ered La	ndfill				
Freehold Cartage		1 10210	5939	. 110.	10	2501.5039		GROW							
City, State Freehold, NJ					Dispo:	sal Date	Э	City, State Morrisvi		Α					50.6
Completed by Andrew Scott Higgins	Title Pres	ident			S	Signatur		~			Dat 2/1	e - 2/14		11.64	

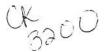
#### Check#1818

CHECK#1010			•			0.00 and 5.10		.50	1.			
Date of Notification (1)				Name o	f Building (	Owner/Operator (2	) 2	BESTOS C	-1 RE	n		
02	12 / 14	_	F	Richard	l Berezan:	sky		16810		~		
Agencies Notified	Type Notification				Address		AS.	BESTUS CONTROL OF THE PROPERTY	PM 2	2000		
□ EPA	Initial		1	14 Tay	ylor Aven	ue	5	ESTOS	, 0.	@ >		
□ DOLWD	Amended				ate, Zip Co			& LIPP. C.	7412			
□ DHSS	Amendment #_							CASI	Wa RO	,		
☐ DCA	Emergency (inc	luding			rough, N.	1 08844		Telephone Nu	mber	•		
(NJAC 5:23-8)	justification)		- 9					, cicpitotto tra				
	Cancellation		Į.		d Berezan							
				FAC	ILITY INF	ORMATION						
Name of Facility Where	Abatement is Taking	Place (	3)			1,000,000,000	Type of Facility	(4)				
Private home							School (K-12		( 0)			
Street Address							Subchapter 8	(Other than K-1 rivate and comm	l Z) nercial bui	dinas		
							homes, etc.)		ici dai bui	omga	200	
114 Taylor Avenue City (5)		-					Square Feet	# of Floors	Bid	g. Ag	e	
5-5-5-4-E-2-5-5-5-1	2727						3					
Hillsborough, NJ 0884	44			Count	Code /7\ /	STATE USE ONLY)	Current Lice (Pr	for if heins dem	olished)			_
County (6)				Count	y code (1) (	STATE USE ONET)	Quitent ode (i )	ior is boing domi	onanou,			
Somerset				<u> </u>							-	
Name of Monitoring Firm	n Hired by Building C	wner (8	9)	ASCM N	No.	Name of Abateme	ent Contractor (9	)				
						Gr Tech LLC						
Street Address				100		Street Address						
						576 Valley Rd #	283					
City, State, Zip Code						City, State, Zip C	ode					
						Wayne, NJ 0747	70					
Project Manager for Mo	nitorina Firm	-	Tele	phone !	No.	Telephone No.		License No.		-		_
,						973-638-1777		01127				
Start Date (10)	I School	uled Co	mnle	tion Dat	ta (11)	Name of OSHA N	Applitor	01127		->		
02 / 22	1808				100	Name of Contract	nonito.					
						Envirovision Co	onsultants,Inc					
Occupancy Status Durin						Street Address	1.5%					
▼ Facility Closed/Vaca						20-21 Wagaraw	Road, Bldg .#	34A				
Abatement Performs					cribe	City, State, Zip C						
Time of Abatement:	AMPI	٧V	_PIVI_		AM	Fair Lawn, NJ 0	7410					
Scope of Work (Check a	all that apply)						p and decontami	nation with nega	ative press	ure		
		_					itainment with Ne	gative Pressure				
>3 sf or >3 lf ≥ 160 sf or ≥260 lf		X Re	novati	חס		Mini-End	closure ig Procedure	Tent with Nega	tive Press	ure		
		☐ De	пошк	311		Non-Exe	empted (*) and N	on-Friable Proce	edure			
		ls	Local	tion					Ab	ateme	ent Ty	/pe
Locatio	n of	1	lorma	lly		Description	of					-
Asbestos-Containing				ely by		stos Containing Ma		Amount	Removal	Repair	inc	Enclosure
TO BE AS		0.008	intena Indial	Staff?	(i.e	., thermal systems		(Specify	lou	air	aps	180
IN Fac		Ousi	(12)			surfacing, VAT other miscelland		SIF or LF)	la la		Encapsulate	E
(13)				1 A1/A	1	other miscenarie	sods)				9	
		Yes	No	N/A	·				180			
Laundry room			Ш	X	Duct ins	ulation		30 SF	X	ш	النا	Ш
				1	1					In	=	
			ш	14	-			1		ᆜ	1	لب
Name of Registered Wa	aste Hauler		NJ	DEP Waste	e Hauler ID No.	Cubic Yards of Was	ste Name of Reg	istered Landfill			and the second	
						TBD	T.R.R.F. Inc					
Gr Tech LLC				003378	33	Disposal Date	City, State				-	
City, State						22	638					
Wayne, NJ 07470						TBD	Tullytown, I	PA				
Completed By (Print or	Type) Title	8				Signature	5000 1000 01 10		Date			
N.Jevtic	Ow	ner				H	An al		02/12/20	14		
ASB-41						1/2	WE ME	mad				
MAY 11		Do no	use t	his form	n for ashes	tos licensura xem	pted activities.					

Date of Notification (1)			Name	of Buildin	g Owner/Operator (	(2)		8	7	
	14		PS	E&G		/ Job #1402-4	728 Check #	#5925 <b>7</b>	Å	ECE 3.00
Agencies Notified Type Notifica	ation		Stree	Address				70 C	50	(4)
☑ EPA ☑ Initial			400	00 Hadle	y Road			*	0	edi.
☑ DOLWD ☐ Amended				State, Zip				- C.G	1	
□ DHSS Amendme			2500	- A - A - A	field, NJ 07080			Sec	. 3	-
DCA Emergen justification		ng		of Contac			Telephone Nu	ımber		جين حي
Cancellat			Ric	hard Gib	bons				8	0
		***************************************	FA	CILITY II	NFORMATION				7	
Name of Facility Where Abatement is 7	aking Pla	ce (3)				Type of Facility	(4)			168 Situa
PSE&G Teaneck						School (K-12				
Street Address		-2,711				☐ Subchapter ☐ Other (i.e., p	8 (Other than K-	·12) nercial build	nae	
1085 Palisades Avenue & Colo	nial Cou	rt	000 00000000000000000000000000000000000			homes, etc.)		nercial bullu	ngs,	
City (5)						Square Feet	# of Floors	Bldg.	Age	
Teaneck		4000								
County (6)			Cou	nty Code (	7)(STATE USE ONLY)	Current Use (Pr	ior if being demo	olished)		
Bergen	" 0	- (0)	10004	N	Name of Abotem					
Name of Monitoring Firm Hired by Build	ing Owne	er (8)	ASCM	No.	AbateTech, I	ent Contractor (9)				
Health & Safety Services Street Address					Street Address	nc.				
318 12 <sup>th</sup> Street						e. PO Box 25				
City, State, Zip Code					City, State, Zip C					
Hammonton, NJ 08037					Lumberton,					
Project Manager for Monitoring Firm		Te	lephone	No	Telephone No.		License No.			
Jim Proctor			609-704		609-265-2107	7	00529			
	Scheduled			70000000000000000000000000000000000000	Name of OSHA N	Monitor				
02 / 24 / 14	_02_				EMSL Analyt	tical				
Occupancy Status During Abatement (	Check only	y one)			Street Address					
☐ Facility Closed/Vacated During Entit	e Period	of Abat	ement		200 Route 13	30 North				
Abatement Performed Outside of No					City, State, Zip C	ode				
Time of Abatement:AM	PIVI/	P	/	AW	Cinnaminsor	n, NJ 08077				
Scope of Work (Check all that apply)					M Full Con	toinment with No.	activo Proceuro	He Wasan as a		1
☐ ≥3 sf or ≥3 lf	⊠ F	Renova	ation		☐ Mini-End	tainment with Neg closure	gative Pressure			
≥160 sf or ≥260 lf		Demoli	tion			g Procedure	a Frieble Deser	ale con		
		Is Loc	otion	1	☐ Non-Exe	empted (*) and No	n-Friable Proce		mont 7	Tuno
Location of		Norm		1 -	Description of	of			ment 7	
Asbestos-Containing Material (ACM			lely by nance/		estos Containing Ma	aterial (ACM)	Amount	Removal	nc	Enclosure
TO BE ABATED IN Facility	1000		I Staff?	(i.e	e., thermal systems surfacing, VAT		(Specify SF or LF)	ova	i squ	uso
(13)		(12	2)		other miscellane		5. 5. 2. 7	-	Encapsulate	G,
0.000 0.00	Ye	s No	N/A							
Exterior			$\boxtimes$	Asbest	os Plaster		690 SF			
			$\Box$							
Name of Registered Waste Hauler		ᅼ	NJDEP '	Waste	Cubic Yards of	Name of Regis	stered Landfill		1-	-
AbateTech, Inc.			Hauler II		Waste 40	G.R.O.W.S				
City, State			10/3		Disposal Date	City, State				
Lumberton, NJ					02/28/14	Tullytown,	PA			
Completed By (Print or Type)	Title				Signature	1 1		Date /	i .	$\neg$
Jennifer Piraine	Opera	ations	Coord	inator	Ochu	Ber Puai	no 1	2/101	14	

ASB-41

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



Date of Notification (1)			1000		Building O		perator	(2)			E.	FED	C	1	
Agencies Notified	Type Notification		1	reet Add	dress d Essex	< Stree	ets				300	<u> </u>	8	<u> </u>	5
DEP  DOL	Initial Amended Amendment	#	Cit	ty, State	e, Zip Coo ster City	le					whone Nur	CN	06	₹.	ન્ડ્રેય
DOH DCA	Emergency ( justification) Cancellation		Na	ame of 0						Telep	hone Nur	nber	NA.	POL	
П вох	Caricellation			0.000	ITY INFO	RMATIC	ON							-	
Name of Facility Where Armstrong Building		Place (3)							of Facility (4 School (K-12 Subchapter 8	2)	than K-1	2)			
Street Address King and Essex Str	eets				N. C.				Other (i.e. prietc.)	ivate &	commerci	al build			s,
City (5) Gloucester City								Squar 200,	re Feet 000	# of F	Floors		dg. A	ge	
County (6) Camden				ounty Co	ode (7) SE ONLY)		_		nt Use (Prior majority is				1st	floor	
Name of Monitoring Firm	Hired by Building	Owner (8)	1	ASCM	No.				tement Cont	tractor (	9)				
Street Address								Addres West	ss Lincoln Hi	ighway	, Suite	500			
City, State, Zip Code							City, S	State, Z	ip Code 19341					781182	
Project Manager for Mor	nitoring Firm		Те	elephon	e No.		Telepi	none N 872-8	0.		License N 01161	10.			
Start Date (10) 22414		Scheduled (			ate (11)		Name EMS		HA Monitor						
Occupancy Status Durin							F1333-5154	Addre	ss e 130 N				0		
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norn			nt			0 9500		ip Code						
Scope of Work (Check A							Oiiii		3011, 140						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			ovatio nolition				2	Mi Glo	Il Containme ni-Enclosure ovebag Proc	edure				9	
		550.77	cation						in-Exempted	( ) and	HOITTIG	1	Abate		t
Locatio Asbestos-Containing TO BE AB In Fact (13)	g Material (ACM) BATED ility	Used S Mainte Custod	enanc	by ce/		tos Cont thermal surfa		Materia is insul AT, or	27	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Room 18 on 3rd	floor: flooring		X	N/A		Floori	na ma	torials	2	5/	l SF	x			
ROOM 16 ON SIG	noor, nooring		^			1100111	ng ma		,						
				- =											
Name of Registered Wa	ste Hauler		NJI	DEP W	aste	Cubic	Yards		Name of I	Register	red Landfi	11			
TBD (multiple const			00000000	uler ID		of Wa	ste		TBD (m	ultiple	constitu	uent w	vaste	)	85
City, State						Dispo	sal Date	Э	City, State	е					
Completed by Jack Bally		Title Sr. Pro	ject l	Manag	ger	3	Signatur	e de	Ball	ly &		late   12	14		
ASB-41 (R-06-08)							700		this form for	1		re exer	mpted	activ	ities.

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO N.IAC 8:60-7 AND 12:120-7

				(PURSUAN		C 8:60-7 AN		CIL	ecla	ارو ا	10	<b>B</b>	
Date of Notification (	(1)					Building Ov		rator (2)		14	,	्र	
02_ /05_	/13						CEUTICAL	S CORPOR	ATION <	7 /	<u>~</u>	<u></u>	
Aganaina Natified	Trung of No	. Lifi L	ion		Street Ad 1 HEALTH					S. S.	10		~
Agencies Notified EPA	Type of No	Initial			130 18.34. 10.00.2.2.341	e, Zip Code				<del>(2)</del>		ð	5
		Amen				NOVER, NJ				100	ن ان	14	_
☑ DOH				# - 1	Name of 0		0,000		Telephor	ne Numbri	er.	1:	_
☑ DOL		Emerg	gency v	w/ justification	KEN PIRO	DZZI			•		SIN	O	ا د
		Cance	ellation								24	)	
4				F	ACILITY IN	FORMATIC	N		ATION <			7	
Name of Facility Wh	ere Abatem	ent is	Taking	Place (3)		Type of Fa	acility (4)						
NOVARTIS							0-51/1/	40)					
Street Address						1	School (K	er 8 (Other	than K 15	2)			
1 HEALTH PLAZA								, private &					
								mes, etc.)					
City (5)	County (6)	)		County Code	(7)	Square Fe		# Of Floors	S	Building	g Age		
EAST HANOVER	MORRIS			1.5		200	,000	2			40+		
								being dem	olished)	I			
							ESEARCH						
Name of Monitoring		by Blo	ig. Ow	ner (8)	ASCM NO	Name of A	batement	Contractor	(9)				
HILLMAN ENVIRONI	WENTAL					LV/I Domoli	ition Service	oc Inc					
Street Address						Street Add	ESOCIAL PROPERTY OF THE CALLS	es inc.					-
1600 ROUTE 22 EAS	Т					Oli COL AGO	21000						
City, State, Zip Code						32 Williams	s Parkway						
UNION, NJ 07083						City, State	, Zip Code						
Project Mngr. For Me	onitoring Fi	rm		Telephone Nu	mber								
MIKE NEHLSEN				908-688-7800			ver, NJ 079	36					
Sheduled Start Date	','		Strike in the second	pletetion Date (1	,	Telephone	Number		License	Number			
	/ <del>_14</del> _	-	02	/ <del>27</del> /	14	073 99	4-8682			0	0860		
Occupancy Status D	uring Abate	ement	(Check	(Only 1)			SHA Moni	tor			0000		
				ntire Period of			ition Service						
Abatemer						Street Add		Z-15 (11) (12) (2)					-
☐ Abatemer	nt Performe	d Outs	ide of	Normal Facility		and the second							
	escribe:					32 Williams	CONTRACTOR PROPERTY OF THE PARTY OF THE PART						
☑ Other - De	escribe:	7:00ar	m-3:30p	om -			, Zip Code						
Scope of Work (Che	ck All That	Apply)			-	East Hano	ver, NJ 079	36					
Demolitio	n	[	1	Renovation		Full Conta	inment wit	th Negative	Pressure	)			
≥3sf or ≥3						Mini - Enc							
≥160 sf or	≥260 If					Glovebag			-!- D	4			
					V	Non-Exem	ipted (^) an	d Non-Frial	ole Proce	aure			
Location o	f		ls	1	Descript	ion of			Abateme	nt Type			
Asbestos Conta	The state of the s	100	ation	As	sbestos - C				R		E	ΙE	
Material (AC		Nor	mally		Material			Amount	E	R	N	N	
TO BE ABAT			sed	0.00	e., therma			(Specify	M	E	C	C	
in Facility		1000	olely			facing, VAT	,	SF or LF)	0	P	A	L	
(13)			Main-	or	other misc	ellaneous)			V	Ą	P	0	
		100	ance/						A L	I R	S	S	
		0.0000000000000000000000000000000000000	ff (12)						-	`	ľ	R	
			NO N/A								+	+	_
BLDG 220-1st floor			7 0	MASTIC				20 SF	<b>V</b>	$\vdash$	T		
BLDG 220-2ND floor				MASTIC				20 SF	থ			1	
				T	2000 Contract				-ă				
				1									
Name of Registered	Waste Haul	er		NJDEP Waste	Cubic	Name of R	egistered	Landfill		sam Hooteen			
NEWARK CARTING					Yards	IESI	and the second of the second o						
				4509	of Waste	011							
City, State					Disposal	City. State							
NEWARK, NJ					Date	BETHLAH	EW, PA						
Completed by (Print	or Type)			Title			Signature	0			Date		
STEVEN STILES	or rype)			PROJECT MAI	NAGER		1	-	( $)$		Jule		
							Ster	v LV				02/	14/14

$\mathcal{J}$										.6	10				
Date of Notification (1) 2/17/14				Name of B'way	Building (	Owner/Op	perator	(2)	4	300	TO ,		6		
Agencies Notified	Type Notification			Street Ad 6 Litho						\$ CO	700	PA	5	2	
EPA DEP DOL	Initial Amended Amendment				e, Zip Co				*		TOS CASIN	1.	50		
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			-1-	FACIL	ITY INFO	RMATIC	N								
Name of Facility Where A B'way	batement is Takin	g Place (3)							of Facility (4 School (K-1						
Street Address 1202 Airport Road						1		×	Subchapter Other (i.e. p	8 (Otherivate 8	er than K-	12) cial build	dings,	home	es,
City (5) North Brunswick	V 15	11. 341114							etc.) re Feet 000	# of	Floors	1 588	ldg. A 0+	ge	
County (6)				County C	ode (7)	ı		Curre	nt Use (Prid		_	shed)			
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Name of Monitoring Firm TRC	Hired by Building	Owner (8)		ASCM	No.				tement Cor es, LLC	itractor	(9)				
Street Address 11231 Cornell Park	Drive	22						Addres West	ss Lincoln H	lighwa	y, Suite	500			
City, State, Zip Code Cincinnati, OH 452	42								ip Code 19341						
Project Manager for Moni Gerry Beaudoin	itoring Firm			Telephor				none N 872-8			License 01161	No.			
Start Date (10) 3/3/14	<u>.</u>	Scheduled			to which is			of OSH	HA Monitor						-
Occupancy Status During	g Abatement (Chec		<del>)</del>				Street	Addres	7:500 ma	41.					
Facility Closed/Vaca	ated During Entire ed Outside of Norr	Period of Al	baten Hours	nent s		-	100000000000000000000000000000000000000	10.000	130 Nor	tn ———	_				
Other - Describe: _						_	Cinn	amins	son, NJ						
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Project Manager for Mon Carmelo Almonte	itoring Firm		- 1	Telephon (201)86	ie No. 64-6583		80	one No )336-0			License N 01195	10.			
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Date of Notification (1)		100	Name of P.S.E.	Building (	Owner/O	perator	(2)	4\S;	A POR	•		,			
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Street Address 64 BROAD STREET				ç	2 TV	396		EHEAD A	VE.					I	
City, State, Zip Code MATAWAN, NJ 07747						SOL	JTH R	ip Code IVER, NJ	0888						
Project Manager for Monitoring Firm TOM GEIGER				2-2217		732-	hone No 432-8	350		Licens 0111		•			
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outsibe Substation		X		121	PNSI	18	Pip	) E	10	06	F	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		H	JDEP W auler ID 1125		Cubic of Was	te		Name of R	a Tibera		ndfill				
City, State ELIZABETH, NJ					Dispos	B /	)	City, State MORRIS		.E, PA					
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DOH justification) Cancellation	Q 0	Jot	42	MAI		17	6	Ţ.					
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City (3)	ery L	710	<u> </u>				etc.) re Feet		Floors	BI	dg. A	1 .	
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Name of Monitoring Firm Hired by Building Ov ENVIRONMENTAL TACTICS	vner (8)	ASCM 004					ement Con SYSTEMS			A			
Street Address 64 BROAD STREET			٠.			t Addres	s EHEAD A	VE.					
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Project Manager for Monitoring Firm		Telephor			Telep	hone No	).	0000	License N 01111	lo.			
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Project Manager for Monitoring Firm TOM GEIGER		Telephor	ne No. 02-2217		1 . 0	hone N -432-8			License N				
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Name of Facility Where Abatement is Taking	Place (3)		CILITY INF	ORMATI	ON	Тур	e of Facility	(4)		- controls			
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Street Address 64 BROAD STREET				-	Street 396 \		ess FEHEAD .	AVE.					
City, State, Zip Code MATAWAN, NJ 07747							Zip Code RIVER, N.	J 08882	Т				
Project Manager for Monitoring Firm TOM GEIGER		The University of the	none No. 292-2217		Teleph 732~	one N	No.	Lice	ense N	0.			-
Start Date (10)	Schedule	Completio	n Date (11)	/	Name	of OS	HA Monitor						
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Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: audasus	eriod of Ab al Facility H	atement Hours			City, S	tate, Z	Zip Code						$\dashv$
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					-								
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Date of Notification (1)			Name of	Building C	wner/Op	perator (2)			2014 F	· ·	, en	16	~
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Name of Facility Where Abatement is Taking  Street Address						<u> </u>	ype of Facility ( School (K-1 Subchapter	2) 8 (Othe			•		
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Name of Monitoring Firm Hired by Building Ov ENVIRONMENTAL TACTICS	wner (8)		ASCM 004				Abatement Cor JE SYSTEM			1			
Street Address 64 BROAD STREET						Street Ad 396 W	idress HITEHEAD	AVE.					
City, State, Zip Code MATAWAN, NJ 07747							te, Zip Code H RIVER, N.	0888	2				
Project Manager for Monitoring Firm TOM GEIGER			Telephor	ne No. 32-2217		Telephor			License N 01111	0.			
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Date of Notification (1)    Name of Building Owner/Operator (2)   P.S.E.G.   Argendoss Notified									100				
DOH	Date of Notification (1)			2070	ner/Opera	tor (2	()	19 P	50	14			
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DOH	DEP Amended		City, State	e, Zip Code	IFID N.	1.07	080	11/	05 Co.	1:	52		
Name of Recility When Abatement is Taking Piace (3)  FACILITY INFORMATION  Type of Facility (4)  School (K-12) Subchapter 8 (Other than K-12) Street Address Subchapter 8 (Other than K-12) Street Address Subchapter 9 (Other t	Emergency (I			No. of the last of					- A-				
Name of Facility Where Abatement is Taking Place (3)  Street Address  MANHOLE 8 - South Orbital August (Casto)  Street Address  MANHOLE 8 - South Orbital August (Casto)  Street Address  Square Feet  S	DCA Cancellation					Po	776	_r					2
Square Feet	PSE+G.						School (K-12 Subchapter S	2) B (Othe	r than K-12 commercia	e) al buildi	ngs,	nome	5,
County (6)  County (6)  County Code (7)  STATE USE ONLY)  Name of Monitoring Firm Hired by Building Owner (8)  ENVIRONMENTAL TACTICS  Street Address  SOUTH RIVER, NJ 0882  Telephone No.  732-432-8350  O1111  Name of OSHA Monitor  UNIQUE SYSTEMS OF AMERICA  Street Address  SOUTH RIVER, NJ 0882  Telephone No.  732-432-8350  O1111  Name of OSHA Monitor  UNIQUE SYSTEMS OF AMERICA  Street Address  SOUTH RIVER, NJ 08882  Street Address  So WHITEHEAD AVE.  City, State, Zip Code  SOUTH RIVER, NJ 08882  Street Address  So WHITEHEAD AVE.  City State Address  So WHITEHEAD AVE.  City State, Zip Code  SOUTH RIVER, NJ 08882  Street Address  So WHITEHEAD AVE.  City State, Zip Code  SOUTH RIVER, NJ 08882  Street Address  So WHITEHEAD AVE.  City State, Zip Code  SOUTH RIVER, NJ 08882  Street Address  So WHITEHEAD AVE.  City State, Zip Code  SOUTH RIVER, NJ 08882  Street Address  So WHITEHEAD AVE.  City State, Zip Code  SOUTH RIVER, NJ 08882  Street Address  So WHITEHEAD AVE.  City State, Zip Code  SOUTH RIVER, NJ 08882  Street Address  So WHITEHEAD AVE.  City State, Zip Code  SOUTH RIVER, NJ 08882  Street Address  So WHITEHEAD AVE.  City State, Zip Code  SOUTH RIVER, NJ 08882  Street Address  So WHITEHEAD AVE.  City State, Zip Code  So UTH RIVER, NJ 08882  Street Address  So WHITEHEAD AVE.  City State, Zip Code  So UTH RIVER, NJ 08882  Street Address  So WHITEHEAD AVE.  City State, Zip Code  So UTH RIVER, NJ 08882  Street Address  So WHITEHEAD AVE.  City State, Zip Code  So UTH RIVER, NJ 08882  Street Address  So WHITEHEAD AVE.  City State, Zip Code  So UTH RIVER, NJ 08882  Street Address  So WHITEHEAD AVE.  City State,	City (5)	IH OX	CA 1060	EAVE	UF510	2/1	etc.) Square Feet		1	Bi	-	1 .	
Name of Monitoring Firm Hired by Building Owner (8)  Street Address Street Address 4 BROAD STREET  City, State, Zip Code MATAWAN, NJ 07747  Project Manager for Monitoring Firm TOM GEIGER  Street Address 398 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882  Telephone No. TOM GEIGER  Street Address 398 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882  Telephone No. TOM GEIGER  Town of Abatement Check Only One) Schedular Completion Date (11) VINIQUE SYSTEMS OF AMERICA  Street Address 398 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882  Telephone No. Town of Check All That Apply) Schedular Completion Date (11) VINIQUE SYSTEMS OF AMERICA  Street Address 398 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882  Scope of Work (Check All That Apply)  Asbestos Containing Material (ACM) TO BE ABATED In Facility (13)  Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Ves No N/A  ACM I.F. SomasTic GROWS NORTH  Name of Registered Waste Hauler WASTE MANAGEMENT  City, State ELIZABETH, NJ	MAPLEWOOD		County C	ode (7)		-	. , .			ned)	N	1/	
UNIQUE SYSTEMS OF AMERICA  Street Address 396 WHITEHEAD AVE.  City, State, Zip Code MATAWAN, NJ 07747  Project Manager for Monitoring Firm Telephone No. 732-292-2217  Talephone No. 732-432-8350  Uniting Telephone No. 732-32-8350  Uniting Telephone No. 732-32-8350  Uniting Telephone No. 732-432-8350  Uniting Telephone No. 1732-32-8350  Uniting Telephone No. 17111  Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA  Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08862  South Hall Telephone No. 1732-432-8350  Uniting Telephone No. 1732-432-8350  Uniting Telephone No. 1732-432-8350  Uniting Telephone No. 17111  Name of OSHA Monitoria UNIQUE SYSTEMS OF AMERICA  Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882  South Telephone No. 1732-432-8350  Uniting Telephone No. 1732-432-8350  Uni			(STATÉ U	ISE ONLY)			10	16	<u> </u>				
396 WHITEHEAD AVE.  City, State, Zip Code MATAWAN, NJ 07747  Project Manager for Monitoring Firm ToM GEIGER  Start Date (1) Scheduled Completion Date (11) Description of Abatement (Check Only One)  Abatement Performed Outside of Normal Facility Hours Other — Describer outside Start (12) Description of Asbestos-Containing Material (ACM) To BE ABATED In Facility (13)  Name of Registered Waste Hauler  NADEP Waste Hauler ID No. 1125  Disposal Date  City, State, Zip Code SOUTH RIVER, NJ 08882  Screen ANAGEMENT  Scheduled Completion Date (11) UNIQUE SYSTEMS OF AMERICA  Street Address 396 WHITEHEAD AVE. City State, Zip Code SOUTH RIVER, NJ 08882  Street Address 396 WHITEHEAD AVE. City State, Zip Code SOUTH RIVER, NJ 08882  Street Address 396 WHITEHEAD AVE. City State, Zip Code SOUTH RIVER, NJ 08882  Scope of Work (Check All That Apply)  Street Address 396 WHITEHEAD AVE. City State, Zip Code SOUTH RIVER, NJ 08882  Scope of Work (Check All That Apply)  Street Address 396 WHITEHEAD AVE. City State, Zip Code SOUTH RIVER, NJ 08882  Street Address 396 WHITEHEAD AVE. City State, Zip Code SOUTH RIVER, NJ 08882  Scope of Work (Check All That Apply)  Street Address 396 WHITEHEAD AVE. City State, Zip Code SOUTH RIVER, NJ 08882  Street Address 396 WHITEHEAD AVE. City State City State City State City State Cubic Yards of Waste Cubic Yards of Waste City State ELIZABETH, NJ  Disposal Date City, State MORRISVILLE, PA		Owner (8)			9.150.70					A			
City, State, Zip Code MATAWAN, NJ 07747  Project Manager for Monitoring Firm TOM GEIGER  Scheduled Completion Date (11) Start Date (10) Scheduled Completion Date (11) Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Cuttorial Scheduled Completion Date (11) Occupancy Status During Abatement (Check Only One) Scheduled Completion Date (11) Occupancy Status During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Cuttorial Scope of Work (Check All That Apply) S			·	٠.,				VE.				250/250111	
Project Manager for Monitoring Firm  To M GEIGER  Telephone No. 732-292-2217  Talephone No. 732-432-8350  Dilinia  Name of Registered Waste Hauler  WASTE MANAGEMENT  Telephone No. 732-432-8350  Dilinia  Telephone No. 732-432-8350  Telephone No. 732-432-8350  Dilinia  Telephone	City, State, Zip Code							0888	2				
Start Date (19)  Scheduled Completion Date (11)  Cocupancy Status During Absternent (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other – Describe: Outland Period Period Period of Abatement Abatement Performed Outside of Normal Facility Hours  Scope of Work (Check All That Apply)  ≥ 3 sf or ≥3 ff	Project Manager for Monitoring Firm				Te	lepho	one No.		License N	0.			
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Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:   City, State, Zip Code	Occupancy Status During Abatement (Chec	k Only One)	21 1	114	Str	reet A	Address						
Scope of Work (Check All That Apply)  ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf    Scope of Work (Check All That Apply)   Scope of Work (Check All That Apply)   Scope of Work (Check All That Apply)   ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf    Scope of Work (Check All That Apply)   Scope of Work (Check All That Apply)   Scope of Work (Check All That Apply)   ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf    Scope of Work (Check All That Apply)   Mini-Enclosure Glovebag Procedure   Abatement Type   Abatement T	Abatement Performed Outside of Norm	Period of Abate nal Facility Hou	ement urs		Cit	ty, St	ate, Zip Code		2				_
≥3 sf or ≥3 if	199				-   3	00	IT RIVER, NJ	0000					-
Abatement Type    Same of Registered Waste Hauler WASTE MANAGEMENT   City, State ELIZABETH, NJ   Security (12)   Security (12)	≥3 sf or ≥3 lf					X I	Mini-Enclosure Glovebag Prod	edure				a.	
Normally Used Solely by Maintenance/ Custodial Staff?  (12)  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Name of Registered Waste Hauler  WASTE MANAGEMENT  City, State  ELIZABETH, NJ  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Permit Specify (Specify Sports)  Acm life Somastic 6 LF  Name of Registered Landfill GROWS NORTH  City, State  ELIZABETH, NJ		ls Loc	ation		<del></del>	تعا	Non-Exemple	( ) (1)	a reorr rings	1	Abate	ment	
TO BE ABATED   In Facility (13)   Maintenance/ Custodial Staff? (12)   Yes   No   N/A   N/A   N/A   N/A   N/A   SF or LF   N/A   N/A   SF or LF   N/A   N/		Used So	olely by	Ashestos				А	mount		1 9		
Name of Registered Waste Hauler WASTE MANAGEMENT  City, State ELIZABETH, NJ  NAME OF Registered Waste Hauler  NJDEP Waste Hauler ID No. 1125  Disposal Date MORRISVILLE, PA	TO BE ABATED In Facility	Custodia (12	al Staff? 2)	(i.e. th	ermal sys surfacing	tems , VAT	insulation, F, or			Removal	Repair	ncapsulate	Enclosure
Name of Registered Waste Hauler WASTE MANAGEMENT  City, State ELIZABETH, NJ  NJDEP Waste Hauler ID No. 1125  Cubic Yards of Waste GROWS NORTH  City, State MORRISVILLE, PA		Yes N	o N/A	10			11		, , _	V			
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WASTE MANAGEMENT  City, State ELIZABETH, NJ  Hauler ID No. 1125  Of Waste  GROWS NORTH  City, State  MORRISVILLE, PA								Damint	red Landfil				
City, State ELIZABETH, NJ  Disposal Date MORRISVILLE, PA			Hauler ID										
Dete 4	- BOND TO TO THE TO THE STATE OF THE STATE O	!			September 1997		1		LE, PA				
	Completed by		MGR.					_	ID	ate 2	12	1/1	4

Date of Notification (1)		Name of	Building C	wner/Op	erator	(2)	\$ (G	100	-				
1/31/14	Ta .	P.S.E.					10		0	1			
Agencies Notified Type Notification		Street Ad 4000 F	ddress ADLEY	ROAD				G.	بد	0			
EPA Initial Amended Amendment #			te, Zip Co		NIC	7080	7.5	66	2				
Emergency (ir		Name of		il ILLO	, 140 (	7 000		Telé	phone Nur	nher		<u> </u>	41
DOH justification justification			HN	M.	4 R	077	TE						M
Name of Facility Where Abatement is Taking	Place (3)	FACIL	LITY INFO	RMATIC	N	Type o	of Facility (4	4)			**************************************		
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[County (6)]		County C	Code (7)			Curre	nt Use (Pric		N/A	hed)	10	/A	
ESSEX		(STATE L	JSE ONLY)		_		1	16	۲				
Name of Monitoring Firm Hired by Building O ENVIRONMENTAL TACTICS	wner (8)	ASCN 004					tement Con SYSTEMS			Ą			
Street Address 64 BROAD STREET			13	12		Addres	s EHEAD A	VE.					
City, State, Zip Code					City, S	State, Zi	p Code						-
MATAWAN, NJ 07747 Project Manager for Monitoring Firm		Telephor	ne No			JTH RI	IVER, NJ	0888	License N	lo.			
TOM GEIGER			2-2217			432-8			01111			10 	
Start Date (10)	Scheduled Co	ompletion [	Date (11)	/			A Monitor	SOFA	AMERICA	Ą			
Occupancy Status During Abatement (Check	Only One)	10,	17			Addres							
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma	eriod of Abate al Facility Hou	ement ırs				State, Zi	D Code	AVE.					_
Other - Describe: auldocus				_			IVER, NJ	0888	2				
Scope of Work (Check All That Apply)	ाष्ट्रा -	••			Г	٦							
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Location of Asbestos-Containing Material (ACM)	Used So Mainten	lely by		os Conta		Material			nount			щ	Е
TO BE ABATED In Facility	Custodia (12	Staff?	(i.e.	thermal s surfac	ing, VA	AT, or	tion,		pecify or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes No			other m	iscella	neous)				val	=	ulate	ure
Outside MANHOLE	>		An	n 1:	05	Sama	stic	6	LF	X			
OR STEE MANNE			110			SOMA	31/0			-			
Name of Registered Waste Hauler		NJDEP W	/aste	Cubic `	Yarde	1	Name of I	Renista	red Landfil				
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City, State				Dispos			City, State		E DA	_			
ELIZABETH, NJ Completed by	Title				B I			,	10	ate//			
CAROL RAIMO	OFFICE	MGR.			2	ar	I La	in	0	131		4	

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Date of Notification (1) 2/5/2014	Check # 2563	3			uilding Ow Builders		perator									
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■ DOH	Emergency (i		N	ame of C	Contact					Tele	ohone Nu	mber_	,			
DCA	Cancellation		نا	100000000000000000000000000000000000000	TY INFOR	MATI	ON									
Name of Facility Where Residence	Abatement is Taking	Place (3)						☐ Sc	Facility (4) chool (K-12)	)						
Street Address 542 Illingworth Ave	enue							St. Of et	abchapter 8 ther (i.e. pr	3 (Othe ivate &	r than K-1 commerc	(2) cial build	lings	, hc	mes	,
City (5) Englewood, NJ 07								Square 2,000	Feet	# of 1	Floors		ldg. 0+	Age	1	
County (6) BERGEN				County C	ode (7) SE ONLY)				t Use (Prio nt-Reside		g demolis	shed)				
Name of Monitoring Fir Omega Environme	m Hired by Building (	Owner (8)		ASCM	No.	274			ement Conf s Corpor		(9)					
Street Address 280 Huyler Street							Street	Address 69th St								
City, State, Zip Code Hackensack, NJ 0					•			State, Zip enberg	Code , NJ 070	93						
Project Manager for M				Telephon	e No. 9-8700			hone No -295-17			License 01074	No.				
Start Date (10)		Schedule	d Com						A Monitor s Corpor	ration						
2/21/2014 Occupancy Status Dur	ing Abatement (Chec		REPORT			-		t Address								$\neg$
Facility Closed/Va	acated During Entire rmed Outside of Norr	Period of A	batem	ent		_		ie as al State, Zij	BADE CIDARESCO	V						
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit					Min S Glo	Containmo i-Enclosure vebag Prod i-Exempte	e cedure			oced			
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Asbestos-Containi TO BE A	ion of ing Material (ACM) ABATED acility 3)	Use Ma Cus	ed Sole iintenai todial S (12)	ly by nce/ Staff?		os Cor therma surf	ntaining al syster acing, V	Material ns insula		(	mount Specify F or LF)	Removal	Kepaii	Donair	Encapsulate	Enclosure
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Name of Registered V Freehold Cartage			F	NJDEP V Hauler ID 5939		1 2 St. 1 St	ic Yards /aste				ered Land					
City, State PO Box 5010, Fre	ehold. NJ 07728	3				Disp	osal Da	te	City, Sta Morris		PA 190	67	102-1			
Completed by Gina Salvador		Title	е Ма	nager			Signati	ure	Rud	L		Date 2/5/2	014			

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

#### State of New Jersey NOT

State of New Jersey TIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)	RECEIVE
(2)	- 4

Completed by Gina Salvac		1 1100		anage	r	8	signature	Juas.	or asbestos lic	2/5/2			
	10, Freehold, NJ 0772	8		148		tbd		Morris	rille, PA 190	Date			_
Name of Regis	tered Waste Hauler		11	NJDEP N Hauler II 15939	D No.	of Was tbd		Cib. Sta	S North Lar				_
166	V			1	Mesto	Cubic \	/ards	Name of	Registered La	ndfill			
	cher's Lounge		Х		-	F10	OI THE						1
	orage Room		X				or Tile or Tile		2 SF		x		
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Ashastas-Cal	ocation of ntaining Material (ACM) BE ABATED In Facility	Used Mai	ocation ormally Solely ntenan- odial Si (12)	by ce/	(i.e. the	Contain ermal sy	ption of ing Material stems insular g, VAT, or cellaneous)	(ACM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	-
Scope of Work (CI ≥3 sf or ≥3 lf ≥160 sf or ≥2	neck All That Apply)	Re De	novatio molition	on n			Mini-	Enclosure	with Negative lure ) and Non-Fria	able Proc			
Facility Closes Abatement Pe	During Abatement (Check C I/Vacated During Entire Per erformed Outside of Normal ribe: 3:80 PM	only One)	atemen	t		sa	me as abo	Code	11	Draceure			_
Start Date (10)	F	heduled (eb 22/20	)14	tion Dat	e (11)	EA	Services et Address	Corporation	on				-
Project Manager for	Monitoring Firm	200 5 - 20 110		phone N		201	1-295-1700	Monitor	01074				_
City, State, Zip Code						Gut	State, Zip Co tenberg, N phone No.	J 07093	License No	).			+
Street Address						426	69th Stree					_	1
Name of Monitoring F N/A	irm Hired by Building Owne	(0)				Stree	Services C						1
County (6) MIDDLESEX CO	UNTY	- (9)	10000000	CM No.		Name	of Abateme	nt Contractor	(9)				
City (5) Perth Amboy, NJ	08861		Count	y Code	(7) DNLY)		Current Use School		ng demolished	i)			-
Street Address 380 Catherine Str	eet						etc.) Square Fee 45,000	t # of 2	Floors	Bldg. A 50+	(ge		
erth Amboy Catr	nolic School ERS		., -				Subcha Other (	ipter 8 (Othe i.e. private 8	r than K-12) commercial b		_	es,	
ome of Facility Where	Abatement is Taking Place	(3) CAA					School	(K-12)	V 12\				
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DEP	Amendment # Emergency (includin	g	lame 0	f Contac	ct			Teler	hone Number	2			
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encies Notified	Type Notification	S	treet Ad 197 Co	orthlan	dt Street		ASBES	THE CO	NED -			$\dashv$	
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