

Date of Notification (1)				Name	of Building	g Owner	r/Operesor	2 8/1/2			_			_
	14			Mor	mouth (County	#Prosection	Ars Office A	0					
Agencies Notified Type Notified	ation			Street	Address		venué/CC/	50 PM 5: 6		-				
				132	Jersey V	Ville A	venue	5 "5.						
DEP ☐ Amende ☐ Amende ☐ DCA (NJAC 5:16) ☐ Amende				City, S	tate, Zip C	Code	166	YSING ROL	7					
☑ DCA (NJAC 5:16) Amendr		cludina		Fre	ehold NJ	07728	3	WARD!						
□ DCA justification	ion)			Name	of Contact	t		Q V {	Telephone N	lumber	~	7.77		
(NJAC 5:23-8) Cancella	tion			Ton	n Aloia				1		_			
				FAC	CILITY IN	FORM	IATION				*			
Name of Facility Where Abatement is	Taking	Place	(3)					Type of Facility	(4)					
Existing Bldg A								School (K-12						
Street Address					***			☐ Subchapter 8 ☐ Other (i.e., p			uild	inas		
132 Jersey Ville Avenue								homes, etc.)		oroidi b	una	ingo,		
City (5)								Square Feet	# of Floors		Blo	lg. A	ge	
Freehold NJ 07728								46,000 Sf.	1			960		
County (6)				Cour	ty Code (7)(STATE	USE ONLY)	Current Use (Pr		nolishe	4)			
Monmouth								Prosecutor'	s Office					
Name of Monitoring Firm Hired by Bu	lding C)wner ((8)	ASCM	No.			ent Contractor (9)						
Environmental Connection			-	30		AP	S Contract	tors Inc.		11	ï			
Street Address							t Address							
120 North Warren St.				報		155	5-161 Penn	sylvania Aver	nue	S2 /	ę	53		
City, State, Zip Code		28	111			City, S	State, Zip Co	ode			- 0			
Trenton						Pat	terson, NJ	07503						
Project Manager for Monitoring Firm		eliene	Tel	ephone	No.	Telep	hone No.		LicenseiNo	X				
Ryan Broadwater		K.	1.00	200			3-754-1908		00875					5 0
Start Date (10)03 /17 /14				etion Da 4 /			of OSHA M	onitor TICAL, INC	oletion 14					
Occupancy Status During Abatement							t Address		-					
☐ Facility Closed/Vacated During En		25		ment	N.		6 SHELTO	N AVE						
☐ Abatement Performed Outside of N					cribe	0.25	State, Zip Co							-
Time of Abatement:AM	PN	///	_PM		AM			Y NJ 08854						
Scope of Work (Check all that apply)		5					M = 110 - 1	-1 -20 N	. 5	25				10
		☐ Re	nova	ion			Mini-Encl Mini-Encl	ainment with Ne losure	gative Pressure	9				
⊠ ≥160 sf or ≥260 lf		⊠ De						Procedure						
				e	Ι		Non-Exer	mpted (*) and No	n-Friable Proc					
1			Loca Norma			_		£		-	Aba	atem	ent T	ype
Location of Asbestos-Containing Material (AC	VI)			ely by	Asbe		Description of ontaining Mar		Amount		Re	Repair	En	Ē
TO BE ABATED	150	100000000000000000000000000000000000000	inten: todial	ance/ Staff?	(i.e., the	rmal sy		ition, surfacing,	(Specify		Removal	oair	aps	Enclosure
IN Facility (13)			(12)	***************************************		othe	VAT, or r miscellane	ous)	SF or LF)	'	<u>a</u>		Encapsulate	are .
		Yes	No	N/A				- 5ª					е	
Throut Bldg					VAT				3,600 sf	.	\boxtimes			
EC Rm 1022			\boxtimes		Fibergla	ass W	all Insul/Co	ement Brd	324sf		\boxtimes			
EC Rm1038			\boxtimes			Cork F	Floor Tile	S-10	144sf	I	X			
EC Rms 1016,1017 & 1040			\boxtimes		Cement	t Pipin	g/Pipe Ins	ulation	553 If		\boxtimes			
Name of Registered Waste Hauler			100	JDEP \		100000000000000000000000000000000000000	Yards of	Name of Regis	stered Landfill					
Atlantic Carting, Inc.			'	lauler II 26085		Waste	e Yards	Grows Lai	ndfill					
City, State							sal Date	City, State						
Wayne, NJ 07470						04/	14/20147	Morrisville	, PA 19067					
Completed By (Print or Type)	Title	;				5	Signature	7.		Date				
Svetozar Savreski	P	reside	ent			6	17/11	I la						

ASB-41 JUL 01 * Do not use this form for asbestos licensure exempted activities.

ct 5563

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

D&S Proj. #: 2014-200			(Pursu	ant to NJAC	8:6	0 and 12:120)		2011	, <i>C</i>	٥,			
								AND FEE	<u> ۲</u>	1	· A.		
Date of Notification (1)	- 11	Name of E	Building Own	er/Operator (2)			-	130EC >	CO D	,	0		
0 2 / 1 2 / 1 4			A GIUFFI	RIDA				£ (10)	2	5.			
Agencies Notified Type Notificat	ion	Street Add	ress	0				54	SON	,	P		
DEP Amended		-		D AVENUE					ME	200			
DOL Amendment #:	— °	- AND THE TOTAL	, Zip Code						. 1	•			
☐ Emergency (including	11		D-KUS, NJ	07423	-			15					
justification)		lame of C						Telephon	e Numbe				
DCA Cancellation		ANGE	LA GIUFF	RIDA						_			
			FACI	LITY INFORM	ATIO	N			1				
Name of facility where abatement i	s taking pl	ace (3)						ype of Facility (4) I (K - 12)				
ANGELA GIUFFRIDA								=	apter 8 (C	ther t	han K	-12)	
Street Address							7	Other (Private/C	omme		1000	
503 HOLLYWOOD AVENU	E								Homes, e		BI	dg. A	ge
City (5)	Cou	nty (6)				unty Code (7)	T _						
HO-HO-KUS	RF	RGEN			(St	ate use only)		Current Use (Pr	ior if bein	g dem	olish	ed)	
Name of Monitoring Firm Hired by			1	ASCM No.		Name of Abatem	ent Cor	ntractor (9)					
						D & S RESTO	ORAT	ION, INC.					
Street Address					_	Street Address							
						20 California							
City, State, Zip Code						City, State, Zip Co							
Project Manager for Monitoring Firm		TE	hone Numb	er	-	Paterson, NJ Telephone Numb		3	License	Numh	ner .		
,g		Ι.	none rading	Ci		973-345-80				1169	,61		
Start Date (10)	Sched	i. Comple	tion Date (11)	\dashv	Name of OSHA	Monitor		- 10				
02/27/14	03/1		· · · · · · · · · · · · · · · · · · ·			D & S Resto	ration,	Inc.					
Occupancy Status During Abatemer					-	20 California	Avon	10					
Facility closed/vacated during	entire peri	od of aba				City, State, Zip Co		ue			-		
Abatement performed outside Describe:		facility ho	urs-										
Other-Describe: NORMAL H					=	Paterson, NJ	07503	3					
Scope of Work (check all that apply	ā.		36.00 - 300				=	Containment w	/negative	press	ure	HOUSE	
≥3 sf or >3 lf	Renovation							i-enclosure vebag procedur	e				
≥160 sf or ≥260 lf	Demolition							-Exempted (*)					
Location of asbestos-containing		n normally enance/cu	used solely stodial					Amount		e e	R	E n	E
material (acm) to be	staff(12)			material (asbestos-containing	9	(Specify S	F or	m o	p a	c a	n c
abated in facility (13)	Yes	No	N/A					LF)		v e	į	p	L
BASEMENT RECREATION				PIPE INSU	LAT	ION		6LFT		×			
BASEMENT CRAWL SPACE		\square X		PIPE INSU	LAT	ION		10 L FT		X			
													旧
										牌	屵	부	붜
Registered Waste Hauler	INJD	EP Hauler	ID# I C	ubic Yards of V	Vaste	Name of Registe	red Lar	ndfill		Ш	Ц	Ш	Ш
D & S RESTORATION, INC.	135		1	yd		TULLYTOW			COVER	Y			
Dity, State PATERSON, NJ 07503			Disposal D			City, State	DI 5.				70		
Completed by (Print or Type)	Title		02/28/14	Signature	_	TULLYTOW	N, PA	1	Date				
BOGDAN JOLDZIC	PRESID	ENT							02/12/	14			
ASB-41 *	Do not us	e this form	n for asbesto	s licensure exe	empte	ed activities.							

CK 005504

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

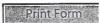
D&S Proj. #: 2014-59	_		State of Asbeation of Asbeation of Asbeating	estos	s Abatement and 12:120)	AM FEB 20 E CONSTR	CEIL	·			
Data (Alasticas) (A)	I Name	of Building Own	er/Operator (2)			Sec. 18 20	2 24	<u>SO</u>)		
Date of Notification (1)			28 28	DIC		4/105	195.				
Agencies Notified Type Notificat	ion	Address	EL, EXECUT	RIC		1000	2 S	a			
☐ EPA ☐ Initial			OOD AMENI	TIC		10/4	GRO!				
DEP Amended Amendment #:		ate, Zip Code	OOD AVENU	JE			4 -7				
DOL Emergency		NECK, NJ									
DOH (including	Name o	f Contact				Telephon	e Number				
J DCA J DCA J DCA		TIME O'COM	NEL, EXECU	TDI	~						
Cancellation	I ELA	7000000						Q)			
Name of facility where abatement i	a taking place (2)		LITY INFORMA	TION	2.	Type of Facility (4)	2			
Name of facility where abatement i	s taking place (3)	ķ.					i (K - 12)				
ELAINE O'CONNEL, EXEC	UTRIC						apter 8 (Ot			-12)	
Street Address					. 1		Private/Co Homes, etc		rcial		
592 W. ENGLEWOOD AVE	NUE						# of Floors	_	ВІ	dg. A	ige
City (5)	County (6)				nty Code (7)						
TEANECK	BERGEN	ď	1	(Sta	te use only)	Current Use (Pr	rior if being	dem	olish	ed)	
Name of Monitoring Firm Hired by	Accessed the Comment	<u> </u>	ASCM No.	_	Name of Abatement Co	entractor (9)					
,			/ COM TO		D & S RESTORAT	20 CONTRACTOR OF THE CONTRACTO					
Street Address				-	Street Address	TION, INC.					
					20 California Ave.						
City, State, Zip Code				-	City, State, Zip Code	Maria Maria					
				_	Paterson, NJ 0750)3					
Project Manager for Monitoring Firm		Phone Numb	er		Telephone Number 973-345-8020		License N	lumb 169	er		
Start Date (10)	Inches Com	alatian Data /44		_	Name of OSHA Monitor			102			
Start Date (10)		pletion Date (11)		D & S Restoration						
02/26/14 Occupancy Status During Abatemer	03/12/14	٥١		_	Street Address						
Facility closed/vacated during	13 Table 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	•			20 California Aver	nue					
Abatement performed outside					City, State, Zip Code						
Describe: NORMAL H	OURS			-	Paterson, NJ 0750	3					
Scope of Work (check all that apply						Il Containment w	/negative p	ress	ure		
\boxtimes >3 sf or >3 lf	Renovation					ni-enclosure					
≥160 sf or ≥260 lf	Demolition					ovebag procedur on-Exempted (*)		iable	proc	edure	9
Location of	Is location norm					1		R e	R	Е	E
asbestos-containing material (acm) to be	by maintenance staff(12)	e/custodiai			sbestos-containing	Amount (Specify S	E or	m	e p	n	n
abated in facility (13)	Yes N	o N/A	material (A	(CM)		(Specify S LF)	-	0 V	a	a	L
			DIDE DIGIN	A CITY	OM	100 T PT		e	<u>.</u>	P	₩
BASEMENT (BOILER & LAUNDRY RM)			PIPE INSUL	AII	ON	108 L FT			+	片	╫
				_		-		붜	片	H	╫
					and the state of t			뉘	+	H	卅
								Ħ	Ħ	H	市
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Ha		ubic Yards of W	aste	Name of Registered La		2017777	<u>-</u>			1=
City, State	13506	Disposal D	yd ate		TULLYTOWN, RI City, State	ESOURCE RE	COVER	_			
PATERSON, NJ 07503		02/27/14			TULLYTOWN, P.	A					
Completed by (Print or Type)	Title		Signature				Date				
BOGDAN JOLDZIC	PRESIDENT	laum fan ach ach			1 ali stal		02/12/1	4			
ASR-41 *	Do not use this t	orm for aspesto	s licensure exer	inpted	activities.						

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	18 / 1	4		2,520,225	ame of	Building O)wner/O	perator (2)		The state of the s		1		ė
Agencies Notified	Type Notification			S	treet Ac	idress					3	A		1	7
⊠ EPA					15 So	uth Penr	nsylvar	nia Ave			J.	8			
☑ DOLWD	☐ Amended			C	ity, Sta	te, Zip Coo	de			4F - 157888 - 584 I	يو کې	•	0		-
☑ DOH	Amendment		_		10000	tic City, N		01			1/2	2		PA	
☑ DCA		includir	ng	N	lame of	Contact				Telephone Nu	mber	. /		-/	2
(NJAC 5:23-8)	☐ Cancellation				W. Ra	chelle K	night/0	Christina	Fuentes	1					
			-			LITY INFO						c		10	1
		Dia	20 /2\		FACI	LITTINI	OINIM	TION	Type of Facility	(4)	. 19			4	
Name of Facility Where	Abatement is Taki	ing Plac	ce (3)						☐ School (K-12						
Block 72 - Lot 4									Subchapter 8	Other than K-	12)	1 -l'			
Street Address 313 Oriental Ave		V9-2							Other (i.e., p			ig. A			
City (5)									Square Feet	# of Floors		iy. ^ 50+	ge		
Atlantic City									5000	3		70+	_	-	-
County (6)					County	Code (7)(STATE U	SE ONLY)	Current Use (Pr	for it being dem	olisnea)				
Atlantic															\perp
Name of Monitoring Firm	n Hired by Building	g Owne	er (8)	A	SCM N	0.			ent Contractor (9)			- 22			
Health & Safety Se					117		Cont	rolled E	nvironmental	Systems					
Street Address	•						Street A	Address							
318 12th Street							1121	N. Beth	lehem Pike - S	uite 60					
City, State, Zip Code				-	-		City, St	ate, Zip C	ode						
Hammonton, NJ 0	8037						Sprii	ng Hous	e, PA 19477						
Project Manager for Mo			- 17	Telep	hone N	io.	Telepho	one No.		License No	le:				
Jim Proctor	intorning i min				9-704-		215	542 7000) ,	00847					
Start Date (10)	Sci	heduled	d Con	noleti	ion Date	e (11)	Name o	of OSHA	Monitor						
2 / 26		2			1	- C.	CES								
Occupancy Status Durin	The state of the s	neck on	alv one	e)			Street /	Address							
☐ Facility Closed/Vaca	ated During Entire	Period	of Ab	aten	nent		1121	N. Beth	lehem Pike - S	Suite 60					
	ed Outside of Nor	mal Fac	cility h	Hours	s - Desc	ribe		tate, Zip C				*****	des.el		
Time of Abatement:	7:00AM-7:00PM	V	_PM		_AM				se, PA 19477						
														-55	
Scope of Work (Check	ан тат арріу)						[ntainment with Ne	egative Pressure	е				
≥3 sf or ≥3 lf			Rend				- [☐ Mini-En	closure ag Procedure						
☐ ≥160 sf or ≥260 lf		×	Dem	OIIIIO	n		Ī	Non-Ex	empted (*) and N	Ion-Friable Proc	edure				
			ls I	ocati	ion							oate	ner	t Ty	ре
Location	on of		No	ormal	lly		D	escription	of		70	Ţ,	,	ш	Щ
Asbestos-Containin			Used Main			Asbes	stos Coi	ntaining M	laterial (ACM)	Amount (Specify		Kepair		Encapsulate	Enclosure
TO BE A			Custo			(i.e.		ai systems acing, VA	s insulation, T. or	SF or LF) va	7		Sul	Sure
IN Fac				(12)				miscellan						ate	
		Y	es	No	N/A								1		
Exterior of building	1				\boxtimes	Transite	e Sidin	g		80 SF	\boxtimes]		
		T	5										וכ		
		_		_											
		200	-		-							1	7	П	П
		L			JDEP V	Mosts	Cubic	Yards of	Name of Re	gistered Landfill		-1-		=	
Name of Registered W	laste Hauler			1000	lauler II		Waste			ga Landfill					
Allied Waste				Ĺ			1_	.15		<u></u>		-			
City, State	35.						The same district.	sal Date	City, State	own DA					
Telford, PA								8/14	Morgant						
Completed By (Print or	r Type)	Title					5	Signature	icea Vix	1.0	Date		ĺ	ار	
Patricia Visco		Offi	ice N	lana	ger		3	bole	icea V lx	re_	2/1	8,	1	9	

					REC	ELL	ED CH	ecl	١٤٥. سد	8254	۲,	2
			TON	CIPICATION	OF ASBEST	JE V BV A	PMPNT	- 4		001	1	n na
			P	urruam to NJ	OF ASBESTO	17:-120	?) _ ·	300	Q	MAI	- I	U 1,21
Date of Notification (1)				I plan - 47		U Pr	15:40			_	- 9	_ ,
02/17/14				Princesos	Turiding Owner	Operate	or (2)	ļi.	1		/	1
Agency Notified True	е МонПевр		_		dress LIC		MIROL	_ 1	H	-11	101/10	nd .
EPA	a Initia			P.O. box 2		L14011	*6	-	E			
DEP		— Mendo	2		s, Zip Code			-	W	WIN	ERP	PPR
DON	Ame			Princeton	NJ 08543			1				
. NOW		Meatla		Name of C				Telenha	na N	Herber		-
	CIAC	ella Ho	<u> </u>	Robert Or			4		M.COTOR			
Same of Facility Where Abatemen	tis Tokine	Place	all .		ty informa	TION			t		_	
Princeton University 5 Ivy Land	Frincston	New J	em ay				Type of Pacifity	(A) (K12)	N.			
Foot Address	_		1				Subchi	pler 1 (r (bay	K12)	
by Lane					-		I Other	d. e. Pris	ratta i	& come	sercisi	
city (5)	7						Square Feet	of Plou		Pldg.	Aga	
Timeston	Сава	ry (6)	1		County Code		30000	3	1	984	25.70	
					(State use orl	3/)	Current Die (Pr University	lor 14 bels	de	molith	id)	25-
and of Monitoring From Hired by	Building C	Wast	4)		ASCM No.	Name	of Abstellant Col	traster f	1	-		
Ireal Address						Amod	nted Specialty Co	btrachog				
Terri Lane			I				Address		-			
iry, State, Zip Code			1				Crue Avenue	<u>_</u>	A .			
urlington NJ 08016			1			City, 8	Mile, Zip Codo	- 5	į			
reject Manager of Monteoring Me		_	1	Telephone	Number		one Number		<u>H</u>	TA 4		
ike Keebn			11	609-386-88	00	610-36			ř.	Licep 110	ce Num	ber
heduled Stere Date (10)		Sched.	Com	pletion Date	(11)		of OSMA Monitor		-	1		
Manth Day Wass			Bulle	02/21/14 22/2000/Ven		Criteri	on Labs		į.			
Scopeser Street During Aberend	ot (Check of	NIN DOG	MI		IF.	Street .	Address		E Fi			
Facility Cloted/Vacated Dur Abetemont Performed Ontal	ing Entire I	Period	MAI	de lement		3370 P	rometive Drive		ý.			
Hours - Describes 6:00	de di ropi PM - 5:00 a	M M	ry				tete, Zip Code					
Other - Describe:vario	ar bylla				,,	Bens	em Pa 19020					
ope of work (Check all that spoly						Ш	Full Containmen	I mills No.	- 4	- Bure		
Demolition >3 rf or >3 ff			2	Renovation		E	Mini - Engloyere		i isua	e r ress	are	
x >160 af or >261 lc		33	i			I	Glovabag Proced		•			
- 100 M of 1 100 M							Non-Frieble Pro	edure	_			
Location of		idon		Descr	to sobalt				A	Olem en	-	_
Asbasios - Containing Material (ACM)	Note	ally		Achestu	-Containing		Amsunt		R		E	E
TO BE ABATED	Solo				ial (ACM) rmai systems		(Specify EP or		E	R	C	C
In Facility	Dy A	-clal		laruladon,	supposing, VAI	, 1	LF)		M	E	A	L
(13)	Cust	lathe			enccionsom)		,		¥	A	B	8
	Btaff	(12)							A L	I	ñ	עו
Roor closes	Yes N	lo N							L	A	L	R
rior closer	7	4	\rightarrow	pipe lasel at			8 LF	I	1322			_
025016 10110	1			exterior of b	vikling		1 SF	I				
	\rightarrow							$\neg +$				
									_			
ne of Registered Waste Havier				<u> </u>	Cubic Yards	1	Name of Register	ed Landfil	1			_
inega Wasta Dispodal Services		lu,	, and	m uor	of Waste		GROWS					14
, State			_		Disperal Date		City, Stete					
o ton NJ					As needed		Morrisville PA					
apicied By (Peint or Type)		Ti				Signatur	10 10 0		_		Date	
41		PF	ojeet	Manager		Ma	Moho	w			2-1	720
5-41 V 95						,			_			6.9



* Emergened *

* Emergened *	N		ATION C	e of New of ASBES NJAC 8:	STOS A			CK	3	15	NATH FE	14	200		
Date of Notification (1) 2/17/14				Building On Wood To			(2)		کو	5	2,00	2	C	11150	
Agencies Notified Type Notification		1 7	treet Add	dress rision Str	reet					200		2	4	177	
EPA Initial Amended		C	City, State	e, Zip Cod	e		-			700	I	ن	i j	-	
DOL Amendment #_ Emergency (inc	luding		Nest C	reek NJ	08092	2			Telen	hone N	umbe	· ·	2		_
DOH justification) DCA Cancellation		91.00	_isa Ha						TOLOP	HOHO IV	unico		•		
Name of Facility Where Abatement is Taking F	lace (3)		FACIL	ITY INFO	RMATIC	ON	Type of	Facility (4)				_		
Eagleswood Township							☐ Sc	chool (K-12	2)						
Street Address 146 Division Street								ubchapter 8 ther (i.e. pr	3 (Other ivate & o	than K- commer	-12) rcial b	uildir	ngs, h	omes	5,
City (5)		-					Square		# of F	loors			lg. Ag	е	\dashv
West Creek NJ 08092			5	-1- (7)			1000-	t Use (Prio	2	domol	ichod)	35	+		_
County (6) Ocean			County C	SE ONLY)			Curren	t USE (FIIO	i ii being	in.	isrieu)				
Name of Monitoring Firm Hired by Building Ow N/A	mer (8)		ÀSCM	No.			of Abate	ement Conf	tractor (9	9)					
Street Address							Address 3ox 32								
City, State, Zip Code	-						State, Zip t Berlin	Code NJ 080	91						
Project Manager for Monitoring Firm		7	Telephor	e No.			hone No 753-98		91	License					
	chedule 2/21/14		pletion [Date (11)		Name		A Monitor							
Occupancy Status During Abatement (Check	Only Or	ne)				Street	Address	3						98	
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe: Basement area closed	Facility	Abatem Hours	ent	i .	_	City, S	State, Zip	Code					-		
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti					Min Glo	Containme -Enclosure vebag Prod -Exempted	e cedure	150)	
		Locati										,	Abate Ty	ment be	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cus	Normal ed Sole aintenar todial S (12)	ly by nce/ Staff?	Asbest (i.e.	tos Cont thermal surfa	system cing, V	Material ns insula	(ACM) tion,	(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Basement	Yes	No	N/A	-		loor Ti	ilo	- 2	100	00 SF	- x				
Dasement	^				•	1001		-		70 0.					
			1												
												2000-00			
			of the same or same and								-1.6711				
Name of Registered Waste Hauler			NJDEP W Hauler ID		Cubic of Wa	Yards ste		Name of		red Lan	MILLED				
United Containers					of Wa	ste		G.R.O.	W.S.	red Lan	ОТИ				
Base of the San			lauler ID		of Wa	ste	e		W.S.						

			(3/)		1				CHECK	-	10	2	80		~ A
Date of Notification (1) 02/14/2014			100		Building (시시 기계의 전기하는 것 먹어졌다.				9		0000	1	3	1
Agencies Notified	Type Notification		1 7	treet Ad 633 V	ldress VHEAT(ON AVE						1/2	200	·	P4 3
DEP DOL	Amended Amendment				te, Zip Coo		2						Control of	NA P	3
DOH DCA	justification) Cancellation		1 622		Contact RT NEIL	SON			7	Tele	ephone I	Number	<u>-</u>	6	0/
	LI Guitoliauo.				JTY INFO)N							_	
Name of Facility Where NIPRO GLASS AN		g Place (3)							of Facility (4) School (K-12))					
Street Address 1633 WHEATON A	VE							N (Subchapter 8 Other (i.e. pri etc.)				ilding	s, hor	nes,
City (5) MILLVILLE, NJ 083	332							Squar 3000	e Feet	# of	Floors		Bldg. 40	Age	
County (6) CUMBERLAND					Code (7) ISE ONLY)				nt Use (Prior MERCIAL		ng demo	olished)			
Name of Monitoring Firm ACER ASSOCIATE		Owner (8)		ASCM	No.				tement Contr ENVIRO			SERV	ICE	S INC	D.
Street Address 1012 INDUSTRIAL	. DRIVE			b				Addres CLEM	s IS RUN						
City, State, Zip Code WEST BERLIN, N.	J 08091								p Code HILL, NJ (0806	2	Ü.			
Project Manager for Mos SCOTT MAGEE	nitoring Firm		1000000	elephor 356-67	ne No. 3-8858			one No 304-4		ā,	Licens 0114				
Start Date (10) 02/24/2014		Scheduled 02/25/20	10 10 2	pletion [Date (11)		Name		IA Monitor		T 77 (17)	- + ·		*:-	
Occupancy Status Durin	ng Abatement (Checated During Entire			and .				Addres	s 0 NORTH				318		
Abatement Perform Other – Describe:	ned Outside of Norr	nal Facility I	Hours		S. AIR	_			p Code NSON, NJ	080	77		-		
Scope of Work (Check A	All That Apply)										- American		30.722		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovati emolitic		13		×	Min	l Containmer ni-Enclosure ovebag Proce		Negativ	ve Press	ure		
									n-Exempted		d Non-F	riable P	100000	1000	
Locatio	n of	No	ocatio	,		Des	cription	of.	82				0.00	ateme Type	nt
Asbestos-Containing TO BE AE In Faci (13)	g Material (ACM) AATED ility	Mair Custo	Solely itenandial St (12)	ce/		tos Conta thermal:	aining N system ing, VA	Material s insula T, or		(5	mount Specify F or LF)	Kemova	I Tapai	Encapsulate	Enclosure
		Yes	No	N/A									1	ate	6
MAINTENAN	CE SHOP	1-1		Х		PIPI	E WR	AP			4 LF	X	+	+	
	17				4			74 24 540					1	1	
Name of Registered Wa	eta Haular		N	JDEP W	aste	Cubic	Yards		Name of R	egiste	ered I an	ndfill			
ASSURED ENVIRO		RVICES	Ha	auler ID 34895	No.	of Was			SOUTH	TOTAL COLD			ES	LANI	DFILL
City, State MULLICA HILL, NJ		-				Dispos 2/26/2			City, State DAVIDS		E, PA				
Completed by		Title					igpature	9 1	7		2 10	Date			
RON SWANSON		PROJ	ECT	COOF	RDINAT	OR/	Du	(de)	KIN	WAL.		02/14	/201	4	
ASB-41 (R-06-08)							* Do n	ot use t	this form for a	asbes	tos licen	sure ex	empte	ed act	ivities.

Check # 837)

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) NJ Dept. of Health & Senior Services 12-/14 MATTHEW TROYER Agencies Notified Type Notification Street Address 132 BUCKINAAM Initial XX DEP City, State, Zip Code Amended DOL Amendment # MONTELAIR Emergency (including Name of Contact DOH (ustification) Telephone Number DCA Cancellation MATT FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) TROYER School (K-12) Street Address Subchapter 8 (Other than K-12) 137 BUCKINGHAM REP Other (i.e. private & commercial Enterior 区 City (5) Square Feet # of Floors MENTCLANT 2800 2 80 County (B) County Code (7) (STATE USE ONLY) Current Use (Prior If being demolished) EUSEK REJ Name of Monitoring Firm Hired by Bullding Owner (8) ASCM No. Name of Absternent Contractor (9) A. Mac Contracting Inc. Street Address Street Address 105 Lowell Road City, State, Zip Code City, State, Zip Code Glen Rock, N.J. 07452 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-262-5841 00156 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11:3-114 113 14 Omega Environmental Services Inc. Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: 280 Huyler Street City, State, Zip Code Hackensack, NJ 07606 Scope of Work (Check All That Apply) 23 sf or ≥8 if Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempled (*) and Non-Friable Procedure la Location Abatement Normally Used Solely by Location of Туре Description of Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Maintenance/ TO BE ABATED Amount (i.e., thermal systems insulation, Custodial Staff? in Facility (Specify SF or LF) Enclosure Removal Repair ane) nedeca surfacing, VAT, or (12)other miscellaneous) YOR No NA RASSMENT 汷 0,06 30 24 X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. 20785 Rovic Transport of Waste IESI PA Bethlehem Landfill Corp. City, State Disposal Cate City, State Riverdate, New Jersey 07457 1/10/14 00 Bethlehem, PA 18015 Completed by Signatore R. McDonald President

State of New Jersey





. 0-1.			
CE	01.	39	10
Con the second	1	3 4	15
	1 1		

Date of Notification (1) 2/14/14		Na St	me of Bu	ilding Ow alera P	ner/Op rivate	erator (2) Home				**	2014 1 2		70		
Agencies Notified Type Notification		1	eet Addr							200	KE	2	1	}	
EPA Initial Amended Amendment	#	Cit		zip Code wkin NJ		0				2017		P 20	-	7	\dashv
Emergency (justification)	including	Na	me of Co					(Tele	ohone	Numbe	72		ED	
DCA Cancellation		1		TY INFOR	MATIO	NN			_	-2	5	-	-		=
Name of Facility Where Abatement is Takin Steve Scalera Private Home Street Address	g Place (3)						Sch Sub	acility (4) nool (K-12) ochapter 8	(Othe	r than k	(-12)		- h		
35 Joshua City (5)				11			Oth etc. Square F			Floors	erciai t	Bldg	g. Age		-
Manahawkin NJ 08050		To	ounty Co	nde (7)			000+ Current	Use (Prior	2 if beir	ng demo	olished	35-	+		
County (6) Ocean				E ONLY)		- 1	Home								
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM N	No.		Name of Perna		nent Cont	ractor	(9)			•		
Street Address						Street A									
City, State, Zip Code	-					City, Sta West		Code NJ 0809	91						
Project Manager for Monitoring Firm		T	elephone	e No.		Telepho 856-7		00	ĵ÷.	Licen: 0072	se No. ?7				\$
Start Date (10) 2/17/14	Scheduled 2/21/14	Comp	pletion D	ate (11)		Name o		Monitor	1 81		89				
Occupancy Status During Abatement (Che	ck Only One)					Street A	Address						(O)		
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of Ab	ateme	ent		_	City, St	ate, Zip	Code							
Scope of Work (Check All That Apply)			(2			٠,		AN			-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat moliti				×	Mini-	Containme Enclosure ebag Prod Exempted	e cedure					a	
							I NOII	-Exemple	<u> </u>	id Holl	TIGE		Abate	ment	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	No Used Main Custo	ntenar odial S (12)	ly ly by nce/ Staff?	Asbest (i.ė.	tos Cor therma surfa	escription ntaining M al systems acing, VA miscellar	laterial (s insulat T, or	(ACM) lion,	(Amount Specify F or LF	,	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		Evt	erior Sid	ding		1	600 S	F	x			-
Exterior Siding			X		EXI	enor Si	Jiriy		•			-			1
			-	11								<u> </u>	-		\vdash
			-									-		Г	+
Name of Registered Waste Hauler			JUEP V		0.540,000	ic Yards		Name of	Regis	tered L	andfill				
United Containers		100	Hauler ID 2459	No.	3	/aste		G.R.O							
City, State Elm NJ	200					osal Date 1/14)	City, Sta Morris	ite ville F	PA 19					
Completed by Anthony T Perna	Title Presi	dent				Signatur	e			ii .	1 6,763	ate /14/1	4		

Wa Ind XX Amended 3. Weather	al. K
NOTIFICATION OF ASBESTOS ABATEMENT	CKECT #
Additional Material (Pursuant to NJAC 8:60 and 12:120)	3887

Date of Notification (1) 1/6/14		1	lame of	Building Owne	67	120000	101	2 0 1	20	10		
Agencies Notified Type Notification			Street Ad	A. I was a second and a second				3 CK		10	_	-
X EPA X, Initial		'	1048 R	Route 206 Sc	outh	Add	itional	- materia	1			ě
DEP Amended Amendment				te, Zip Code ntown, NJ 08		7.2	1 13/100	2			11	
DOH Emergency (justification) DCA Cancellation	including	4 2	Name of	Contact				Telephone Name	hhar	79		
			FACIL	ITY INFORMA	TION			0/ -	-	-		
Name of Facility Where Abatement is Taking National Guard Armory	g Place (3)						f Facility (4)	CHO.	3		:	
Street Address				4		× S	ubchapter 8	(Other than K-1; vate & commerci			7	
1048 Route 206 South					, .	e	tner (i.e. pri ic.)	vate & commerci	al pullo	iings (ngme	s,
City (5) Bordentown, NJ 08505		39				Square 1000-		# of Proors	300	ldg. A 5+	ge	
County (6) Burlington			County C	Code (7) ISE ONLY)		Curren	t Use (Prior	If being demolish	ned)		-	
Name of Monitoring Firm Hired by Building (Whitman	Owner (8)		ASCM 0011		194	of Abate	ement Contr	ractor (9)				
Street Address						Address				•		_
7 Pleasant Hill Rd	3					30x 32						
City, State, Zip Code Cranbury NJ 08512				60		state, Zip t Berlir	Code NJ 0809	1				
Project Manager for Monitoring Firm Kevin Lovely			Telephor	ne No. 90-5858		none No 753-98		License N 00727	lo.		-300	
Start Date (10) 1/20/14	Schedule 2/2	d Com	pletion [Date (11)	Name Sam		A Monitor					
Occupancy Status During Abatement (Chec			/· →			Address	<u> </u>					
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe: Limited Occupancy	Period of A	batem	ent		City, S	State, Zip	Code				-	
Scope of Work (Check All That Apply)					X		et wrap	and cut		-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Sangarana .	enovat emoliti				Full Mini Glov	Containmer -Enclosure vebag Proce	nt with Negative I				
	1-					1101	PEXEMPLEG	() and North Hai	1		ement	
Location of	N	Location Lormall	у		Description	n of				Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Solel intenar odial S (12)	ice/	Asbestos C (i.e. there	ontaining I	Material is insula AT, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
office Area 121-124	Yes	No	N/A	Floor	Tile +	mas	tic	7605F	×		æ	
Drill Floor BP3			х		pe insula		200	300 LF	x			
BP1 ,2,3,&4			х		Fire doc	rs		8 Doors	K			
Kitchen, Dining Room offices &				P	pe Insula	ation		700 LF	بر			
Exterior Softit			х	Tro	unsita			2600 SF	X			
Name of Registered Waste Hauler Freehold Cartage Inc.	Н	JDEP W auler ID 265	149900	bic Yards Waste		Name of R	tegistered Landfi V.S.	1				
City, State Freehold NJ					posal Date)	City, State Morrisvil	le PA 19067				
Completed by Anthony T Perna	Title Presi	dent			Signatur			D	ate /6/14			

* Energeny +

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

CK 3914

Date of Notification (1) 2/14/14					wner/Ope		Ors			-57	CO.	1	To the
Agencies Notified Type Notification EPA Initial		1 7	treet Ad 33 Jeffr							80 C)	7	32	•
DEP Amended Amendment				e, Zip Cod awkin N	ie J 08050		***			100	305		0/
Emergency (justification) DCA Emergency (justification) Cancellation	including	- 1 89	lame of d Jim	Contact			ć	Tele	ephone N	lumber	ייניט		بِي
Name of Facility Where Abatement is Takin Jim Mucchie Private Home	g Place (3)	3002E-7	FACIL	ITY INFO	RMATION	Туре	of Facility (4	50				10	
Street Address 83 Jeffrey						×	School (K-1: Subchapter Other (i.e. p etc.)	8 (Othe			dings,	home	s,
City (5) Manahawkin NJ 08050						Squa 100	are Feet	# of 2	Floors	1000	ldg. A 5+	ge	
County (6) Camden		(County C STATE U	ode (7) SE ONLY)		- Curr	ent Use (Prid ne	or if bei	ng demo	lished)			
Name of Monitoring Firm Hired by Building	Owner (8)		AŠCM	No.	1,000	Name of Ab Pernaco	atement Con Inc	tractor	(9)			•	
Street Address					1000	Street Addre PO Box 3							
City, State, Zip Code						City, State, 2 West Ber	Zip Code Iin NJ 080	91					
Project Manager for Monitoring Firm		7	Γelephor	e No.		Telephone 1 856-753-			License 00727				
Start Date (10) 2/17/14	Scheduled 2/21/14	Com	pletion D	Date (11)	1962	Name of OS Same	SHA Monitor						
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire Abatement Performed Outside of Norm	Period of Ab	atem	ent			Street Addre							
Other – Describe: Scope of Work (Check All That Apply)					_								-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Transport Co.	enovat emoliti		ы		M G	ull Containme ini-Enclosure lovebag Procon-Exempted	e cedure		,		·e	
		ocatio									Abat	emen	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	Solel ntenar	y by nce/	Asbest (i.e.	tos Contai thermal s surfacii	ription of ning Materi ystems insung, VAT, or scellaneous	lation,	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Exterior Siding			х		Exteri	or Siding	2	1:	300 Sf	х			
Name of Registered Waste Hauler		0.227	JDEP W		Cubic Y		Name of	Regist	ered Lan	dfill			
United Containers	Hauler ID No. 22459					(A) (A)	G.R.O.						
City, State Elm NJ					Disposa 2/21/1		City, Stat Morrisv		A 1906	7			
Completed by Anthony T.Perna	Title Presid	dent	1100		Sig	gnature				Date 2/17/1	4		

NOTIFICATION OF ASBESTOS ABATEMENT

RECEIVED

ASOESTO PH 3: 29 (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) Rob Curt Ross 2-14-14 Street Address Type Notification Agencies Notified 950 Dogwood Trail. [X] Initial []EPA Notification City, State, Zip Code []DEP Franklin Lakes NJ 07417 []Amended [X]DOL Notification Telephone No Name of Contact IXIDOH []EMERGENCY Rob Curt Ross []DCA []Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) []School (K-12) Rob Curt Ross []Subchapter 8 (Other than K-12) [X]Other (i.e., private & commer-Street Addres cial buildings, homes, etc.) 206 Woodside Ave Square Feet # of Floors Bldg. Age 3 105 County Code (7) 2800 County (6) Essex City (5 (STATE USE ONLY) Current Use (Prior if being demolished) Ridgewwo NJ 07450 Bergen Name of Abatement Contractor (9) Name of Monitoring Firm hired by Building AZTECH MANAGEMENT, Inc. Owner (8) N/A Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 License Number Telephone Number Project Manager for Monitoring Firm Telephone Number 00371 (973) 744-8800 N/A Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) N/A 2014 2 25 2 23 2014 Month Day Year Year Month Day Street Address Occupancy Status During Abatement (Check only one) [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 []Mini-Enclosure [X]>3 sf or >3 lf [X] Renovation [X]Glovebag Procedure []Demolition []>160 sf or >260 lf []Non-Friable Procedure Abatement Type Location Normally Description of Location of NCLOSUR REMOV NCAPSU Amount Asbestos-Containing REP Asbestos-Containing Used (Specify Material (ACM) Material (ACM) Solely (i.e., thermal systems By Main SF or AIR TO BE ABATED tenance/ LF) insulation, surfacing, VAT, In Facility Custodial or other miscellaneous) (13)Staff (12) Yes No N/A 140 LF X Pipe insulation X Basement Name of Registered Landfill Cubic Yards Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 17040 of Waste 1.5 G.R.O.W.S. AZTECH MANAGEMENT, INC. City, State Disposal Date City, State Morrisville, PA 19067 2-26-14 Montclair, NJ 07042 Date Signature Title Completed By (Print or Type) 2-14-14 President Constantine Vivian centime Vi

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMEN

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

Date of Notification (1) February 17, 20	Nam	ne of Building	Owner/Oper	rator (2) 2014 Figure Western William	CELVEY	10	/ ¬	/\					
Agencies Notified Type of Notifica [X] EPA [] Initia [] DEP [] Amo		Name of Building Owner/Operator (2) Hoboken Western Hobe Street Address P O Box 5124 City, State, Zip Code											
[x] DOL Ame		Hoboken, NJ 07030											
	fication) cellation	Nam	ne of Contact Mr. V	illamar		Telephone Number							
		FACILIT"	Y INFORM	IATION									
Name of Facility Where Abatement is Taking Warehouse	g Place (3)				Type of Facility (4)	School (k-12)							
Street Address 1200-1318 Madis	on Street					Subchapter 8 (other than k-12) Other (i.e., private & commercial buildings,							
City		ty Code (7) TE USE ONL	Square feet 20,000 sf	homes, etc.) # of Floors 1	Bldg. Age								
Hoboken	Hudson				Current Use (Prior if								
Name of Monitoring Firm Hired by Building Guardian Contrac		ASCN	M No.	Name of	Warehouse Name of Abatement Contractor (9)								
Street Address	ting, me.			Street Ad		an Contracting,	inc.			-			
1889 Rte. 9, Unit	61				1889 R	oute 9, Unit 61							
City, State, Zip Code Toms River, NJ 0				City, State, Zip Code Toms River, New Jersey 08755-1271									
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone Nur 732-349-99			Telephon		License Number							
Scheduled Start Date (10) 2/18/14	Scheduled Con 2/28/14												
Occupancy Status During Abatement (Check	only one)		E.M.S.L. Analytical Street Address										
Facility Closed/Vacated					Stelton Road								
Abatement Performed Other – Describe	ty Hours		City, State	e, Zip Code	way, New Jerse		51						
Scope of Work (Check all that apply)				[x]	Full Containment		<u> </u>						
stope of work (check an mat appry)				sure	sure								
$[X]$ >3 sf or \geq 3 lf	[x] Re	enovation		[x]	Mini-Enclosure Glovebag Procedu	ге							
[X] ≥160 sf or ≥260 lf	[] De	emolition		[]	Non-Exempted (*)		Procedu	ire					
					30		Aba		Т				
.93	Is Location		1	Description	n of		Abatement Type						
Location of Asbestos-Containing Material (ACM)	Normally used		Asb	estos-Con	taining	Amount	R E	R E	E N	E N			
TO BE ABATED	Solely by Maintenance/Custo	dial		laterial (A) thermal s		(Specify SF or LF)	М	P	С	C			
in facility	Staff			lation, sur	facing,	of LF)	0	A I	A P	L			
(13)	(12)		othe	VAT, or			V	R	S	S			
	YES NO N	/A	ome	r miscella	neous)	9	A L		U L	U R			
Throughout building	X	Act	bestos pipe	ingulation		105016	7		Е	Е			
Boiler room	X		bestos pipe			1050 lf	X		_				
Boiler room	X		bestos boile			50 lf	X			ļ			
	- 1 ^	ASU	ocsios dolle	msulatic	лі	250 sf	X						
Name of Registered Waste Hauler	NJDEP Waste Ha	auler ID No	Cubic Yar	ds of Waste	Name of Register	ed I andfill	<u> </u>						
Guardian Contracting, Inc.	.3	20		T.R.R.F.	ou Danuilli								
City, State Toms River, New Jersey	isposal Date /3/14		City, Stat										
Completed by (Print or Type)	Title		ature	lullyto	wn, Pennsylvania		Date						
Nicholas Fernicola		Wid	not-	ti			//2014	1					
	*Do not use this	form for as	sbestos licens	ure exemp	oted activities.								

₂ ct ^C		Ī		ATION (te of New OF ASBES D NJAC 8	STOS A	BATEN	MENT	201	EC	Siva							
Date of Notification (1) 2/10/14				State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Anna Fitpatrick Street Address 311 Main ST City State Zip Code														
Agencies Notified	Anna Fitpatrick Street Address 311 Main ST City, State, Zip Code Matawan NJ 07747 Name of Contact Telephone Number												\dashv					
EPA DEP DOL		City, State, Zip Code																
	Amendment Emergency (justification)	(including		Matawan NJ 07747 Name of Contact								Telephone Number						
☑ DOH ☐ DCA			Contact itpatrick		relepriorie Number													
				FACIL	ITY INFO	RMATI	ON			1								
Name of Facility Where Abatement is Taking Place Residential Street Address									Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12)									
311 Main ST					×	etc.)	1		nmercial buildings, homes,									
City (5) Matawan NJ						Section 1		3400 1			# of Floors		Bldg. Age 79yrs					
County (6) Monmouth			(County C	ode (7) ISE ONLY)		_	Current Use (Prior if being demolished) Residential										
Name of Monitoring Firm Lewis Consulting G	[]] [] [] [] [] [] [] [] [] [] [] [] []	Owner (8	3)	ASCM No. Name of Abatem DYV Enterpr														
Street Address 2519 Highway 35 B				1		ess berland Av	Ave											
City, State, Zip Code Manasquan, NJ 08730									State, Zip Code erson NJ 07502									
Project Manager for Monitoring Firm Clive Willians				Telephor 917-99			Telephone No. 973-9426924				License No. 01129							
Start Date (10) Schedule 2-25-14 2-27-14									Name of OSHA Monitor Lewis Consulting Group									
Occupancy Status During Abatement (Check Only One				Street					et Address									
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Other – Describe:					_	City, S	State, 2	Zip Code										
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovation Demolition					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					e						
				on									Abatement Type					
Locatio Asbestos-Containing TO BE AB In Faci (13)	M	Normal sed Sole laintenar stodial S (12)	ly by nce/	Asbesi (i.e.	Description of os Containing Material (ACM) thermal systems insulation, surfacing, VAT, or other miscellaneous)			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure					
Ye			No	N/A						11000			_	(b)				
Basen	X		TSI Thermal system				m insulation 10lf			×								
			+	-								+-						
			1-									+						
Name of Registered Waste Hauler DYV Enterprises LLC				NJDEP Waste Cubic Y Hauler ID No. of Waste 00341 2cy				nto I			Registered Landfill Earth of North Jersey							
City, State				-			sal Date											
Paterson NJ Completed by Title				2/27/14 Signature					Rearriy	parny NJ								
Completed by				anager				2-10-14										

250		N		ATION C		rsey OS ABATEI and 12:120		2010	PE	COL						
Date of Notification (1) 2-12-14		State of New Jersey TIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Renata Santos Street Address 794 President street, 2R City, State, Zip Code														
Agencies Notified	Type Notification		Street Address 794 President street, 2R													
EPA DEP DOL	Initial Amended Amendment			Brooklyn NY 11215												
DOH DCA	Emergency (injustification) Cancellation	ncluding		lame of C	Contact McGover	n	4	Tele	ephone Nu	mber						
			FACILITY INFORMATION Type of Facility (4)													
Name of Facility Where Abatement is Taking Place Residential							☐ Sc)								
Street Address 40 Salter Place					:		X Of et	ther (i.e. pri c.)	8 (Other than K-12) private & commercial buildings, homes,							
City (5) Maplewood NJ							Square 1,661		1	Floors	Bldg. Age 99yrs					
County (6) Essex	This -			County C	ode (7) SE ONLY)		Resid	ng demolis	shed)							
Name of Monitoring Firm J&S Environmental	Hired by Building (Owner (8) LC		ASCM	No.	1	Name of Abatement Contractor (9) DYV Enterprises LLC									
Street Address 2333 Route 22 West					,		Street Address 254 Cumberland Ave									
City, State, Zip Code Union NJ 07083		W 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1			City, State, Zip Code Paterson NJ 07502											
Project Manager for Monitoring Firm				Telephone No. 908-2060073			Telephone No. 973-9426924			License No. 01129						
[1]				uled Completion Date (11)			Name of OSHA Monitor									
2-26-14 3-3-14 Occupancy Status During Abatement (Check Only On						Stree	Street Address									
Facility Closed/Vacated During Entire Period of A Abatement Performed Outside of Normal Facility Other – Describe:				ent		City,	City, State, Zip Code									
Scope of Work (Check A	all That Anniv)															
≥3 sf or ≥3 lf				tion ion			Full Containment with Negative Pressur Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Proc									
		Is	Locati	on	1			VA-5-3-5		Abatement Type						
Asbestos-Containing TO BE AB In Faci	Location of s-Containing Material (ACM) TO BE ABATED In Facility (13)			ly by nce/	(i.e. th	Description of s Containing Material (ACM) ermal systems insulation, surfacing, VAT, or other miscellaneous)			Amount (Specify SF or LF)		Removal	Kepair	l g	Enclosure		
. 2		Yes	No	N/A	1					\perp	\perp		+-			
Basement Lau				Х		Floor tile B			80 SF 56 SF		x	1	+	+		
Basement M			-	х		Floor tile G				x	+	+	+			
Crawl-Spa				х		nal systen			90 LF			+	+	+-		
Basement Boiler room				JDEP W		rmal system insulation Cubic Yards Name of			2 LF x FRegistered Landfill							
Name of Registered Waste Hauler DYV Enterprises LLC				lauler ID 0341	No.	of Waste Wast			e Management							
City, State Paterson NJ		Disposal Da 3-4-14														
Completed by Dorian Carpio	ompleted by Title					Signatu	ure Turc				Date 2-12-	14				