

Date of Notification (1) 02/12/15	02/12/15						perator (2	2)		) jë				117		
Agencies Notified	Type Notification		1	treet Ad PO BO							EED	1.0		CHE		
DEP  DOL	Initial Amended Amendment #	<u> </u>			e, Zip Cod VOOD, N		701			-	t to or					
DOH DCA	Emergency (in justification) Cancellation	ncluding	1023		Contact MIN GR	EENS	STEIN		:	Tele	phone N	Number			ý.	
	E canconation			FACIL	ITY INFO	RMATI	ON			<u> </u>	LUCK CONTRACT					
Name of Facility Where	Abatement is Taking	Place (3)					Economic for	S	of Facility (4 chool (K-12	)	s than I	( 10)			33	
Street Address 391 FORREST STI	REET							x o	ubchapter 8 ther (i.e. pr tc.)	ivate 8	comme	ercial bu	iildi	ngs,	nome	s,
City (5) JERSEY CITY, NJ			Ti-					Square	e Feet	# of	Floors		Blo	ig. A	ge	
County (6) HUDSON COUNT	Y			County C	ode (7) SE ONLY)				nt Use (Prior TI-FAMIL			lished)				
Name of Monitoring Firm	n Hired by Building C	wner (8)		ASCM	No.				ement Cont		A					
Street Address							Street A		s OVE CO	URT						
City, State, Zip Code							City, Sta		o Code DD, NJ 08	701				7		
Project Manager for Mor	oject Manager for Monitoring Firm						Telepho 732-6				License 1200	e No.				
Start Date (10) 02/23/15		Scheduled 02/23/1		pletion [	Date (11)		422.00		A Monitor	SSIO	NALS					
Occupancy Status Durin	ng Abatement (Check	k Only One	:)				Street A			UDT						
Facility Closed/Vac Abatement Perform	cated During Entire F ned Outside of Norm	eriod of Al	oatem Hours	ent			City, St		OOVE CC	JUKI						
Other - Describe:						_	LAKE	WOO	DD, NJ 08	3701						
Scope of Work (Check A	All That Apply)	24-45000						8								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti				 	Min Glo	Containme i-Enclosure vebag Proc i-Exempted	edure						
		T	V.				EQ.	Non	1-Exempled	() an	d Non-F	Hable F	1111111	2+ 15 - 501	ment	
Location	n of	N	_ocation	у		De	escription	of					_	Ту	ре	
Asbestos-Containing TO BE AE In Fac (13)	g Material (ACM) BATED ility	Mair	Soleintenar odial S (12)	ice/		tos Con therma surfa	ntaining M of systems acing, VAT miscellan	aterial insula r, or		(5	mount Specify F or LF)	. Kontoven	Ramoval	Repair	Encapsulate	Enclosure
BASEMENT						FLO	OOR TI	LE		7	5 SF	2	2			
Name of Registered Wa	este Hauler		N	JDEP W	/aste	Cubic	Yards	1.2	Name of I	Registe	ered Lan	ndfill				
NEWARK CARTING			Н	auler ID		of Wa		7 3	IESI							1
City, State NEWARK, NJ				35		Dispo 02/2	osal Date 3/15		City, State BETHL		И РА	Wee 19, 44				
Completed by JOSEPH PERLSTE							Signature					Date 02/1	2/1	5		



Date of Notification (1)					Building O		perator (	(2)							
02-10-15				Freya I	Hamilton	1			250			EFR_	1 8	115	
Agencies Notified	Type Notification			Street Ad	dress Sleepy H	ollow I	l n								
EPA	• Initial				e, Zip Cod		-11			-	1.0.	0.5	-		
DEP DOL	Amended Amendment	#	0.000		e, zip cod eld NJ 07						ADD	Eb . U.S LIGE	N.Si	va '	9 1
DOL	Emergency (			Name of		7 000				Tele	phone Nu				
■ DOH	justification)		1		Contact Hamiltor	,			,	I TOIC	DITOTIC TVI	annoci			
DCA	Cancellation				ITY INFO		ON				4				-
Name of Facility Where	Abatement is Taking	Place (3)		FACIL	III INFO	RIVIATIO	JIN	Type o	of Facility (4)						
Private Residence		g 1 1000 (0)							chool (K-12)						
Street Address					TICH III.			T s	ubchapter 8	(Othe	er than K-	12)			
1784 Sleepy Hollo	win								ther (i.e. priv	vate 8	commer	cial build	lings,	home	s,
	VV LII							Square	tc.)	# of	Floors	IB	ldg. A	ae	
City (5)								Oquait	. 1 001	" "	1,0010			3-	
Plainfield				Carratic C	ada (7)			Curron	nt Use (Prior	if hoir	na demoli	shed)			
County (6)				County C	SE ONLY)	200 100 000		Gurrer	it use (Filoi	II Deli	ig derrion	Sileu)			
Union		(0)			0.0		Nomo	of Abat	ement Contr	actor	(9)		2005-2		
Name of Monitoring Firm	n Hired by Building	Jwner (8)		ASCM	NO.				tracting LL		(5)				
N/A								Addres							
Street Address								7th St							
			ta éga						W68557			-			
City, State, Zip Code								tate, Zip n Citv	NJ 07087	7					
Project Manager for Mo	nitoring Firm			Telephor	ne No			one No			License	No.			
Project Manager for Mo	rinoring ( iiii)			relepitor	10 140.		100	216-9			01206				
Start Date (10)		Scheduled	Com	noletion [	Date (11)		Name	of OSH	A Monitor	_					
02-20-15		02-21-1		.piodoii E	2010 ( )				tracting LL	C					
Occupancy Status Duris	ng Abatement (Cher		77				1/1-23-23	Addres							
				5			522	7th St	reet						
Facility Closed/Va	cated During Entire med Outside of Norr	Period of At nal Facility I	atem Hours	nent :			City, S	tate. Zi	p Code						
Other – Describe:	08:00 AM - 05:00 P	M				_			NJ 0708	7					
Scope of Work (Check	All That Apply)							,							
-	/ III / / IGC / IPP. J /			H				] <sub>Eull</sub>	Containmer	at with	Negative	Pressi	re		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Total Control	nova molit				•	Min	i-Enclosure	ic with	rrogative	. 1 10000			
							3		vebag Proce	dure	d Nam Col	abla Des	aadı		
			_				<u> </u>	_ Nor	n-Exempted	(*) an	a Non-Fri	able Pro	2000	e ement	
ef.		1	ocati											еттетт /ре	
Location		Used	ormal Sole			(A)	scription		(4.004)				T	T	
Asbestos-Containin			itena				taining N I system				mount Specify	ZD.	-	Encapsulate	E
TO BE Al		Custo		Staff?	(1.6.		cing, VA				F or LF)	Remova	Repair	aps	Enclosure
(13			(12)			other r	miscellar	neous)				oval	air.	ulat	sure
		Yes	No	N/A										e	
Basen	Basement					pipe	Insula	tion		2	20 LF	х			
								7. E-2-V-							
Name of Registered W	aste Hauler		1 1000	JDEP W		Cubic of Wa	Yards aste		Name of F						• 4000
Delfa Contracting I	LLC		1000	35240		1		31	Tullytov		esource	Reco	very	Facil	ity
City, State						0.0000000000000000000000000000000000000	sal Date	2	City, State						
Union City NJ 070				02-2	4-15		Tullytov	vn, P	'A						
Completed by	ompleted by Title						Signatur					Date			
Jaime Delgado		Proj.	Man	ager				OT.				02-10	-15		-

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		NOTIFI (P)	CATTO	tate of Now N OF ASBE 1 to NJAC 8:	STOS AL	BATEMEN' 12:120)		NI DATE	PRIDIVE 1th & S	101115		
Date of Notification (1) FEB 18 22 - 11	15		Name o	of Building O	wner/Op	crator (2)	) DRec	0012	SIL.	T IMICE	64	20
Agencies Notified Type Notification  ELEPA EL Initial	•		Street A	-	000	170	mlin	1	UE			
DOL LICENSIN Amendment  Amendment  Emergency (		7-		etc, Zip Cod		irel "	Spring	s W	080	25	1	
DOH justification)	114144118	4.	GR	LES K	Ver		_ `	Telephone I	Vumber			-
Name of Facility Where Abatement is Taking	1			Residen		Tyen	e of Facility	(4)		- IV		-
Street Address 509 Tomlins	7	AUE		, 105,000	1		School (K- Subchapte Other (i.e.	12) r 8 (Other than k private & comme	(-12) Prolet but	ldings,	, home	25,
City (5) Laure   Spring		NJ	-08	8031		Squ	are Feet	# of Floors		31dg. /	Age O Y	-
County (6) Canden				Code (7) USE ONLY)		Cur	rent Use (Pr	for if being demo	lished)			
Name of Monitoring Firm Hirad by Building C	жлег (а	\$	ASCI	M No.		EP	CTE	ntractor (9)	eie	5	In	
Ro. Box 3.	37					P.O.	Box	337	<b>4</b>		4	
City, State, Zip Code	N	5	08	533	3	City State,	Zip Code	int Ni	50	8	53	3
Protect Manager for Movid fil graftm	£	1		758-3	365 6		8-33		No.	39	4	1 10
2-17-15	2	- ac	pletion (	Date (11)		Name of O	SHA Monitor	tinologie	s I	کرد		,
Occupancy Status During Abatement (Check  EX. Facility Closed/Vacated During Entire P	eriad af	Abatem	ient	n n	3	Street Addr P-0	CDS .	337	*			
Abatement Performed Outside of Norm     Other – Describe:	al Facility	y Hours	-			New Me	Zip Code Egypt	ALT	Δa	53	-	
Scope of Work (Gheck All That Apply)				<del></del>			- (4					
20 st or 2260 H		Renova Dėmoliti			- 00 - 00200		lini-Enclosur lovebag Pro					٠.
	100	Locati				•			,	Abate	pe ·	:
Location of Asbeatos-Containing Material (ACM)	Dae	d Solo	y by	Asbesto	e Contain	ription of rring Wateri	si (ACM)	Amount		T	1	_
In Facility (13)	Cus	todial S (12)	tati?		surfacin	rstems insu ig, VAT, or, celluneous		(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Exterior ROUF	Yes	No	N/A	P. C		3 1. (	71			-	B	. "
Exterior ROOF			Ø	Kook	ing 1.	Plansite.	Dhinsks	400 SF	. 1	-		-
	11.7			- space of the same of the sam								
Name of Registered Wasto Hauter	l	. N	JOEP W	Vanto ,	Guble Ya	ards	Name of	Rogistered Land	ifill	<u></u>	ļ.,,	
EPC Technologies	<b>.</b>	H	auler ID		of Waste	2		te Manag		6.	e · P	A
City, State New Equipt	NJ	`\	T I THE STATE OF T	1	Disposal	Date 0 ~ 15	City, Sta	rsville	PA		-	
Completed by	Title		+		-	uriuns	1500	1	Date	-//	- 15	5

### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		Name of Building C	Owner/Opera	ator (2)	EEA :	× 0 <	G	00	
February 12, 201	5		Semino	ole Construction	FEB	1 60	P	9 2	
	Notification	Street Address	128 Ba	artlett Avenue	ASBESTO	1 (1 ( ) ( ) ( ) ( ) ( ) ( ) ( )		l i_&	
[x] DOL Amen	ided Notification idment # gency (including	City, State, Zip Cod		Creek, NJ 08092	LICI	EMPIN	<u>u</u>		
[x] DOH justifi	cation)	Name of Contact Joyce		Te	elephone Number				
	FA	CILITY INFORM	IATION						
Name of Facility Where Abatement is Taking Residence	Place (3)			Type of Facility (4)	School (k-12) Subchapter 8 (oth	er than k	-12)		
Street Address 36 David Drive				[x]	Other (i.e., private homes, etc.)			l buildi	ings,
City	County (6)	County Code (7) (STATE USE ONL)	Y)	Square feet 1200 sf	# of Floors	Bldg.	Age 60	)	
Beach Haven West	Ocean			Current Use (Prior if Residen					
Name of Monitoring Firm Hired by Building (N/A	Owner (8)	ASCM No.	Name of	Abatement Contractor ( Guardia	(9) in Contracting,	Inc.			
Street Address			Street A		oute 9, Unit 61				
City, State, Zip Code	Ti .		City, Sta	te, Zip Code	iver, New Jerse	ey 0875	55-12	.71	
Project Manager for Monitoring Firm	Telephone Number	er	III	ne Number 9-9932	License N 00624				
Scheduled Start Date (10) 2/13/15	Scheduled Compl 2/17/15	etion Date (11)		OSHA Monitor	L. Analytical				
Occupancy Status During Abatement (Check		hatement	Street A	ddress	telton Road				
[ ] Abatement Performed	Outside of Normal Facility		City, Sta	ite, Zip Code					
Other – Describe					way, New Jerse		54		
Scope of Work (Check all that apply)			[ ]	Full Containment Mini-Enclosure	with Negative Pres	sure			
[ ] >3 sf or ≥3 lf	L 1	ovation	[ x	Glovebag Proced	ire  and Non-Friable	Procedur	-0		
[ X ] ≥160 sf or ≥260 lf	[x] Den	nolition	[ X	] Non-Exempled (	) and Non-Priable				
			D	- 6		Abate	ment	Гуре	
Location of	Is Location Normally used	As	Descripti sbestos-Co		Amount	R E	R E	E N	E
Asbestos-Containing Material (ACM)	Solely by		Material (	ACM)	(Specify SF	M	P	C	C
TO BE ABATED	Maintenance/Custod		e., thermal		or LF)	0	A	A P	L
in facility	Staff (12)	ins	sulation, so VAT,			V	R	S	S
(13)	(12)	ot	her miscel			A		U	U
	YES NO N/A	A				L		L E	R E
Exterior house	X	Asbestos sidi	ing		1100 sf	X			
						-			-
									-
Name of Registered Waste Hauler	NJDEP Waste Ha	uler ID No   Cubic N	Yards of Wa	ste Name of Regist	ered Landfill				,
Guardian Contracting, Inc.	. 20223	3 3		T.R.R.F.					
City, State Toms River, New Jersey	200	sposal Date 18/15	City, S	town, Pennsylvani	a.				
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	ido	17.1		Date 2/12			

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2770		177	15-	

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Date of Notification (1)			Į N	ame or t	panang	Owner/Operator	(2)	11				
2-13	-/5				1)2	EER CALL	2.4/)822	FEB	100	041	•	
Agency Notified	Type Notification		S	reet Add	dress		/	7 1 1 1 1	10 4	UIV	7	11.
	1-1-		ĺ		13	12 NUE	52PU/E	ASBESTO LIC				
Ø 5PA	P/Initial		C	ity State	7in C	ode						1
D'DEP	Amended Amendment#			ity, Otate	e, 21p 0	3 /	11	- ASBESTO	£ 67.00		.: 8	
BOOL	☐ Emergency (included)	nain	_			10081012.	11 KM	LIC	ENSINE	1		
DOH DOH	justification)		1	ame of	Contac	t a		Telephone Nur	nber	-	Martin Control States	
DCA	☐ Cancellation		į	FX	06/							
						200451011				-		
				FACILII	I Y INTE	DRMATION						
Name of Facility Where	e Abatement is Taking P	lace (3)					Type of Facility	(4)				
Nes:	chatha						School (K-12	23				
Street Address								3 (Other than K-12	2)			
126	NURSZRY	100						ivate & commerci	al building	5,		
	1008.521.9	112					homes, etc.)					
City (5)							and the second second	# of Floors		ge		
· Di	P2 112 11						1500	1 2	6.8	7	1-	
County (6)	The second secon		10	ounty C	ode (7)	(STATE USE		rior if being demo				
131-1	CER			NLY)	35 5	900)		128803				
Name of Blanitarine Ein	rm Hired by Building Ow	nos I o	SCM I	10		Name of Attack						
(8)	т тиестру Бананіў СМ	nei A	SCM I	w.			nent Contractor (		4			
177			-1117-12-12-12-12-12-12-12-12-12-12-12-12-12-				100/14/	1011 Go	120			
Street Address						Street Address						
					1	52511	months.	620				
City, State, Zip Code						WILL GIGIE, CID C	JULIE					-
							12 -12 .	in 1000	7 .	2.2	. 7	
Project Manager for Mo	onitoring Firm	Tele	phone	No		Tolophone No	15 100001	License No.				-
1 10jout manager for the	rmorning i min	10.0	priorio	140.		Telephone No.	1129	License No.	000			
						132017	9/3/	2000	17			
Start Date (10)	Scheduled ( シージピ	Completion	n Date	(11)		Name of OSHA	Monitor					
700	> 2-28	15										
Occupancy Status Dur	ing Abatement (Check o	nly one)				Street Address						
Clased Mace	ated During Entire Period	of Aboton	mont		1							
Abatement Performs	ed Outside of Normal Fa	oi Abater cilib Hous	neni		f	City, State, Zip C	Code			-		
☐ Other - Describe:	7400 780	0	_		- 1							
Scope of Work (Check			-							-		
Ocope of Front Concor.	an mar approxy					Q Full (	Containment with	Negative Pressur	e			
□ ≥ 3 sf or ≥ 3 lf				Renova		□ Mini-	Enclosure	110921110 / 100041	•			
@ 2 160 sf or ≥ 260 ff				Demoli	tton	☐ Glove	ebag Procedure					
		T				□-Non-	Exempted (*) and	Non-Friable Proc	cedure			
		40	ocatio	1			1		1		atem	
Loca	tion of	W. (1993)	rmally	- 1		Description	06	•	-	T	Type	$\overline{}$
	ing Material (ACM)		Solely tenano	-	Asbes	tos Containing M		Amount	1		1.	,
	ABATED .	10 00 00 00 00 00 00 00 00 00 00 00 00 0	stodia	200		thermal systems		(Specify	1	R	Renair	E
	acility	S	taff?			surfacing, VA7	, or	SF or LF)		Removal	Renair	Enclosure
C	13)	(	(12)			other miscellane	eous)		1	Va	ula ula	- la
5380		1 011	N/A			1		1	1	6	1 4	
0010	200	Yes	-		1	0,16		· ·	1	1	4	-
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			1	_						+	+	+-
Name of Registered W	aste Hauler	NIDE	EP IN	ste Hau	der I	Cubic Yards of	Name of Regis	tornel Lendell		1	1	1
		ID No		1100		Waste						
ACP IN	Sulptionto	1	200	Fig.		3	Chr	2225				
City, State 1.45 in	1			~		Disposal Data	City Cards					
[ 2 1.15 M	VECK, NIJ					Dispusal Date	City. State	7 P				
							1 6 7,5	100 18				
Completed by	Title	-	meg		1	Signature	7.	Tow PR	Date			
CERCI W. AM	27 PRESIL				St	1090 9 113	eng-	2-13-	1	5	1	
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### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		Name of Building C				\ <	a	3		
February 12, 20	15			Custor	n Creations	FEB 10	8 20	510	10	
[ [ - 1] - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	tion I Notification nded Notification		Street Address		Bay Avenue			. ,	.i	
[x] DOL Ame	ndment #		City, State, Zip Cod		River, NJ 08753	LICEN	Sh IG			4
[x] DOH justif	ication)		Name of Contact Joe Sil	vey	Те	lephone Number				
		FACI	LITY INFORM	ATION		3				
Name of Facility Where Abatement is Taking Residence	Place (3)				Type of Facility (4)	School (k-12)				
Street Address						Subchapter 8 (oth	er than	k-12)		
211 West 22 <sup>nd</sup> Str	eet				[x]	Other (i.e., privat homes, etc.)	e & con	nmerci	al build	ings,
City	County (6)		County Code (7) STATE USE ONLY	7)	Square feet 1200 sf	# of Floors	Bldg	Age 6	0	
Ship Bottom	Ocean			,	Current Use (Prior if I				0	
Name of Monitoring Firm Hired by Building N/A	Owner (8)	F	ASCM No.	Name of	Abatement Contractor (		Ino			
Street Address				Street Ac		· Contracting,	HIC.			
						oute 9, Unit 61				
City, State, Zip Code				City, Sta	te, Zip Code Toms Ri	iver, New Jerse	ev 087	55-12	271	
Project Manager for Monitoring Firm	Telephone N	lumber		Telephor	e Number	License N 00624				
Scheduled Start Date (10) 2/12/15	Scheduled C		n Date (11)		OSHA Monitor					
Occupancy Status During Abatement (Check  [ X ] Facility Closed/Vacate  [ ] Abatement Performed  [ ] Other – Describe	d During Entire Period	of Abater		Street Ac	ldress 1056 Ste te, Zip Code	Analytical elton Road vay, New Jerse	y 088:	54		
Scope of Work (Check all that apply)  [ ] >3 sf or ≥3 lf	[ ]	Renovatio	on	[ ]	Full Containment v Mini-Enclosure Glovebag Procedur		sure			
[x] ≥160 sf or ≥260 lf	[ x ]	Demolitic		[x]	Non-Exempted (*)		rocedu	re		
							Abate	ement 1	Гуре	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)	Is Location Normally use Solely by Maintenance/Cus Staff (12) YES NO	ed	Asb N (i.e. inst	Description Description Destos-Con Material (A , thermal Ilation, su VAT, of Var Var Var Var Var Var	ntaining ACM) systems rfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior	X		Asbestos sidin	g		1100 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.	Hauler II	3	rds of Was	T.R.R.F.	ed Landfill					
City, State Toms River, New Jersey		Disposa 2/16/1		City, St	owa, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola	pleted by (Print or Type) Title				-el		Date 2/12	/2015	5	

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

Date of Notification (1)   February 11, 2015   Name of Building Owner-Operation (2)   Date Owner-Operation (3)   Date Owner-Ope		N		TIOI		SBEST		SATEMENT 0)	~ 1.2 /			V E	
Section of Contracting Inc.   Street Address   Section Contracting Inc.   Street Address   Street Ad		1, 2015			Name of	Building (			F	2	619	9.8	
State   Dock   Table   Total   Telephone Number	[X] EPA [ ]	Initial Noti						Camplain Road					
	[x] DOH [x]	Emergency	(including					orough, NJ 0884	14		SING		X
Street Address   Taking Place (3)   Type of Facility (4)   School (6-12)   Subchapter 8 (other than k-12)   Subchapter 8 (other th	[ ]					Anton		o	Telephone Number	er			
City	Name of Facility Where Abatement is Residence	aking Place	(3)	FAC	CILITY II	NFORM	IATION	Type of Facility (					
Palisades Park Bergen  Name of Monitoring Firm Hired by Building Owner (8)  Ouardian Contracting, Inc.  Street Address  1889 Route 9, Unit 61  City, State, Zip Code  Toms River, NI 08755  Project Manager for Monitoring Firm Nicholas Fernicola  732-349-9932  732-349-9932  Cocupancy Status During Abatement (Check only one)  [X] Facility Closed Avacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other — Describe  [] Piscataway, New Jersey 08854  Scope of Work (Check all that apply)  [] J Falli Containment with Negative Pressure [] J S of or 250 ff [] J Demolition  [] J Demolition  [] Clovebag Procedure  Location of Abstenent (ACM) (13)  Location of Abstenent Period Counting Material (ACM) (13)  (13)  VYES NO N/A  Name of Registered Maste Hauler Guardian Contracting, Inc.  Sured Address  Sured Address  Street Address  St	464 Hillside	Avenue						[ ] [x]	Other (i.e., priv				dings,
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.  Street Address  1889 Route 9, Unit 61  City, State, Zip Code Toms River, NJ 08755  Project Manager for Monitoring Firm Nicholas Fernicola 732-349-9932  Scheduled Sturt Date (10) 2/11/15  City, State, Zip Code 2/12/15  City, State, Zip Code Toms River, New Jersey 08755-1271  Telephone Number Nicholas Fernicola 732-349-9932  Scheduled Sturt Date (10) 2/11/15  City, State, Zip Code Toms River, New Jersey 08755-1271  Telephone Number Toms River, New Jersey 08755-1271  Telephone Number Toms River, New Jersey 08755-1271  Name of OSHA Monitor E.M.S.L. Analytical  Street Address  1056 Stellton Road  City, State, Zip Code Piscataway, New Jersey 08854  Sepe of Work (Check all that apply)  [] Pull Containment with Negative Pressure [] Mini-Enclosure [] Mini-En							r)	1500 sf	2			60	
Street Address   1889 Route 9, Unit 61	Name of Monitoring Firm Hired by Bu	lding Owner	(8)		ASCM No	).	Name of A	Resid	lence	:d)			
City, State, Zip Code  Toms River, NJ 08755  Project Manager for Monitoring Firm Nicholas Fernicola  Toms River, New Jersey 08755-1271  Telephone Number Tolephone Number Toms River, New Jersey 08755-1271  Telephone Number Tolephone Number Tolephone Number Tolephone Number Toms River, New Jersey 08755-1271  Telephone Number Toms River, New Jersey 19852  Telephone Number Toms River, New Jersey 19852  Telephone Number Toms River, New Jersey 19852  Telephone Number Toms River, New Jers	Street Address		nc.				Street Add	lress	0.07-2				
Telephone Number   Telephone Number   Telephone Number   Telephone Number   Telephone Number   Tolephone	City, State, Zip Code Toms River,						City, State	, Zip Code	E TANAN WARMAN MARIN		3755-1	271	
2/11/15   2/12/15   E.M.S.L. Analytical	Nicholas Fernicola		732-349-	-9932	an Data (11)	,	732-349	Number -9932	License	Numbe			
Scope of Work (Check all that apply)    Composition	2/11/15 Occupancy Status During Abatement (( [ x ] Facility Closed/\)	5 od of Abat	tement	,	Street Add	E.M.: Iress							
[ ] >3 sf or ≥3 If							City, State		taway, New Jers	sey 088	354		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)  Maintenance/Custodial (12)  YES NO N/A  Normally used Solely by Maintenance/Custodial (12)  YES NO N/A  Normally used Solely by Maintenance/Custodial (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  YES NO N/A  NASbestos pipe insulation  Amount (Specify SF or LF)  No N/A  A A L ON A A L ON A A A L ON A A A L ON A A A L ON	[ ] >3 sf or ≥3 lf	f	[ ] [x]				[ ] [ ] [x]	Mini-Enclosure Glovebag Proce	edure		ure		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)  Maintenance/Custodial Staff (12)  VAT, or other miscellaneous)  Name of Registered Waste Hauler Guardian Contracting, Inc.  Normally used Solely by Maintenance/Custodial Staff insulation, surfacing, VAT, or other miscellaneous)  Asbestos pipe insulation  VAT, or other miscellaneous)  A A  U U U V E  Name of Registered Waste Hauler Guardian Contracting, Inc.  City, State Toms River, New Jersey  Completed by (Print or Type) Nicholas Fernicola  Normally used Solely by Material (ACM) (i.e., thermal systems insulation, surfacing, (i.e., thermal systems insulation, surfacing, (i.e., thermal systems or LF)  M A A A A L I P O C C C C C C T A B E E E N N M A A A L U U U U T T R R E N N M A A A L I I P O O T I I P O O T I I R E E N N M A A A L I I I R E I I I I I I I I I I I I I I I						- 75				_		Туре	=
Basement X Asbestos pipe insulation 30 lf X  Name of Registered Waste Hauler Guardian Contracting, Inc.  City, State Toms River, New Jersey  Completed by (Print or Type) Nicholas Fernicola  Title Project Manager  Name of Registered Landfill T.R.R.F.  City, State City, State Tullytown Pennsylvania  Date 2/11/2015	Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)  Normally used Solely by Maintenance/Custodial Staff (12)					Asbo M (i.e., insu	estos-Contra laterial (AC thermal sy lation, surf VAT, or	aining CM) vstems acing,	(Specify SF	E M O V A	E P A I	N C A P S U L	N C L O S U R
Guardian Contracting, Inc.  20223 3 T.R.R.F.  City, State Toms River, New Jersey 2/13/15 Completed by (Print or Type) Nicholas Fernicola  Title Project Manager  Nicholas Fernicola  T.R.R.F.  City, State Tullytown Pennsylvania  Date 2/11/2015	Basement		X		Asbesto	os pipe i	insulation		30 lf	X			
Guardian Contracting, Inc.  20223 3 T.R.R.F.  City, State Toms River, New Jersey 2/13/15 Completed by (Print or Type) Nicholas Fernicola  Title Project Manager  Nicholas Fernicola  T.R.R.F.  City, State Tullytown Pennsylvania  Date 2/11/2015													
City, State  Toms River, New Jersey  Completed by (Print or Type) Nicholas Fernicola  Disposal Date 2/13/15  Tullytown Pennsylvania  Date 2/11/2015		nc			D No.   (		ds of Waste		tered Landfill				
Completed by (Print or Type) Nicholas Fernicola  Title Project Manager  Signature  Completed by (Print or Type)  Nicholas Fernicola  Date 2/11/2015	City, State		2(	Disposa				1	ia				
W-900-2300-330-2-C-1074-0-17 20 10 10 10	Completed by (Print or Type)		Signature	1 / 06	chol	1	1			5			

### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

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

D - CN - C - C								1/1/2		711				
Date of Notification (1)	ebruary 11, 20	15			Name of	Building (	Owner/Oper Mark	rator (2) Vintzileo	os	21	0 0	19		
Agencies Notified  [ X ] EPA  [ ] DEP		l Notific	ation tification		Street Ad			Boat Poir	nt Drive	FEB 13	<u>Z</u> Ú10		2	
[x] DOL	[x] Emer		# ncluding		City, Star	te, Zip Coo		Pleasant,	NJ 08742	Zelles in Til		×		
[ X ] DOH [ ] DCA		ication) ellation			Name of	Contact	Mari	k Vintzil		elephone Number				
				FAC	CILITY I	NFORM	ATION		7					-000
Name of Facility Where Ale Res	patement is Taking sidence	Place (3	)					Type of	Facility (4)	School (k-12)				
Street Address	9 Boat Point D	Prive							[ x ]	Subchapter 8 (oth Other (i.e., privat homes, etc.)			ial build	lings,
City		Coun	ty (6)		County Co (STATE U		0	Square f	eet 00 sf	# of Floors	Bldg	g. Age	50	
Point Pleasa	nt	Ocea	an		V		1			being demolished)			,,,	
Name of Monitoring Firm N/A	The transfer and the second of the second se	Owner (	8)		ASCM No	0.	Name of	Abatemen	t Contractor		Inc			
Street Address	1						Street Ad	idress			IIIC.		1420	
City, State, Zip Code							City, Stat	te, Zip Cod	le	oute 9, Unit 61	0.02	755 1	271	
Project Manager for Monito	roject Manager for Monitoring Firm  Telephone Numb							ne Number 9-9932	1 oms F	License N 00624		/33-1	2/1	
Scheduled Start Date (10) 2/12/15	A 37 7/1/4					1)		OSHA Mo		L. Analytical				
Occupancy Status During A	Abatement (Check lity Closed/Vacated		)	N1 104 III	tement		Street Ad	ldress	*********	telton Road				
[ ] Aba	tement Performed						City, Stat	te, Zip Cod		ection Road				
	er – Describe									way, New Jerse	y 088	54		
Scope of Work (Check all t	that apply)						[ ]		Containment Enclosure	with Negative Pres	sure			
6 6	f or ≥3 lf 0 sf or ≥260 lf		[ ] [x]	Renova			[ ] [x]		ebag Procedu Exempted (*	ire  and Non-Friable l	Procedi	ire		
		Γ			7					T	Alex	ement	Т	
		125	Is Location	nn.			Descriptio	n of				I	1	
Location	of	1	Normally u				estos-Cor			Amount	R E	R E	E	E N
Asbestos-Containing N			Solely b				Material (A			(Specify SF	M	P	C	C
TO BE ABA in facility		Mair	ntenance/C Staff	ustodial			, thermal : lation, su			or LF)	0	A	A P	LO
(13)	,		(12)			11130	VAT, c				V	R	S	S
						oth	er miscella	aneous)			A		U	U R
	YES NO N/A										L		E	E
Exterior	Exterior X				Asbes	tos sidin	g			1400 sf	X			
	Name of Pagistared Waste Houler NUDED Waste Houles									L				
Name of Registered Waste Guardian Co	Name of Registered Waste Hauler  Guardian Contracting, Inc.  NJDEP Waste Hauler ID  20223				ID No.	Cubic Ya	rds of Wast		ne of Registe .R.R.F.	red Landfill				
City, State				Dispo	sal Date		City, Sta	ate 0	Λ	. /				
	Toms River, New Jersey 2/16/ Completed by (Print or Type) Title				/15 Signatu	ire ^	1 ullyt	own, Per	insylvania	/	Date	A		
	npleted by (Print or Type)  Nicholas Fernicola  Title  Project Manager				0	Y	das	1 -	te	/		1/201:	5	

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

# 9220

Date of Notification (1) 2-12-1	5		Building Owner/C	Operator (2)	Spott	nees Dis	DAS	5	7	7
Agencies Notified Type Notification		Street A		Box	94	L. I	PO-	<u> </u>	1	7 (
☐ EPA Initial ☐ Amended ☐ Amendmen		City, Sta	te, Zip Code	140 N	loc K	NTO	7	72	2	
DOH Emergency	(including	Name of	Contact C	Koutio	cor,	Talanhana Num	f. /	0.	_	-
□ DCA □ Cancellatio		FACI	LITY INFORMAT	ION	<u> </u>				_	
Name of Facility Where Abatement is Taki	ng Place (3) (Sho Re	- Ho	use		of Facility ( School (K-1					
Street Address Ocean	AUE			X		8 (Other than K-12 private & commercia		ings,	home	s,
City (5) Magazia	Beach	TIK.	0775		re Feet	# of Floors		dg. A	ge ) <del>{</del> -	-
County (6) Managery 1	Cher	County (	Code (7) USE ONLY)	- Sic	. (1	or if being demolish	ed)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASCN	No.	Name of Aba				-	In	. 2
Street Address	37		L/W	Street Addre	S IC	333	866	9 9	## 8 E	-
City, State, Zip Code	N.T	10	E33	City State, Z	directo	110	A	06	12	7
Project Manager for Moeth ril go irm	NJ	Telepho		Telephone N		License N	0. 5	10	u	
Stave Schenke Start Date (10)	Scheduled C		758-3365 Date (11)	609 758 Name of OS		25 OK	)	7	1	
2-23-15 Occupancy Status During Abatement (Che		>-15	5	EPC Street Addre		hnologies	I	nc		_
Facility Closed/Vacated During Entire	Period of Abat	ement		P.O., City, State, Z	Box	337				
Abatement Performed Outside of No Other – Describe:	mai Facility No	uis ,			Egypt	J TU	280	53	3	
Scope of Work (Check All That Apply)  2 ≥3 sf or ≥3 lf	□ Reno	ovation		□ Fu	II Containm	ent with Negative F	ressu	re		
≥160 sf or ≥260 lf		olition		☐ Mi ☐ GI	ni-Enclosur ovebag Pro	e			0	
	ls Loc	ation		INC	n-Exemple	d ( ) and North had	1	Abate	ement pe	t
Location of	Nom Used S	nally		escription of ntaining Materia	I (ACM)	Amount		,,		
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility	Mainte Custodia (1)	al Staff?	(i.e. therma	al systems insul acing, VAT, or	ation,	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)	Yes N		other	miscellaneous)			val	=	ılate	ure
exterior Walls		X	Siding	Shingle	5	2600 SF	X			
,		-	J			,	-			
						11 15				
Name of Registered Waste Hauler		NJDEP V Hauler ID	No. of W	c Yards aste	50000000	Registered Landfil teManage		£	c f	PA
EPC Technologi City, State		1/0	Disp	osal Date	City, Sta	ite	DA	. 0		
New Egypt Completed by	NJ Title	Λ,	15	Signature	CA	risville D	ate 2 ~	12-	15	
Steve Schenker	Presi	dent		Sleepe	DCK	sky c	<b>X</b>	id	1	) .

(Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) Kristen Teel 2-11-15 Street Address Agencies Notified Type Notification 16 Ferncliff Road [ ]EPA [X] Initial Notification City, State, Zip Code [ ]DEP [ ]Amended Bloomfield, NJ, 07003 [X]DOL Notification Name of Contact [X] DOH Telephone Number [ ]EMERGENCY Kristen Teel [ ]DCA [ ]Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Same as above [ ]School (K-12) [ ]Subchapter 8 (Other than K-12) Street Addres [X]Other (i.e., private & commercial buildings, homes, etc.) Bldg. Age Square Feet # of Floors City (5 County Code (7) County (6) Essex 84 3920 2 (STATE USE ONLY) Current Use (Prior if being demolished) Name of Monitoring Firm hired by Building Name of Abatement Contractor (9) ASCM No. Owner (8) AZTECH MANAGEMENT, Inc. N/A Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number N/A (973) 744-8800 00371 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) 2-23-15 2-24-15 N/A Month Year Month Day Day Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period of Abatement [ ]Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» [ ]other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) [ ]Full Containment with Negative Pressure  $[X] \ge 3$  sf or  $\ge 3$  lf [X] Renovation [ ]Mini-Enclosure [X]Glovebag Procedure [ ] $\geq$ 160 sf or  $\geq$ 260 lf [ ]Demolition [ ]Non-Friable Procedure Abatement Type Is Location Description of Location of Normally Used NCAPSU N Asbestos-Containing Asbestos-Containing Amount REPAIR EMOV Solely Material (ACM) (Specify Material (ACM) LO By Main-tenance/ (i.e., thermal systems SF or TO BE ABATED S In Facility Custodial Staff (12) insulation, surfacing, VAT, LF) A (13)or other miscellaneous) R Yes No N/A E X Pipe Insulation 70 lf X Basement Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 17040 of Waste 1.5 G.R.O.W.S. AZTECH MANAGEMENT, INC. Disposal Date City, State City, State Morrisville, PA 19067 2-25-15 Montclair, NJ 07042 Completed By (Print or Type) Title Signature Date 2-11-15 Constantine Vivian President

CX 523362540

Name of Facility Where Abatement is Taking Place (3)   Name of Facility Where Abatement is Taking Place (3)   Name of Facility Where Abatement is Taking Place (3)   Name of Facility Where Abatement is Taking Place (3)   Name of Facility Where Abatement is Taking Place (3)   Name of Facility Where Abatement is Taking Place (3)   Name of Facility Where Abatement is Taking Place (3)   Name of Facility Where Abatement is Taking Place (3)   Name of Control Alice Schuller   School (K-12)   Subchapitar & Colman Manual Place (3)   Name of Facility Where Abatement is Taking Place (3)   Name of Facility Where Abatement is Taking Place (3)   Name of Facility Where Abatement is Taking Place (3)   Name of Facility Where Abatement is Taking Place (3)   Name of Registered Value (4)   School (K-12)   Subchapitar & Colman Manual Place (4)   Name of										1,222		100		į	1 11
Fig.	Date of Notification (1) 2/09/15										EEB 1	08 3	OIE.		
DOH	1 2 <del>7</del> 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			1 1			Avenue		S w	1	4			أـــــا	
DOH	× DEP	Amended	#							145	BESTUE LICE	7.7. NSII:	Ü	<u>, , , , , , , , , , , , , , , , , , , </u>	
School (K-12)	ĭ DOH	justification)		1	Name of	Contact		F		Telep	hone Num	ber			
Name of Facility Where Abatement is Taking Place (3)  Church Church  Street Address 160 Oakwood Avenue    Substitute   School (K-12)   Substitute		Cancellation					RMATION						-		
Subchalpter 8 (Other than K-12)   Subc	7700	Abatement is Takir	ng Place (3)					Туре							
Square Feet		nue						×	Subchapter Other (i.e. p	8 (Other			lings,	home	es,
County (6) ESSEX    County Code (7)								0.5 (12.5 (13.5))	are Feet	560000000000000000000000000000000000000	loors			ge	
Name of Monitoring Firm Hired by Bullding Owner (6)  N/A  Street Address  Street Address  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Telephone No.  973-345-8685  #00675  Start Date (10)  2/24/15  Start Date (10)  2/25/15  Start	County (6)							Curr	ent Use (Prid	1000000	g demolish	ed)			
Street Address  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Totowa, NJ 07512  Project Manager for Monitoring Firm  Telephone No.  Telephone No.  Telephone No.  973-345-8685  License No.  #00675  Start Date (10)  2/24/15  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code Totowa, NJ 07512  Street Address  11 Rosengren Avenue  City, State, Zip Code Totowa, NJ 07512  Street Address  11 Rosengren Nornal Facility Hours  City, State, Zip Code Totowa, NJ 07512  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Normally Used Solely by Maintenance/ Custodial Staff? (13)  Description of Asbestos Containing Material (ACM) To BE ABATED In Facility (13)  Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, Specify SF or LF)  Project Manager for Monitoring Firm  Type  The Abatement Type  Abat		n Hired by Building	Owner (8)		ASCM	l No.	99,49,09	me of Ab	atement Con		9)				
City, State, Zip Code Totowa, NJ 07512  Telephone No. Tele							Str	eet Addre	ess						
Project Manager for Monitoring Firm  Telephone No.  To Bas Abatement, Inc.  Telephone No.  To Bas Abatement (Check Only One)  Telephone No.  Telephone No.  To Bas Abatement (No.  To Bas Abatement  Type  Type	City State Zin Code									luc					
Start Date (10) 2/24/15  Scheduled Completion Date (11) 2/24/15  Scheduled Completion Date (11) 2/25/15  D&S Abatement, Inc.  Scheduled Completion Date (11) 2/25/15  D&S Abatement, Inc.  Name of Registered Waste Hauler D&S Abatement, Inc.  Scheduled Completion Date (11) 2/25/15  D&S Abatement, Inc.  Name of OSHA Monitor D&S Abatement, Inc.  Name of Registered Waste Hauler Describer Description of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Name of Registered Waste Hauler D&S Abatement, Inc.    Name of Registered Waste Hauler Description of Abatement Description of Asbestos-Containing Material (ACM) Description of Asbestos-Containing Material (ACM) SF or LF)    Name of Registered Waste Hauler D&S Abatement, Inc.    Name of Registered Waste Hauler D&S Abatement, Inc.   Name of Registered Waste Hauler D&S Abatement, Inc.   Name of Registered Landfill Waste Management of PA   Disposal Date Tilby Town, PA   Disposal Date Tilby Town, PA   Disposal Date Tilby Town, PA   Tillytown, PA						<b></b>	To	otowa, i	NJ 07512			100			
D&S Abatement, Inc.		nitoring Firm										).			
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)    State			Com	pletion [	Date (11)				C.						
Abatement Performed Outside of Normal Facility Hours    City, State, Zip Code   Totowa, NJ 07512	Occupancy Status Durin	ng Abatement (Che	ck Only One	:)											
Scope of Work (Check All That Apply)   Scope of Work (	hand I								X	lue			-254		
Salid or ≥3 if   Period of or ≥260 if   Pe	× Other – Describe:		mai i donity i	10010											
Demolition   Demolition   Mini-Enclosure Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Exempted (	Scope of Work (Check A	All That Apply)						90000							
State   Containing Material (ACM)   Asbestos-Containing Material (ACM)   Used Solely by Maintenance (Custodial Staff? (12)   Yes   No   N/A								× M	ini-Enclosure lovebag Prod	e cedure					
Location of Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A    Nome of Registered Waste Hauler D&S Abatement, Inc.   Note of Registered Landfill Vaste Management of PA    Note of Registered Waste Hauler D&S Abatement, Inc.   Note of Registered Landfill Vaste Management of PA    Note of Registered Waste Hauler D&S Abatement, Inc.   Note of Registered Landfill Vaste Management of PA    Note of Registered Waste Hauler D&S Abatement, Inc.   Note of Registered Landfill Vaste Management of PA    Note of Registered Waste Hauler D&S Abatement, Inc.   Note of Registered Landfill Vaste Management of PA			T					LI N	on-Exempted	(^) and	Non-Friab	e Pro			
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  Doiler room  X pipe insulation  Name of Registered Waste Hauler D&S Abatement, Inc.  Name of Registered Waste Hauler Totowa, NJ  Consisted by  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)  Applied  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Applied  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Applied	Locatio	n of	4		589700		Descrin	tion of	1						
Name of Registered Waste Hauler  D&S Abatement, Inc.  NJDEP Waste Hauler ID No. #20996  Disposal Date Totowa, NJ  Disposal Date Tullytown, PA  Disposal Date Tullytown, PA	Asbestos-Containing	Material (ACM)					tos Containir	ng Materia				_		щ	m
Name of Registered Waste Hauler  D&S Abatement, Inc.  NJDEP Waste Hauler ID No. #20996  Disposal Date Totowa, NJ  Disposal Date Tullytown, PA  Disposal Date Tullytown, PA	In Faci	lity	Custo	dial S		(i.e.	surfacing,	VAT, or				Remo	Rep	caps	nclos
Name of Registered Waste Hauler D&S Abatement, Inc.  City, State Totowa, NJ  Completed by  Title  X pipe insulation  240 LF X  Disposal Date Tullytown, PA  City, State Tullytown, PA	(13)		-		NIA		other misce	ellaneous	)			val	air	ulate	sure
Name of Registered Waste Hauler  D&S Abatement, Inc.  NJDEP Waste Hauler ID No. #20996  City, State Totowa, NJ  Disposal Date TBD  Title  Completed by August Pate Tullytown, PA	boiler re	oom	res		IN/A		pipe ins	ulation		240	0 LF	X			
D&S Abatement, Inc.    Hauler ID No. #20996   TBD   Waste Management of PA															
D&S Abatement, Inc.    Hauler ID No. #20996   TBD   Waste Management of PA				20											
D&S Abatement, Inc.    Hauler ID No. #20996   TBD   Waste Management of PA															
City, State Tofowa, NJ  Completed by:  TBD  Waste Management of PA  City, State Tullytown, PA  Completed by:  TBD  City, State Tullytown, PA	Name of Registered Wa	ste Hauler		900				is	Name of	Register	ed Landfill				
Totowa, NJ  TBD  Tullytown, PA		C.		100000		No.	TBD				ement of	PA			
Completed by Deanna Brkusanin  Title Signature Date 2/09/15							TBD /	7							
V II V MILLION III WI A I LI LI LI N			100000000000000000000000000000000000000	et Ma	nager	A	Signe	dure Danne	P. N.	min	Da 2/0		5		

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

Date of Notification (1) 2/6/2015			Nam CR	e of Building DA	Owner/0	perator	(2)		il il	1	Ĭ.	W		
Agencies Notified	Type Notification Initial	7	15	et Address S Pennsy		lve			FI	EB 1	8 2	015		
PA DEP DOL	Amended Amendment			State, Zip C antic city N		101							. ;	
DOH DCA	Emergency justification) Cancellation			e of Contact Rachelle K				±	Telenho	one hi				
			F	ACILITY INF	ORMATI	ON			•					
Name of Facility Where	Abatement is Takin	g Place (3)					Тур	e of Facility (4	-)					200000000000000000000000000000000000000
Street Address 436-439-440-441-4	444 Pacific Ave	8					\ 	School (K-12 Subchapter 8 Other (i.e. pr	g (Other th			dings,	home	es,
City (5) Atlantic city,N.J.	*				-		Squ	etc.) are Feet	# of Flo	ors		Bldg. A		
County (6) Atlantic	*			nty Code (7) TE USE ONL	n	_		rent Use (Prio mes	r if being d	lemolish	ed)			
Name of Monitoring Firm Health and safety	n Hired by Building	Owner (8)	AS	SCM No.				rprises,inc	ractor (9)					
Street Address 318 12th street						Street 815		ess n street						
City, State, Zip Code Hammonton, N.J.0	98037		1					Zip Code nton , N.J. (	08037					
Project Manager for Mor James Proctor	nitoring Firm			phone No. 9-704-8850	)	Teleph 609-		No. -1250	2000000	ense No 1172	٥.		-	
Start Date (10) feb 9th 2015		Scheduled of feb 10,20		on Date (11)				SHA Monitor nd safety se	ervices,ir	nc				
Occupancy Status Durin	g Abatement (Ched	k Only One)				Street								
Facility Closed/Vac Abatement Perform	ated During Entire	Period of Aba	itement			60,69,69	Service Control	street						
Other - Describe:	vacant/demo	arr acinty ric						Zip Code nton ,N.J. 0	8037					
Scope of Work (Check A	RII I nat Apply)	□ Ren	ovation	72		~	7 F	ull Containme	nt with Ne	native D	19991	re		
≥160 sf or ≥260 lf		SCHOOL STATE OF THE PARTY OF TH	nolition				M G	lini-Enclosure lovebag Proce	edure					
		1					IN	on-Exempted	(*) and ivo	n-Friabi	le Pro	Abate		+
Location	n of	Nor	cation mally		De	scription	of						ре	
Asbestos-Containing	Material (ACM)		Solely by enance/		stos Con	taining N	//ateri	al (ACM)	Amou		_		ш	ш
TO BE AB In Faci			iai Staff? 12)	(i.e	. thermal surfa	systems cing, VA	s insu T, or	liation,	(Spec SF or I		Remova	Repair	cap	nclo
(13)			1	_	other r	niscellan	neous	)			oval	air	Encapsulate	Enclosure
leitab an Iona	t alabata	Yes 1	10 N		floor	4:1- 4 OII	lud Ol		0.000.0	~ #				- 0.0
kitchen/coa		×	-	1001	tile 12"	XIZ		2,000 s	q. n.	X				
				- 1										
Name of Registered Wa	ste Hauler		NIDE	P Waste	Cubic	Yards		Name of R	Penistered	l andfill				
site enterprises.inc.				ID No.	of Wa 2cy			ACUA	,ogioter e					
City, State Hammonton, N.J. 0	8037				2/17/	1		City, State Egg har	bor twp.	N.J.				
Completed by Thomas Rock		Title PM				igrature 17/19	M	D Ra	ek	Dat 2/	te 6/20	15		



Date of Notification (1) February 11, 2015	-11			Name of Hamilto	Building Con Town				cation		Check	# N/A	5.5		
Agencies Notified	Type Notification		7	Street Ad 5801 3	ldress rd Stree	ŧ				1					
EPA DEP DOL	Initial  Amended  Amendment	#_1		City, State Mays L	e, Zip Coo anding,		3330			AS	BESTU: LICE	vsių:		<u>**</u>	
× DOH DCA	justification) Cancellation	including		Name of	Contact					Tele	ephone Nu	mber			
				FACIL	ITY INFO	RMATI	ON								
Name of Facility Where . Shaner School	Abatement is Takin	g Place (3)	)					× S	of Facility (4 School (K-12	2)		0)			
Street Address 5801 3rd Street					- 5				Subchapter Other (i.e. pr etc.)			ial build			s,
City (5) Mays Landing								Squar 5,000	e Feet )	# of 2	Floors		ldg. A 00	ge	
County (6) Atlantic				County C (STATE U	ode (7) ISE ONLY)			-Currei Scho	nt Use (Prio ool	r if bei	ng demolis	hed)			
Name of Monitoring Firm Coastal Environme				ASCM	No.				ement Con vironment						
Street Address PO Box 167								Addres Cutler	s Avenue		11				
City, State, Zip Code Hammonton, NJ 08	8037				170000000000000000000000000000000000000			State, Zi le Sha	p Code ide, NJ 0	8052					
Project Manager for Mor Cathy Ledden	Service - 1 - 1 - 1 - 1 - 1 - 1			Telephor	ne No. 5-9984		5700000000	hone No 755-0			License 1 00842	No.			
Start Date (10) January 12, 2015	v v	Schedule		mpletion 0	Date (11)				A Monitor Hytical, In	С.					
Occupancy Status Durin	g Abatement (Che							Addres							
Facility Closed/Vac Abatement Perform	ated During Entire ned Outside of Norr	Period of A	Abater Hour	ment s				Route State, Zi	130 Nort	:h					
Other - Describe:						-	Cinr	namins	son, NJ 0	8077		V-2			
Scope of Work (Check A	All That Apply)	10.20					-								
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		-	Renova Demoli					Mir Glo	Containme ni-Enclosure nvebag Proc n-Exempted	e edure				ρ.	
		lo lo	Loca	tion					I-Exempted	( ) ( )	4 11011 1 114	1	Abate		
Locatio	n of	1	Vorma	ally		De	scriptio	n of					Ту	ре	
Asbestos-Containing TO BE AB In Faci (13)	ATED lity	Ma	(12)	ance/ Staff?		therma surfa	taining l I system icing, V miscella	ns insula AT, or		(3	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	- 1 A-18000E							20015	-	-		
Exter	ior		XX>	<		Wind	ow Ca	ulking		1,	800 LF	X			
Name of Registered Wa	ste Hauler			NJDEP W	/aste	Cubic	Yards		Name of	Regist	ered Landf	ill			
Freehold Cartage		×		Hauler ID 02265	No.	of Wa		1970	Wester	n Ber	ks Comn	nunity	Lan	dfill	
City, State Freehold, NJ							sal Date /2015	9	City, Stat Birdsbo		A				
Completed by Christina Lynch		Title Oper	ation	ns M <mark>a</mark> na	ager		Signatur	MM	R	2	1 2	ate 2/11/2	015		



Date of Notification (1) 2/12/15					Building C Stout Pr			(2)		F	FR 1	R	2017	-	1	
	ype Notification		- 337	street Ad 27 Willa	dress ard Drive	Э					Mary and					1
DEP X DOL					e, Zip Cod awkin N		50			ACE	LKA	i Jang	4	-: 5		
DOH DCA	<ul><li>Emergency (ir justification)</li><li>Cancellation</li></ul>	cluding		lame of Carole	Contact					Tele	phone N	umb	er	3/		
				FACIL	ITY INFO	RMATIC	NC			-						
Name of Facility Where Aba Carole Stout Private I		Place (3)						proses.	of Facility (4) chool (K-12							
Street Address 27 Willard Drive			/	- <b>7</b>				X O	ubchapter 8 ther (i.e. pri tc.)				ouildi	ngs,	nome	s,
City (5) Manahawkin NJ 0805	0							Square 1000-	e Feet	# of 1	Floors		35	dg. Aq	ge	
County (6) Ocean				County C	ode (7) SE ONLY)			Curren	it Use (Prior	if beir	ng demol	ished	1)			
Name of Monitoring Firm H N/A	Drive  In NJ 08050  Itoring Firm Hired by Building Owner (8)  Code  Per for Monitoring Firm  Schedu 2/17/1  atus During Abatement (Check Only Owner (8)  Closed/Vacated During Entire Period of Int Performed Outside of Normal Facility  Closecribe:  K (Check All That Apply)  3 If				No.			of Abate	ement Contr	ractor	(9)			•		
Street Address	Amendment #							Address								
City, State, Zip Code							City, S	tate, Zip		91	1)					
Project Manager for Monito	ring Firm		Т	elephor	ne No.			none No 753-98			License 00727		3			
Start Date (10) 2/13/15		Scheduled	Com	pletion [	Date (11)		Name Sam		A Monitor			-				
- Control of the Control	hatement (Check	Only One	)				Street	Address	S			-				
Facility Closed/Vacate Abatement Performed	ed During Entire P	eriod of Ab	atem	ent				state, Zip	S							
Scope of Work (Check All	Γhat Apply)						-	-				6				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		parameter .	novat moliti				×	Mini Glo	Containme i-Enclosure vebag Proce	edure	9.00					
		T					E.	i Non	i-Exempted	(°) and	I NON-FI	lable			ment	
600 88			ocation ocation						8			-	3.9	Ту		
Asbestos-Containing M TO BE ABAT In Facility	aterial (ACM)	Used Main Custo	Solel tenan dial S (12)	y by nce/ taff?		tos Cont thermal surfa	scription taining N system cing, VA miscellar	Material s insula AT, or		(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
		168	No	N/A							00.05	$\dashv$				
Exterior Sig	ding			X		Exte	rior Si	ding		11	00 SF		κ .			
72																
Name of Registered Waste	Hauler	-	.0.35	JDEP W		10 STORESTON	Yards		Name of F	Registe	ered Land	dfill				
United Containers			1000000	auler ID 2459	No.	of Wa			G.R.O.V							
City, State Elm NJ				1		2/17/			City, State Morrisvi		1906	7				
Completed by Anthony T Perna		Title Presid	lent			8	Signatur	e7 _				Date 2/1		5		

					o NJAC 8:60 ar			Clac	Il 1	30	)	2		
Date of Notification (1) 2/12/15	)				Building Owner/ Ars. Stefancz		(2)			FEB	1	8 2	015	200
Agencies Notified	Type Notification		1	treet Ad 279 Es	dress sex Avenue									: &
EPA DEP  DOL	Initial Amended Amendment	<b>#</b>	11 665		e, Zip Code ied, NJ 0700	06			J. J.	SDLS L	ICE	VSIN	G	
DOH DCA	Emergency (i justification) Cancellation	ncluding	233		Contact tefanczyk				Telephone	e Numb	er			
					ITY INFORMA	TION								1
Name of Facility Whenhouse	re Abatement is Taking	Place (3)	V.				Тур	e of Facility (4) School (K-12)					9307	
Street Address 279 Essex Avenu	ie						×	Subchapter 8 Other (i.e. pri etc.)	(Other than vate & com	n K-12) mercial	build	ings,	home	s,
City (5) Bloomfield						020	Squ 230	are Feet	# of Floor	'S	BI 57	dg. A	ge	
County (6) Essex				County C	Code (7) ISE ONLY)		Cur	rent Use (Prior	if being der	molishe	d)			
Name of Monitoring F	irm Hired by Building (	Owner (8)		ASCM	No.			oatement Contr vironmental		LLC				
Street Address						Street PO E		ess 483, 4 E Ga	te Drive					
City, State, Zip Code								Zip Code od, NJ 0741	8					
Project Manager for M	Monitoring Firm		1	Telephor	ne No.	Telepi 973-		No. -2276	Lice 703	nse No	9			
Start Date (10) 3/20/15		Schedule	d Com	pletion [	Date (11)	Name	of O	SHA Monitor						
	luring Abatement (Chec	k Only On	e)			Street	Add	ess						
Abatement Perfe	/acated During Entire formed Outside of Norme:	Period of A nal Facility	batem Hours	ent		City, S	State,	Zip Code						
Scope of Work (Chec	k All That Apply)													
≥3 sf or ≥3 lf  ≥160 sf or ≥260	lf		enovat emoliti					Full Containmen Mini-Enclosure Glovebag Proce Non-Exempted	edure				e	
	authornous h	1,000,000	Locati			Description	- of						ement pe	
Asbestos-Contair TO BE In F	ation of hing Material (ACM) ABATED acility 13)	Use Mai	d Solel intenar odial S (12)	ly by nce/	Asbestos Co (i.e. therm sur	ontaining I	Mater ns ins AT, o	ulation,	Amour (Specif SF or L	fy	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									(D	
ext	terior			X	exte	erior duc	two	rk	10 SF	-		Х		
		+												
	19			-										
Name of Registered	Waste Hauler		993	J JDEP W lauler ID		oic Yards Vaste		Name of F	Registered L	andfill				
City, State					Dis	posal Date	е	City, State	)					
Completed by		Title	dent			Signatur	re A	1		Dat 2/1	e 2/1	5		



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

Agencies Notified   Type Notification   Street Address   S Pennsylvania Ave   S Pennsylvania	Date of Notification (1) 2/6/2015		e <sup>#</sup>		Name of CRDA	Building (	Owner/O	perator	(2)			A Th	- I	. 17	E,	M
DEP   DOL							/ania A	ve			FE	B 1	8	2015		
DOH	✓ DEP	Amended Amendment						01				era i				
Name of Facility Where Abatement is Taking Place (3)  Street Address 438-439-440-441-444 Pacific Ave,  Cloudy (6) Atlantic city,N.J.  County (6) Atlantic city,N.J.  County (6) Atlantic city,N.J.  County (7) Atlantic city,N.J.  County (8) Atlantic city,N.J.  County (8) Atlantic city,N.J.  County (9) Atlantic city,N.J.  Name of Monitoring Firm Hired by Building Owner (8)  Street Address 318 12th street  City, State, 216 Code Hammonton, N.J. 08037  Project Manager for Monitoring Firm  Telephone No. 609-704-8850  City, State, 216 Code Hammonton, N.J. 08037  Project Manager for Monitoring Firm  Telephone No. 609-704-8850  Coupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  City, State, 226 Cde Hammonton, N.J. 08037  Full Containment with Negative Pressure Mini-Enclosure  Abatement Performed Outside of Normal Facility Hours  Closed for 236 Fig. 102, 215  Asset of 226 Fig. State, 226 Cde Hammonton, N.J. 08037  Full Containment with Negative Pressure Mini-Enclosure  Closed Nor Check All That Apply)  Asset of 226 Fig. State, 226 Cde Hammonton, N.J. 08037  Full Containment with Negative Pressure Mini-Enclosure  Closed Nor Check All That Apply)  Asset of 226 Fig. State, 226 Cde Hammonton, N.J. 08037  Full Containment with Negative Pressure Mini-Enclosure  Closed Sprocedure Non-Exempted (7) and Non-Friable Procedure  Abatement Contractor (8)  Full Containment with Negative Pressure Mini-Enclosure  Closed Sprocedure Non-Exempted (7) and Non-Friable Procedure  Abatement Contractor (8)  Abatement Contractor (9)  Full Containment with Negative Pressure Mini-Enclosure  Closed Sprocedure Non-Exempted (7) and Non-Friable Procedure  Abatement Contractor (8)  Abatement Contractor (9)  Full Containment with Negative Pressure Mini-Enclosure  Closed Sprocedure Non-Exempted (7) and Non-Friable Procedure  Abatement Contractor (8)  Full Containment with Negative Pressure Mini-Enclosure  Closed Sprocedure Non-Exempted (7) and Non	Jeografia .	justification)					night		-32		Telephon	a Niim	hor		<del>-</del>	
Street Address 438-439-440-441-444 Pacific Ave.  City (9) Atlantic city,N.J.  County Code (17)					FACI	LITY INFO	RMATI	ON							-	
Street Address ASG-439-440-441-444 Pacific Ave.  City (5) Atlantic city, N.J.  County (6) Atlantic city, N.J.  County (7) Atlantic city, N.J.  County (8) Atlantic city, N.J.  County (9) Atlantic city, N.J.  County (9) Atlantic city, N.J.  Name of Monitoring Firm Hired by Building Owner (8) Health and safety  Street Address Street Address 318 12th street  City, State, Zip Code Harmmonton, N.J. 08037  Frelet Manage for Monitoring Firm  Telephone No. 609-704-8850 609-704-8850 609-567-1250 Coupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Otighte of Normal Facility Hours  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Otighte of Normal Facility Hours  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Otighte of Normal Facility Hours  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Otighte of Normal Facility Hours  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Otighte of Normal Facility Hours  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Perioder Otighte of Normal Facility Hours  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Perioder Otighte of Normal Facility Hours  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Perioder Otighte of Normal Facility Hours  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Perioder Otighte One Normal Facility Hours  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During	Name of Facility Where	Abatement is Takin	g Place (3)						Тур	oe of Facility (	4)					
County (6) Atlantic city,N.J.  Name of Abatement Contractor (9) site enterprises,inc  Street Address 318 12th street  Street Address 318 12th street  Street Address 318 12th street  City, State, Zip Code Hammonton, N.J.,08037  Telephone No. 609-704-8850 609-704-8850 609-567-1250 01172  Start Date (10) feb 9th 2015  Cocupancy Status During Abatement (Check Only One)  Abatement Performed Outside of Normal Facility Hours  County (6)  Assessory (6)  Assessory (6)  Assessory (7)  Asses		444 Pacific Ave	č							Subchapter Other (i.e. p	8 (Other than	n K-12) mercia	l build	dings,	home	es,
Asign of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Street Address 318 12th street  City, State, Zip Code Hammonton, N.J. 08037  Project Manager for Monitoring Firm James Proctor  Start Date (10)  Start Date (11)  Feb 3th 2015  Cocupancy Status During Abatement (Check Only One)  Start Date (10)  Start Date (10)  Start Date (10)  Start Date (11)  Feb 3th 2015  Cocupancy Status During Abatement (Check Only One)  Start Date (11)  Start Date (10)  Start Date (10)  Start Date (11)  Feb 3th 2015  Cocupancy Status During Abatement (Check Only One)  Start Date (11)  Start Date (11)  Feb 3th 2015  Cocupancy Status During Abatement (Check Only One)  Start Date (11)  Start Date (11)  Feb 3th 2015  Start Date (11)  Feb 3th 2015  Cocupancy Status During Abatement (Check Only One)  Start Date (11)  Feb 4th 2015  Start Date (11)  Feb 10, 2015  Full Containment with Negative Pressure  Mini-Enclosure  Glovebag Froedure  Non-Exempted (1) and Non-Friable Procedure  Non-Exempted (2) and Non-Friable Procedure  Abatement  Type  Abatement  Abatement  Start Date (11)  Full Containment with Negative Pressure  Mini-Enclosure  Glovebag Froedure  Non-Exempted (2) and Non-Friable Procedure  Non-Exempted (2				-		5			Squ		# of Floor	rs				
Health and safety   Site enterprises,inc											or if being de	molishe	ed)			
State, Zip Code	Name of Monitoring Fire Health and safety	m Hired by Building	Owner (8)		ASCN	No.										
Hammonton, N.J. 08037  Project Manager for Monitoring Firm James Proctor  Start Date (10)						***************************************										
Start Date (10)   Scheduled Completion Date (11)   Name of OSHA Monitor health and safety services, inc		08037	A.								08037					
feb 9th 2015  feb 10,2015    Feb 10,2015   feb 10,2015		nitoring Firm														
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other – Describe:						Date (11)					ervices,ind					
Facility Closed/Vacated During Entire Period of Abatement Abatement Period of Normal Facility Hours	Occupancy Status Durin	ng Abatement (Che	ck Only One	e)	1.	25.										
Scope of Work (Check All That Apply)    ≥3 sf or ≥3 if   ≥160 sf or ≥260 if   Pull Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure N	Facility Closed/Vac	cated During Entire	Period of Al	oaten	nent			316	12tl	h street						
Saliton   Sal	Abatement Perform  Other – Describe:	med Outside of Norr vacant/demo	nal Facility I	Hours			_				08037					
Demolition   Demolition   Demolition   Demolition   Description   Description of   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Exempt	Scope of Work (Check	All That Apply)						-	_							
Secretarion of Asbestos-Containing Material (ACM)   Used Solely by Maintenance/ Custodial Staff? (12)   Yes   No   N/A			-					_		Mini-Enclosure Glovebag Prod	edure				e	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED   In Facility   (13)  Yes   No   N/A    Normally   Used Solely by Maintenance/ Custodial Staff? (12)  Yes   No   N/A    Normally   Used Solely by Maintenance/ Custodial Staff? (12)  Yes   No   N/A    Normally   Used Solely by Maintenance/ Custodial Staff? (12)  Yes   No   N/A    Normally   Used Solely by Maintenance/ Custodial Staff? (12)  Yes   No   N/A    Normally   Used Solely by Maintenance/ Custodial Staff? (12)  Yes   No   N/A    Normally   Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Septimal To Solely by Maintenance/ Custodial Staff? (12)  Normally   Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Septimal To Solely by Maintenance/ Custodial Staff? (12)  Normally   Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Septimal To Solely by Maintenance/ Custodial Staff? (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Normally   Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Normally   Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Normally   Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Normally   Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Normally   Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Normally   Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Normally   Description of Asbestos Containing Material (ACM) (i.e. thermal sys			le l	ocati	ion					TOTI EXCITIPIO	( ) and Hon	1 11001		ovavorania.	- T-50	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  Kitchen/coat closets  X floor tile 12"x12"  Name of Registered Waste Hauler site enterprises.inc.  Name of Registered Waste Hauler Site enterprises.inc.  Disposal Date Hammonton, N.J. 08037  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, 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, 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, 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, other miscellaneous)  Asbestos Containing Material (ACM) (	Location	on of	No	ormal	lly		De	scription	n of					Ту	ре	
Name of Registered Waste Hauler   Signature   Date   Cooper Street   Cooper	Asbestos-Containin	g Material (ACM)	44 CONTRACTOR				tos Cont	taining N	Mater				_		щ	m
Name of Registered Waste Hauler   Signature   Date   Cooper Street   Cooper			100000000000000000000000000000000000000	odial S		(i.e.							Rem	Rep	ıcap	nclo
Name of Registered Waste Hauler   Signature   Date   Cooper Street   Cooper	(13	)		(12)	_		other n	niscellar	neou	s)			oval	pair	sula	Sure
Name of Registered Waste Hauler site enterprises.inc.  City, State Hammonton, N.J. 08037  Completed by  Name of Registered Landfill ACUA  Cubic Yards of Waste 2cy  Disposal Date 2/17/20  Egg harbor twp. N.J.  Date 2/10045			Yes	No	N/A										6	
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site enterprises.inc.    Hauler ID No. 0035220   of Waste 2cy   ACUA																i,
City, State Hammonton, N.J. 08037  Completed by  Title  City State  Disposal Date  2/17/20  Egg harbor twp. N.J.  Date  Date				1,729							Registered L	andfill				
Hammonton, N.J. 08037  Completed by  Title  Signature  Date  Date			5				2cy				9					
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## CK S491 Feb 10 2015 08:47am P001/001

State of New Jersey NOTIFICATION OF ASSESTED ABATEMENT

	APPROVED
NJ Dept.	f Health & Senior Scrvices
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Electrical Parts	OLLY C

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D DCA D CONTRACTOR	11	DR.	215A			
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DR. ZISA		qu. *				
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Date of Notification (1) 02/11/15						perator (2) CONSTF		TION		FEB	T. Committee	3	1015		1
Agencies Notified Type Notification			Street Ad 1433 R		4, BUI	ILDING	С3		L			22	gan e		
EPA   Initial   Amended   Amendment #_				e, Zip Coo TOWNS		J 07727	,	4 (4 )				N 1			
Emergency (inc DOH justification)  DCA  Cancellation	cluding	100	Name of						Tele	phone N	lumbe	r			
			FACIL	ITY INFO	RMATIC										
Name of Facility Where Abatement is Taking FTAYLOR	Place (3)					T	-	f Facility (4) chool (K-12)							
Street Address 86 SEA BREEZE ROAD						×	i 0	ubchapter 8 ther (i.e. pri c.)				uildi	ings,	nome	s,
City (5) TOMS RIVER, NJ						1. 22		Feet	# of	Floors		Ble	dg. A	ge	
County (6) OCEAN COUNTY			County C	Code (7) ISE ONLY)		14 000	urren	t Use (Prior E	if beir	ng demo	lished	)			
Name of Monitoring Firm Hired by Building Ow	ner (8)		ASCM	No.				ement Contr							
Street Address			14			Street Ac		OVE CO	URT						
City, State, Zip Code						City, Stat		Code D, NJ 08	701						
Project Manager for Monitoring Firm		T	Telephor	ne No.	9 S	Telephor				License	e No.				
	Scheduled		pletion [	Date (11)				A Monitor PROFES	SSIO	NALS					,
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Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal						6 WHI		OVE CO	URT			_			
Other – Describe:	i i domey i	10010						D, NJ 08	701						
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Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used Main Custo	tenar	nce/		thermal surfac	aining Mai systems in cing, VAT, niscellane	nsulat or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler NEWARK CARTING		H	JDEP W lauler ID 4509		of Was	Yards ste ARDS		Name of R	Registe	red Lan	dfill				120 12
City, State NEWARK, NJ	*1+					sal Date		City, State BETHLE		1 PA	V41	-	2.1		
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Date of Notification (	2/11/15		1	Name of City o	Building ( f Cam	Owner/O den	perator	(2)				17 15		
Agencies Notified	Type Notification		110.5	Street Ad	idress Rm.403	P O Box	95120				(e)	7.5		11
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and a first lite. VA /lance	Abatament in Takin	- Diago (2)		FACIL	LITY INFO	ORMATI	ON	Type of Facility (	4)					
name of Facility Where Residence	Abatement is Taking	g Place (3)						School (K-1						
Street Address 1510 Louis St								Subchapter × Other (i.e. etc.)				ıildings,	home	es,
City (5) Camden								Square Feet	# of	Floors		Bldg. A 100 +	ge	
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Name of Monitoring Fire N/A	m Hired by Building	Owner (8)		ASCM	No.		Name Trico	of Abatement Cor on Enterprises	tractor ( s Inc	9)			3	
Street Address			10				Street 322	Address Beers St						
City, State, Zip Code							City, S Keyp	State, Zip Code port N.J. 0773	35					
Project Manager for Mo	nitoring Firm		1	Telephor	ne No.		Telepi 732-	none No. 739-1200		License I 01095	No.			
Start Date (10) 1/20	/15	Scheduled 2/25/		pletion D	Date (11)		Name n/a	of OSHA Monitor						
Occupancy Status Duri				-			Street	Address						
x Facility Closed/Vaca Abatement Perform Other – Describe:	ted During Entire Pe med Outside of Norn	nal Facility H	lours	t			City, S	State, Zip Code						
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Completed by James Mahoney		Title Project	mana	iger		S	Signatur	1111	عده	1	Date	2/11/1	5	
ASB-41 (R-06-08)		1				(	Do n	ot use this form for	rasbesto	os ficensu	re exe	mpted	activit	ties.

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) Claudia Aarts-Schreiber 2-10-15 Agencies Notified Type Notification Street Address 285 Redmond Road [ ]EPA [X] Initial Notification [ ]DEP City, State, Zip Code [ ]Amended South Orange, NJ, 07079 [X]DOL Notification [X] DOH Name of Contact Telephone Number [ ]EMERGENCY Claudia Aarts-Schreiber [ ]DCA [ ]Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Same as above [ ]School (K-12) [ ]Subchapter 8 (Other than K-12) Street Addres [X]Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5 County (6) Essex County Code (7) 3500 2 80 (STATE USE ONLY) Current Use (Prior if being demolished) Name of Monitoring Firm hired by Building ASCM No. Name of Abatement Contractor (9) Owner (8) N/A AZTECH MANAGEMENT, Inc. Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number N/A (973) 744-8800 00371 Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor 2-19-15 2-24-15 N/A Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period of Abatement [ ]Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» [ ]other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) [X ]Full Containment with Negative Pressure  $[X] \ge 3$  sf or >3 lf [X] Renovation [ ]Mini-Enclosure [ ]>160 sf or >260 lf [ ]Demolition []Glovebag Procedure [X ]Non-Friable Procedure Abatement Type Location Location of Description of Normally ENCAPSU R Asbestos-Containing Asbestos-Containing NCLOSU Used Amount REP E Material (ACM) Solely Material (ACM) (Specify MOV By Main-TO BE ABATED (i.e., thermal systems SF or tenance/ AI In Facility insulation, surfacing, VAT, LF) Custodial A (13)Staff (12) or other miscellaneous) R Yes No N/A Basement X VAT 500 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste 1.5 AZTECH MANAGEMENT, INC. G.R.O.W.S. 17040 City, State Disposal Date City, State

2-25-15

Signature

1 cm

Morrisville, PA 19067

Date

2-10-15

Montclair, NJ 07042

Completed By (Print or Type)

Constantine Vivian

Title

President

1/30/15State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to 2NJAC 8:60 and 12:120)

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Date of Notification (	1/30/15			Name of City o	Building f Cam	Owner/0 den	Operator (2)			FF	ם ו	Ω	215	
Agencies Notified	Type Notification	i 20		Street Ac		PO Box	95120			1				
X EPA X DOL	X Initial Amended Amendment #			City, Stat	te, Zip Co en N.J.	ode 0810	1		- Transfer	ASBES		CUII VSHJG		. %
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City (5) Camden				9			Sq	uare Feet	# of 3	Floors		Bldg. A 100 +	ge	
County (6) Camden	4			County C (STATE U		)		rrent Use (Prio sidence	r if beir	ng demolisi	ned)			
Name of Monitoring Firm	m Hired by Building (	Owner (8)		ASCM	No.		Name of A Tricon E	batement Cont Enterprises	tractor (	(9)				
Street Address	7						Street Add							
City, State, Zip Code							City, State Keyport	, Zip Code N.J. 0773	5					
Project Manager for Mo	nitoring Firm			Telephor	ne No.		Telephone 732-739	No. 9-1200		License N 01095	lo.			
Start Date (10) 2/19/	/15	Scheduled 3/5/15		npletion D	Date (11)	i.	Name of C	SHA Monitor						
Occupancy Status Durin	ng Abatement (Chec	k Only One)					Street Add	ress						
	ted During Entire Per ned Outside of Norm	al Facility H					City, State	, Zip Code						
Scope of Work (Check A	All That Anniv)						L							
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City, State Hainesport, N.J.					0 3	Dispo	sal Date	City, State	e Morri	sville, P.A.				
Completed by		Title Project	mana	ager	1	1	Signature	. 101	()	D	ate 1/3	0/15		

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

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CK	O, Q	10	ASBE		BATEMEI 18:60 and	NT (Pursi I 12:120)	ant to	NJAC				3 [	- [	W [	B C
Date of Notification (	/30/15			Name o City	of Building of Cam	Owner/O den	perator	(2)				D 4			7
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X DOH DCA	justification Cancellation	1)	aning	Name of	Contact	James R	izzo			Tel	enhana Ni	mhai	-		
				FAC	ILITY INF	ORMATIC	NC								
name of Facility Where Ab Residence	atement is Taki	ng Place (3	5)					1000000	of Facility (4 School (K-1)						
Street Address 1347 Browning S	št							X	Subchapter Other (i.e. petc.)				uildings	i, hom	es,
City (5) Camden							-	Squa	ire Feet	# 0	f Floors		Bldg. A 100 +	\ge	
County (6) Camden					Code (7) USE ONLY	)	_		ent Use (Prid dence	or if bei	ng demolis	hed)			
Name of Monitoring Firm F N/A	Hired by Building	Owner (8)		ASC	Л No.		Name Trico	of Aba	ntement Con nterprises	tractor Inc	(9)				
Street Address								Addre Beer							
City, State, Zip Code		•					City, S Keyp	state, Z port N	ip Code J.J. 0773	5					
Project Manager for Monito	oring Firm			Telepho	ne No.		Teleph 732-		°. 1200		License 1 01095	No.			
Start Date (10) 2/16/15	5		ed Cor 27/15	npletion	Date (11)		Name n/a	of OSI	HA Monitor	*				-	
Occupancy Status During	Abatement (Che	ck Only Or	ne)	***************************************			Street	Addre	SS						
x Facility Closed/Vacated Abatement Performed Other – Describe:	During Entire P	eriod of Ab	atemer			_	City, S	tate, Z	ip Code						
Scope of Work (Check All	That Apply)												8		_
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	7,		enovat Demolit					Mini- Gl	ainment with -Enclosure ovebag Prod -Exempted	edure			cedure		
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Name of Registered Waste R&B	Hauler	7	Н	IJDEP W lauler ID 9439		Cubic Y of Was 275			Name of F	Registe	red Landfil	II G	rows no	rth	
City, State Hainesport, N.J.						Disposi 2/2	al Date 7/15		City, State	Morri	sville, P.A.			22	
Completed by James Mahoney		Title Projec	t mana	ager		Si	gnature	1	Mah	ne e	1	ate 1/3	30/15		
ASB-41 (R-06-08)							7		his form for		1	e exe	mpted	activiti	es,

					0.00 an	id 12:120)			19-11.	15		14	
Date of Notification (	1/30/15			Name of City	of Buildin of Car	ng Owner/0 nden	Operator	(2)					4 ) /
Agencies Notified  XEPA	Type Notificatio	n			Address I Rm 403	3 PO Box	95120		r - 1 - 1 - 1				
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X DOH DCA	Emergenc justification Cancellation	n)	ng	Name of	Contact	James F	Rizzo		Telephone N		OEN Si	i V. C.	
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Street Address	TOTAL IS TAKE	ng riace (	(3)					Type of Facility ( School (K- Subchapte	12) r 8 (Other than K	-12)			
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Camden								Square Feet	# of Floors 3		Bldg. 100 +		
County (6) Camden				County (STATE	Code (7) USE ONL			Current Use (Pri Residence	or if being demol	ished)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8	3)	ASCN	/I No.	331 33	Name of Tricon	of Abatement Cor n Enterprises	ntractor (9) S Inc				
Street Address					F8		Street A	Address Beers St					
City, State, Zip Code							City, Sta Keypo	ate, Zip Code ort N.J. 0773	35				
Project Manager for Moni	toring Firm			Telepho	ne No.		Telepho 732-7	one No. '39-1200	License 01095	No.			
Start Date (10) 2/25/15			iled Co 10/15	mpletion [	Date (11)	)	Name o	f OSHA Monitor					
x Facility Closed/Vacated Abatement Performe Other – Describe:  Scope of Work (Check All ≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	d Outside of Norr	mal Facilit	Renovai	tion				ate, Zip Code  Containment with	n Negative Press	ure			
	20	X !	Demoin	lion				Mini-Enclosure Glovebag Prod Non-Exempted	cedure () and Non-Friab	e Pro	cedure		
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Asbestos-Containing N <u>TO BE ABA</u> In Facility (13)	TED	Ma	Solely laintena stodial (12)	nce/	Asbe (i.e	stos Conta e. thermal s surfaci	aining Ma	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
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ame of Registered Waste &B	Hauler		Н	JDEP Wa auler ID N		Cubic Y of Waste 275		Name of R	Registered Landfil	l Gr	ows no	rth	
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC

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Date of Notification (	1/30/15			Name City	of Buildir of Car	ng Owner/ mden	Operator (2	2)			129	11 11/	5	7
Agencies Notified	Type Notification	on			Address	3 PO Box	05120	3		1-1-3	1 8	Tilly-	3	1
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name of Facility Where A Residence	Abatement is Taki	ng Place (	(3)					Type of Facilit						
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City (5) Camden								Square Feet		of Floors		Bldg. 100 +		
County (6) Camden					Code (7)		(	Current Use (F Residence	Prior if be	eing demol	ished)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8	)	ASCI	M No.		Name of Tricon	Abatement C Enterpris	ontracto	or (9)				
Street Address							Street Ad 322 Be	ddress eers St		11				
City, State, Zip Code				- =			City, Star Keypo	te, Zip Code rt N.J. 077	35					
Project Manager for Mon	itoring Firm			Telepho	ne No.	VIII-1211	Telephor 732-73	ne No. 39-1200		License 01095				
Start Date (10) 3/2/15		3/	16/15	mpletion	Date (11	)	Name of n/a	OSHA Monito	Г					
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x Facility Closed/Vacate Abatement Performe Other – Describe:	ed Outside of Norr	eriod of Atmal Facility	ateme y Hour	ent s			City, Stat	e, Zip Code						
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Date of Notification (	1/30/15			Name o City	f Building of Can	owner/0	Operator	(2)					
Agencies Notified	Type Notification	1		Street A City Hall		РО Вох	95120		FEI		3		1
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City (5) Camden								Square Feet	# of Floors		Bldg. /	\ge	
County (6) Camden				County (		y)		Current Use (Pri Residence	ior if being demoli	shed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCN	No.		Name Trico	of Abatement Con on Enterprise	ntractor (9) s Inc				
Street Address							Street 322	Address Beers St			11		
City, State, Zip Code							City, S Keyp	tate, Zip Code oort N.J. 0773	35				
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph 732-	one No. 739-1200	License 01095	No.			
Start Date (10) 3/5/15	5	Schedul 3/19		mpletion [	Date (11)		Name n/a	of OSHA Monitor					
Occupancy Status During	Tarana na tao ahalifi talih t		100				Street /	Address					
x Facility Closed/Vacate Abatement Perform Other – Describe: _		nal Facility	/ Hours	3			City, St	tate, Zip Code					
Scope of Work (Check A	ll That Apply)												
≥3 sf or ≥3 if x ≥160 sf or ≥260 if			enova Demoli					Mini-Enclosure Glovebag Pro	th Negative Press ocedure I () and Non-Friab		ooduro.		
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Asbestos-Containing <u>TO BE ABA</u> In Facili	ATED	Ma	aintena todial (12)	nce/		thermal surfa	systems cing, VA		Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A		other r	niscellan	eous)	560	oval	oair	sulate	sure
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City, State Hainesport, N.J.				4			sal Date 19/15	City, State	e Morrisville, P.A				
Completed by James Mahoney		Title Projec	t mana	ager		S	ighature	102 M/		ate 1	/30/15		
ASB-41 (R-06-08)		1					* Do not	t use this form for	asbestos/licensur	e exe	mpted a	activiti	ies.

ASB-41 (R-06-08)

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC

8:60 and 12:120) Date of Notification ( Name of Building Owner/Operator (2) 1/30/15 City of Camden Agencies Notified Type Notification Street Address City Hall Rm 403 PO Box 95120 XEPA X Initial Amended City, State, Zip Code Camden N.J. 08101 XDOL Amendment # LICENS Emergency (including X DOH Name of Contact James Rizzo justification) Telephone Number DCA Cancellation **FACILITY INFORMATION** name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12) Street Address 1293 Decatur St Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Camden 3 100 +County (6) County Code (7) Current Use (Prior if being demolished) Camden (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) Tricon Enterprises Inc ASCM No. Street Address Street Address 322 Beers St City, State, Zip Code City, State, Zip Code Keyport N.J. 07735 Project Manager for Monitoring Firm Telephone No. Telephone No. 732-739-1200 License No. 01095 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 3/11/15 Occupancy Status During Abatement (Check Only One) Street Address x Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Containment with Negative Pressure x ≥160 sf or ≥260 lf x Demolition Mini-Enclosure Glovebag Procedure Non-Exempted () and Non-Friable Procedure Is Location Abatement Normally Used Type Location of Description of Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED Encapsulate (i.e. thermal systems insulation, (Specify Custodial Staff? Remova Enclosure Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A WET DEMOLITION Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Grows north R&B Hauler ID No. of Waste 29439 275 City, State Disposal Date City, State Morrisville, P.A. Hainesport, N.J. 3/24/15 Completed by James Mahoney Title Signature Date Project manager 1/30/15

Do not use this form for asbestos icensure exempted activities.

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Date of Notification (	1/30/15			Name City	of Building	owner/	Operator (2	)		th 1.	- 12 - 2 T	+	77/	• ,
Agencies Notified	Type Notificatio	n			Address II Rm 403	РО Вох	95120			FE	5 1	5 .	7	
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DCA	justification Cancellation				Contact				Tolon	hone Ni	ımbe			
name of Facility Where Residence	e Abatement is Taki	ng Place (	3)	FAC	CILITY INF	ORMAT		ype of Facility						
Street Address 1287 Decatur	St							School (K- Subchapte X Other (i.e. etc.)	r8 (Other	than K-1 commer	(2) cial b	uilding	s, hom	nes,
City (5) Camden							S	quare Feet	# of F	loors		Bldg. /	Age	
County (6) Camden	1				Code (7) USE ONL	0		urrent Use (Pri esidence	ior if being	demolis	hed)			
Name of Monitoring Fin N/A	m Hired by Building	Owner (8	)	ASCI	M No.		Name of Tricon	Abatement Co Enterprise	ntractor (9) s Inc	)				
Street Address							Street Ad 322 Be	dress ers St						
City, State, Zip Code							City, Stat	e, Zip Code † N.J. 0773	35					
Project Manager for Mo	onitoring Firm		Telepho	one No.		Telephon		Ļ	icense N	No.				
Start Date (10) 3/17	//15	Schedu 3/30		mpletion	Date (11)		Land House	OSHA Monitor		7,000				
Occupancy Status Durin							Street Ad	dress						
x Facility Closed/Vacat Abatement Perform Other – Describe:	ted During Entire Pe med Outside of Norr	nal Facility	Hours	nt i	9		City, State	e, Zip Code						
Scope of Work (Check A	All That Apply)													
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City, State Hainesport, N.J.						Dispos 3/30/	al Date 15	City, State	Morrisvil	le, P.A.				_
Completed by James Mahoney		Title Project	t mana	ger		Si	ignature	0//	1	Da	te 1/30/	15		

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

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

8					8:60 and	12:120)				F	P. 15	15	WA F	1	
Date of Notification (	1/30/15	9:		Name o City	of Building of Cam	Owner/0 den	Operator (	(2)	and a fact	1111,	Ton e constitution	1 8 8	De la companya del companya de la companya del companya de la comp	7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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X DOH DCA	Emergency ( justification) Cancellation	including	N	ame of	Contact	James I	Rizzo		The street ones	1.+.1.	il train		(Marine) They lead to	P(+)	
	6.			FAC	ILITY INFO	ORMAT	ION			•					
name of Facility Where A Residence	batement is Taking	Place (3)						Sc	Facility (4) hool (K-12 bchapter 8	!)	rthan K-1	2)			
Street Address 1275 Decatur St									ther (i.e. p				uildings	, hom	es,
City (5) Camden								Square	Feet	# of 3	Floors		Bldg. A 100 +	ge	
County (6) Camden			(	County (	Code (7) USE ONLY)			Current Residen	Use (Prior ice	r if bein	g demolis	hed)			
Name of Monitoring Firm N/A	Hired by Building C	wner (8)		ASCN	И No.		Name o Trico	of Abater n Ente	nent Contr rprises	ractor ( Inc	9)				
Street Address							Street A	Address Beers	St						
City, State, Zip Code							City, St Keyp	ate, Zip o ort N.J	Code J. 07735	5					
Project Manager for Monit	toring Firm			Telepho	ne No.			one No. 739-12	00		License 1 01095	No.			
Start Date (10) 3/20/1	5	Scheduled 4/2/1		pletion	Date (11)		Name o	of OSHA	Monitor			-		10 20	
Occupancy Status During	Abatement (Check	Only One	)				Street A	Address							
X Facility Closed/Vacated Abatement Performe Other – Describe:	d Outside of Norma	al Facility H	lours				City, St	ate, Zip (	Code						
Scope of Work (Check All	That Apply)		-		-										= 7/=
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	,,,,,,	Rer x De	novatio					Mini-Er Glove	ment with sclosure ebag Proce xempted ()	edure			cedure		
		ls I	.ocatio	nn					T				Abate	ement	
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(13)		Yes	(12) No	N/A			miscellane			0.	o ,	Removal	Repair	Encapsulate	Enclosure
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Name of Registered Waste R&B	e Hauler		Ha	JDEP W auler ID 439		of Was 275	Yards ste	1	Name of R	egister	ed Landfil	l Gr	ows no	rth	
City, State Hainesport, N.J.							sal Date 2/15	C	City, State	Morris	ville, P.A.				
Completed by James Mahoney		Title Project r	manag	ger		S	ghature bem	of 1	Wake	Tyel-	/ Da	ate 1	/30/15		

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

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Date of Notification (	1/30/15			Name o City	f Building of Can	g Owner/C nden	Operator (2)	22 g20 31 - 1	FER I	9			
Agencies Notified	Type Notification	1		Street A		PO Box	95120		1 - 1			1	1
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name of Facility Where	Abatement is Takir	g Place (3	3)	FACI	LITYIN	FORMATI		ype of Facility (	4)				
Residence								School (K-1		40)			
Street Address 1277 Decatur S	St							<ul><li>Subchapter</li><li>Other (i.e. etc.)</li></ul>	8 (Other than K- private & comme	12) rcial l	building	s, hom	ies,
Camden							S	quare Feet	# of Floors 3		Bldg. /		
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Street Address							Street Ad 322 Be		2-				
City, State, Zip Code							City, State Keypor	e, Zip Code t N.J. 0773	5				
Project Manager for Mon	itoring Firm			Telephor	ne No.		Telephone 732-73		License 01095	No.			
Start Date (10) 3/25/	15	Schedule 4/7/		mpletion [	Date (11)		Name of 0 n/a	OSHA Monitor					10000
Occupancy Status During			100				Street Add	dress					
x Facility Closed/Vacate Abatement Perform Other – Describe: _	ed Outside of Norr	nal Facility	Hours	nt			City, State	e, Zip Code					
Scope of Work (Check Al	Il That Apply)					11							
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City, State Hainesport, N.J.					100	Disposa 4/7/		City, State	Morrisville, P.A.			VI.	
Completed by James Mahoney	(2)	Title Project	mana	ger		Sie	gnature	» IM //	7 D	ate 1	/30/15		
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Date of Notification ( 1/30/1	5			Name of City of	Building of Cam	Owner/0 den	Operator (2	)					7
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X DOH . jus	tification ncellation	1)		Name of 0	Contact	James I	Rizzo		Telephone No	umbei		-	-
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name of Facility Where Abatemen Residence	t is Takir	ng Place (3	3)			-		School (K-1: Subchapter	. [3]	12\			
Street Address 1279 Decatur St									private & comme		uildings	, hom	ies,
City (5) Camden							S	quare Feet	# of Floors 3		Bldg. A 100 +	\ge	
County (6) Camden	a			County C (STATE L		)	C	Current Use (Pric Residence	or if being demolis	shed)			
Name of Monitoring Firm Hired by N/A	Building	Owner (8)		ASCM	l No.		Name of Tricon	Abatement Con Enterprises	tractor (9) Inc				
Street Address							Street Ad 322 Be	ddress eers St					
City, State, Zip Code						,	City, Sta Keypo	te, Zip Code rt N.J. 0773	5				
Project Manager for Monitoring Fir	m			Telephor	ne No.		Telephor 732-73	ne No. 39-1200	License 01095	No.			
Start Date (10) 3/31/15	led Co	mpletion [	Date (11)		Name of n/a	OSHA Monitor							
Occupancy Status During Abatem	ent (Che	ck Only Or	ne)				Street Ad	ddress					
x Facility Closed/Vacated During Abatement Performed Outsid Other – Describe:							City, Star	te, Zip Code					
Scope of Work (Check All That Ap	olv)												
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf			lenova Demoli					Mini-Enclosure Glovebag Prod	Negative Pressocedure () and Non-Friab		cedure		
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Location of Asbestos-Containing Material ( TO BE ABATED In Facility	ACM)	Ma	Solely aintena stodial	ince/		stos Con . therma	scription of taining Mat I systems in cing, VAT,	terial (ACM) nsulation,	Amount (Specify SF or LF)	Re	R	Enca	Enc
(13)		Yes	(12) No	N/A			miscellaned		SF UI LF)	Removal_	Repair	Encapsulate	Enclosure
WET DEMOLITION													
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Name of Registered Waste Hauler R&B							Yards ste	Name of F	Registered Landfi	ill G	rows no	rth	
City, State Hainesport, N.J.	<del>1 </del>						sal Date 13/15	City, State	Morrisville, P.A	•		,	
Completed by James Mahoney		Title Projec	ct man	ager		S	Signature	01/1/2	hom my D	ate 1/	30/15		
ASB-41 (R-06-08)						1	* Do not u	ise this form for	asbestos licensul	re exe	mpted	activit	ies.

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

									kan ji					
Date of Notification (	1/30/15	12		Name of City	of Building of Can	g Owner/0 nden	Operator	(2)		FEB	1.8			1.)
Agencies Notified	Type Notification	n		Street A		Natural Control	-0.0	1	1				_	
XEPA	✓ Initial			City Hall	Rm 403	PO Box	95120	1	1					
× DOL	Amended Amendment	. 44		City, Sta	ate, Zip C	ode J. 0810	11	İ	-		INSI			
	Emergency		-					L.						w.esteur
X DOH DCA	justification Cancellatio	)		Name of	Contact	James I	Rizzo		T	elephone N	umbe	r		
				FAC	ILITY IN	FORMAT	ION		_1_					
name of Facility Wher Residence	e Abatement is Takir	ng Place (3)	(i					Type of Facility	(4)					
Street Address								School (K-		ther than K-	40\			
1281 Decatur	St							x Other (i.e	. privat	te & comme	rcial b	uilding	s, hor	nes,
City (5)							•	etc.)		-11				
City (5)								Square Feet		of Floors 3	1.0	Bldg.	Age	
County (6)										-		100 +		
Camder	n			(STATE	Code (7) USE ONL	n		Current Use (Pr Residence	ior if b	eing demoli	shed)			
Name of Monitoring Fi	irm Hired by Building	Owner (8)		ASCN	/ No.		Name	of Abatement Co	ntracto	or (9)	-			
N/A							Trico	n Enterprise	s Inc	)				
Street Address							Street	Address						
City, State, Zip Code								Beers St						
Oity, State, Zip Code							Keyp	tate, Zip Code ort N.J. 077	35					
Project Manager for Mo	onitoring Firm			Telephor	ne No.		Teleph	one No.		License	No.			
Start Data (10)							25/1/20/20/20	739-1200		01095				
Start Date (10) 4/3/15	5	Schedule 4/17/1		npletion [	Date (11)		Name n/a	of OSHA Monitor						
Occupancy Status Duri	ing Abatement (Chec	k Only One	e)				Street	Address						
x Facility Closed/Vaca				nt			Oliooti	ridaress						
Abatement Perfor	med Outside of Norn	nal Facility I	Hours	iii			City, St	tate, Zip Code			-			
Other - Describe:						-	2,							
Scope of Work (Check	All That Apply)			N.										
≥3 sf or ≥3 lf			novat					Containment with	th Neg	ative Pressu	ıre			
x ≥160 sf or ≥260 lf		x De	emolit	ion				Mini-Enclosure						
								Glovebag Pro Non-Exempted			e Pro	cedure		
		le l	Locat	ion	- 1				0		T		emen	ıf
Location	on of		nally l			Doc							/pe	
Asbestos-Containir	ng Material (ACM)		olely l ntena		Asbes	stos Cont	scription aining M	aterial (ACM)		Amount			_	
TO BE Al				Staff?	(i.e	. thermal	systems	insulation,		Specify	Re	<sub>Z</sub>	Enca	En
(13			(12)				cing, VAT		S	SF or LF)	Remova	Repair	apsu	Enclosure
7/ 0		Yes	No	N/A		5-1/1/2/2018/00/20		8003X733 <b>X</b> V			al	=	Encapsulate	ure
WET DEMOLIT	ION													
										-				
											+			
Name of Registered Wa	aste Hauler		N	JDEP Wa	aste	Cubic	Yards	Name of	Regist	ered Landfil	1 6	ows no	rth	
R&B						of Was				oo Lanuill	. 01	JW3 110	esel.	
City, State		28	9439		Disposa	al Data	C:t- Ct-1	n h#-	deville 5.1					
Hainesport, N.J.							ai Date 7/15	City, State	e IVIOT	risville, P.A.				
Completed by		Title				Si	<b>d</b> nature	, 11		D:	ate			
lames Mahoney		Project i	mana	ger			John	es Mah	A si		1/30/	15		
		10-11-11-11-1				1	W/ 3/10	w process	,,0	7				
SB-41 (R-06-08)						()	* Do not	use this form for	ache	tos licansur	2 200	motod a	otiviti	inn

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

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Project #			MOTIE		itate of Nev	V Jersey	ATEARE	INT	-	FR	_	4	19	_
1710/601#						8:80 and 12		181	Check	# 286	36			
Dale of Notificati	nn /1)		-	Nama	of Building (	Owner/Open	mtor /2	1			-			
02/05/2015	011 (1)						rator (2	)	ASD.	دنا د. LICE			Tark	2
Agencies Notifie	d Type Notification				y City BC	) <u>E</u>				LIUE	IV O	140		
What icies Monte	1 ype Noulicaudi		- 1		address Iaremont									
EPA	Initial Initial		1											
DEP	Amended Amendmen	of de			tate, Zip Co									
502	Emergency		- 1		y City, N.	0/305								
DOH	juetification Cancellatio			A CONTRACTOR OF THE PARTY OF TH	of Contact				Telepho	ne Num	ber			
LI DUA	Cancellado	n			O'Shea				_				_	
Name of Facility	Where Abatement is Taki	ng Place (	(3)	FAC	CILITY INFO	DRMATION		ype of Facility	141		_	_		
School		ing vilado (	,				-	<u> </u>	88 E 14					
Street Address	~~~~						[4		-12) er 8 (Other th	on K-17				
153 Union St	reet						1		private & cor			dings	, horr	108,
City (5)								etc.)	1 4 7 11					
Jersey	Clty,NJ 07304						10	quara Feet	# of Flo	eno	1 8	ildg.	Age	
County (6)				Caumh	C-4- (7)		1				$\perp$			
Hudson					Code (7)	V	0	urrent Use (Р	nor it being d	emolishe	Id)			
	ing Firm Hired by Building	Ours 10		1.000	M No.		٠,							
AHERA	ing I mili raised by building	Owner (a	)	ASC	M NO.			Abstement Co	7.6					
Street Address								storation l	LC					
P.O BOX 385							bA seen							
City, State, Zip C	1000							kside Rd						
	*						11. 12. 12. 12. 12. 12. 12. 12. 12. 12.	e, Zip Code						
Oceanville, N	for Monitoring Firm							oh NJ 078	369					
John Smoyer				100	one Na.		lephon			ense No				
Start Date (10)		10-1-4			52-1833			3-2550	01	133				
02/07/2015				nplation	Date (11)			OSHA Monito	10					
	. O 1/01	02/09/		_				vironmenta	al					
	s During Abatement (Che	AND A PROPERTY OF THE PARTY OF					neet Ad							
Facility Clos	ed/Vacated During Entire	Period of	Abaten	nent			33 R		- V					ĺ
Other - Des	Performed Outside of Non criba:	nai racilit	y Houn	9				e, Zip Code						
Scope of Market 17	heck All That Apply)					- Un	ion, N	NJ 07083						
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≥3 of or ≥3 li ≥160 of or ≥		annical and a second	Renova					Full Contains	nent with Neg	ative Pre	98841	9	=	
_ = 100 8 01 2	10011		Demoli	non				Mini-Enclosus Glovebag Pro						
1							E	Non-Example		n-Friable	Proc	adu	e	
		ls	Locat	ion					District Control of the Control of t			Abati	amen	
1	ocation of		Normal			Descript	tion of			L		T	/pe	
Asbestos-Cor	teining Material (ACM) BE ABATED		ed Sole		Asbesto	os Containin	ng Mate	riai (ACM)	Amour	M			m	
	n Facility		todial 8		(i.e. (	hermal systems, surfacing,			(Speci		Re	D	Encapsulate	Enclosure
	(13)		(12)			other misce			SF or L	F)	Remova	Repair	18d	Sol
		Yes	No	N/A	1						9	4.	85 100 100 100 100 100 100 100 100 100 10	2
outside of the	huilding	-	*	-	1000	-,				-	_			_
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	At .													
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Name of Register	sd Waste Hauler		I AI	JDEP W	/mate T	Carlete Man		1.						
				auler ID		Cubic Yard	15	Name of	Registered L	andfill				
lick Restorati	JII LLÇ		33	3782	-	TBD		G.R.O.	W.S					
City, State	olph, NJ 07869		- Control of the Cont			Disposal Da	ate	City, Sta	10	-		-		_
	orbu, Ma 0/868				-	TBD		Tullytov						
Completed by		Title				Signat	tage .	1.311,101	/	Date	_	-	_	
Ivira Mrda		Presid	dent			1 6	101	oa le	1 cla	02/0		115		

Date of Notification (1) 2/11/2015			4.00		Building C			(2)		FEB 18				
Agencies Notified	Type Notification		1	Street Ad 631 Ce	idress entral Av	enue/								
DEP  DOL	Amended Amendment #				e, Zip Coo				ASE	LICENSI	. PAOL IG	弦		
DOH DCA	Emergency (in justification) Cancellation	ncluding		Name of Greg V						Telephone N	lumber			
					ITY INFO	RMATIO	N							
Name of Facility Where AUS Ink	Abatement is Taking	Place (3)				5			of Facility (4) School (K-12 Subchapter 8	) 3 (Other than K	-12)			
390 Central Avenue	e							× C	Other (i.e. pri	vate & comme	rcial buil	dings,	home	es,
City (5) East Rutherford									etc.) re Feet 00	# of Floors		ldg. <i>A</i>	ge	
County (6) NJ 07073				County C	Code (7) ISE ONLY)				nt Use (Prior imericial	if being demo US Ink	lished)			
Name of Monitoring Firm Arcturus Environme		wner (8)		ASCM	l No.				tement Cont Contracts					
Street Address							Street	Addres	SS					
9 Prince William Ro	oad						85 K	ero R	oad					
City, State, Zip Code Marlboro NJ 0775	51							3.5	ip Code NJ 07072	2				
Project Manager for Mor	nitoring Firm			Telephor	ne No.		Teleph	none N	0.	License	No.			
Frank Tamargo				732 61	7 9279		201	93300	033	01230	)			
Start Date (10) 2/25/2015		Schedule 5/25/20		npletion [	Date (11)			of OSI in Brite	HA Monitor O					
Occupancy Status Durin	g Abatement (Check	Only On	e)					Addres				e, e, te,		
Facility Closed/Vac	ated During Entire P	eriod of A	baten	nent				(ero R						
	ned Outside of Norma Area outside of norm			3		_			ip Code NJ 07072			h		
Scope of Work (Check A	All That Apply)					,								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova					Mir Glo	ni-Enclosure ovebag Proc	nt with Negativedure (*) and Non-Fi			re	20
		le	Locat	ion								Abat	emen	t
Locatio	n of	l N	lorma	lly		Desc	cription	n of				T	уре	_
Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) SATED ility	Ma	d Sole intena odial : (12)	nce/ Staff?		tos Conta thermal s surfaci other mi	ining N system ng, V	Materia ns insula AT, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	T 1 11 7 0 0	103		1073	-:	): FIb	/	2) 6" 6	liamatar	2 If	X	-	+	
Exterior between			X			• • • • • • • • • • • • • • • • • • • •			liameter	10.2000		-	-	-
Exterior Ta	Exterior Tank # 3						ooting	g Non	Friable	95 sf	X	-		-
										100				
Name of Registered Wa			NJDEP W Hauler ID		Cubic Y			0.00	Registered Lan					
Asbestos Transport	tation Company	Inc		a-371						Enterprise	s, LLC			
City, State Shirley NY						Disposa	al Date	e <i>[] /</i>	City, State Waynes	sburg Ohio				
Completed by Steve Duffy		Title Proje	ect M	anager		Si	gnatur	re /		ill.	Date 2/11/2	015		

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

RECEIVED

		(Pu	rsua	ant to	NJAC	8:60 and 12:1	20)	ATTE FFR	3				
Date of Notification (1) 2-4-15			1.753			g Owner/Operator dy's Compa	(2) nv	vard f	- 17	16	C	7	
Agency Notified	Type Notification				Address	ay 3 Oompa	ity	A ST THE ST	The Late	(es.	-		-
Agency Notified	Type Nouncation			40	Cene	ral Warre	n Boules	ard F	N 52 79	7	U		
DKEPA	□ Initial		-				JII DOUIC	raid	4	1	_	_	-
DEP	Amended X Amendment # 1		1000		ate, Zip (								
E DOL	☐ Emergency (includi	na				, PA 1935	5	T = 1	,				
□XDOH	justification)	5			of Contac			Telephone Num	nber				
<b>D</b> KDCA	☐ Cancellation		I	Robe	ert M	Miles							
		(0)		FACIL	ITY INF	ORMATION	Tune of Facility	74)	×				
Name of Facility Where	Abatement is Taking Pla	ice (3)					Type of Facility	(4)					
Wendy's Rest	taurant #133	31						6 (Other than K-12					
410 Route 2	2#430					v.	Other (i.e. pr homes, etc.)	ivate & commercia	al buildin	gs,			
	2 11 13 0						Square Feet	# of Floors	Bldg.	Age	-	_	-
City (5)								Decision and State of the State					
Hillside					0 1 (***	VOTATE LIGE	2500	1	+/	-5	U_		
County (6)				County ONLY)	Code (7	) (STATE USE	Current Use (P	rior if being demol	isnea)				
Union				- 35			restaur						
Name of Monitoring Firm		er A	SCM	No.			nent Contractor (	X.					
(8) Vertex Com	npanies					Pepper E	nvironme	ntal Serv	rices	3,	Ir	1C	•
Street Address						Street Address		Marin and ser	a   (				1000
1120 Baltimo	ore Pike, Su	ite	20	1		2251 Fr	aley Str	eet					
City, State, Zip Code						City, State, Zip (	Code Lphia, PA	19137					
Glen Mills, PA	19342	T = 1-		a bla			- P	License No.					_
Project Manager for Mor Don Heim	nitoring Firm		•	ne No. 787-	-0402	Telephone No. 215-533-	-5155	01166					
Start Date (10)	Scheduled C	ompletio	n Dat	le (11)		Name of OSHA	Monitor	.1.					-
2-23-15		24-1				Vertex (	Companies	s, LLC					
Occupancy Status Durin	g Abatement (Check on	ly one)				Street Address							
						1120 Bal	Ltimore H	Pike, Sui	te 2	01			
☐ Facility Closed/Vacate ☐ Abatement Performed ☐ Other – Describe:						City, State, Zip							
Scope of Work (Check a	Il that apply)												
□ ≥ 3 sf or ≥ 3 lf				ŽiRen	ovation	□ Mini	Containment with -Enclosure rebag Procedure	Negative Pressur	re				
<u>द्</u> रि≥ 160 sf or ≥ 260 lf								d Non-Friable Pro	cedure			1	1
		le I	.ocati	on						A	ate		nt
* A		717.00	ormal								Тур	De T	
Location Asbestos-Containing		Used			Acho	Description stos Containing M		Amount			-	m	Ĺ
TO BE A			tenar istodi			, thermal systems		(Specify		Re	20	nca	Enc
IN Fac		2.70.7	Staff?	252		surfacing, VA		SF or LF)		Removal	Repair	psı	Enclosure
(13	3)		(12)			other miscellan	eous)			val	=	Encapsulate	re
		Yes	No	N/A								"	
Roof				х	roo:	f flashing	g sealer	500sf		x			
Name of Registered Wa	ste Hauler	1000000000		Vaste H	lauler	Cubic Yards of	Name of Regi	stered Landfill					
Service Tran	nsport	IDN	lo.			Waste	A & L S	Salvage					
City, State						Disposal Date	City, State				-2.75		
Morrisville	, PA						Libson	, OH					
Completed by	Title	-		es e	7	Signature	7		Date	5000			
Jennifer Ni		f Ope	era	atio	ns (	len			2-1	7 -	15		

State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: 2015-51

RECENTED

						BEON					
Date of Notification (1) 0 2 / 1 1 / 1 5	Name of Bu	878	er/Operator (2)			REID I EB	18 PM	12: 2	6		
Agencies Notified   Type Notifica						4 - C 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	4		_	-	
EPA Initial	O MOITI	NTAIN RC	MD			4 ( )		TRO	Ł.		
DEP Amended			IAD				* 140 LA		_		
DOL Emergence											
DOH (including	Name of Co	NA, NJ 070	J44	-idel.eks		I Telepho	ne Numbe	THE REAL PROPERTY.	No.		
justification	1)					l relegion					
DCA Cancellation	n RON P.	ATERA									
	C	FACII	LITY INFORMA	TION							
Name of facility where abatemen	t is taking place (3)					Type of Facility	/ (4) ool (K - 12)				
RON PATERA						1 =	chapter 8 (C		an K-	12)	
Street Address						1	r (Private/C			/	
0.1.6010.00.00.00.00							s./Homes, e				
9 MOUNTAIN ROAD	1.0 (0)					Square Feet	# of Floo	rs	BIG	lg. A	ge .
City (5)	County (6)				ty Code (7) e use only)	Current Use	Dries if bair	- dom	oliobo	۵۱/	
VERONA	ESSEX			Otali	e use only)	Current Use (	Prior it beir	ig dem	olisne	ea)	
Name of Monitoring Firm Hired by		T	ASCM No.	TT	Name of Abatemen	t Contractor (9)					
Latter Contract responsibility and the contract of the contrac					D & S RESTOR	RATION INC					
Street Address					Street Address	dirion, n.c.					
					20 California A	Ave.					
City, State, Zip Code					City, State, Zip Code						
*** III.004 ** 1.593 **					Paterson, NJ 0	7503					
Project Manager for Monitoring Fir	m P	hone Numbe	er er	-    -	Telephone Number		License	Numb	er		
					973-345-8020	)		1169			
Start Date (10)	Sched. Complet	ion Date (11	)	$- \lceil$	Name of OSHA Mo						
	02/25/15				D & S Restora	tion, Inc.					
02/13/15 Occupancy Status During Abatem	02/25/15				Street Address						
Facility closed/vacated during	and the second s	ement			20 California A Dity, State, Zip Cod						
Abatement performed outside					Jily, State, Zip Cou	е					
Describe: NORMAL	HOURS			-	Paterson, NJ 0	7503					
Scope of Work (check all that app						Full Containmen	w/negative	press	ure		
	255					Mini-enclosure	· ·····oguar	, р. осс			
≥160 sf or ≥260 lf	Demolition					Glovebag proced		9			
	Is location normally	used sololy				Non-Exempted (	) and Non	-friable TR	Proce	edure E	1
Location of asbestos-containing	by maintenance/cu		1	n of an	bestos-containing	Amount		е	е	n	E
material (acm) to be	staff(12)		material (A		bestos-containing	(Specify		m	p a	c a	c
abated in facility (13)	Yes No	N/A				LF)		V	i	p	L
BASEMENT			PIPE INSUI	LATIO	ON	248 L FT		e	m	П	IT
BASEMENT		#	BARE HEA			32 L FT		T	F		厅
								T	Ī	Ħ	市
					COLUMN TOWN TOWN			T	F	Ħ	<del></del>
					152			T	Ħ	Ħ	厅
Registered Waste Hauler	NJDEP Hauler	ID# C	ubic Yards of V	Vaste	Name of Registere	ed Landfill					
D & S RESTORATION, INC		3	YDS			I, RESOURCE I	RECOVE	RY		,	Care 20 1015
City, State		Disposal D			City, State						
PATERSON, NJ 07503		02/16/1:			TULLYTOWN	N, PA					
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT		Signature				Date 02/11	/15			
BOGDAN JOLDZIC	* Do not use this form	for achoes	e licensure eve	emnter	Lactivities		02/11	113	-		

## State of NJ

D&S Proj. #: 2015-51						s Abatement ) and 12:120)	Na Dept of Hea	Ith & Senio Signature)	r Scr 24	vices		
Date of Notification (1)		ame of B		viter/Operat	or (2)	- Land of the second of	Date: 3 [7] /S		10:	32	An	1
Agencies Notified Type Notifica		reet Add		THE STATE OF THE S	de same a transfer	1,000	11.		y is the state of			
EPA Initial		ፅ ኬለር፣	NTAIN	7400								
DEP Amended	1 4	The second second second	Zip Code	THE PARTY OF LABOUR.					D	10	5.43	-
[S] DO!									W	8	9 3 3 3	
DOM (Including	1.1	MERO!	IN, AV	17044			-	-	7	6	WCI	-
justification	I ING	ine or ut	OLHECT				Telepho	ne Number	4	100	7	1
DCA Cancellation		RONP	ATERA									
No.			FA	CILITY INF	ORMATION		28	100	4			***
Name of facility where abstement	s taking plac	co (3)	1000		**************		Type of Facility	(4)	1	_	Se.	1
RON PATERA				25.			in in its	al (K - 12) napter & (Ött	-		101	0.
Street Address	Name to the last of the last o			III Dave alsa njektovi				(Private/Co				
9 MOUNTAIN ROAD							Bidgs	/Homes, etc	2			
Olty (5)	Count	v (B)			Cou	nty Code (7)	Square Feet	# of Floors		Bio	ig. Ag	е
		V /-1				te use only)	Current Use (F	rlor If being	dem	ollshe	id)	
VERONA	ESS									0.000		
Name of Monitoring Firm Hired by	Bidg. Owner	(8)		ASOM	Vo.	Name of Abatemer	nt Contractor (9)					
International Control of the Control						D&SRESTO	RATION, INC.			Wisconson	NAME Y	
Street Address						Street Address						
City, State, Zip Code	West of the latest of the late					20 California	CALL TO SERVICE STATE OF THE S		-			
City, State, ZIP Code			v			City, State, Zip Cod						
Project Manager for Monitoring Firm			51			Paterson, NJ (			WAR.	-		Step Committee
Lightright of Moutbillid Fills		18	none,Nun	1901		Telephone Number 973-345-802		License N	169	亡		
				Apply Comment of the Property of the Party o		Name of OSHA Mo	The second secon	01	103			
Start Date (10)	School.	Complet	iori Date (	11)		D & S Restora						
02/13/15	02/25/					Street Address				No.		
Occupancy Status During Abatemen						20 California A	Avanue					
Facility closed/vacated during Abatement performed outside Describe:						Olty, State, Zip Coo	le .	-				
Other-Describe: NORMAL E	OURS			The same of the sa		Paterson, NJ (	07503					
Scope of Work (check all that apply	1)		-			T.	Full Containment	w/nagative :	ress	ure		-
	Renovation						Mini-enclosure	10000000 N				
☐ ≥160 af or ≥260 lf	Demolition					₽	Glovebag procedu		1.67			
Location of	ls location	normally	used sole	iv!			Non-Exempted (*	end Non-II	H	Proce	Eaure	
asbestos-containing	by mainten	ience/cui	stodial		eriotion of a	sbestos-containing	Amount	- 1	â	G	n	E n
material (acm) to be abated in facility (13)	SIRff(12)	SVIPY	Т		erial (ACM)	or down ddillaming	(Specify	SFor	0	p a	a	ò
apated in racinty (15)	Yes	No	N/A	1			LP)		٧	i	P	L
BASEMENT		X		PIPED	NSULATI	ON	248 L FT		Š			
BASEMENT		X		BARE	HEATING	G PIPES	32 L FT				×	
										口		
Registered Waste Hauler D & S RESTORATION, INC.		P Hauler	JD#	Cubio Yard	s of Waste	Name of Register					Opt.	
D & S RESTORATION, INC.	1350	70	Disposal	3 YDS	-	The second state of the se	, RESOURCE R	ECOVER.	Y		***************************************	_
PATERSON, NJ 07503			02/16			City, State TULLYTOW	N. PA					
Completed by (Print or Type)	Title		-	Signatu	ire	1	77 4 4	Date				-
BOGDAN JOLDZIC	PRESIDE	INT		_				02/11/1	5			

NO CK

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



Date of Notification (1)	<del></del>		F.	Nome	£ Duitains	0 //		100		-	WE C			10.4	VI-************************************
2/10			No. of Lines, Li	HA	f Building RTZ	Mou	perator UT 19	(2) HW,	ASSOCI		2				
Agencies Notified  □ EPA	Type Notification		-		00 PZ						IN FEB				
☑ DEP ☑ DOL	☐ Amended Amendment #			City, Sta	ete, Zip Co LAUCU	de む , /	ルナ	070	96-15	7,55	H546		et into e	RO	Į.
☑ DOH ☐ DCA	☐ Emergency (in justification) ☐ Cancellation	cluding		I fallic n	f Contact		-			1 Tele	enhone Nun	ber	161		Minimum .
Electrical and the second			- !		ILITY INFO		ON								
Name of Facility Where A	Abatement is Taking I CFICE, WARS	Place (3)		A					of Facility (4			- Indian			and and the same
Street Address		-						□ St 図 O	ther (i.e. pi	8 (Other	than K-12) commercia	l build	lings,	home	s,
City (5) SECAUCUS				×134				Square	tc.) e Feet 000	# of	Floors		Bldg. A		
County (6)					Code (7) USE ONLY			Currer	nt Use (Prio	or if bein	g demolishe २००४ उ	i_			-
Name of Monitoring Firm	Hired by Building Ov	vner (8)		ASC	M No.			of Abate	ement Con racting Inc	tractor (					
Street Address				<u> </u>		-	10000000	Address /reeland	73	A 100		****			
City, State, Zip Code							City, S	State, Zip	Code	-					
Project Manager for Mon	itoring Firm			Telep	hone No.			nd Park none No.	, NJ 07432 		License No				
Start Date (10)	173/15	Scheduled	Com	pletion I	Date (11)			-262-584 of OSH	41 A Monitor	N. France	00156				
Occupancy Status Durin	, ,	3/	70	115			Ome	ega Env	ironmental	Service	es Inc.				
☐ Facility Closed/Vaca☐ Abatement Performe☐ Other - Describe:	ited During Entire Pe	riod of Ab	ateme	ent		0	280 F	Address luyer St tate, Zip ensack.	reet						
Scope of Work (Check A	II That Apply)										TO THE DESIGNATION OF				
□ ≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf			novatio nolitio					I Mini-E I Glove	Enclosure ebag Proce	edure	legative Pre				
		· ·	.ocatio					1.017	JACIN PLOG	( ) and i	NOTH HADIC	5 1000	Abai	emeni	
Location Asbestos-Containing		Used	Solel	y by	Achae		scription		TANGETON A				17	/pe	
<u>TO BE AB</u> / In Facil (13)	ATED.	Custo	itenan dial Si (12) No			therma surfa	l systems cing, VA miscellan	s insulati T, or		(S	nount pecify or LF)	Revonal	Rapair	Ercapsulak	Encbsure
15T FLOOR C	property was the state of the s						IMAS	7/6		7	396 SF				
				X		JAT		-			1000				
		The state of the s				1000	The state of the s	-	23.00						
		All modern							-						
Name of Registered Was Newark Carting, Inc	te Hauler			IDEP Wa	No.	Cubic of Was	ste /	ne i adiacuri e c	Name of F						
City, State, Zip Code Newark, NJ 07105				04509	1		sal Date	Thirties	City, State	, Zip Co		ill Cor	p.		Martin Literature
Completed by		Title				1	-3/15 Signaturs		Bethle	enem, P	A 18015	-		-	
R. McDonald		ıt			Name of Street, Street	griatura	C. 11	Formel	L	Dat	2/1	3/1	5	THE PROPERTY OF THE PARTY.	

(K 665831

D&S Proj. #: 2015-53

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

RECEIVED

								Shir .	~ p=		00250		
Date of Notification		N	ame of Bui	lding Owne	er/Operator (2)		1 13	一部日明青	EB 18	PHIZ		3	
0 2 /1 1		]	BETH TO	TH				4	-		€ € €		
Agencies Notified EPA	Type Notificati	on St	reet Addre	SS				2	Liter	C Am	R-01	r	
☐ DEP	Amended			VE STRI	EET				- · · · · · · · · · · · · · · · · · · ·	"概门	, ,		
☐ DOL	Amendment #:	Ci	ity, State, Z	Zip Code									
-	Emergency	1.1		AH, NJ 0	7430					-			
M DOH	(including justification)	Na	me of Con	itact				Teleph	one Numbe	r			
☐ DCA	Cancellation		BETH T	OTH									
				FACI	LITY INFORM	ATION							
Name of facility wh	here abatement is	s taking pla	ce (3)					Type of Facilit					
BETH TOTH									ool (K - 12)		V	10)	
Street Address								100000000000000000000000000000000000000	chapter 8 (C er (Private/C			12)	
									s./Homes,				
102 GROVE S	TREET							Square Feet	# of Floo	rs	Blo	dg. A	ge
City (5)		Coun	ty (6)				nty Code (7)						
MAHWAH		REE	RGEN	*	, 8	(Stat	te use only)	Current Use	(Prior if beir	ng dem	olishe	ed)	
Name of Monitorin	ng Firm Hired by I				ASCM No.		Name of Abatement	Contractor (9)					
	,	J					D & S RESTOR						
Street Address							Street Address	ATION, INC.					
							20 California A	ve.					
City, State, Zip Cod	ie						City, State, Zip Code		and the state of the second				THE PARTY
							Paterson, NJ 0						
Project Manager fo	r Monitorina Firm		Ph	one Numb	er		Telephone Number	7505	License	Numb	er		
	Ü						973-345-8020			1169			
Start Date (10)		ISched	Completic	on Date (11	1		Name of OSHA Mor	nitor					
			12	on Date (11	1		D & S Restorat	ion, Inc.				. 7	
02/18/15		02/25				-	Street Address						
Occupancy Status		22					20 California A						
	d/vacated during erformed outside						City, State, Zip Code						
Describe:						-	Paterson, NJ 0	7502					
Other-Descri													
Scope of Work (ch								Full Containmen	t w/negative	e press	ure		
> 3  sf or  > 3  lf		Renovation	n				X	Mini-enclosure Glovebag proce	dure				
$\ge$ 160 sf or $\ge$ 2	260 If	Demolition					X	Non-Exempted		-friable	proce	edure	9
Location of		Is location	normally	used solely						I R	R	E	E
asbestos-cor material (acn		staff(12)	nance/cust	louidi			sbestos-containing	Amoun (Specif		m	p	n	n
abated in fac		Yes	No	N/A	material (	(ACM)		LF)	y 31 01	O V	a	а	L
		100	140	IN/A						е	r	р	
BASEMENT			X		VAT			280 SQ F	Γ		Ш		
KITCHEN & LA	AUNDRY RM		$\square$ X		PIPE INSU	LATI	ON	32 L FT					
						-							
Registered Waste F D & S RESTOR		NJDE 135	P Hauler I 06		ubic Yards of V	Waste	Name of Registered		RECOVE	RY			
City, State	arrion, inc.		-	Disposal D	The second secon		City, State	, ALSOURCE	ILLOVE.	1	No.	almus and the	continue to an a
PATERSON, N	U 07503			02/19/1			TULLYTOWN	I. PA					
Completed by (Prin		Title			Signature		1 1022110111	,	Date				
BOGDAN JOL		PRESID	ENT						02/11	/15			
ASB-41		Do not use	e this form	for asbesto	os licensure ex	empte	d activities.						

# State of NJ Notification of Asbestos Abatement

D&S Proj.	#: <u>20</u> 15-53				ation of Asb ant to NJAC			\n\  -	J Permot Health	iaukina i & Sonie	or Sar	vices	1	55
Date of Notification		IIN	ame of Bu	ilding Own	or/Operator (2)			14	13/18	Willey)	- Constitution of the last	- 1		-
10 12 1/11 11		.	BETH TO	HTC				+m	- Section 1	-Time:	40	3	>	
Agencies Notified	Type Notificati		treet Addre	Contract of the Contract of th				marks 17	460				VII.	
	Amended		102 GRC	VE STRI	EET .						727			
☐ DEP	Amendment #:	0	ity, State,	SHOWING THE PERSON NAMED IN	1				- 1	and particular to				
☑ DOL	Emergency		MAHW.	AH, NJ 0	7430						95	3		e e
☑ DOH	(including	N	ame of Co	NAME AND ADDRESS OF TAXABLE PARTY.					Telephone	Number		Size of		Same of the same o
☐ DCA	justification)  Cancellation		BETH T	OTH					1		*			·~
			-	FACI	LITY INFORM	ATION					1	-	٥	
Name of facility wi	nere abatement l	s taking pis	ice (3)					T	pe of Facility (4)		7 155			
BETH TOTH							(moles - 1 Miles)		Subchar	(K - 12) oter 8 (Ot	her th			
Street Address							7		Other (P Bidge./H	rivate/Co	miner	cial	1	3
102 GROVE S	TREET							1 5		of Floors	-	Bid		
Oity (5)		Cour	nty (6)			Count	y Code (7)	1  _						-
			- ATT 2			(State	use only)		Current Use (Pric	or if being	dem	olishe	d)	*
MAHWAH Name of Monttorin	a Firm Hired by		RGEN		ASCM No.		Name of Abatem	ent Cor	tractor (9)		-			-
HOLLIC OF INDIFFEDIRE	Million by	piog. Omi	J. (O)	1	ABONING.	- 11'	D & S RESTO		N 505					
Street Address		No. of Contract of				-	Street Address	JACA I	OAT, MAG.		- Canal			-
							20 California	Ave.						
City, State, Zip Cod	ė	1111	Anna Maria		The state of the s		ity, State, Zip Co		——————————————————————————————————————					
							Paterson, NJ	07503	}					
Project Manager fo	r Monitoring Firm	1	FI	none Numb	er	T	elephone Numb			License		Oľ	4-3-	
							973-345-80	Service of the last of the las		0;	1,69			
Start Date (10)		Schen	, Complet	on Date (1	1)	]	Vame of OSHA N D & S Resto		Tora					10
02/18/15		02/25	5/15			13	Street Address	lation,	IIIC.	many a state of the			· CALLER	***************************************
Occupancy Status	During Abatemer			-		-	20 California	Aven	ie			- 1		
Abatement p	d/vacated during erformed outside					1	State, Zip O							
Describe:	he NORMAL H	IOURS		dryonna		11	Paterson, NJ	0750	3					
Scope of Work (ch									Containment w/	negative	press	ure		
>3 sf or >3		Renovatio	n					Min	l-enclosure					
		Demolition	n					Glo	vebag procedure n-Exempted (*) a	erd Mark	felablo	Prende	and a sino	
Location of		Is locatio	n hormally	used solely	/			N NO	- CAMPICAL)	ara Hott	FI	R	E	1
asbeatos-cor		by mainte staff(12)	enance/ou	itodial	Descripti	on of as	bastos-containin	g	Amount	_	e m	6	n	l E
material (acr		Yes	No	1 01/0	material	(AOM)			(Specify Sf	- or	0	a	A	C
		198	No	N/A							ě	-	P	
BASEMENT	La company				VAT				280 SQ FT	-	N N	Jane Jane	Щ	井
KITCHEN & LA	AUNDRY RM		LX.		PIPE INSI	JLAIK	)N		32 LFT		X			부
	UNIVERSAL DE LA CONTRACTOR DE LA CONTRAC				1	odanie oda				-	#		느	11
										THE WELL	믐	片	片	1-
Registered Waste	Jaular	INCO	EP Hauler	ID# 17	Lubic Yards of	Waste	Name of Regist	oracl La	ndfill			11-1		
D & S RESTOR	LATION, INC.		506		2 yds.	TOOLY			ESOURCE RE	COVE	Y			
City, State				Disposal			City, State	magazzanyal dan Milita						
PATERSON, N	THE RESERVE AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NA			02/19/	1100000		TULLYTO	WN, P	A				- modishin	
Completed by (Prin		Title	יביו גילול		Signature					Date 02/11	115			
BOGDAN JOI	DZIC	PRESI	JEN 1							LUZILL	77	No.		Maria de la companya del companya de la companya del companya de la companya de l

D&S Proj. #: 2015-52

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

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							- 19	2010				- 1.7
Date of Notification (1)	Name of B	uilding Owne	er/Operator (2)					Date !	CB	8 /	Hi	2. *
Agencies Notified   Type Notifica	lion	HY MC CI	LAIN								- 1 15	e (
EPA Initial	Street Addr	ess						- 54	11/4	中中	7	Pers.
DEP Amended		NTROSE S'	TREET						-11-6	[4]	k T	FEOT
DOL Amendment #		Zip Code										
Emergency		, NJ 0710	)4	SIES COLO					State of the last			
justification)	Name of Co	ontact					Telephor	ie Numbe	٢			
☐ DCA ☐ Cancellation	DORO'	THY MC C	CLAIN			1						
		FACII	LITY INFORMA	ATION								
Name of facility where abatement	is taking place (3)					Type of	Facility					
DOROTHY MC CLAIN						-	=	ol (K - 12)			(0)	
Street Address								apter 8 (C (Private/C			12)	
					3400			/Homes, e		Tolai		
62 MONTROSE STREET						Square	e Feet	# of Floo	rs	Blo	lg. Ag	ge
City (5)	County (6)				nty Code (7)							
Newark	ESSEX			(Stat	e use only)	Curre	nt Use (P	rior if bein	g dem	olishe	ed)	
Name of Monitoring Firm Hired by			ASCM No.	-11	Name of Abatemen	t Contracto	or (9)					
reamo or wormoning rann ranco by	blag. Owner (b)		ASON NO.									
Street Address				=	D & S RESTOR	CATION,	INC.					
Officer Address					20 California A	. ve						
City, State, Zip Code				- 6	City, State, Zip Code					-	Sec. Aspend	Reid Constitution
					Paterson, NJ 0							
Project Manager for Monitoring Firm	1   P	hone Numbe	er		Telephone Number	7505		License	Numb	er	_	
					973-345-8020	)		C	1169	-2-007		
Start Date (10)	Sched. Complet	ion Date (11	)		Name of OSHA Mo	nitor						
1-200	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•			D & S Restora	tion, Inc.						
02/12/15 Occupancy Status During Abateme	02/25/15			munum.	Street Address							
Facility closed/vacated during		ement			20 California A							
Abatement performed outside					City, State, Zip Cod-	Е						
Describe: NORMAL F	HOURS			-11	Paterson, NJ 0	7503						
Scope of Work (check all that appl				$=$ $\square$			oinment v	v/negative	nrace	uro		
	Renovation					Mini-encl		Willogative	pross	arc		
	Demolition				፟፟፟፟፟							
☐ ≥100 31 01 ≥200 11 ☐		upad palalu				Non-Exe	mpted (*)	and Non-	friable I R	Proce		
Location of asbestos-containing	Is location normally by maintenance/cu		1	n of -	bootoo seetsisis		Amount		е	e	E n	E
material (acm) to be	staff(12)		material (		sbestos-containing		Specify S	SF or	m o	p	C	n
abated in facility (13)	Yes No	N/A	1				_F)		V	i	p	L
BASEMENT		1	PIPE INSU	LATI	ON	240	L FT		e		П	$\vdash$
			1222100						H	H	Ħ	計
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				Annies des Briston					計	H	一	Ħ
									情	Ħ	一	
Registered Waste Hauler	NJDEP Hauler	ID# C	ubic Yards of V	Vaste	Name of Registere				.,			
D & S RESTORATION, INC.	13506		yds.		TULLYTOWN		RCE RI	ECOVE	₹Y			
City, State		Disposal D			City, State							
PATERSON, NJ 07503	Гти	02/13/15	Signature		TULLYTOWN	N, PA		I Date				
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT		Signature					Date 02/11	/15			
	* Do not use this form	for achesto	e liceneure ov	amatea	Lactivities			02/11	. 10		-	-

D&S Proj. #: 2015-52

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

APPYROVED
N. Dept. of Health & Senior Services
(Signatura)
Dato: \$ 2/11/ 2: 2

	6								Date:	3 2/11	15	3	?	arrai
Date of Notification		No.	me of B	uliding Own	er/Operator (2	2) .						2	5035	<b>J</b>
10 12 1/11 11			OROI	HY MC C	LAIN						5			-
Agencies Notified	Type Notificati	Str	eet Add	'08\$							3. 120 mg			
I DEP	Amended	1 2		VTROSE S	TREET							7	-	manageme_
	Amendment #	Oi	ty, State,	Zip Code		in the second	100				Contract of the same	1		20
⊠ por	Emergency			, NJ 071	04								SECTION 1 TO 1	0
⊠ DOH	(including justification)	Na	me of Co	ontaot	<del></del>				Telephol	ne Number		小旗		5
☐ DCA	Cancellation	. 11	DORO	THY MC	CLAIN		de River in the College of the Colle		- 1					PAINS OF
				FAC	ILITY INFORM	MATION					-		9	
Name of facility wi	here abstement l	n taking plac	as (3)		-		,	Тур	e of Facility	(4) ol (K - 12)				
DOROTHY M	C CLAIN			65					le	iapter 8 (C	ther th	en K-	12)	
Street Address		AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED I	THE CHI	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.					Cther	(Private/6	omme			
62 MONTROS	ESTREET							Sa	Bidgs Litare Foot	/Homes, e		Blo	g. Ag	]e
Olty (5)	TO DITUDE	Coun	y (6)		***************************************	Cour	ity Code (7)	1 1	titti m i mint	11 11/11/1-11				
7,7			- , ,				e use only).	Ct	rrent Use (F	rior if bein	g dem	olishe	d)	1
Newark	and the second of the second of the second	ESS.									m(/C)	-		
Name of Monitorin	ig Firm Hired by I	Bldg, Owner	(8)		ASCM No.		Name of Abateme							
		and the second	CONTRACTOR OF				D&SRESTO	RATIC	N, INC.	inches III de la companie de la comp	170 - CO			ROBESTO CONTRACTOR
Street Address		3					Street Address 20 California	A 200						
Oity, State, Zip Coc	la .						Oilly, State, Zip Cor	THE RESERVE THE PERSON NAMED IN COLUMN	reservat de recent con	WAY TO STATE	Thricanion:		ed back	
with come and con	rų.						Paterson, NJ		8%					
Project Manager fo	r Manitoring Firm	landa and the state of the stat	T F	hone Numb	DEL DEL		Telephone Number	Marie Marie San Control		License	Numb	ei e		- 7
,							973-345-802	20		0	1169			
Start Date (10)		(Sched.	Comple	ion Date (1	1)		Name of OSHA M		¥					
02/12/15		02/25	14 5				D & S Restor Street Address	ation, L	nc.	water when w	-7			mercal little
Occupancy Status	During Abstemer		_	-			20 California	A vanerria						//4
-	d/vacated during	10.50	55	omant.			City, State, Zip Co					-		
Abatement p	erformed outside	of normal fa	acility ho	นเล-										58
☑ Other-Desori	be: NORMAL H	IOURS					Paterson, NJ	07503						
Scope of Work (ch		1)					1	Full C	ontainment	w/negative	azang r	ure		
$\boxtimes >_{\underline{3}} sf or >_{\underline{3}} lf$	$\boxtimes$	Renovation	ì				Ī	men pa	enclosure					
≥160 sf or ≥2	260 lf	Demolition					Ĭ		ebag proced Exempted (*		friable	proce	edure	,
Location of		Is location by mainter		used solel	/	*-	10	T			E e	R 0	E	E
asbestos-cor material (acn		staff(12)	iai kha\oti	STODIAI	Descrip materia		bestos-containing		Amount (Specify	SF or	m	р	n	n
abated in fac		Yes	No	N/A	Indicita	(WAIN)			LF)	TA TA	Q V	I I	a p	L
BASEMENT			X	1	PIPE INS	ULATI	ON		240 L FT		e X			
	Sales Street, plant of the latest				Protest Services									
	THE RESERVE TO SERVE		Dame areas											
										- uni				
Plagistered Wester D & S RESTOR		NJDE 135	P Haule		Cubic Yards of 2 yds.	Waste "	Name of Registe TULLYTOW			ECOVE	RY	alko.com	×650-413	WCGR-CC-2
Cily, State				Disposal	Date		City, State				***************************************		1955	
PATERSON, N	THE PERSON NAMED IN COLUMN			02/13/2			TULLYTOW	N, PA						
Completed by (Prin		Title	ייבו זכני		Signatura					Date	1/1=			
BOGDAN JOL	,DZIC	PRESID	ZIAT.		L.					02/1	1115	nest May	-	

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

RECEIVED

Date of Notification (1)	Date of Notification (1) 2/13/15						Operator	(2)			2015 -	· n			
Agencies Notified	Type Notification			treet Ac	t & Kath	lieen C	Jampi	8			2015 FE	8 18	P	112	ê B
□ EPA	☐ Initial		1		ercer Av	enue				1	TIP SA	2 5 m			
DEP DOL	Amended Amendment		100		e, Zip Co Lake H		, NJ 07	7762	=		& L	ICE	13/8	MR IG:	ÛĽ
DOH DCA	Emergency ( justification) Cancellation	incluaing	- 83		Contact egnan					Tel	enhone Ni	umber			
Name of Facility Where	Abstament is Takin	Diago (2)		FACIL	ITY INFO	RMAT	ON	Tuno	of Facility /	4)					
Residence	Abatement is Taking	g Place (3)						500	of Facility ( School (K-1						
Street Address				-				S S	Subchapter	8 (Oth			141		
614 Mercer Avenue	9							e e	Other (i.e. p etc.)			20.000.000			3S,
City (5) Spring Lake Height	ts							1,25			f Floors 1		3ldg. / 50		
County (6) Monmouth					ode (7) ISE ONLY)	1920			nt Use (Price of the Couples of the			shed)			
Name of Monitoring Firm	n Hired by Building (	Owner (8)		ASCM	No.				ement Cor Environm			s, Inc			
Street Address								Addres Route	s 206 Sou	ıth					
City, State, Zip Code				÷	79.			State, Zij	p Code gh, NJ 08	8844					
Project Manager for Mon	X	Т	elephor	ne No.			hone No 218-08			License 01228	No.				
Start Date (10) 2/20/15							100000000000000000000000000000000000000		A Monitor Environm	ental	Service	s, Inc			
Occupancy Status Durin	ng Abatement (Chec	k Only One)					100000000000000000000000000000000000000	Addres							
Facility Closed/Vac	cated During Entire I	Period of Aba	ateme	ent					206 Sou	ith					
Other – Describe:	ned Outside of Norm	iai Facility II	ours					State, Zij boroug	gh, NJ 08	3844					
Scope of Work (Check A	All That Apply)				323 223				rap s		11-			+37233	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novati nolitio	-			Þ	Full Min Glo	Containme i-Enclosure vebag Prod i-Exempted	ent with e cedure	n Negative			ro.	
		Islo	catio	in.				_ NOI	i-Exemple	J ( ) all	u Non-File	able FI	Aba	emen	t
Locatio		Nor	mally	/			scription						T	уре	
Asbestos-Containing TO BE AB		Used S Maint	enan	ce/			taining N I system				mount Specify	R	7	Enc	Ē
In Faci		Custod (	12)	aπ?		surfa	icing, VA miscellai	AT, or		SI	or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								<u>a</u>		late	Ire
Basem	nent			Х			Pipe			3	00 LF	X			
									III						
Name of Registered War Yannuzzi Group, Inc			На	IDEP Wauler ID 467		of Wa	Yards iste CY		Name of G.R.O.		ered Landi	TÜ			
City, State Hillsborough, NJ			1.,			Dispo	sal Date	•	City, Stat Morrisv		A				
Completed by							Signatur	e	1		Tr	Date			
Anna Bastos							Color	ine	Shu	tor	/ 2	2/13/1	5		

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

D&S Proj. #: 15-50			(Pursu	ant to NJAC	8:6	0 and 12:120)		5 (~ 5 (~		·			
Date of Notification (1)	Na	me of Bu	ilding Own	er/Operator (2	)			LUEP TO		-5.0			
0 2 / 1 2 / 1 5	4	91 Bloo	mfield, L	LC c/o The H	Bravit	as Group, Inc		8-342	2.05	-	1		
Agencies Notified Type Notificat	tion	eet Addre						A Carried As					
EPA Initial Amended		05 Grov	e Street.	Suite 5				ă Lit	FASS				
Amendment #:		y, State, 2							-1.	-			
☑ DOL ☐ Emergency		Montelai	ir, NJ 070	)42									
DOH (including	Nar	ne of Cor	-		One or miles			Telephone	e Numbe	r			
DCA justification)	- 11	Jack Fin	n										
Cancellation	1 11 -	Jack I'lli		U.T. WEODI	MITIO			= _=_					-
Al		(0)	FAC	ILITY INFORM	MATIO	N	1 1=	f == :!!h : //	4)				
Name of facility where abatement	is taking plac	e (3)					l l'y	pe of Facility (4	<sup>∔)</sup> (K - 12)				
Commercial Building								Subcha	apter 8 (C	Other t	han K	-12)	
Street Address							11	Other (I	Private/C	omme			
491 Bloomfield Avenue							-		Homes, e	200000	BI	dg. A	ne
City (5)	County	y (6)			Co	unty Code (7)		quare reet	# 01 1 100	13		ag. 7 t	90
						ate use only)	0	urrent Use (Pr	ior if beir	ig den	nolishe	ed)	
Montclair	Essex												
Name of Monitoring Firm Hired by	Bldg. Owner	(8)		ASCM No.		Name of Abatemer	nt Cont	ractor (9)					
						D & S RESTO	RATI	ON, INC.					
Street Address						Street Address							
City, State, Zip Code						20 California . City, State, Zip Cod	Management of the last of the		THE RESERVE OF	MARK COOP	Water Street	LC01818Co.	ESSENCE LAD
Oity, State, Zip Code													
Project Manager for Monitoring Firm	1	IPh	one Numb	er	_	Paterson, NJ (			License	Numb	per		
, , , , , , , , , , , , , , , , , , ,		1	0110 1101112			973-345-802		×.	l .	1169			
Start Date (10)	ISched	Completic	on Date (1	1)		Name of OSHA Mo	onitor						
			ni Date (1	')		D & S Restora	ation, l	inc.					
2/26/15	4/26/1	The state of the s			-	Street Address	200						
Occupancy Status During Abatement Facility closed/vacated during						20 California A		e					
Abatement performed outside						City, State, Zip Coo	de						
Describe: NORMAL F	IOURS		***			Paterson, NJ (	7503						
Scope of Work (check all that apply								Containment w	/n o motive	nroon	u iro		
$\square > \underline{3} \text{ sf or } > \underline{3} \text{ If}$	Renovation					No.	-6	enclosure	megative	piess	sure		
≥ 160 sf or ≥260 lf	Demolition							ebag procedur					
	Is location	normally	read solely	,		D	Non-	Exempted (*)	and Non-	friable IR	Proc	edure E	1
Location of asbestos-containing	by mainten			1	ion of	asbestos-containing		Amount		е	e	n	E
material (acm) to be	staff(12)			material				(Specify S	For	m o	p a	c a	n c
abated in facility (13)	Yes	No	N/A				60	LF)		V	i	p	L
Basement		X	1	Pipe Insula	tion		-+	500 LF		e			t
Basement		X		Duct Insula				420 SF					T
First Floor		X		2x4,2x5 Dr	op C	eiling Tiles		2,000 SF					
Exterior		X		Window C	aulkii	ng		800 LF		M			
Registered Waste Hauler		Hauler I	Z4.6901 1 1 540	ubic Yards of	Waste				001751	277			-
D & S RESTORATION, INC.	1350	0	Disposal D	10 YD	-	TULLYTOWN	v, RES	OURCE RE	COVE	XY.			
City, State PATERSON, NJ 07503				US DATES		City, State TULLYTOW	N. PA						
Completed by (Print or Type)	Title			Signature		I TOLLETTO W	. 1, 1 / 1		Date				
BOGDAN JOLDZIC	PRESIDE	NT							2/12/2	2015			

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

ASB-41

# Notification of Asbestos Abatement

Check # 7082

State of NJ (Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #: 2015-23

Date of Notification	1 (1)	Na	me of Build	ding Owne	er/Operator (2)								
0 12 1/111	1/115	E	Ellen Tier	ney			-						
Agencies Notified	Type Notification	n Str	eet Addres	S					(2)	1	in the second		
☐ EPA ☐ DEP	X Initial		1232 E 2		et	-							
X DOL	Amendm		y, State, Zi Plainfield		061			General Institution					
X DOH	_	Na	me of Cont	act				Telephone	Number				
☐ DCA	Cancellat	tion	Peter Te	erney				i /			27		
				FACI	LITY INFORM	IATION		(					
Name of facility wi	here abatement is	taking place	ce (3)					Type of Facility (4	i) (K - 12)				
Ellen Tierney									pter 8 (Ot	her th	an K-	12)	
Street Address							100	Other (	Private/Co	mme			
1232 E 2nd S	Street								Homes, et		Bld	lg. Ag	ie
City (5)		Count	tv (6)			Cour	nty Code (7)	oquale i cot				0 0	1000
Plainfield		Unio				1	te use only)	Current Use (Pr	ior if being	dem	olishe	d)	
Name of Monitorin	ng Firm Hired by E	Bldg. Owne	r (8)		ASCM No.		Name of Abatemen	t Contractor (9)					
n/a							B & G Restora	ation, Inc.					
Street Address		=					Street Address 105 Ryerson	Road					
City, State, Zip Coo	de						City, State, Zip Code						
							Lincoln Park	29	License	NI. mak			
Project Manager fo	or Monitoring Firm		Pho	one Numb	er		Telephone Number (973)696-68	69		378	ier		
Scheduled Start D	ate (10)	Sched	Completio	n Date (1	1)		Name of OSHA Mo B & G Restora						
02/25/2015		02/2	6/2015				Street Address	ation, mc.	· · · · · · · · · · · · · · · · · · ·				
Occupancy Status		t (Check or	nly one)			_	105 Ryerson	Road					
Facility close Abatement	ed/vacated during performed outside	entire perio	od of abater	ment. s-			City, State, Zip Cod						
Describe: Other-Descri	ribe:						LincolnPark, I	NJ 07035					
Scope of Work (c	theck all that apply	')						_					
Demolition	X	Renovatio	n				full Containment w/n	egative pressure	Gloveb				
$\times$ >3 sf or >3 l	if 🔲	≥160 sf or				X V	Mini-enclosure		Non-fr	able			_
Location of		Is location	n normally unance/cust	used solel todial			v v v	Amount		e	R	E n	E
asbestos-co material to b		staff(12)			Descript material		sbestos-containing	(Specify S	F or	m o	p a	c a	C
abated in fa	cility (13)	Yes	No	N/A	*6			LF)		v e	i	р	L
basement				X	pipe insu	lation		130 lf		X			
A STATE OF THE STA										H			丰
							- 147			H	H	H	占
					-					믐	H	H	岸
Registered Waste	Hauler	INIDE	EP Hauler I	D# 1 (	Subic Yards of	Waste	Name of Register	ed Landfill					1=
B & G Restora	ation, Inc.		19563		21/2		Tullytow	n Resource & Re	ecovery	Cen	ter		
City, State Lincoln Park,	NJ			Disposal 02	/27/2015		City, State Tullytowr	n, PA					
Completed by (Pri		Title Secreta	ry/Treası	urer	Şignature		Gordana Luna	•	Date 02/1	1/20	15		

B & G proj. #: 2015-26

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

\*\*\* EMERGENCY \*\*\*

Check # 7081

PEPA						LIVILI	CLITO		-						
County (5)   County (6)   Cou	Date of Notification	n (1)	Nam	e of Build	ling Owne	r/Operator (2	2)								
DP   Similar   DON   D						stem		<b>↓</b> 27 × 27	7500					-	
DEP   DEP   Initial   City, State, Zip Code   City,	Agencies Notified	Type Notificatio													
DOL		<b>▼</b> Initial				nue		1.42							
Name of facility where abstement is taking place (S)   Name of facility where abstement is taking place (S)   Morristown Medical Center, Franklin Building   Street Address   100 Madison Avenue, 1st floor East Wing   Street Address   100 Madison Avenue, 1st floor East Wing   County (G)   C		☐ Amendm				7960			white fine	to EMPLY.					
Pater Palmer   FACILITY INFORMATION   School (K-12)   School		LI Amendin				1 300				Telephone	Number	BENEVER			45-50
DCA		☐ Cancellat	ion												
Name of facility where abatement is taking place (3)  Morristown Medical Center, Franklin Building  Street Address 100 Madison Avenue, 1st floor East wing  County (6)  Morristown  Morris	☐ DCA			Peter Pa						_1					
Name of facility where absterment is taking paice (a)  Morristown Medical Center, Franklin Building  Street Address 100 Madison Avenue, 1st floor East wing  County (5) Morristown  Name of Monitoring Firm Hired by Bilg. Owner (8) T&M Associates  11 Tindall Road  City, Site, Zip Code Middletown, NJ 07748  Project Manager for Monitoring Firm Kevin Burns  Scheduled Start Date (10)  02/13/2015  Coupting Sched Completion Date (11) 02/13/2015  Coupting Address 105 Ryerson Road  City, Site, Zip Code Lincoln Park, NJ 07035  Telephone Number (873/969-6869  103.78  Name of OSHA Monitor  B & G Restoration, Inc.  Street Address 105 Ryerson Road  City, Site, Zip Code Lincoln Park, NJ 07035  Telephone Number 1973/969-6869  Name of OSHA Monitor  B & G Restoration, Inc.  Street Address 105 Ryerson Road  City, Site, Zip Code Lincoln Park, NJ 07035  Telephone Number 1973/969-6869  Name of OSHA Monitor  B & G Restoration, Inc.  Street Address 105 Ryerson Road  City, Site, Zip Code Lincoln Park, NJ 07035  Telephone Number 1973/969-6869  Name of OSHA Monitor  B & G Restoration, Inc.  Street Address 105 Ryerson Road  City, Site, Zip Code Lincoln Park, NJ 07035  Telephone Number 1973/969-6869  Name of OSHA Monitor  B & G Restoration, Inc.  Street Address 105 Ryerson Road  City, Site, Zip Code Lincoln Park, NJ 07035  Telephone Number 1973/969-6869  Name of OSHA Monitor  B & G Restoration, Inc.  Street Address 105 Ryerson Road  City, Site, Zip Code Lincoln Park, NJ 07035  Telephone Number 1973/969-6869  Name of OSHA Monitor  B & G Restoration, Inc.  Street Address 105 Ryerson Road  City, Site, Zip Code Lincoln Park, NJ 07035  Telephone Number 1073/969-6869  Name of OSHA Monitor  B & G Restoration Number 1074/1074  Name of OSHA Monitor  B & G Restoration Number 1074/1074  Name of OSHA Monitor  B & G Restoration Number 1074/1074  Name of OSHA Monitor					FACI	LITY INFOR	MATION			5 E - 1124 : /A					
Street Address 100 Madison Avenue, 1st floor East wing    County (6)	Name of facility w	where abatement is	taking place	(3)					Тур	School	(K - 12)				
Street Address 100 Madison Avenue, 1st floor East wing  County (6) Morristown  Name of Monitoring Firm Hired by Bidg. Owner (8) TSM Associates  11 Tindail Road  City, State, 2p Code Middletown, NJ 07748  Project Manager for Monitoring Firm Kevin Burns  Scheduled Start Date (10) 02/13/2015  Cocupany Status During Abatement (Check only one) Facility close/divacated during entire period of abatement, Abatement performed outside of normal facility hours- Describe.  Other-Describe: Work Shift 4:00pm - 12:30am  City, State, 2p Code Lincoln Park, NJ 07035  Telephone Number (973)696-6869  Cocupany Status During Abatement (Check only one) Facility close/divacated during entire period of abatement, Abatement performed outside of normal facility hours- Describe.  Other-Describe: Work Shift 4:00pm - 12:30am  Completed by Manager for Monitoring Firm Scope of Work (check all that spey) Describes D	Morristown N	Medical Center,	Franklin E	Building						Subchar	oter 8 (Ot	her th	an K-1	(2)	
City (5)   County (6)   County (7) (State use only)   Current Use (Prior if being demolished)								fiate.		Other (P	rivate/Co	mmer	cial		
County Code (7)   County Code (7)   Current Use (Prior If being demolished)   Hospital		n Avenue, 1st f	loor East v	ving					So				Bldg	g. Ag	е
Name of Montristown  Name of Abatement Contractor (9)  B & G Restoration, Inc.  Street Address 11 Tindall Road  City, State, Zip Code Middletown, NJ 07748  Project Manager for Montristing Firm  Kevin Burns  Scheduled Start Date (10)  02/13/2015  Occupancy Status During Abatement (Check only one)    Facility closed/wacated during entire period of abatement.							Cou	nty Code (7)		1					
Name of Monitoring Firm Hired by Bidg. Owner (8)  T&M Associates  Street Address 11 Tindail Road  City, State, Zip Code Middletown, NJ 07748  Project Manager for Monitoring Firm Kevin Burns  Scheduled Start Date (10)  02/13/2015  Cocupancy Status During Abatement (Check only one)    Facility closed/vacated during entire period of abatement.     Abatement performed outside of normal facility hours- Describe:   City, State, Zip Code Lincoln Park, NJ 07035  Telephone Number (9/3)696-8869  Name of OSHA Monitor B & G Restoration, Inc.  Street Address 105 Ryerson Road  City, State, Zip Code Lincoln Park, NJ 07035  Telephone Number (9/3)696-8869  Name of OSHA Monitor B & G Restoration, Inc.  Street Address 105 Ryerson Road  City, State, Zip Code Lincoln Park, NJ 07035  Telephone Number (9/3)696-8869  Name of OSHA Monitor B & G Restoration, Inc.  Street Address 105 Ryerson Road  City, State, Zip Code Lincoln Park, NJ 07035  Telephone Number (9/3)696-8869  Name of OSHA Monitor B & G Restoration, Inc.  Street Address 105 Ryerson Road  City, State, Zip Code Lincoln Park, NJ 07035  Telephone Number (9/3)696-8869  Name of OSHA Monitor B & G Restoration, Inc.  Street Address 105 Ryerson Road  City, State, Zip Code Lincoln Park, NJ 07035  Telephone Number (9/3)696-8869  Name of OSHA Monitor B & G Restoration, Inc.  Street Address 105 Ryerson Road  City, State, Zip Code Lincoln Park, NJ 07035  Telephone Number (9/3)696-8869  Name of OSHA Monitor B & G Restoration, Inc.  Street Address 105 Ryerson Road  City, State, Zip Code Lincoln Park, NJ 07035  Telephone Number (9/3)696-8869  Name of OSHA Monitor B & G Restoration, Inc.  Street Address 105 Ryerson Road  City, State, Zip Code Lincoln Park, NJ 07035  Telephone Number (9/3)696-8869  Name of OSHA Monitor B & G Restoration, Inc.  Street Address 105 Ryerson Road  City, State, Zip Code Lincoln Park, NJ 07035  Telephone Number (9/3)696-8869  Name of OSHA Monitor B & G Restoration, Inc.  Street Address 105 Ryerson Road  City, State, Zip Code Lincoln Park, NJ 07035  Telephone Number	90.200 20 W						(Sta	te use only)	1 1		or if being	dem	olished	d)	
Tall Associates  11 Tindall Road  City, State, Zip Code Middletown, NJ 07748  Project Manager for Monitoring Firm Kevin Burns  Scheduled Start Date (10)  02/13/2015  Occupancy Status During Abatement (Check only one)    Facility closed/vacated during entire period of abatement.   Abatement performed outside of normal facility houre- Describe: Work Shift 4:00pm - 12:30am  Scope of Work (check all that apply)   Demolition   X Renovation								Thloma of Abatama							
Street Address 11 Tindall Road  City, State, Zip Code Middletown, NJ 07748  Project Manager for Monitoring Firm Kevin Burns  Scheduled Start Date (10) 02/13/2015  Occupancy Status During Abatement (Check only one)   Facility dosed/vacated during entire period of abatement.   Abatement performed outside of normal facility hours- Describe:   Check only one)   Pacility dosed/vacated during entire period of abatement.   Abatement performed outside of normal facility hours- Describe:   Check only one)   Pacility Check all that apply)   Demolition   Renovation   Mini-enclosure   Glovebag procedure			Bldg. Owner (	(8)											
105 Ryerson Road   105 Ryerson	ESTABLISHED STOCKED	ates ————			l	0145	_		auon,	IIIC.					
City, State, Zip Code Middletown, NJ 07748  Project Manager for Monitoring Firm Kevin Burns  Scheduled Start Date (10) 02/13/2015  Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: Occupancy Status During Abatement (Check only one) Describe: Other-Describe: Work (check all that apply) Demolition Staff 2:160 sf or 2:360 if  Location of sabestos-containing material to be abated in facility (13) Patients Library  Patients Library  Description of asbestos-containing material (ACM)  Patients Library  Name of Registered Lincoln Park, NJ 07035  City, State Lincoln Park, NJ 07035  City, Stat		Dood							Road						-
Middletown, NJ 07748   Carbon Street Manager for Monitoring Firm Kevin Burns   Phone Number   732-676-4000   Park (Value Start Date (10)   O2/13/2015   O2/16/2015   O2/16/2015   O2/13/2015   O2/16/2015   O2/16/2															
Project Manager for Monitoring Firm Kevin Burns	Middletown	n, NJ 07748								7035		N			_
Name of OSHA Monitor   Scheduled Start Date (10)   Scheduled Start Date (10)   O2/16/2015   O2	Project Manager f	for Monitoring Firm											er		
Scheduled Start Date (10) 02/13/2015  Occupancy Status During Abatement (Check only one)  Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: Cother-Describe: Cother-Describe: Demolition  Scope of Work (check all that apply)  Demolition  Scope of Work (check all that apply)  Location of asbestos-containing material to be abated in facility (13)  Patients Library  Patients Library  Registered Waste Hauler B & G Restoration, Inc.  Street Address 105 Ryerson Road  City, State, Zip Code LincolnPark, NJ 07035  Ellicontainment w/negative pressure Glovebag procedure  Non-friable procedure  Non-friable procedure  Pascription of asbestos-containing material to be abated in facility (13)  Patients Library  Registered Waste Hauler B & G Restoration, Inc.  Street Address 105 Ryerson Road  City, State, Zip Code LincolnPark, NJ 07035  Ellicontainment w/negative pressure Glovebag procedure  Non-friable procedure  Non-friable procedure  Non-friable procedure  Description of asbestos-containing material (ACM)  City, State Tullytown Resource & Recovery Center  City, State Tullytown, PA  Completed by (Print or Type)  Title  Signature  Completed by (Print or Type)  Title	Kevin Burn	s													
Occupancy Status During Abatement (Check only one)    Facility closed/vacated during entire period of abatement.   Abatement performed outside of normal facility hours-   Describe:   Cother-Describe:   Work Shift 4:00pm - 12:30am	Scheduled Start D	Date (10)	Sched. (	Completio	on Date (1	1)		1		Inc.					
Facility closed/vacated during entire period of abatement.     Abatement performed outside of normal facility hours-   Describe:   Work shift 4:00pm - 12:30am															
Abatement performed outside of normal facility hours— Describe:  ☐ Other-Describe: Work shift 4:00pm - 12:30am  ☐ Scope of Work (check all that apply) ☐ Demolition ☐ X Renovation ☐ Park, NJ 07035  ☐ LincoInPark, NJ 07035 ☐ LincoInPark, NJ 07	Occupancy Status	s During Abatemer	t (Check onl	y one)											_
Describe: Work shift 4:00pm - 12:30am    Scope of Work (check all that apply)	Facility clos	sed/vacated during performed outside	of normal fa	of abate cility hou	ment. 's-			City, State, Zip Co.	ae						
Scope of Work (check all that apply)  □ Demolition □ X Renovation □ >3 sf or >3 lf □ Location of asbestos-containing material to be abated in facility (13) □ Patients Library □ Signature □ Non-friable procedure □ Non-fria							_	LincolnPark,	NJ 07	035					
Demolition   X   Renovation   X   Full Containment w/negative pressure   Glovebag procedure															
Same of the procedure   Signature   Signature   Signature   Non-friable procedure   Non-friable proc	The second secon						X	Full Containment w/	negativ	e pressure	Gloveb	ag pr	ocedu	ire	
Location of asbestos-containing material to be abated in facility (13)  Patients Library  Patients Library  Registered Waste Hauler B & G Restoration, Inc.  City, State Lincoln Park, NJ  Completed by (Print or Type)  Is location normally used solely by maintenance/custodial staff(12)  Description of asbestos-containing material (ACM)  Description of asbestos-containing material (ACM)  Patients Library  Is location normally used solely by maintenance/custodial staff(12)  Pescription of asbestos-containing material (ACM)  Patients Library  Is location normally used solely by maintenance/custodial staff(12)  Pescription of asbestos-containing material (ACM)  Patients Library  Is location normally used solely by maintenance/custodial staff(12)  Pescription of asbestos-containing material (ACM)  Patients Library  Is location normally used solely by maintenance/custodial staff(12)  Patients Library  Is location normally used solely by maintenance/custodial staff(12)  Pescription of asbestos-containing material (ACM)  In pescription of asbestos-containing material (ACM)  Patients Library  Is location normally used solely by maintenance/custodial staff(12)  Patients Library  Is location normally used solely by maintenance/custodial staff(12)  Pescription of asbestos-containing material (ACM)  In pescription of asbestos-containing	—	_	>160 sf or >:	260 If				Mini-enclosure			Non-fr	iable	proced	dure	
asbestos-containing material to be abated in facility (13)  Patients Library  Patien			Is location	normally	used solel	У				***********	14		1	1000	E
Patients Library  Patients Library  Patients Library  Image: Patients L	asbestos-c	containing		ance/cus	todial						For	100000		С	r
Patients Library			Yes	No	N/A	maten	al (ACIVI			LF)		V	i	1000	L
Registered Waste Hauler B & G Restoration, Inc.    NJDEP Hauler ID#   Cubic Yards of Waste   Name of Registered Landfill   Tullytown Resource & Recovery Center				7.7.89		Il floor tile	& mas	stic		225 sf					T
B & G Restoration, Inc.  19563  4 yds  Tullytown Resource & Recovery Center  City, State Lincoln Park, NJ  Completed by (Print or Type)  Title  Signature  Completed Date C	Patients Libra	ry			# <u>~</u>	1 11001 1110	- a ma	5110							I
B & G Restoration, Inc.  19563  4 yds  Tullytown Resource & Recovery Center  City, State Lincoln Park, NJ  Completed by (Print or Type)  Title  Signature  Completed Date C					1	1									I
B & G Restoration, Inc.  19563  4 yds  Tullytown Resource & Recovery Center  City, State Lincoln Park, NJ  Completed by (Print or Type)  Title  Signature  Condense Suma  Date Condense Su												무			L
B & G Restoration, Inc.  19563  4 yds  Tullytown Resource & Recovery Center  City, State Lincoln Park, NJ  Completed by (Print or Type)  Title  Signature  Completed Date C							N127							Ш	1
City, State Lincoln Park, NJ  Completed by (Print or Type)  Title  Disposal Date 02/17/2015  City, State Tullytown, PA  Date 02/11/2015	Registered Waste	e Hauler			ID#			Name of Registe	red Lar vn Re	source & Re	covery	Cen	ter		
Completed by (Print or Type)  Title  O2/17/2015  Tullytown, PA  Date  O2/11/2015  Completed by (Print or Type)  Title  O2/11/2015		ration, Inc.			Disposal	Date		City, State	Acceptation of						
Completed by (Print or Type) Title Condema Suma 02/11/2015	Lincoln Park	i, NJ			0						Date				_
				v/Treas	urer	Signature	2	Gordana Sun	a			1/20	15		

F5 / 211 115 / 211	7/				1	4 - 0.0				1		1	1	
Date of Notification (1)	11 /	15			100000000000000000000000000000000000000	of Building	g Owner/Op		2) 11-4861 Check#	cou	RTE	sy	)	
Agencies Notified  ☑ EPA	Type Notifica	ation				t Address 00 Hadley	Road			15° 20 5 5 10	_	7		
☑ DOLWD					10,000	State, Zip C						5 to 10		
☑ DHSS	Amendme						field, NJ 0	7080		& LICENS,	140			
DCA (NUA C 5:23 8)	☐ Emergen		cluding	3		of Contac		,,,,,,		Telephone Numb	er			
(NJAC 5:23-8)	justification   Cancellat			100	100	chael Luc	T 1000 00	3 34		relephone Namb	OI .			(4)
4					FA	CILITY IN	FORMAT	ION		2			111	
Name of Facility Where Al	patement is T	aking	Place	(3)					Type of Facility (4	)				
PSE&G Control Hou	se								School (K-12)					
Street Address									Subchapter 8 ( Other (i.e., priv		ial br	ilding		
Front Street									homes, etc.)	rate and commerc	nai Di	manie	5,	
City (5)									Square Feet	# of Floors	BI	dg. A	ge	
Scotch Plains														
County (6)					Cour	nty Code (7	)(STATE USE	ONLY)	Current Use (Prio	r if being demolish	ned)			
Union					0.000.000		* **BB (\$ 000)		Control Hous		****			
Name of Monitoring Firm I	Hired by Build	dina C	)wner	(8)	ASCM	No.	Name of	Abateme	ent Contractor (9)					
Health & Safety Serv		9		,-,			A STATE OF THE STATE OF	Tech, li	The second second second second					
Street Address							Street Ad							
PO Box 365							2022001 11222	200	e. PO Box 25					
City, State, Zip Code							City, State		Comprise the Compr					
Berlin, NJ 08009								- Part	NJ 08048					
Project Manager for Monit	orina Cirm			Tal	nhana	No	No. of Contract Contr		10 00040	License No.				
Jim Proctor	ornig Filiti				ephone	-8850	Telephon	5-2107		The state of the s				
						The same of the same of				00529				
Start Date (10)  1 / 19 /	/					ite (11)	Name of 0	Analyt						
	10-				3_ /	10_	3		icai					
Occupancy Status During						CONTRACTOR OF STREET	-Street Ad		3					
Facility Closed/Vacated						and the same			0 North					
Abatement Performed Time of Abatement:							City, State							
						7	Cinnar	minson	i, NJ 08077					
Scope of Work (Check all	that apply)							!! O = =4	alaasaatitla Niaaa	tive December				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			☐ Re ☑ De					Vini-Enc Glovebag	ainment with Nega losure g Procedure mpted (*) and Non-		5			
		_	lo	Loca	tion	T	M 1	VOII-LAC	Implea ( ) and Non-	Thable Frocedure	T	atem	ont T	
Location of	of		1	Norma	lly		Desc	ription o	f		Constant of the			1
Asbestos-Containing M	laterial (ACM	1)			ely by		stos Contai	ning Ma	terial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABAT				intena todial	Staff?	(i.e	., thermal s	ystems ing, VAT,		(Specify SF or LF)	SAOL	ai-	aps	nso
(13)			7.537.104	(12)	20-241010011		other mis			31 01 11 )	=		ılatı	6
			Yes	No	N/A								Œ	
Exterior of Control Ho	use					excavat	ted pipe			1,500 LF				
101 NS 121	V. 2.		□	□ ·						• • • • • • • • • • • • • • • • • • • •			$\Box$	
								k -	0					
Name of Registered Waste	Hauler			N	JDEP 1	Waste	Cubic Yar	ds of	Name of Registe	red Landfill				
Waste Management				F	lauler II 1125	D No.	Waste 4		G.R.O.W.S. I	Landfill				
City, State							Disposal D	Date	City, State		l i			
Camden, NJ							2/13/15	5	Tullytown, P	A				
Completed By (Print or Typ	oe)	Title					Signa	ature		Date		1	79107	
Gwendolyn Trumbet	ti	0	perati	ons	Coord	inator		he	NT	6	2/1	1//	5	

ASB-41 MAY 11

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

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

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

Date of Notification (1)	- 10 10		Mam	o of Duildin		(2)				
	15		Dec 2017 (2017)		ng Owner/Operator of Princeton	**************************************	501-4864 Chec	k #7026		
Agencies Notified Type Notification	n		Stree	et Address						
⊠ EPA ☐ Initial					Princeton Unive	areity E At Mac	Willen Blda	1 11		
☑ DOLWD ☑ Amended			15.	State, Zip			ALIGENIAN			
□ DHSS Amendmen			1000		NJ 08544		TO THE PROPERTY.		(5)	
□ DCA    □ Emergency     □		ng			A GIPT TO SERVICE A CONTROL OF THE SERVICE AS A SERVICE A		T= 1 1 N			
(NJAC 5:23-8) justification		7.2	4.4	e of Contac bert Orte	100 7000 0000	(0.0) (0.0) (	Telephone Num	inor		182
			FA	CILITY II	NFORMATION		-	5		
Name of Facility Where Abatement is Tak	ing Plac	e (3)				Type of Facility	(4)			
Princeton University-Peyton Hall						School (K-1				
Street Address						Subchapter	8 (Other than K-12 private and comme	2) raial build		
Ivy Lane Princeton, NJ -Princeto	n Unive	ersity	Main (	Campus		homes, etc.	)	iciai bullu	ings,	
City (5)				•		Square Feet	# of Floors	Bldg.	Age	
Princeton						33,000	3	49	90	
County (6)			Cou	inty Code (	7)(STATE USE ONLY)		rior if being demoli			
Mercer			000	my code (	I HOMITE OOL ONE I)		nut Down for Co		on	
Name of Monitoring Firm Hired by Buildin	Owner	(0)	ASCN	t NIa	Name of Alastana			MStructi	OH	
Cardno ATC	Owner	(0)			Name of Abatem		)			
			000	98	AbateTech, I	nc.	Inter-server of			
Street Address					Street Address	Processing and an				
3 Terri Lane					30 Maple Ave	The state of the s				
City, State, Zip Code					City, State, Zip C					
Burlington, NJ 08016					Lumberton, I	NJ 08048				
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No.		License No.			
Michael R. Keehn		6	09-386	6-8800	609-265-2107	7	00529			
Start Date (10) Sch	eduled (	Compl	etion Da	ate (11)	Name of OSHA N	Monitor				
2/2/15	4	/ _ 3	0_/	15	EMSL Analyt	tical				
Occupancy Status During Abatement (Ch	eck only	one)			Street Address					
☐ Facility Closed/Vacated During Entire I			ment		200 Route 13	0 North				
☐ Abatement Performed Outside of Norm				scribe	City, State, Zip Co			-		
Time of Abatement:AM	PM/	PM		_AM	Cinnaminsor					
Scope of Work (Check all that apply)					Ommaninoon	1, 110 00077				
					☑ Full Con	tainment with Ne	gative Pressure			
≥3 sf or ≥3 lf		enovai			☐ Mini-End	closure				
≥160 sf or ≥260 lf		emoliti	on		☐ Gloveba	g Procedure	n-Friable Procedu	re		
	1	s Loca	tion	1	LI TYOU EXC	impled ( ) and rec	iii i ilabic i ioccaa	1 1 1 1 1 1		F
Location of		Norma			Description of	of.		Abate		1
Asbestos-Containing Material (ACM)		ed Sol		Asbe	estos Containing Ma		Amount	Removal	Enc	Enclosure
TO BE ABATED IN Facility		aintena stodial	Staff?	(i.e	e., thermal systems		(Specify	10V	aps	losi
(13)		(12)	A SECTION OF SECTION		surfacing, VAT other miscellane		SF or LF)	<u>m</u>	Encapsulate	Tre
\(\frac{1}{2}\)	Yes	No	N/A						6	1
A Level				Floor ti	le & Mastic		14,890		П	ĪП
A Level	П.	П.	. 🗵	Fitting	on Fiberglass Li	nes ······	28 LF ··			Ī
A Level	1=				sulation		60 LF			H
	+=-						X3-0/1/101			
				1	T-2 73 33					
Name of Registered Waste Hauler AbateTech, Inc.		(55)	IJDEP I lauler I	D No.	Cubic Yards of Waste	Name of Regis				
City, State			1875	0	Disposal Data		e - <del></del>			
					Disposal Date	City, State	D.4			
Lumberton, NJ		- 4		374-1- <u>83-3</u>	4/30/15	Tullytown,	PA			
, , , , , , , , , , , , , , , , , , , ,	tle				Signature	1	Da	117203 I DO-1700	1 -	eco.
Gwendolyn Trumbetti	Operat	ions	Coord	inator	( 16	MI		2 11	115	)
SB-41						1		1	1	

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

MAY 11

			(PL	iisuai	III to MJA	C 8:60 and 5:1	6)					
Date of Notification (1)				Name	e of Buildin	g Owner/Operator (				en faul		
	15			Tru	ustees of	Princeton	/ Job #1	304-4626 Checl	k# (	19	97	7
Agencies Notified Type Notific	ation			Stree	t Address				12 0 4	į	1:-	
☐ EPA ☐ Initial				Tru	ustees of	Princeton Unive	ersity E.A. Mag	Millan Bldg.				
<ul><li>☑ DOLWD</li><li>☑ Amender</li><li>☑ DHSS</li><li>Amendm</li></ul>				City,	State, Zip 0	Code		& LITER		, i #	1	
□ DCA □ Emerger		dina		Pri	nceton, N	J 08544		or TIGHT	HELL	7.0		
(NJAC 5:23-8) justificati	ion)		-		of Contac	Su to to	10 (0)	Telephone Numb	ner		14	
□ Calicella	LIOII				bert Orte							
Name of Facility Where Abatement is	Takina Di	200 /5	2)	FA	CILITYIN	IFORMATION	Type of Facility	(4)				
20 Washington Road	I aking Fi	300 (3	)				Type of Facility  School (K-1)	. 33.4				
Street Address	-			1.			☐ Subchapter	8 (Other than K-12)				
20 Washington Road, Princeto	n Unive	rsitv	Ma	in Ca	mpus		Other (i.e., p     homes, etc.	private and commen	cial b	uildin	gs,	
City (5)							Square Feet	# of Floors	T <sub>R</sub>	ldg. A	ne.	
Princeton							1,000,000	5		85	90	
County (6)				Cour	nty Code (7	)(STATE USE ONLY)		rior if being demolis	hed)			_
Mercer							University I					
Name of Monitoring Firm Hired by Build	ding Own	er (8)		ASCM	No.	Name of Abateme	ent Contractor (9)	)				
ATC Associates				0009	98	AbateTech, I	nc.					
Street Address						Street Address		110				
3 Terri Lane						30 Maple Ave	e. PO Box 25					
City, State, Zip Code						City, State, Zip Co	ode					
Burlington, NJ 08016						Lumberton, N	J 08048					
Project Manager for Monitoring Firm	77	7	Γele	phone	No.	Telephone No.	W1000	License No.				
Michael R. Keehn					-8800	609-265-2107		00529				
	Scheduled		0.00			Name of OSHA M	lonitor					
3/24/14				_ / .	15	EMSL Analyt	ical					
Occupancy Status During Abatement (		15 17 7 C C 27 7 V				Street Address						
<ul> <li>☐ Facility Closed/Vacated During Entition</li> <li>☑ Abatement Performed Outside of Notes</li> </ul>						200 Route 13						
Time of Abatement:AM					scribe	City, State, Zip Co						
Scope of Work (Check all that apply)						Cililatiiiisoii	, NJ 00077					
	_				200		ainment with Ne	gative Pressure				
≥3 sf or ≥3 If     ≥160 sf or ≥260 If     .	-	Reno <sup>o</sup> Demo				☐ Mini-Enc	losure g Procedure					
		Donne	,,,,,			Non-Exer     Non-Exer	mpted (*) and No	n-Friable Procedure	е			
		Is Lo							Ab	atem	ent T	уре
Location of Asbestos-Containing Material (ACM	n L	Nor Ised S		2	A = h = -	Description o			R	R	Щ	П
TO BE ABATED	'	Mainte	enar	nce/		stos Containing Ma ., thermal systems i		Amount (Specify	Remova	Repair	cap	Eliciosure
IN Facility (13)	C	ustod (*	ıal S 12)	Staff?		surfacing, VAT, other miscellaneous	or	SF or LF)	val	,	Encapsulate	ou a
(13)	Ye		Vo.	N/A		other miscellane	ous)				ite	
		D	06		Floor Ti	le & Mastic		400 SF				Г
Room 227A		-			200000000000000000000000000000000000000				-	П		-
			9 -		Cut & W	/rap ···		·· 300 LF ··	IX			-
Abandon Exterior Steam Tunnell					Cut & W			714 LF				1
Abandon Exterior Steam Tunnell Auditorium Roof			]		Roof Fla	ashing	& Mastic	100-0002 100-00				Г
Abandon Exterior Steam Tunnell Auditorium Roof <sup>st</sup> Fl. Column C-D between 5&6					Roof Fla			714 LF 270 SF	23.00			
Abandon Exterior Steam Tunnell Auditorium Roof <sup>st</sup> Fl. Column C-D between 5&6			N. Ha	DEP Vauler ID	Roof Fla Double Waste No.	ashing layer Floor tile & Cubic Yards of Waste	Mastic Name of Regis	714 LF 270 SF stered Landfill				
Abandon Exterior Steam Tunnell Auditorium Roof st Fl. Column C-D between 5&6 lame of Registered Waste Hauler AbateTech, Inc.			N. Ha	DEP V	Roof Fla Double Waste No.	ashing layer Floor tile & Cubic Yards of Waste 40	Name of Regis G.R.O.W.S	714 LF 270 SF stered Landfill				
Abandon Exterior Steam Tunnell Auditorium Roof  st FI. Column C-D between 5&6  Name of Registered Waste Hauler  AbateTech, Inc.  Dity, State			N. Ha	DEP Vauler ID	Roof Fla Double Waste No.	layer Floor tile & Cubic Yards of Waste 40 Disposal Date	Name of Regis G.R.O.W.S City, State	714 LF 270 SF stered Landfill . Landfill				
City, State Lumberton, NJ			N. Ha	DEP Vauler ID	Roof Fla Double Waste No.	layer Floor tile & Cubic Yards of Waste 40 Disposal Date 2/27/15	Name of Regis G.R.O.W.S	714 LF 270 SF stered Landfill . Landfill				
Abandon Exterior Steam Tunnell Auditorium Roof  St FI. Column C-D between 5&6 Name of Registered Waste Hauler AbateTech, Inc.  Dity, State			N. Ha	JDEP Vauler IE	Roof Fla Double Waste O No.	layer Floor tile & Cubic Yards of Waste 40 Disposal Date	Name of Regis G.R.O.W.S City, State	714 LF 270 SF stered Landfill Landfill PA	<ul><li>⋈</li><li>⋈</li><li>⋈</li></ul>	101	0 0	

1304-4626 Page 2 of 2

Location of	1000000	Locat		Description of	Amount	Aba	ateme	ent T	уре
Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	S Main Cust	odial (12)	oy ice or Staff?	Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						
Light Court TAR Shaft				Tar/Rope Packing assoc w/ terra cotta & glass duct/pipe	20 each				
Heritage Glass TAR Shaft				Tar/Rope Packing assoc w/ terra cotta & glass duct/pipe	20 each				
Basement			X	Exterior Perimeter Window Caulk	80 LF				
Basement			X	Exterior Window Glazing	300 LF				
Ground Floor Transformer Room				Debris clean up	100 SF				
Ground Floor Transformer Room				Pipe Insulation (wrap & cut)	24 LF				
Ground Floor Transformer Room				Floor tile & Mastic	986 SF				
Ground Floor Transformer Room				Tar/Rope Packing assoc w/ terra cotta & glass duct/pipe	15 each				
1964 Addition				Waterproofing Mastic	2,700 SF				
Ground Floor to 3 <sup>rd</sup> Floor				Windows including caulk & glazing	900				

1501-4868

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

Date of Notification (1)			Name	of Building	g Owner/Operator (2	2)					
	15		Stat	te of NJ	DPMC	Job # Check	#7032				
Agencies Notified Type Notificat	ion		Street	Address		2.5			1:1		
⊠ EPA			33 V	Nest Sta	te Street Floor 9	£ -	7 . V . (10.20 F. (100.20				
□ DOLWD    □ Amended			City, S	tate, Zip C	Code	200,51	P I to make	i i	1		
□ DHSS Amendmen			Trei	nton, NJ	08625		& LICENSIN	(A)			
DCA Emergency justification		3	Name	of Contac	t -		Telephone Number	er			
☐ Cancellation			Cat	hy Doug	lass	100	gre .		To s	*3	233
			FΔC	II ITY IN	IFORMATION		10.				
Name of Facility Where Abatement is Ta	king Place	(3)	IA	) LIT I III	II ORIMATION	Type of Facility (	(4)				
Vineland DOT Repair Garage	aning i idoc	(0)				☐ School (K-12					
Street Address							(Other than K-12)				
1959 South Delsea Drive						M Other (i.e., printed homes, etc.)	rivate and commerci	iai bu	ilaing	S,	
City (5)						Square Feet	# of Floors	Blo	ig. Ag	ie	
Vineland						Oquale 1 cct	# 01110010		-9.7.8		
			Cour	tu Codo E	)(STATE USE ONLY)	Current Hea (Pri	or if being demolish	ed)			
County (6)			Coun	ity Code (/	JOTATE USE ONLT)	Garage	of it being demonstr	cuj			
Cumberland		(0)	10000	No	Name of Abotem	-					
Name of Monitoring Firm Hired by Buildi	ng Owner	(0)	ASCM	140.	Name of Abateme						
Environmental Connection					AbateTech, I	nc.					
Street Address					Street Address	DO D 05					
120 North Warren Street					30 Maple Ave						
City, State, Zip Code					City, State, Zip C						
Trenton, NJ 08608					Lumberton, I	NJ 08048					
Project Manager for Monitoring Firm			phone		Telephone No.		License No.				
Jim Frisbee			9-392		609-265-2107		00529				
CONTRACTOR OF THE PROPERTY AND ADDRESS OF THE PROPERTY OF THE	cheduled C				Name of OSHA N						
_ 2 / _ 23 / _ 15 _	3/	31	_ / -	15	EMSL Analyt	ical					
Occupancy Status During Abatement (C	heck only	one)			Street Address						
☐ Facility Closed/Vacated During Entire	e Period of	Abate	ment		200 Route 13	0 North					
☐ Abatement Performed Outside of No.					City, State, Zip C	ode					
Time of Abatement:AM	PM/	PM-		AM	Cinnaminsor	n, NJ 08077					
Scope of Work (Check all that apply)	43				200						
			re-a			tainment with Neg	gative Pressure				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>	-	enovati emolitic			☐ Mini-End	g Procedure					
23 2 100 St Ot 2200 II		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					n-Friable Procedure	•			
₩	1	Locat						Ab	ateme	ent T	уре
Location of	Lla	Norma ed Sole			Description of			R	Re	Ш	m
Asbestos-Containing Material (ACM) TO BE ABATED		aintena			estos Containing Ma e., thermal systems		Amount (Specify	Remova	Repair	Encapsulate	Enclosure
IN Facility	Cus	todial	Staff?	(1	surfacing, VAT	, or	SF or LF)	val	-	Sul	sure
(13)		(12)	T	-	other miscellane	eous)				ate	
	Yes	No	N/A							_	_
Exterior				Windo	w Caulk		812 LF	$\boxtimes$	Ш	Ц	Ш
Exterior	. 0	10	· 🖂	Windo	ws & Glazing		1,626 SF ··	$\boxtimes$			
	$\dashv \exists$		-					П	П		
	$ \parallel$ $^{\square}$									_	1
							_		П	П	
Name of Registered Waste Hauler		10.00	JDEP !		Cubic Yards of	Name of Regis					
AbateTech, Inc.		F	lauler II 18750		Waste 10	G.R.O.W.S	. Landfill				
City, State			10730		Disposal Date	City, State					
Lumberton, NJ					3/31/15	Tullytown,	PA				
Completed By (Print or Type)	Title				Signature		Date	e I		1-	_
	Operat	ione	Coord	inator	Orginature 1	ant		2	31	14	)
Gwendolyn Trumbetti	Operat	21101	Coord	mator	UX	YUUR		~	-1		-
ASB-41 MAY 11	* Do no	t use ti	nis form	for asbes	stos licensure exem	pted activities.					

Date of Notification (1)				Name	of Building	Ow	ner/Operator (2	2)			N. 12 (18 - 10)		
2 / 11 /	15			The	College	of I	New Jersey	/ / Job #1407-47	86 Check #7	030	$\mathbb{S}$		
Agencies Notified Type Notifica	ation			Street	Address			sh.				- 37	
				PO	Box 7718	В		Fair - (2)	之。 (1) 10 年 1. 是上帝在40	WHY CON			
☑ DOLWD ☐ Amended				City, S	State, Zip C	ode	E		to LIGERY	11110			
☑ DHSS Amendm				Ewi	ing, NJ 08	862	8						
DCA Emergen justificati				Name	of Contact	i			Telephone Nu	ımber			
☐ Cancellat		12.4		Am	anda Rac	dost	ti						
		.03		FAG	CILITY IN	FOI	RMATION	12	-				
Name of Facility Where Abatement is 7	aking	Place	(3)			-		Type of Facility	(4)				
The College of New Jersey - R	osco	e Hall	Wes	t				School (K-12					
Street Address								☐ Subchapter 8 ☐ Other (i.e., pr	3 (Other than K-	·12) nercial hu	ildina	9	
2000 Pennington Road								homes, etc.)		riordiai bu	manig	J,	
City (5)								Square Feet	# of Floors	Ble	dg. Ag	je	
Ewing													
County (6)				Cour	nty Code (7	)(STA	ATE USE ONLY)	Current Use (Pri	or if being dem	olished)			
Mercer								College					
Name of Monitoring Firm Hired by Build	ding C	Owner (	(8)	ASCM	No.	Na	ime of Abateme	ent Contractor (9)					
USA Environmental						1	AbateTech, Ir	nc.					
Street Address						Str	reet Address	1					
344 West State Street						3	30 Maple Ave	. PO Box 25					
City, State, Zip Code						Cit	ty, State, Zip Co	ode					
Trenton, NJ 08618						L	Lumberton, N	IJ 08048					
Project Manager for Monitoring Firm			Tele	phone	No.	Te	lephone No.	Fi Company	License No.	à.			
William Weisgarber, Jr.			60	9-656	-8101	6	609-265-2107		00529				
Start Date (10)			5.0		ite (11)	Na	me of OSHA M	lonitor					
2/25/15	;	3_/	4	_ / .	15	E	EMSL Analyti	ical					
Occupancy Status During Abatement (	Check	c only o	one)			Str	reet Address						
☐ Facility Closed/Vacated During Enti						2	200 Route 13	0 North					
Abatement Performed Outside of N						Cit	ty, State, Zip Co	ode					
Time of Abatement:AM		VI/			Alvi	(	Cinnaminson	, NJ 08077					
Scope of Work (Check all that apply)								1	-tive Deceases				
≥3 sf or ≥3 If		⊠ Re	novati	on			Mini-Enc	ainment with Neg losure	jative Pressure				
☐ ≥160 sf or ≥260 lf		☐ De					⊠ Glovebag	g Procedure		14 <b>4</b> 1101111			
							☐ Non-Exe	mpted (*) and No	n-Friable Proce				
			Locat Vorma				D			Ab	ateme		ype
Location of Asbestos-Containing Material (ACN	1)		ed Sole		Ashe	stos	Description of Containing Ma	73	Amount	Rer	Repair	Enc	Enc
TO BE ABATED	.,		intena		(i.e	., the	ermal systems i	insulation,	(Specify	Remova	oair	aps	Enclosure
IN Facility (13)		Cus	todial ( (12)	Stall?	1		surfacing, VAT, ther miscellane		SF or LF)	<u>n</u>		Encapsulate	Ire
(13)	*	Yes	No	N/A	1		the miscellane	ous,				O	
6 Air Handler Unit Locations					Pipe Ins	sula	ation (wrap &	cut)	32 LF				
								1 86 55	12 S24 22				
				T									
Name of Registered Waste Hauler			N	JDEP V	Waste	Cu	bic Yards of	Name of Regis	stered Landfill				
AbateTech, Inc.			Н	lauler II 1875(			aste 10	G.R.O.W.S					
City, State				1010			sposal Date	City, State					
Lumberton, NJ						3	3/4/15	Tullytown,	PA				
Completed By (Print or Type)	Title	9			-		Signature	11_		Date 1	1		
Gwendolyn Trumbetti	0	perat	ions (	Coord	inator		10h	MI		21	n / 1	15	

ASB-41 MAY 11

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

Date of Notification (1)				Name	of Building	Owner/Operator (	2)	41 - 47		-	4.152	
02 /	16 /	15		Sai	ntander E	Bank, N.A.		174				
Agencies Notified	Type Notificat	tion		Street	Address	<del>"</del>	#17454 g 17 + 1	100 Aug	4 0 1 2			-
☐ EPA	☐ Initial	11011		200000000000000000000000000000000000000	State Str	eet	4					
□ DOLWD	☐ Amended				State, Zip C		100 January 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	f and beauty	475-14		-	-
☑ DHSS	Amendme		-	1	ston, MA		Q1	LICENSIA	i G			
DCA	☐ Emergenc		g		of Contac			Telephone Nu	mher	-00-10-0		
(NJAC 5:23-8)	justificatio	(1.50)			san Peck			relephone iva	IIIDCI			
	Caricellatio	011		-				-				
				FA	CILITY IN	IFORMATION	T= 4= 1111	733				
Name of Facility Where A	Abatement is Ta	aking Plac	e (3)				Type of Facility (					
Santander Bank							School (K-12 Subchapter 8		12)			
Street Address							Other (i.e., pr	rivate and comm		ilding	s,	
188 Nassau Street						-	homes, etc.)					
City (5)							Square Feet	# of Floors	1	ig. Ag	je	
Princeton, NJ							2,000	1		15		
County (6)				Cou	nty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demo	olished)			
Mercer					1	<u></u>		74				
Name of Monitoring Firm		ing Owner	(8)	ASCM	No.		ent Contractor (9)					
Hillmann Consultin	ng			622	52	JVN Restora	tion Inc					
Street Address						Street Address		87				
1600 Route 22 East	t					47 Foster Ro	ad					
City, State, Zip Code						City, State, Zip C	ode					
Union NJ 07083						Staten Island	NY 10309					
Project Manager for Mon	itoring Firm		Te	lephone	No.	Telephone No.		License No.				
Tammy Lomax				908-55	7-6171	718-605-6256	5	00774	-,			
Start Date (10)	S	cheduled	Comp	letion Da	ate (11)	Name of OSHA N	Monitor					
02 /27 /	15	_03_	/ _:	31_ /	15	Testor Tech						
Occupancy Status During	g Abatement (C	Check only	one)			Street Address						
☐ Facility Closed/Vacate	장님이 아이는 이번 이번 바로 바로 보다 되었다.					10 59 Jackso	n Avenue					
☐ Abatement Performed						City, State, Zip C	ode					
Time of Abatement: _	AM- <u>6:00</u>	JPM/ <u>2:30</u>	PM	AN		LIC NY 1110	1					
Scope of Work (Check a	Il that apply)											
			Renova	ntion			tainment with Neg	gative Pressure				
25 \$1 01 25 11 2160 sf or ≥260 lf			)emol				g Procedure					
						☐ Non-Exe	empted (*) and No	n-Friable Proce	dure			
			Is Loc	500000000000000000000000000000000000000			5000 E1		Ab	atem	ent T	уре
Location		, U	Norn sed S	olely by	\ A a b a	Description of estos Containing Ma		Amount	Re	Re	En	m
Asbestos-Containing TO BE ABA		) N	lainte	nance/		e., thermal systems		(Specify	Removal	Repair	cap	clos
IN Facil		Cı	istodia (1)	al Staff?		surfacing, VAT	, or	SF or LF)	Val	-	Encapsulate	Enclosure
(13)		Yes	1	The second	-	other miscellane	eous)				ate	,
			100		-			50SF	N	1		
Mens & Womens Re	strooms				Floor	ille		505F		Ш	Ш	
			1=							П	П	
None of Desistered Ma	-4- !!!			NUDER	Mosto	Cubia Varda of	Name of Regis	stered Landfill			ш	
Name of Registered Was	ste mauter			NJDEP Hauler		Cubic Yards of Waste	IESI	SIGICU LAHUHH				
Newark Carting				NJ-5		5	NA SERVICES					
City, State						Disposal Date	City, State	D.4				
Newark, NJ						3/10/15	Bethlehen	1.PA				
Completed By (Print or T	(ype)	Title				Signature	/ ///		Date		_	
Ralph Barnhardt		Proje	ct Ma	anager		/h///	1/hham	~	02-1	6-	15	

ASB-41 MAY 11

Date of Notification (1)			Nam	ne of Build	ing Owner/Operator	(2)		
	15		Sa	anta <mark>n</mark> der	Bank, N.A.			e de
Agencies Notified Type Notif	ication		Stre	et Address	3		TATIFITY !	,
☑ EPA ☐ Initial			75	State S	treet			2000111
☑ DOLWD ☐ Amend			City.	State, Zip	Code			16,
	ment # <u>1</u>			oston, M			The state of the	Strains 1
□ DCA     □ Emerge       □ instiffication        instiffication       □ instiffication       □ instiffication       □ instiffication       □ instiffication       □ instiffica	ency (includi	ng		e of Conta			Telephone N	upphor
☐ Cancell				ısan Ped	5.5.5		relephone N	aumei (£
					NFORMATION			
Name of Facility Where Abatement is	Taking Plac	ce (3)		(OILITT	IN ORIENTON	Type of Facility	(//)	
Santander Bank		00 (0)				School (K-1		
Street Address							8 (Other than K	-12)
8 South Main Street						Other (i.e., p	private and comi	mercial buildings,
City (5)		2				homes, etc.	<u> </u>	
						Square Feet	# of Floors	Bldg. Age
Marlboro, NJ						2,000	1	45
County (6)			Cor	inty Code	(7)(STATE USE ONLY)	Current Use (P	rior if being dem	olished)
Essex						A		
Name of Monitoring Firm Hired by Bu	ilding Owner	(8)	ASCN	l No.	Name of Abateme	ent Contractor (9	)	
Hillmann Consulting			622	52	JVN Restorat	tion Inc		
Street Address					Street Address			
1600 Route 22 East					47 Foster Roa	ad		
City, State, Zip Code					City, State, Zip Co	ode		
Union NJ 07083					Staten Island			
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No.		License No.	
Tammy Lomax				7-6171	718-605-6256		00774	
	Scheduled (	- 1			Name of OSHA M		00114	
_02_ / _28_ / _14		(0)		15	Testor Tech	Officor		
	The state of the s		<u>- '</u>					20
Occupancy Status During Abatement					Street Address			
<ul> <li>         □ Facility Closed/Vacated During Ent</li> <li>         □ Abatement Performed Outside of N</li> </ul>					10 59 Jackson			
Time of Abatement:AM-2:3	0PM/11:30	iy Hou IPM-	rs - Des	M M	City, State, Zip Co	de		
Scope of Work (Check all that apply)					LIC NY 11101			
Scope of Work (Check all that apply)					⊠ Full Conta	ainment with Neg	native Pressure	
≥3 sf or ≥3 If	⊠ Re	enovat	ion		☐ Mini-Encl		gative Flessule	
☐ ≥160 sf or ≥260 lf	□ De	emoliti	on		Glovebag	Procedure		
,					☐ Non-Exer	npted (*) and No	n-Friable Proced	dure
Location of	1.0	s Loca Norma						Abatement Type
Asbestos-Containing Material (ACN	17	ed Sol		Ashe	Description of estos Containing Mat	The company of the co	Amount	2 2 0 0
TO BE ABATED	Ma	intena			e., thermal systems in	nsulation,	(Specify	Enclosu Encapsu Repair
IN Facility	Cus	todial (12)	Staff?		surfacing, VAT,		SF or LF)	Enclosure Encapsulate Repair Removal
(13)	Yes	No	N/A		other miscellaneo	ous)		ate
Mens & Womens Restrooms				Floor T	ïle		50SF	
4								
	П	П	In					
			1					
Name of Registered Waste Hauler		Ц.	IDED:	Manta	Cubic Vandard	Non55	te d 1	
			JDEP V auler ID		Cubic Yards of Waste	Name of Regis	tered Landfill	
Newark Carting			NJ-56		5	IESI		
City, State		-02			Disposal Date	City, State		
Newark, NJ					3/10/15	Bethlehem,	,PA	
Completed By (Print or Type)	Title				Signature /	//	10	Date
Ralph Barnhardt	Project	Mana	ager		/h/h//	//	,	02-16-2015
SB-41			8	<u> </u>	11/11/11	april	/	<i>u</i> .

ASB-41 MAY 11

Date of Notification (1)			Nier	( D. II -		751	V C No. 1 THE A				
02 / 11 /	15				ding Owner/Operator	(2)		5 1	j		
			3	antande	r Bank, N.A.		Marks .				
Agencies Notified Type Notifi	cation		Stre	et Addres	s		37 7 7	1-1-1-1	ir		
☐ EPA ☐ Initial ☐ Amende			7	5 State S	street	3 <sup>2</sup> 1.	1.71		11.		
□ DHSS Amenda     Amenda	707		City	State, Zij	p Code	340103	and the second	5. 1	Su tor		
	ncy (includ	ina	В	oston, M	IA		& LIGHT	i Nerice			
(NJAC 5:23-8) justifica	tion)	9	Nam	ne of Cont	act		Telephone Nu				
☐ Cancell	ation		St	usan Ped	ck		1				
			F	ACILITY	INFORMATION		_				-
Name of Facility Where Abatement is	Taking Pla	ce (3)				Type of Facility	(4)				
Santander Bank	and the second					School (K-1:	5335				
Street Address						☐ Subchapter	8 (Other than K-	12)			
8 South Main Street						Other (i.e., p	private and comm	nercial	buildi	ngs,	
City (5)		-	-			Square Feet	# of Floors	- 1	71de	۸	
Marlboro, NJ						2,000	1		3ldg.	Age	
County (6)			Col	inty Code	(7)(STATE USE ONLY)			fi = t = -10	45		20100
Essex			000	mty Code	(1)(STATE USE UNLY)	Current use (Pr	rior if being demo	ilishea)			
Name of Monitoring Firm Hired by Bui	Idina Owne	r /8\	ASCN	1 No	Name of Atradam	10 1 10					
Hillmann Consulting	iding Owne	1 (0)	622		Name of Abatem		1				
Street Address			022	52	JVN Restora	tion inc					
1600 Route 22 East					Street Address						
City, State, Zip Code					47 Foster Ro						
Union NJ 07083					City, State, Zip C						
					Staten Island	NY 10309					
Project Manager for Monitoring Firm		- W - SS	lephone		Telephone No.		License No.				
Tammy Lomax			08-55	150/10/10/12   10/21	718-605-6256		00774				
	Scheduled			S7 (2)	Name of OSHA M	lonitor					
			1_/	15	Testor Tech						
Occupancy Status During Abatement (					Street Address						
☐ Facility Closed/Vacated During Enti	re Period o	f Abate	ement		10 59 Jackso	n Avenue					
Abatement Performed Outside of No.	ormal Facili	ity Hou	ırs - Des	scribe	City, State, Zip Co	ode					
Time of Abatement:AM-2:3	UPIVI/11.30	PIVI-	AI	VI	LIC NY 11101						
Scope of Work (Check all that apply)					100000000000000000000000000000000000000						-
≥3 sf or >3 If	⊠ R	enova	tion			ainment with Neg	ative Pressure				
☐ ≥160 sf or ≥260 lf		emoliti	on		☐ Glovebag						
					☐ Non-Exer	mpted (*) and Nor	n-Friable Procedu	ure			
V	10 0.5	s Loca	(T)((T)(S)(S)					At	atem	ent T	ype
Location of Asbestos-Containing Material (ACM		Norma ed Sol	ely by	Aaba	Description of		4	Z	D	m	m
TO BE ABATED	Ma	aintena	ance/		estos Containing Mat e., thermal systems in		Amount (Specify	Remova	Repair	nca	nclo
IN Facility	Cus	todial (12)	Staff?		surfacing, VAT,	or	SF or LF)	ava	=	Encapsulate	Enclosure
(13)	Yes	No.	N/A	1	other miscellaned	ous)				late	6
Mens & Womens Restrooms		-									
wiens & womens Restrooms				Floor T	ile		50SF				
								Tn	П	П	
4		П									
Name of Registered Waste Hauler			JDEP V	Vasta	Cubic Yards of	Name of Registe	arad Landfill			ш	
Newark Carting		1.000	lauler ID		Waste	IESI	ered Landilli				
City, State			NJ-56	6	5	10000000					
Newark, NJ					Disposal Date	City, State					
					3/10/15	Bethlehem,	PA				
Completed By (Print or Type)	Title	270			Signature			ite			
Ralph Barnhardt	Project	Mana	ager		Jh///	11/-	10	2-0	1-2	2015	5
SB-41						france of		-			

ASB-41 MAY 11

NO CK

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

Date of Notification (1)					Name	of Building	Owner/Op	perator (2	2) WSK34/ /-	10	1500			
2 / 1	3 / 1	5			Firs	t State	es Inv	esto	18 5200, I	_LU				
Agencies Notified  EPA	Type Notifica	ition				Address Blair M	ill Road	ł	Ē.	RENJING	15			
■ DOLWD ■ DHSS	Amended Amendme	ent # 4			City, S	tate, Zip C				- LII GIJIFIS		, Tá		
□ DCA	☐ Emergend justification		ding	-		of Contact				Telephone Numb	205	21120		
(NJAC 5:23-8)	☐ Cancellat					y Webl				releptione Numi	)ei			
					FAC	CILITY IN	FORMAT	ION	_					
Name of Facility Where A	batement is T	aking P	ace (3	3)		8		- 0-9-12-000-201-2-0	Type of Facility					
Bank of America									School (K-12	) 3 (Other than K-12)				
Street Address									Other (i.e., p	rivate and commer		ilding	s,	
367 Springfield A	venue								homes, etc.)		l DI	1- 0		
City (5) Summit									Square Feet 100,000	# of Floors		dg. Ag )+/-	50.	
County (6)					Coun	ty Code (7	(STATE USE	F ONI YI		ior if being demolis		J 1 /-		
Union					Oodii	ity Gode (r	)(01/11/E 00/E	LONLI	Bank	or it being demone	nou)			
Name of Monitoring Firm		ling Owr	ner (8)	1	ASCM I	No.	155		ent Contractor (9)					
Hillmann Consult	ing, LLC								onse, Inc.	M. Kron Political Control	A.V.A.			
Street Address 1600 Route 22 E	oot						Street Ad		lagur Lana					
City, State, Zip Code	ası 						City, State		logy Lane					
Union, NJ 07083							Export							
Project Manager for Moni			T	Tele	phone I	No.	Telephon			License No.				
Craig Abrams			9	908	3-688	3-7800	724-32	25-333	30	01121				
Start Date (10)		Schedule					Name of	OSHA M	onitor				0.000	
12 / 29 /	14	2	_ / _	28	_ / _	15	Hillma	ann C	onsulting,	LLC				
Occupancy Status During							Street Ad							
Facility Closed/Vacate						orib o	X1 200 20 15		22 East					
Abatement Performed Time of Abatement: _							City, State Union,							
Scope of Work (Check all	that apply)							F. II O4						
☐ >3 sf or >3 lf			Reno	ovatio	on		- married	Full Cont Mini-Enc	ainment with Neglosure	gative Pressure				
■ ≥160 sf or ≥260 lf			Dem	olitio	in				Procedure	n-Friable Procedu	-6			
			is L	ocati	ion	1		NOII-LAG	mpted ( ) and re	ir riable i roccad	-	atem	ent T	vne
Location	of		No	rmal	lly		Desc	cription o	f					1
Asbestos-Containing		1)	Used Main				stos Conta ., thermal s		terial (ACM)	Amount (Specify	emo	Repair	ncal	Enclosure
TO BE ABA			Custo	dial S		(1.6	surfaci	ing, VAT	, or	SF or LF)	val	7	Sul	sure
(13)			20 1	(12)	NI/A		other mi	iscellane	ous)				ate	
				No	N/A		D: 1	1-1		25.15	- I			
Basement - Mech	anical Roo	m L		_	×		Pipe i	Insulati	ION	25 LF	x			
	<u> </u>	L	]   [		x						$\perp$			
			] [		x			7			x			
	] [													
Name of Registered Was		1.5000	JDEP \		Cubic Yar Waste	rds of	Name of Regis							
Waste Manage	ment				N1724	J NO.				orth Landfi	ı			
City, State					Disposal		City, State	o DA						
Morrisville, PA					2/28/2	11	Morrisvil	5)	10					
Completed By (Print or T	ype)	Title	. i i .		. ti	Cum		natúre	1,11	1 1 2 1	ate /13/2	201	5	
Jessica Wolfe		Adn	inis	stra	ative	Supp	OIL	Ill	secu l	NOTE 2	13/	201	J	

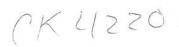
ASB-41 MAY 11

\* Do not use this form for experior stoersure exempted activities.

{ Prism will be off-site until further notice. }

11 OPEN NOT: FICATION"

Date of Notification (1)	luf.	Nar	_	Building Ov	wner/O	F 1942	20					
Agencies Notified Type Notification	- 3	Stre		E & idress	6		SOUTHE	0		-		-
EPA Initial Initial Amended Amendment#	i i i.	City		te, Zip Code	е	town	ALBAN N ST	080	5	7		
DOH Emergency (in justification)	cluding		ne of	Contact	0	000	10 0	Telephone Numb	1er	/		
DCA Cancellation				ERT LITY INFO	RMATIO		<i>H</i>					
Name of Facility Where Abatement is Taking PSE46	Place (3)						ype of Facility (4	2)				
Street Address 4140 QUAKER	BR.	56	E	RN	¥	1	Other (i.e. p etc.)	8 (Other than K-12) rivate & commercial	build			3,
City (5) LAWRENCEVILLE							Square Feet	# of Floors	BI	dg. A	ge YR	S
County (6)				Code (7) USE ONLY)	1	- 0	_	or if being demolished		rie:	1"	
Name of Monitoring Firm Hired by Building Of ENVIRONMENTAL TACTICS	wner (8)	P	SCM 004				Abatement Con			200 200 200 200 200 200 200 200 200 200	30	73
Street Address 64 BROAD STREET						Street A	ddress HITEHEAD A	AVE.			V	
City, State, Zip Code MATAWAN, NJ 07747							te, Zip Code H RIVER, NJ	08882	T.	10 N		-
Project Manager for Monitoring Firm TOM GEIGER	-	197555		ne No. 32-2217		Telepho	ne No. 32-8350	License No 01111		Y.		1
Start Date (10) 20/30/5	Scheduled (	Comple 14		Date (11)			OSHA Monitor JE SYSTEMS	S OF AMERICA	100			
Occupancy Status During Abatement (Check	Only One)	/ /		.076		Street A	ddress HITEHEAD A					
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: Mecound During Entire Performed Outside of Normal Other – Describe: Mecound During Entire Performed Outside of Normal Other – Describe: Mecound During Entire Performed Outside of Normal Other – Describe: Mecound During Entire Performed Outside of Normal Other – Describe: Mecound During Entire Performed Outside of Normal Other – Describe: Mecound Outside of Norma	al Facility Ho	ours		nly	_	City, Sta	ite, Zip Code H RIVER, N.					
Scope of Work (Check All That Apply)					-				550 -20			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	- Company	ovation nolition					Mini-Enclosure Glovebag Pro				ρ	
	ls Lo	cation				<u> </u>	Non-Exemple	a ( ) and redir i habi		Abate	ement pe	
Location of	Nor Used S	mally Solely b	у	Achaet		scription o	of aterial (ACM)	Amount		1 9		
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Custod (	12)	ff?		thermal surfa		insulation, , or	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes I	No Vo	N/A	-1.	7.,	15735 CO		0000	~			
LOBBY							MASTIC	875 SF	1			
SECOND Floor		<u> </u>		1-100R	1,4	LE 4	MASTIC	300 SF	×			
Name of Registered Waste Hauler		NJD	EP V	Vaste	Cubic	Yards	Name of	Registered Landfill				
WASTE MANAGEMENT		Hau	ler ID 25	No.	of Wa	este ( 25	- GROW	S NORTH				
City, State ELIZABETH, NJ					F	BD Date		ISVILLE, PA				
Completed by CAROL RAIMO	Title OFFIC	E MG	R.		1	Signature	- //	emo Da	2/16	12	901.	5



### RECEIVED

Date of Notification (1)			1		f Building		perator	(2)	- 8	ALS F	EB 18	Aid	Lin	E a	
2/10/2015					ta Cetta							RIT	ii):	93	
Agencies Notified	Type Notification    X Initial		,	Street A	ddress Iorth 15t	h Stree	et		A,	3/3E	SITE	C.	+112	8L	
DEP DOL	Amended Amendment		_ [		ate, Zip Co ect Park		7508			Q.	LIGE	NOIB	G		*
ĭ DOH	Emergency justification)		-	Vame o	f Contact	W I				Tel	ephone N	lumber			
DCA DCA	Cancellation			District of Acres	ta Cetta		ON			0.000					
Name of Facility Where Residence	Abatement is Takin	g Place (3)		FACI	LITTINE	DRIVIATI	UN	Туре	of Facility (4	.)					
Street Address									School (K-12 Subchapter 8		er than K	-12)			
135 North 15th Str	eet							×	Other (i.e. pr etc.)	ivate 8	& comme		ilding	s, horr	nes,
City (5) Prospect Park								Squar 2,00	re Feet 00	# of 2	Floors		Bldg 70+	Age	
County (6)					Code (7) USE ONLY				ent Use (Prio	r if bei	ng demol	ished)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	1 No	-	Name		tement Cont	ractor	(9)				
N/A	Trimed by Ballalling	O W. O.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					ral Constr						
Street Address							CONTRACTOR OF THE	Addres Clifte	ss on Avenue	e, PN	1B Suite	218			
City, State, Zip Code									ip Code J 07012						
Project Manager for Mor	nitoring Firm			Γelepho	ne No.		200000000000000000000000000000000000000	none No 389-0			License				
Start Date (10) 2/21/2015	F 1	Scheduled 2/22/201		pletion	Date (11)				HA Monitor ral Constr	uctio	n, Inc.				
Occupancy Status Durin	g Abatement (Ched	k Only One)						Addres							
Facility Closed/Vac	ated During Entire	Period of Aba	atem	ent			1360	Clifto	on Avenue	e, PN	IB Suite	218			
Abatement Perform Other – Describe:	ned Outside of Norn					_			ip Code J 07012						
Scope of Work (Check A	Il That Apply)						0	,	0.0.2						
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			novat noliti				×	Min Glo	I Containmenti-Enclosure ovebag Procentes	edure				ıre	
		le Le	catio	nn.						( /			10000	temer	it
Location	n of	100000000000000000000000000000000000000	mall			Des	scription	of						уре	
Asbestos-Containing TO BE AB	Material (ACM) ATED	Used S Maint Custon	enan	ce/		tos Cont thermal	aining N systems	Material s insula		(S	mount	Re	7	Encapsulate	Enc
In Facil (13)		(	12)				cing, VA niscellan			SF	or LF)	Remova	Kepair	psula	Enclosure
		Yes	No	N/A				0						ate	œ.
Basem	ent •	-		X	Р	ipe/elb	ow Ins	ulatio	n -	21	0 LF	X	-	-	
													-	1	
Name of Registered Was	ste Hauler		N.	IDEP W	/aste	Cubic	Yards		Name of R	egiste	red Land	fill			-
Service Transport G	iroup		55,033	auler ID 1990	No.	of Was	ste		Minerva	Land	dfill				
City, State New Castle, DE 197	City, State New Castle, DE 19720								City, State Waynes		OH 44	688			
Completed by		Title				2/22/3	ignature	10	(	7	1	Date			
Krutarth Jagad		Project	Ма	nager				1	~	_		02/10	/201	5	

CLARESTONE

Date of Notification (1)				LAL		- 6 D - 11 E		10		02-1	CE de		7	gr.
		15				of Buildin	ng Own	er/Operator	(2)	ALDES 18	AH	H		
Agencies Notified  EPA	Type Notific	cation		922-07		Address	ntaom	on/ Place	Lower Level	- Jeyr-		11.1.	95	3.0
□ DOLWD	Amende	d				tate, Zip		iery Flace,	Lower Level	& LIGEN	L July	T	91	- 12
☑ DHSS ☐ DCA	Amendm  Emerger		—	100000		sburgh,		5212		064	MICH	G T		
(NJAC 5:23-8)	justificat		unig	Na	ame	of Contac	ct			Telephone Num	nber	-		(1)
, at 550	☐ Cancella	ition			Antl	hony Po	orta			412-633-402				
					FAC	ILITY II	NFORI	MATION						
Name of Facility Where	Abatement is	Taking Pl	ace (3		A.1817.C.C				Type of Facility	(4)				-
Verizon Market CO									School (K-12	2)	- 13			
Street Address										3 (Other than K-12		11.11	23	
95 Williams St.									homes, etc.)	rivate and comme	rciai D	ullain	gs,	
City (5)									Square Feet	# of Floors	В	ldg. A	ge	
Newark									10000000000000000000000000000000000000					
County (6)				С	ount	ty Code (	7)(STAT	E USE ONLY)	Current Use (Pr	ior if being demoli	shed)	1,000		
Essex									Office					
Name of Monitoring Firm			er (8)	ASC	CM N	Vo.	Nam	e of Abatem	ent Contractor (9)					
USA Environmenta	I Managem	ent					BF	RISTOL EN	VIRONMENTA	L, INC.				
Street Address							Stree	et Address						
8436 Enterprise Av	'e						11	23 BEAVE	R STREET					
City, State, Zip Code							City,	State, Zip C	ode					
Philadelphia, PA 19							BF	RISTOL, PA	19007					
Project Manager for Mon	itoring Firm		T	elepho	ne N	No.	Telep	phone No.		License No.				
Mark Jenkins				215-3	365-	5810	21	5-788-6040	)	00509				
Start Date (10)	CHICKS III	Schedule					Nam	e of OSHA N	Monitor					
_2 / _23 /	15	2	- / _	25	1_	15	BF	RISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During							Stree	et Address			11000			
☐ Facility Closed/Vacate							11	23 BEAVE	R STREET					
Abatement Performed Time of Abatement: _	Outside of N	ormal Fac	cility H	ours - [	Desc	ribe	City,	State, Zip Co	ode	24				
			.00FiV	-1.50/	-\IVI		BR	RISTOL, PA	19007					
Scope of Work (Check al	I that apply)						- 52 =	Ппи					-11111111111111111111111111111111111111	
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			Renov Demo						tainment with Neg losure g Procedure mpted (*) and No		ıre			
	20.			cation							1	atem	ent T	vpe
Location Asbestos-Containing		n   t		mally Solely b	v	0 - 1 -		Description of		20 0.0		1	_	1
TO BE ABA		'/	Mainte	enance	<i>i</i>			ontaining ivia nal systems	terial (ACM) insulation.	Amount (Specify	Remova	Repair	Encapsulate	Enclosure
IN Facili	ty	C		al Staf 2)	f?		su	rfacing, VAT	, or	SF or LF)	oval	15	nsd	Sure
(13)		Ye			/A		othe	er miscellane	ous)				ate	(0)
Throughout 10 <sup>th</sup> Floo	r					Floor ti	ile and	mastic		75 SF			П	
								madad		7001		H	H	
		$\dashv$			-						1			
					-						12			
Name of Desistered Mrs	to 111	_										Ш	Ш	Ш
Name of Registered Was SERVICE TRANSPO		P, INC.		NJDE Haule	er ID		Waste	Yards of e	Name of Regis					
City, State				209	990	-	Disno	sal Date	City, State					-
NEW CASTLE, DE 1	9720						Jispo	Julio Julio		URG, OH 4468	8			
Completed By (Print or Ty	ype)	Title					1	Signature	1	n Da	ate			
Brian Scafiro	35X 5	Estin	nator					4.	Scaliro /		2/1	1/1.	5	
		0.0001100000						xrux	xxaqueo /	1	/	/ ' -	-	

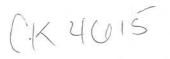
ASB-41 MAY 11

D&S Proj. #: 2015-47

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

RECEIVED .

						- Man	3	-can Kanal			-		
Date of Notification (1)	Name o	of Building Own		TEB 18 AH 10: 58									
10  2  / 0  9  / 1  5		ID SPEEDIE		all and		Anne		10.	6.				
Agencies Notified   Type Notificat	Street A	ddress		7 %	& LIGENSING								
DEP Amended	15 W	ARFIELD S'	TREET	CE FIG	ENSIM	G	L		9.5				
Amendment #:	City, St	ate, Zip Code											
DOL Emergency	Upp	er Montclair,	NJ 07043										
DOH (including justification)	Name o	f Contact	Telepho	Telephone Number									
DCA Cancellation	DA	VID SPEEDII	3	973-783-5096									
9		FACI	LITY INFORM	ATION									
Name of facility where abatement is	s taking place (3)				TI	Type of Facility							
DAVID SPEEDIE							ol (K - 12)						
Street Address			Subchapter 8 (Other than K-12)										
Gueet Address					Other (Private/Commercial Bldgs./Homes, etc.								
15 WARFIELD STREET				Square Feet	# of Floor	s	Bl	dg. A	ge				
City (5)	County (6)				nty Code (7)								
Upper Montclair	ESSEX		(Stat	(State use only) Current Use (Prior if being demolished)									
Name of Monitoring Firm Hired by I		П	Name of Abatement Co	ontractor (9)									
					D & S RESTORA	TION, INC.							
Street Address					Street Address								
					20 California Ave								
City, State, Zip Code					City, State, Zip Code				4/15	Z-0	THE PERSON NAMED OF		
·					Paterson, NJ 0750	03							
Project Manager for Monitoring Firm		Telephone Number License Number											
					973-345-8020		0	1169					
Start Date (10)		Name of OSHA Monito D & S Restoration											
03/03/15		Street Address	1, 11IC.										
Occupancy Status During Abatemer	weens.	20 California Aver	nue										
Facility closed/vacated during		City, State, Zip Code					_						
Abatement performed outside Describe:		hours-											
Other-Describe: NORMAL H	OURS			-	Paterson, NJ 0750	)3							
Scope of Work (check all that apply	/)				☐ Fu	Il Containment	w/negative	press	ure				
$\boxtimes > \underline{3} \text{ sf or } > \underline{3} \text{ If}$	$\sqrt{3}$ sf or $\sqrt{3}$ If Renovation												
≥160 sf or ≥260 lf	Demolition				and the same of th	ovebag proced on-Exempted (*		friable	proc	edure	9		
Location of	Is location norm					T		IR	R	Е	E		
asbestos-containing	by maintenance staff(12)	e/custodial			bestos-containing	Amount	e m	e p	n	n			
material (acm) to be abated in facility (13)	o N/A	material (	ACM)		(Specify LF)	SF 01	0	a	а	C			
10 A 9	Yes N	O IN/A						e	r	р			
BASEMENT BOILER RM			PIPE INSU			78 1 ft			<u></u>		ᄪ		
basement storage room			PIPE INSU			21 1 ft			ᆜ	부	뷰		
BASEMENT CRAWL SPACE			PIPE INSU	LATI	JN	21 l ft			片	님	+1-		
								井	片	님	11		
Registered Waste Hauler	NJDEP Ha	uler ID# 1 C	ubic Yards of V	Naste	Name of Registered L	andfill			Ш	Ш	1		
D & S RESTORATION, INC.	13506	100	yds.	·uoto	TULLYTOWN, R		ECOVER	ťΥ					
City, State Dispos			ate		City, State								
PATERSON, NJ 07503		03/04/1			TULLYTOWN, P	'A							
Completed by (Print or Type)	Title		Signature				Date	12015					
BOGDAN JOLDZIC  ASB-41	PRESIDENT  Do not use this	form for ashesto	s licensure ev	empter	Lactivities		02/09/	2015					
to the set of the Land													



200				o NJAC 8		March 10 11			7 1	REC	5-11	7.4.			
Date of Notification (1) 02/12/2015		Pication of Assestos Abatement (Pursuant to NJAC 8:60 and 12:120)  Name of Building Owner/Operator (2) Sheryl Crimmins  Street Address 825 Boonton Avenue													
Agencies Notified Type Notification		Street Address													
EPA Initial			825 Boonton Avenue												
X DEP Amended Amendment #		825 Boonton Avenue  City, State, Zip Code Boonton, NJ07005  Name of Contact  Telephone Number													
Emergency (ir justification)		Name of Contact Telephone Number								A.C.		304			
DCA Cancellation		Sheryl Crimmins  FACILITY INFORMATION						201-213-3987							
Name of Facility Where Abatement is Taking Residence	Place (3	)	FACIL	LITY INFO	RWATI	ON	Тур	e of Facility (4							
Street Address									K-12) ter 8 (Other than K-12)						
825 Boonton Avenue								Other (i.e. private & commercial buildings, homes,							
City (5) Boonton						Squ	are Feet	# 0	f Floors	В	Bldg. Age				
County (6) Morris		County C STATE U		Current Use (Prior if being demolished) Residence											
Name of Monitoring Firm Hired by Building O N/A		ASCM No. Name of Abatement Co VMC Company, Ir													
Street Address		Street Address													
City City 7: 0						208 Piaget Avenue									
City, State, Zip Code			City, State, Zip Code Clifton, NJ 07011												
Project Manager for Monitoring Firm		Telephor		Telephone No. License No. 973-253-8828 00704											
	ed Com 2015	pletion [		Name of OSHA Monitor VMC Company, Inc.											
Occupancy Status During Abatement (Check			Street Address												
Facility Closed/Vacated During Entire Period of Abatement     Abatement Performed Outside of Normal Facility Hours     Other – Describe:						City, State, Zip Code									
Scope of Work (Check All That Apply)															
<ul> <li>≥3 sf or ≥3 If</li> <li>≥160 sf or ≥260 If</li> </ul>		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure													
*	Location										Abat	ement	t		
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  Used S Mainte Custod			ial Staff? (i.e. th			Description of s Containing Material (ACM)				kmount		Type			
						mal systems insulation, urfacing, VAT, or			(Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure	
(10)	Yes	No	N/A		other miscellaneous)							1 1	ulate	ure	
Crawlspace	1		X		Pipe	Insula	ation		2	X					
Name of Registered Waste Hauler  Newark Carting, Inc.	H				ubic Yards Name of Waste IESI La			f Registered Landfill andfill							
City, State Newark, NJ					Dispos	posal Date City, State Bethlehem, PA									
Completed by Voytek Roszkowski President					S	Signature Date 02/12/2015									