B & G proj. #: 2015-31

Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) *** EMERGENCY *** NO HEAT ***

) Date: 2/2015 (signature)

Onate: 2/2015 (signature)

Date of Notification (1)			Building Ov	vner/Ope	rator (2)					FFR 2	4	115	-	
10 12 1/12 10 1/11 151	1.1		Reese				Name and Administration of the Control of the Contr	1		THE STATE OF THE S	,			
Agencies Notified Type Notificati	on Si	reet Ad		Service St								,	COUNT.	i
EPA I Initial	1	25 D	avis Aver	nue	402 1000					The state of	114 314	Parities and Assessment of the	7	
DEP E	l c	fty, Sta	te, Zip Cod	е										
DOL Amendr		East	Orange,	NJ 070	117		taria de la companya	meren a	elephone N	umber	- Carried	THE PERSON NAMED IN		
	IN		Contact	concerning to the				1						
☑ DOH ☐ Gancell	- 1	100	kie Reese	2			1.00				-			
☐ DCA ☐		130	-	-	INFORMATI	ON								
								Туре о	Facility (4)	K = 12)				
Name of facility where abatement	is taking pl	ace (3))					1 1-		iter & (Other	Hann I	(-12)		
Jackie Reese										tyate/Comm	nercial			
								1 12	Cher (P) Bldgs./H	omes, etc.				-
Street Address				10				Squa	re Feet #	of Floors	E	Bldg. A	ige	
25 Davis Avenue			and the state of t			County C	Code (7)				<u>ا</u>			=
City (5)	Ço	nuth (e)			(State us	se only)	Çurn	ent Use (Pri	or It being d	emolis	ned)		
) F	ssex					100000		dential			-	1	=
East Orange				IA	SCM No.	Na	me of Abateme	nt Contrac	tor (9)		*			50
Name of Monitoring Firm Hired b	by Bldg. Ow	ner (o)		1 :,		1 5	& G Restor	ation, In	¢	And the last of th				=
n/a						Str	eet Address		No.					
Stroct Address							105 Ryerson			STATE OF STREET				-
			Ci Camping			CIR	y, State, Zip Co	de						
City, State, Zip Code							Lincoln Par	k, NJ 07	035					==
		-	IDhana	Number		TE	lephone Numbe	⊇ľ .		Ucanse N				
Project Manager for Monitoring	- इंगा		Phone	: [40]1194			(973)696-6		AND THE RESERVE	1_000	70			
						N N	ame of OSHA N	Monitor					0000	
Scheduled Start Date (10)	Se	hed. C	ompletion [Jate (11)			B & G Resto	ration, i	nc. ,					7
02/23/2015	10	12/24/	2015			S	treet Address	Dood						
Status During Abate	ment (Che	ck only	one)				105 Ryerson							
	ring antina	Delian	(1) Maria Maria	nt.		Q	ity, State, ZIp C	040						
Abatement performed our	tside of nor	mai fac	ality hours-				LincolnPark	. NJ 070	35					_
Describe:						-	Lillidonni Di		-		Men		- 1	
Scope of Work (check all that	(vigas		.,		T.					Gloveb	מל סמו	dedur	2	
Demolition	Rent	vation					il Containment v	Mueganve	bissaue	☐ Non-fr	able p	raced	uie	
	□ >teo	sf or ≥?	260 If			× M	ini-enclosure	190		L I Roll II	IRI	RI	EI	-
>3 sf or >3 lf	Liela	cation i	normally us	ed solely					Amount	•88	e	6	n	E n
Location of	by ri	nainten	ance/custo	diel	Descript	tion of as	bestos-containi	ng	(Specify	SF or	0	0. 17	C B	D.
asbestos-containing material to be	staf	f(12)			material	(ACM)		1	LF)		V	i	P ·	L
abated in facility (13)	1	35	No	NA	9				1.		E E	1	П	m
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basement								· ·			計	1	H	而
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And the second s			104								+	H	H	厅
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Registered Waste Haulel		INJDE	P Hauler II	D# 1	Subic Yards C	of Waster	Name of Regi	stered Lai town Re	source &	Recover	/ Cer	iter		
B & G Restoration, Inc.		1_1	9563		21/2		City, State	- diam						
Cliv State				Disposal 02	Date /24/2015		Tullyt	own, PA		wrett				-
Lincoln Park, NJ					Signature					Date		4.5		
Completed by (Print or Type)	Tit	le	ry/Treasu	ITAT	Cignotore		Goodana I	COTIC		02/	20/20	15	Q. 24477	
Gordana Luna	36	يان هاد	1 y/ 11 cast	21-01	=1									

B & G proj. #: 2015-31

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

*** EMERGENCY *** NO HEAT ***

Check # 7091

Date of Notification	(1)	Nai	me of Buildir	ng Owner	Operator (2)				FEB 2	4 10			4
0 12 1/12 10	1/115	J	ackie Ree	ese									
Agencies Notified	Type Notification	n Stre	eet Address					Section 2011					
☐ EPA	X Initial		25 Davis A							the order			
☐ DEP	☐ Amandmi		, State, Zip		07047								
X DOL	Amendme		East Oran	11 Trees 11 Trees	07017			LTelepho	ne Numbe	ſ			20000
X DOH	Cancellati	ion	ne of Conta					1000110					
☐ DCA	- Cancellat		Jackie Re	ese				 ;			=		_
				FACIL	ITY INFORMA	NOITA							
Name of facility w	here abatement is	taking plac	e (3)					Type of Facility Scho	(4) ol (K - 12)				
Jackie Reese)							Subc	hapter 8 (0	Other th	an K-1	2)	
Street Address									(Private/C		cial		
25 Davis Ave	enue							Square Feet	# of Floo		Bld	g. Ag	е
City (5)		Count	y (6)			Count	y Code (7)		***************************************				
		Face	274			(State	use only)	Current Use (Prior if beir	ng demo	olished	1)	
East Orange		Ess			ASCM No.	118	Name of Abatement	residential					
	ng Firm Hired by B	lag. Owner	(0)		ASCIVI NO.	11.	B & G Restorat						
n/a	**						Street Address	1011, 1110.					==
Street Address							105 Ryerson R	Road					DOM: SHOW
City, State, Zip Co	de					c	ity, State, Zip Code	07005					
	0						Lincoln Park,	NJ 07035	Tillianna	e Numb	O.f.		
Project Manager f	or Monitoring Firm		Pho	ne Numbe	er		elephone Number (973)696-686	9		0378	C1		
							Name of OSHA Mon						
Scheduled Start D	ate (10)		Completion	Date (11)		B & G Restora	tion, Inc.					
02/23/2015			4/2015				Street Address	lood					
Occupancy Status	During Abatemen	t (Check or	nly one)	ont			105 Ryerson R City, State, Zip Code						
Facility clos	ed/vacated during performed outside	of normal f	acility hours	-			Jity, State, Zip Code						
Describe: Other-Desc							LincolnPark, N	J. 07035				YA	
	check all that apply	')								-cv-colife			
☐ Demolition		Renovatio	n			☐ Fu	ıll Containment w/ne	gative pressure	-	ebag pr			
X >3 sf or >3	If .	≥160 sf or	≥260 If			X M	ini-enclosure		☐ Non-	-friable			
Location of		Is location	normally u	sed solely			520 s a	0		e R	R	E	E
asbestos-c	ontaining	staff(12)	nance/custo	Julai 	Descript material		bestos-containing	Amount (Specify		m	p a	c a	n
material to abated in fa		Yes	No	N/A	Material	(/ (0///)		LF)		v e	i	p	L
T		X			pipe insu	laton		130 lf		X			
basement					7								
								Account of the second		10			믬
										- -			뷰
4						VA/cot-	Name of Registere	d Landfill					
Registered Waste B & G Restor	Hauler ration, Inc.		EP Hauler II 19563		Cubic Yards of 2½	vvaste	Tullytowr	Resource &	Recover	y Cen	ter		
City, State Lincoln Park	N.I			Disposal [02/	Date /24/2015		City, State Tullytown	, PA					V
Completed by (P		Title			Signature		Gordana Luna		Date 02/	20/20	15		
Gordana Lur		Secreta	ry/Treasu	rer	_	83	zorawna szana		1_02/	20120	10	-	

NO CK

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

Date of Notification (1) 02/18/2015		920000000		ame of E IACY'S	Building O	wner/Ope	erator (2	()					-	
Agencies Notified	Type Notification		10.77	treet Add	dress 7TH ST	TREET			== 1,60 mes e E	FEB 2	4 %	115		
EPA DEP DOL	☐ Initial ☐ Amended Amendment #_	1			e, Zip Cod		202		1-		11(24)		4	The state of the s
☑ DOH ☑ DCA	☐ Emergency (inc justification) ☐ Cancellation	cluding		lame of (Contact A WENR	ICH			Tele	phone Num	per		1-12	
-			-	FACIL	ITY INFO	RMATIO	N							
Name of Facility Where BLOOMINGDALES DE		Place (3)					1	Type of Facility (- School (K-1 Subchapter	2)	er than K-12				
Street Address 1200 MORRIS TURN	IPIKE SHORT HIL	LS MALI	3		ulation		1	Other (i.e. p etc.)	rivate 8	commercia	buildi			s,
City (5) SHORT HILLS								Square Feet 100,000		Floors 2	5	dg. Ag 0 YI	je EARS	+
County (6) ESSEX				County C STATE U	ode (7) SE ONLY)			Current Use (Price BLOOMINGDAL				.E		
Name of Monitoring Firm BUREAU VERTIAS N	n Hired by Building Ov ORTH AMERICA,	vner (8) INC		ASCM	No.			f Abatement Cor NVIRONMENTA		5.8 C C C C C C C C C C C C C C C C C C C				
Street Address RARITAN CENTER I	PLAZA-1 110 FIE	LDCRES'	r AV	ENUE			Street A	ddress QUEENS PLA	AZA S	DUTH				
City, State, Zip Code EDISON, NJ 0883	7							ate, Zip Code ISLAND CITY	Z, NY	11101				
Project Manager for Mo	nitoring Firm			elephon	e No.		Telepho 718-3	ne No. 49-0900		License No).			
Start Date (10) 01/05/2015		Scheduled		pletion D	Date (11)			f OSHA Monitor N MCREA						
Occupancy Status Durin	ng Abatement (Check	Only One)				Street A	Address)					
☐ Abatement Perform	cated During Entire Pe ned Outside of Norma WORK AREA IS N	I Facility F	lours				City, Sta	ate, Zip Code NE, NJ 0700						
Scope of Work (Check	All That Apply)													
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf			novat moliti				图	Glovebag Pro	e cedure					
								Non-Exempte	u () aii	u Non-Friad	1		ement	
		1 17432000	ocation ocatio	10.75		_						Ту	ре	
Locatio Asbestos-Containin TO BE At In Fac (13	g Material (ACM) BATED cility	Used Main Custo	Solel tenar dial S (12)	y by nce/ staff?		tos Conta thermal s surfac		aterial (ACM) insulation, Γ, or	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A						700 00	v			
PENTHOUSE		X		SPRAY	-ON FI	IREPRO	OFING	7,	700 SF	X				
Name of Registered W	Н	JDEP W lauler ID 4310/:	No.	Oubic of Was	ste			ered Landfill TERPRISES						
City, State SHIRLEY, NY 119	,			- NO NO.	sal Date	City, Sta WAYNE), OH 446	88					
Completed by ANN ALI	SHIRLEY, NY 11967/BRONX, NY 10464 Completed by Title					-	ignature	All A		Da 12	ite /17/:	2014		

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

Check#2126

MAY 11

Data of New York Car							-,					14
Date of Notification (1)	21	1.5		Name	of Building	Owner/Operator (2)		0 0 4	0.0	E	
				Danie	l Hakim			TE:	B 2 4	40	0	
Agencies Notified	Type Notificati	on		Street	Address							,
⊠ EPA	Initial			9 Ball	ard Place			ASELS				!
⊠ DOLWD ⊠ DHSS	Amended Amendmen	nt #		City, S	State, Zip C	ode		ASELS	IČENSI	NG		
□ DCA	Emergency			Fair L	awn, NJ (7410						
(NJAC 5:23-8)	justification	1)		Name	of Contact	i i		Telephone Nu	mber			
	Cancellatio	n		Danie	l Hakim			E				
				FA	CILITY IN	FORMATION					-	
Name of Facility Where A	batement is Tal	king Place	(3)				Type of Facility	(4)	7.			
Private house			5000				School (K-1)					
Street Address						4 A C C C C C C C C C C C C C C C C C C		8 (Other than K-1		40.00		
9 Ballard Place							homes, etc.	orivate and comm	iercial bu	ııldıng	IS.	
City (5)							Square Feet		I Bi	dg. A	ae	
Fair Lawn, NJ 07410										-3	5-	Ì
County (6)				Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Pr	rior if being demo	olished)			
Bergen				in an arms				¥.				
Name of Monitoring Firm	Hired by Buildin	ng Owner	(8)	ASCM	No.	Name of Abatem	L ent Contractor (9)				
						Gr Tech LLC	(**	6				
Street Address				-		Street Address						
THE SHAP BOOMER AND RECOMMENDED IN						576 Valley Rd #	+282					
City, State, Zip Code			34bb-354			City, State, Zip C	ALTONOMIC STREET					-
						Wayne, NJ 074						
Project Manager for Moni	toring Firm	NC IIV	Tele	ephone	No.	Telephone No.	70	License No.				
			1			973-638-1777		01127				
Start Date (10)	Sc	heduled C	omple	tion Da	te (11)	Name of OSHA N	Manitor	01127				-
. 03 / 03 /		03/										
Occupancy Status During						Envirovision Co Street Address	onsultants, Inc					
Facility Closed/Vacate				ment								1
Abatement Performed	Outside of Non	mal Facilit	v Ноп	rs - Des	cribe	20-21 Wagaraw	Road, Bldg .#	35 E				
Time of Abatement:	AM	_PM/	_PM_		AM	City, State, Zip C						
Scope of Work (Check all	that applyi					Fair Lawn, NJ 0						
	tilat apply)						p and decontaming tainment with Ne		ive press	sure		
>3 sf or >3 lf		⊠ Re				Mini-Enc	logure					
≥ 160 sf or ≥260 If		□ 06	moliti	on		Gloveba Non-Exe	g Procedure	I ent with Negati	ive Press	sure		1
		l Is	Loca	tion			impled () and the	1	-	stem	ent T	VDO
Location			Vorma			Description of	of		-	_	_	
Asbestos-Containing I			id Soli Intena			stos Containing Ma		Amount	Remova	Repair	enca	Enclosure
TO BE ABA		Cus	todial	Staff?	(I.e	., thermal systems surfacing, VAT		(Specify SIF or LF)	VOU	air	sqe	180
(13)			(12)			other miscellane		On or Ery	<u>n</u>		Encapsulate	œ
		Yes	No	N/A							CD.	
Attic				X	Vermicu	lite insulation		600 SF	X	П		П
		Th									Ħ	Ħ
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			Ш	Ш						Ш	Ш	Ш
Name of Registered Was	te Hauler		NJ	DEP Waste	Hauler ID No.	Cubic Yards of Was	te Name of Regi	stered Landfill		-	-	
Gr Tech LLC				003378	35	TBD	T.R.R.F. Inc					
City, State						Disposal Date	City, State					=
Wayne, NJ 07470					10	4	20	۸				
Completed By (Print or Ty	(ne)	Title		- 1075		TBD Signature /	Tullytown, P		Date	-		
						Signature /	11 .					
N.Jevtic ASB-41	(Owner				Me.	the Nev	lad ()2/21/20)15		
MAY 11		* Do no	i use i	his form	n for asbes	tos licensure éxemp	oted activities.					

NOCH

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

GAC Project # 000-15					Name of Building Owner/Or	parator (2)				11
Date of Notification (1)	47.00	145			RUTGERS, THE STA	TF IINIVE	RSITY O	NJ-		
Agencies Notified DEPA	11, 20	Notification Initial N	otification	on cation #1 –	Street Address ENVIRONMENTAL H 27 ROAD 1, BLDG 40	EALTH &	SAFETY	DEPT.	, and	
D DCA	e			npletion dates	City, State, Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 11 1			
☑ DEP- No Longer REQUIRE	D	□ Emerge			PISCATAWAY, NJ 08	3854				
☑ DOH		justifica Cancel	ation)	oldaling	Name of Contact MICHAEL SMITH, EN HEALTH & SAFETY	IV.	Telephone N	umber		
				FACILITY INF						
		DI (0)		FACILITY INF	Type of Facility (4)					
Name of Facility Where Abateme SIMON DEWITT, BLDG					School (K-12) Subchapter 8 (other than	2 K 12)	34			
Street Address					Subchapter 8 (other than Subchapter 8 (other t	nercial buildi	nas homes e	tc.)		
COLLEGE AVENUE CA	MPUS		A-2 15 15 15 15 15 15 15 15 15 15 15 15 15		Sq. Feet: N/A # 0	of Floors: 3	Bldg. Age:	100+ ye	ars	
City (5) NEW BRUNSWICK	ounty (6)	LESEX		Code (7) se Only)	Current Use (prior if being	demolished):	ACADEMI	С		
Name of Monitoring Firm Hired b	v Bldg C)wner (8)	ASCM N	Vo.	Name of Contractor (9)					
Cardno ATC			0098		GREENWOOD ABATI	MENT CO	AAT III ZW	ITS INC		
					Street Address	-IVILIVI OC	7110021711	,		
Street Address 3 TERRI LANE					268 MAIN STREET					
City, State, Zip Code BURLINGTON, NJ 0801	16				City State, ZipCode BUTLER, NJ 07405					
Project Manager for Monitoring F		Telephone N	lumber		Telephone Number		License Nun	ber		
BRIAN KEARNY		609-386-	-8800		973-492-0477		00840			
0.1.1.1.101.1.0.1.101.101.1.101	-	Scheduled C	Completion	Date (11)	Name of OSHA Monitor		00040			
Scheduled Start Date (10) 03/13/15	11.7	03/16/15	Jonnpiedor	T Date (11)	1					1
					ENVIROVISION, INC	•			-	
Occupancy Status During Aba	tement (Check only o	ne)		Street Address					
□ Facility Closed/Vacated Dur □ Abatement Performed Outs	ing Entir ide of No	re Period of A ormal Facility	batemen Hours -	Ţ	20-21 WARGARAW F	ROAD				
Describe					City, State, Zip Code					22
⊠Other – Describe: Shift H	ours:	5:00 PM – 24 hours a	5:00 A s need	ed)	FAIRLAWN, NJ					
Scope of Work (Check all that a	pply)					Full Contain	ment with Ne	gative Pre	ssure	
≥ 3 sf or ≥ 3	lf			⊠Renovation	1 🔲	Mini-Enclos				
≥ 160 sf or ≥ 2				■ Demolition		Glovebag P		F: 11- F		
989						Non-Exempte Amoun	ed (*) and No	ement Type		ire
Location of Asbestos-Containing	ls Lo	ocation Norma ely by Maint./C	illy Used	(ACM) (i.e. therr	sbestos Containing Material mai systems insulation, surfacir		fv SF			Fastasa
Material (ACM) in Facility (13)		f? (12)	dotodiai	VAT, or other mi		or LF)	Remo	ove Repair	Encap	Enclose
	YES	mo	NA			4005	X			Т.
Room 109B		X	1	VAT		40SF		-		+
			1						1	
Al FD Wests Houles		NJDEP Wa	ete Haulei	ID#	Cubic Yards of Waste:	5 CY	Name of Re	gistered La	ndfill	
Name of Reg. Waste Hauler See Hauler Below #1 & 2		See Belov		10.11	Cubic Faids of Waste.		G.R.O.W.	S. North	Landf	ill
Hauler #1) Greenwood Abaten		sultants, Inc.	- Butler,	NJ 07405		Disposal Da	ate	City, Sta 100 New		Mill
NJDEP # 28969						03/16/15		Rd. Mor		
Hauler #2) S TG - 58 Pyles La NJ DEP # 20990	ne, New	Castie, De 197	20	2				19067 215-736	-1700	
Completed by (Print or Type)		Title			Signature		Date			
RAYMOND C. PEDALI	NO	SENIOR F		CT	Raymand C. Per	dalino	Febr	uary 17,	2015	į

ROCK

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

GAC Project # 060-15 Date of Notification (1) Name of Building Owner/Operator (2) February 17, 2015 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address DEPA Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. DCA Amended Notification # 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS X DOL Emergency (including City, State, Zip Code DEP- No Longer REQUIRED justification) PISCATAWAY, NJ 08854 X DOH ☐ Cancelled Name of Contact Telephone Number MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) SIMON DEWITT, BLDG# 3110 School (K-12) Street Address Subchapter 8 (other than K-12) **COLLEGE AVENUE CAMPUS** Other (i.e. private & commercial buildings, homes, etc.) Sg. Feet: N/A # of Floors: 3 Bldg. Age: 100+ years City (5) County (6) County Code (7) **NEW BRUNSWICK** MIDDLESEX (State Use Only) Current Use (prior if being demolished): ACADEMIC Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Cardno ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 01/16/15 01/19/15 ENVIROVISION, 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 -20-21 WARGARAW ROAD Describe City, State, Zip Code ☑Other - Describe: Shift Hours: 5:00 PM - 5:00 AM (24 hours as needed) FAIRLAWN, NJ Scope of Work (Check all that apply) □ Full Containment with Negative Pressure ≥ 3 sf or ≥ 3 lf Renovation ■ Mini-Enclosure ≥ 160 sf or ≥ 260 lf Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Material (ACM) in Facility (13) Abatement Type Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) VAT, or other miscell.) Remove Repair Encap Enclose or LF) YES NO MA Room 109B X VAT 40SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: Name of Registered Landfill 5 CY See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 28969 03/16/15 100 New Ford Mill Hauler #2) S TG - 58 Pyles Lane, New Castle, De 19720 Rd. Morrisville, Pa NJ DEP# 20990 19067 215-736-1700 Completed by (Print or Type) Signature Date RAYMOND C. PEDALINO SENIOR PROJECT Regmand C. Pedalino February 17, 2015 MANAGER

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

& Emerseny X	140	0.00		o NJAC 8:60 and			CK	466	8			Ε.	In
Date of Notification (4) 2/20/15				Building Owner/C				· FEB			nie.	- 1	*****
Agencies Notified Type Notification	20			dress t Paulding (62	and) etr	oot	31					(
EPA Initial Amended		C	City, Stat	e, Zip Code	-			LÖ	Er s	-		1	_
DOL Amendment #				Seach NJ 0800)8			Telephone N	lıımber			100	
DOH justification) Cancellation		L	_aura					1					
Name of Facility Where Abatement is Taking	Place (3)		FACIL	ITY INFORMATI	ON	Type of	f Facility (4)					
Laura & Glen Coleman Private Hom				· ·		☐ Sc	chool (K-12	2)					
Street Address			#8 D			St.	ubchapter ther (i.e. pr	3 (Other than K ivate & comme	-12) rcial bu	ıildi	ngs, l	nome	s,
19 East Paulding (62nd) street City (5)			-				c.)	# of Floors			lg. Ag		
Brant Beach NJ 08008						1000+	+	1.5		35		*** 	
County (6) Ocean			County C STATE U	Code (7) ISE ONLY)		Home		r if being demo	lished)				
Name of Monitoring Firm Hired by Building ON/A	wner (8)		ASCM	No.	100000000000000000000000000000000000000	of Abate	ement Con	tractor (9)					
Street Address					H 15 112 11	Address							
City, State, Zip Code				FI.		Box 329 State, Zip							
				-	Wes	t Berlin	NJ 080						
Project Manager for Monitoring Firm		1	Telephor	ne No.		hone No. 753-98		License 00727					
	Scheduled 2/27/15	Com	pletion [Date (11)	Name		A Monitor						
Occupancy Status During Abatement (Check			-			Address	3						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of Ab al Facility H	atem	ent		City, S	State, Zip	Code						
Scope of Work (Check All That Apply)			/////////////////////////////////////	1	1								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	Name of the last o	novat moliti				Mini Glov	-Enclosure		×				
	le I	ocati				i Non	i-Exempled	() and Non-Fi	Table I			ment	
Location of	No	rmall	ly		escriptio				-		Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Used Main Custo	tenar	nce/	Asbestos Cor (i.e. therma		ns insulat		Amount (Specify SF or LF)		Ren	Re	Encapsulate	Encl
(13)		(12)	1		miscella			Or Or Ery		Removal	Repair	sulat	Enclosure
Francis Obliga	Yes	No	N/A	F.4	ariar C	idina		1900 SE		_		(D	-
Exterior Siding	-		X	EXT	erior S	laing		1800 SF	×				
									+				
Name of Registered Waste Hauler		100000	IJDEP V lauler ID		c Yards aste			Registered Lan	dfill				
United Containers		10000	2459	3			G.R.O.						
City, State				Disp 2/27	osal Dat 7/15	e	City, Stat Morrisv	e rille PA 1906	7				
Completed by Anthony T Perna	Title Presid	lent			Signatu	ren			Date 2/20)/1=	;		
Androny I Fema	1 16310	GIII				<u> </u>	The same of the sa		-120	710			

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

Date of Notification (1) 2/20/15						Building Ov man Mar						FEB 2	4 1	JIG			刘
Agencies Notified	Lateral	Notification Initial			treet Add 060 N	dress Kings H	lighway	y Suite	e 25	0	L AS		4 17			.1	
EPA DEP DOL		Amended Amendment				e, Zip Code Hill NJ 0					11 a 14 e/e 140	LIV-	1 - 11 *				
DOH DCA		Emergency (justification) Cancellation		337	ame of O				S		Tele	nhone No	h				
					FACIL	ITY INFO	RMATIO	N						202/2			
Name of Facility Where A Office Builing Street Address	Abaten	nent is Takin	g Place (3)					1	Туре	school (K-12) Subchapter 8)	er than K-1	(2)				
600 Heron Drive				0					×	Other (i.e. pri etc.)	vate 8	commerc	ial build				,
City (5) Logan Twp NJ 080	85									are Feet 000 +	# of 2	Floors		ldg. 5 +	Age	9	
County (6) Gloucester					County C	ode (7) SE ONLY)		_		ent Use (Prior ce building	if beir	ng demolis	shed)				
Name of Monitoring Firm	n Hired	by Building	Owner (8)		ASCM	No.		Name Pern		atement Cont Inc.	ractor	(9)		34			
Street Address								Street PO E									
City, State, Zip Code										Zip Code Iin NJ 0809	91						
Project Manager for Mor	nitoring	Firm		Т	Telephon	ne No.		Teleph	none			License 00727	No.				
Start Date (10)	Start Date (10) Sched 3/5/15 3/16/						3	375,576,576	of OS	SHA Monitor							
Occupancy Status Durin	- Ab-	tament (Cha	700000000000000000000000000000000000000					Street		222	-				_	_	
Facility Closed/Vac Abatement Perform Other – Describe:	cated D	Ourina Entire	Period of A	batem	ent					Zip Code					· · · · · · · · · · · · · · · · · · ·		
Scope of Work (Check /	All Tha	t Apply)															
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf				enovat emoliti	W. T. C. C.				1	full Containme Mini-Enclosure Blovebag Proc Non-Exempted	edure		-		iure		
	-			Locati								0				ment	8
Locatio Asbestos-Containin TO BE AB In Fac (13	g Mate BATED cility		Use Mai	lormall d Solel ntenar odial S (12)	ly by nce/		tos Cont thermal surfac		Mater ns ins AT, or	50	(Amount Specify F or LF)	Removal		Renair	Encapsulate	Enclosure
0.15		,	res	INU				lashir			7	08 LF	×	+	+		
2nd Floor u	ipper	root			X			1451111	iy			00 Li					
Name of Registered Williams United Containers	aste Ha	auler		H	IJDEP V lauler ID 2459		Cubic of Wa	Yards iste		Name of G.R.O.		ered Land	ifili				
City, State Elm NJ				-			Dispo 3/16/	sal Dat 15	е	City, Stat Morrisv		A 19067	7			1,275	
Completed by Anthony T Perna	ompleted by Title							Signatu	re L	7		1	Date 2/20/	15		100	

Print Form

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Mo	_	K
Ж	Emergency	A

State of New Jersey

* Emergency	, J NO			OF ASB to NJAC				(CK BC	164	7		
Date of Notification (1) 2/20/15				Building Phaler				F	EB 2 4 1				
Agencies Notified Type Notified Initia			Street A	ddress ahiti Dr	rive			1					
DEP Amer	nded ndment #			te, Zip Co d River I		31	70	7.01	LICENELLO				
DOH justifi	gency (including cation) ellation		Name of Patrick	Contact					Telephone N	ımher			
			FACI	LITY INFO	ORMATI	ON							_
Name of Facility Where Abatement i Patrick Phalen Private Home	s Taking Place (3)	55		E.			-	of Facility (School (K-1					
Street Address 1107 Tahiti Drive					=		X S	Subchapter	8 (Other than K- private & commer		ldings	, hom	es,
City (5) Forked River NJ 08731						- 1		re Feet	# of Floors		Bldg. <i>A</i>	Age	
County (6) Ocean				Code (7) USE ONLY)		Curre		or if being demoli	ished)			
Name of Monitoring Firm Hired by B N/A	uilding Owner (8)		ASCN	No.		Name o		tement Cor	ntractor (9)				
Street Address						Street A				-			
City, State, Zip Code						City, St	ate, Zi	p Code n NJ 080	101		7		
Project Manager for Monitoring Firm		1	Telephor	ne No.		Telepho 856-7	one No	0.	License 00727	No.			
Start Date (10) 2/23/15	Scheduled	Com	pletion (Date (11)			of OSH	A Monitor	00727				-
Occupancy Status During Abatemer		č.			0	Street A	Adares	SS					
Facility Closed/Vacated During Abatement Performed Outside Other – Describe:	of Normal Facility H					City, Sta	ate, Zi	p Code		- V			
Scope of Work (Check All That Appl	y)	-											
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	Re	nova				×	Min	ni-Enclosure vebag Pro		-			
	767					- Bassell	1401	I-Exemple	u () and Non-Fin	able Fi	7792774	emen	+
Location of		ocation of the contract of the			5			11.5				уре	
Asbestos-Containing Material (A TO BE ABATED In Facility (13)	Custo	tenar	nce/		tos Cont thermal surfa	scription of taining Manager M	aterial insula , or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Exterior Siding		Argelie.	X		Evto	rior Sid	ina		1200 SF	x	+	-	
Exterior olding					Exte	nor Siu	ing		1200 5F	X	+		
29													
Name of Pogistered Wests Useday		1.61	IDED !	/ t -		V							
Name of Registered Waste Hauler United Containers		Н	JDEP W auler ID 2459		of Was	Yards ste		Name of G.R.O.	Registered Land W.S.	TIII			
City, State Elm NJ					Dispos 2/27/	sal Date		City, Stat	e rille PA 19067				

Completed by

Anthony T Perna

Title

President

Date

2/20/15

Signature

Emergency

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

0 /		Turki producer
19 11	11/16	
1.18	1/10/0) []
11116	100	

Date of Notification (1) 2/19/15				Building C chuler F				F	EB	2 4	 2015-				
Agencies Notified Type Notification EPA Initial DEP Amended		1		oacore D	31355CE-0			1			-912	1. 1.44	14000		
X DOL Amendment				e, Zip Coo e Heigh		08751			LICE	Near		ž.			
■ DOH Emergency (in justification) ■ DCA Cancellation	ncluding	1,435	lame of lean	Contact					Tele	phone N	Numbe	г			
Name of Facility Where Abatement is Taking	Place (3)		FACIL	ITY INFO	RMATI	ON	Type	of Facility (4)							
Jean Schuler Private Home								School (K-12))						
Street Address 105 Albacore Drive							×	Subchapter 8 Other (i.e. pri etc.)				uild	ings,	home	s,
City (5) Seaside Heights NJ 08751							Squar 1000	re Feet +	# of 1	Floors		BI 35	dg. A	ge	
County (6) Ocean			County C	Code (7) ISE ONLY)			Curre	nt Use (Prior se	if bein	ig demo	lished)				,
Name of Monitoring Firm Hired by Building CN/A	wner (8)		ASCM	No.		131925	of Abar aco Ir	tement Contr	actor ((9)					
Street Address			,			200	Addres								
City, State, Zip Code								p Code n NJ 0809	1						
Project Manager for Monitoring Firm		Т	elephor	ne No.		100	none No 753-9			License 00727					
The state of the s	Scheduled 2/24/15	Com	pletion [Date (11)		Name Sam		A Monitor	•						
Occupancy Status During Abatement (Check	Only One)				Street	Addres	SS							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of Ab al Facility F	ateme	ent			City, S	state, Zi	p Code							
Scope of Work (Check All That Apply)													-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati molitic					Mir	I Containmer	edure	97.8	ř				
e s s	le I	ocatio	n.				1100	n-Exempted	() and	I NOII-FI	lable I			ement	
Location of	No	rmally	/		De	scription	n of					-	Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Main Custo	tenan dial St (12)	ce/ taff?		therma surfa	taining N I system icing, VA miscella	s insula AT, or		(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Exterior Cidio a	Yes	No	N/A		- Cvete	rior Ci	din a		70	0 SF				3750	
Exterior Siding		_	X			erior Si loor Ti		-		7000 0000	×	-			
through-out		Х		Г	1001 11	ie		90	00 SF	X					
Name of Registered Waste Hauler		907222	JDEP W		Cubic of Wa	Yards ste		Name of R		red Lan	dfill				
United Containers		459		3	-85-2-22	C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-	G.R.O.V								
City, State Elm NJ				2/24/	sal Date 15	2	City, State Morrisvil		1906	7					
Completed by Anthony T Perna	ent	12			Signatur					Date 2/19	/15	;			

NOCK

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)				of Bu	ilding (Owner / Operator	r (2)		/	2057				
11/8/201			AT8				8 1/		F	EB 24	201b	11.	1	
Agencies Notified Type Noti	rication			500	Addre		er Road						1	
	tial					Zip C			1 1000		The second	d.		
	nended R#2-2/20/						PA 19406		ASSE	LICENSIN				
L 880 200	nergency	2000				ntact	, 174 10400				elepho	ne N	umh	er
	ncellation	- 1				rick				1.	olopilo	110 11	unio	O.
	Section discussion.		- F	AC.	II IT	Y INF	ORMATION							-
Name of Facility Where Abate	ment is Taking Pl	ace (10		LIMI	Type of Facili	itv (4)						
AT&T Golden Crest	J	3	,				School (H							
Street Address		*:					☐ Subchap	ter 8 (0	Other than K-	12)				
1300 White Horse-Hamilto	n Square Rd						Other (i.e	e. priva	te & commer	cial building	s, hom	es, e	tc.)	
							Square Feet		# of Floors	В	ldg. Age	Э		
City (5)	County (6)	Co	unty	/ Cc	ode (7)	7							
Hamilton Square	Mercer						Current Use ((Prior if	being demol	ished)				
							Hospital							
Name of Monitoring Firm Hired	d by Building Own	er (8))		ASC	M No.				9)				
ACER Associates, LLC							Bristol Envi		ental, Inc.					
Street Address							Street Addres		-4					
City, State & Zip Code							City, State & 2						177511	
West Berlin, NJ 08091							Bristol, PA							
Project Manager for Monitoring	g Firm	Tele	ohor	ie N	lumb	er	Telephone Nu			License N	umber			
Matt DePalma		856-					(215)788-60			00509				
Scheduled Start Date (10)	Scheduled Con	npleti	on D	ate	(11)		Name of OSH	HA Mor	itor	-				
ON HOLD							Bristol Envi	ironm	ental Inc.					
Occupancy Status During Aba							Street Addres		:SS 11					
Facility Closed/Vacate							1123 Beave							
Abatement Performed Describe:	Outside of Norma	al Ho	urs -	- /8	am to	зрт	City, State & Z		ie					
Facility Occupied Duri	ng Abatement: 7A	M to	3 D I /	1			Bristol, PA	19007						
Scope of Work (Check all that		uvi to	01 10	-	+-									
(21221									Full Containn	nent with Ne	egative	Pres	sure)
≥3 sf or ≥3 If		\boxtimes	Re	eno	vatio	n			Mini-Enclosu					
≥160 sf ≥260 If			De	emo	olition	1			Glove Bag Pr					
					_		5		Non-Exempte			_		
Location of Asbestos-Contain	ning		Loca nally				Description Asbestos-Conf			Amount (Specify	ADa	teme	ent i	уре
Material (ACM			olely				Material (AC			SF or LF)			Щ	m
TO BE ABATE	2	Main	tena	ance	e or		(i.e., thermal sy				₹en	Re	ıcar	ncl
in Facility		Cust			aff?	i	nsulation, surfac				Removal	Repair	Encapsulate	Enclsoure
(13)	-	Yes	(12 No		N/A		or other miscella	aneous)		<u>m</u>		ate	ē
2 nd floor equipment room				1			Floor tile and	macti	_	4 SF		П	П	\vdash
2 Hoor equipment room		\Box	H	+	Н		riooi tile allu	IIIasu		4 01		H	Ħ	H
		H		1	H						TH	Ħ	H	H
	Ħ									H	Ħ	Ħ	Ħ	
	H		it	H						Ħ	Ħ	Ħ	Ħ	
		Ħ	F	it	Ħ						Ħ	Ħ	Ħ	
Name of Registered Waste Ha	uler		IN	IJD	EP V	Vaste	Cubic Yards	Name	of Registere	d Landfill				
			H			No.	of Waste							
Bristol Environmental, Inc				1870	16	1 Cu yd	100000000000000000000000000000000000000	WS Landfill	l					
City, State						Disposal Date 11/18/2013	City, S	State isville, PA						
Bristol, PA		1-	itle				IAIOLL	Sville, PA		Date				
	Completed By (Print or Type)					100	Signature	-	. /	. 7	11/8	112		
Gino Pizzigoni				ect ager		Deno Try	3gr	your /-	K	1110				

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification	on (1)		100000000000000000000000000000000000000		Action to the	Owner/Operator	(2)					
2-19-15			Be	th &	Ton	reeman		FFR	2 /			111
Agencies Notified	Type Notificat:	Lon		t Addre					2 64			
[]EPA	[X]Initial		51	Afte	rgl	ow Ave						
[]DEP	Notificat	ion	City,	State	, Zip	Code		ACDICIO			3.	1
[X]DOL	[]Amended Notificat	ion	Ve:	rona,	NJ	07044		LILI	V6140			
[X]DOH	Notificat	LOII	Name	of Cont	tact	-3	Telephor	ne Number		_		
[]DCA	[]EMERGENCY		Be	th &	Ton	Freeman	1 -					
	[]Cancellati	on										
					LITY	INFORMATION						
Name of Facility Wr Same as above		Taki	ng Pla	ace (3)			Type of Facil	ity (4)				
same as above	=						[] School			TF 1	21	
Street Addres								ter 8 (Othe: i.e., priva				
							cial b	uildings, h	omes,	etc.)	
City (5	lo-		/6\ E		0-	C1- (T)	Square Feet	# of Floo		.dg.	Age	
CTCA (2	Co	unty	(b) ESS	ex	15-555	unty Code (7) FATE USE ONLY)	2400	2		80		
						20 Maria -	Current Use (Prior if be	ing der	moli	shed)
Name of Monitoring	Firm hired by Bu	ildin	g Asc	CM No.		Name of Abate	ment Contracto	r (9)				
Owner (8) N/A							ANAGEMENT					
Street Address						Street Addres		•				
							topher St					
City, State, Zip Co	ode					City, State,						
						T	r, NJ 070	42				
Project Manager for	Monitoring Firm	Tel	lephon	e Numbe	er	Telephone Num	per	E.	icense	Num	ber	
	-	N/				(973) 744			0037			
Scheduled Start Dat	ce (10) Sched.	Compl	Letion	Date	(11)	Name of OSHA 1	Monitor			9.550		
2-28-15		50	-15		58 50	N/A						
	Year Mont		Day	Year				12				
Occupancy Status Du [X]Facility Clo of Abatemen	osed/Vacated Dur					Street Address	3					
	erformed Outside			Facilit	У	City, State, 1	Zip Code					
[]other - Desc	cribe: «OffHours I cribe: «Other Occ	pancy	Desc:	ript»								
Scope of Work (Chec	k all that apply)				Ш					20.50	
[X]>3 sf or	- >3 16		vi Dene				Containment wi	th Negative	Press	ıre		
	or ≥260 lf			vation olition			Enclosure bag Procedure					
			Is			[]Non-F	riable Procedu	re	1-1			
Locatio	n of		ocation ormal			Descriptio	n of		ADa	teme	E E	E
Asbestos-Co Material			Used			Asbestos-Cont	_	Amount	R	RE	N C	N C
TO BE A		B	Solely y Main	n-		Material ((i.e., thermal		(Specify SF or	M	P	A P	L
In Faci		Cu	enance	al	ir	sulation, surfa	acing, VAT,	LF)	VA	A	S	S
(13)		Yes	aff (: No	N/A		or other miscel	Lianeous)		L	R	L	R
Basement/Craw	vl space			X	Pi	pe Insulat	ion	3801f	X			
Name of Registered	Waste Hauler		DEP W		Cu	bic Yards	Name of Regi	stered Landf	ill			
AZTECH MANAG	SEMENT, INC	Ha	7040	ID No.	of	Waste 1.5	G.R.O.W.	S.			F-M-D	
City, State					Di	sposal Date	City, State					
Montclair, NJ	07042				;	3-3-15	Morrisvi	lle, PA	1906	7		
Completed By (Print	or Type) Title					0:			ь.			
Constantine V		side	n+			Signature			Date 2-19-	-15		
						10/1/4	in-					



NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) 2/20/15					Name of Buildin Paulsboro Refi							
Agencies Notified		Notification '	Type	15	Street Address 800 Billingspor			FEB	2 4		السا	/
() EPA () DEP (X) DOL (X) DOH		(X) Initial No () Amended () Cancelle	Certification	n	City, State, Zip Paulsboro, NJ		L.	-	 ģ. (3	12 J	te de la companya de	
() DCA					Name of Conta Ravi Jarecha	<u>ict</u>		Tel. No	ımher			
				FACILITY IN	FORMATION						\$ - 5 - 5 - 5	
Name of Facility Where Abater Paulsboro Refining Company Street Address	ment is Ta	aking Place (3	3)		Type of Facility () School (K-1 () Subchapter (X) Other (i.e.	2) 8 (other th	nan K-12) commercial bld	gs., hom	nes, etc			
800 Billingsport Rd					Sq. Feet N/A		# of Floors	s N/A	(
	unty (6) sucester		County Co (State Use		Bldg. Age N/	A				- 11		
Name of Monitoring Firm Hired KA Industrial Services, LLC.	by Bldg.	Owner (8)	ASCM No	<u>).</u> .			Name of Con			0		
Street Address	11				Street Address 800 Billingspor							
800 Billingsport Rd Paulsboro, NJ 08066				10	City State, Zipo Paulsboro, NJ	Code						
Project Manager for Monitoring Scott Dechant	Firm	Telephone I 856-224-43			Telephone Nur 856-224-4392	mber		Licens 00857	e Numb	<u>er</u>	1	
Scheduled Start Date (10) 3/9/15		Scheduled 6/1/15	Completion	Date (11)	Name of OSHA K A Industrial S		LC	-0				
Occupancy Status During Abar () Facility Closed/Vacated Du () Abatement Performed Outs	ring Entire	e Period of A	batement		Street Address 800 Billingspor	t Rd						
(X) Other – Describe – Remov areas	al of ACIV	1 within restri	cted work a	rea in outside	City, State, Zip Paulsboro NJ (11	
Source of Work (Check all that	apply)					7						
(X) Demolition () Renovatio () Large Proj. (160 SF or >26 () Full Containment with Nega	0 LF ACM	(I) (X) SM Pro	oj. >25<160	SF or >10 <260	LF ACM) () Nebag Procedure	Minor Proj.	(<25 SF or <1)	0 LF AC	M)			
Location of Asbestos- Containing Material (ACM) in	Is Loca	tion Normally by Maint./Cu	y Used	Description of thermal system	ACM (i.e. ns insulation,	Amount ((Specify SF or	LF)	Abate	ment Typ	<u>e</u>	
Facility (13)	Staff? ((12) NO	NA	surfacing, VAT misc.)	, or other				Rem.	Rep.	Encap E	Enclose
West Oil Movements		×		Various Pipe I For Inspection		Approx 1	00LF		X			
Name of Reg. Waste Hauler Waste Management, Inc.		NJDEP Wa 17273	ste Hauler I	D#	Cubic Yards of	f Waste	¥1.			<u>Landfill</u> ounty Lan	dfill	
City, State South Harrison, NJ	·						Disp. Date Various			City, Stat South Ha		IJ
Completed by (Print or Type)		Title			<u>Signature</u>	3-24		Date				
ANDREW GREEN		MANAGER	– KA Indus	strial Services	Site &	perations!	Supervisor	2/20/1	5			-
					/							

Mail to: NJDEP-DSHW-BRRTP

401 E. State St., PO 414 Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS

9/18/00

Check# 11475

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

GAC Project # 060-15 Date of Notification (1) Name of Building Owner/Operator (2) February 19, 2015 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address DEPA ☑ Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. DCA ☐ Amended Notification # 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS X DOL ☐ Emergency (including City, State, Zip Code X DEP- No Longer REQUIRED justification) PISCATAWAY, NJ 08854 X DOH □ Cancelled Name of Contact Telephone Number MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) JOHNSON APARTMENTS, BLDG# 3733 ☐ School (K-12) ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **BUSCH CAMPUS** Sq. Feet: N/A # of Floors: 2 Bldg. Age: 60+ years County (6) County Code (7) PISCATAWAY MIDDLESEX (State Use Only) Current Use (prior if being demolished): ACADEMIC Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Cardno ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number BRIAN KEARNY 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 03/02/15 03/04/15 ENVIROVISION, 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 -20-21 WARGARAW ROAD City, State, Zip Code Describe ☑Other – Describe: Shift Hours: 4:00 PM – 5:00 AM (24 hours as needed) FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure \geq 3 sf or \geq 3 lf **X**Renovation ■ Mini-Enclosure □ ≥ 160 sf or ≥ 260 lf ☐ Demolition ☑ Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) Remove Repair Encap Enclose VAT, or other miscell.) or LF) YES NO NA Room 002 MER X VAT 9 LF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: Name of Registered Landfill 5 CY See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 28969 100 New Ford Mill 03/04/15 Hauler #2) STG - 58 Pyles Lane, New Castle, De 19720 Rd. Morrisville, Pa NJ DEP# 20990 19067 215-736-1700 Completed by (Print or Type) Date RAYMOND C. PEDALINO SENIOR PROJECT Raymand C. Pedalino February 19, 2015 MANAGER

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 2-20-2015		ilding Owner / Operato e Holding,LLC	or (2)	FEB 2 4 2015
Agencies Notified Type Notification EPA	Street Addre	ess		
☐ DEP ☐ Initial	City, State &	Zip Code	7	Carry and A
□ DOL		on, NJ 07976	1	LICE STORES
☑ DOH☐ Emergency☐ Cancellation	Name of Cor Keith Lam	ntact		Telephone Number
	FACILIT	Y INFORMATION		1
Name of Facility Where Abatement is Taking P	lace (3)	Type of Facil	ity (4)	
		School (
Street Address 1304 Liberty Avenue			oter 8 (Other than K-	
1504 Liberty / Worlde		Square Feet		cial buildings, homes, etc.) Bldg. Age
City (5) County (6)	County Code (3	92
Hillside, NJ Union	,	Current Use	(Prior if being demol	ished)
N (M. ii. ii. iii. iii. ii. ii. ii. ii.			Borbershop	
Name of Monitoring Firm Hired by Building Own			tement Contractor (
Environmental Management Solutions of N Street Address	t, Inc.	Street Addre	anagement Group, L	LC
23 State Street			on Ave, Suite 202	
City, State & Zip Code		City, State &		
Ossining, NY 10562		Trenton, NJ		
Project Manager for Monitoring Firm	Telephone Num			License Number
Jason I. Lopez	914-762-6333 x			01185
	mpletion Date (11) 03/19/2015		HA Monitor mental Laboratories,	Inc.
Occupancy Status During Abatement (Check o	nly one)	Street Addre	SS	
Facility Closed/Vacated During Entire F Abatement Performed During 1st Shift	eriod of Abatemer			,120
Abatement Performed During 1st Shift Describe: 10:00am to 6:00pm		City, State & Union, NJ 07		
Facility Occupied During Abatement		OTROIT, 143 07	003	
Scope of Work (Check all that apply)				
≥3 sf or ≥3 lf	□ Renovation			ment with Negative Pressure
≥ ≥ 160 sf ≥ 260 lf			☐ Mini-Enclosu☐ Glove Bag Pi	
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in Facility	Custodial Staff?	insulation, surface	cing, VAT	Enclsoure Encapsula Repair Removal
(13)	(12)	or other miscell	aneous)	val val
	Yes No N/A			
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Name of Registered Waste Hauler	Hauler ID	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	Name of Registere	d Landfill
Resource Management Group, LLC	0035218		Grows Landfill	
City, State		Disposal Date	City, State	
Trenton, NJ		TBD /	Morrisville, PA	
Completed By (Print or Type)	Title	Signature / 1	JI	Date
Mr. Brian J. Haney	President	1 /	n Millu	02/20/2015
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Secretary

2-20-2015

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

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ate of Notification	(1)		150-1	70 Main St Ha	ckensack NJ LLC		į to W to	
2-13-2015	Type Notifica	ation	Street	Address	0.114~ 202	2		
gencies Notified	Type Iveline		2025	Lincoln Highw	ay, Suite 202			
⊠ EPA □ DEP	⊠ Initia	I	City, S	State & Zip Co	ent		ASSUE 18	
	☐ Ame	nded	Hacke	ensack NJ, 07	001		lTele	enhone Number
⊠ DOH	⊠ Eme	rgency	Name	of Contact				
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☐ DCA				ACILITY INFO	RMATION			
				ACILITITIA	Type of Facility	(4)		
lame of Facility W	here Abatem	ent is Taking Pla	ace (3)		School (K-1	2)		
Retail Building		7				a (Other than	1 K-12)	
Street Address					Other (i.e. p	private & comm	mercial bullulings,	nomes, etc./
56-158 Main Stre	eet				Square Feet	# of F1001	rs Diag	g. 7 (gc
			10 1	Cada (7)	20,000	4 (includia	ng basement)	100
City (5)		County (6)	County	Code (7)	Current Use (Pr	ior if being de	emolished)	
Hackensack NJ, 0	7601	Bergen			Retail Building			
				Track No.		ment Contract	tor (9)	
Name of Monitorin	na Firm Hired	by Building Own	ner (8)	ASCM No	Resource Mana	agement Grou	ip, LLC	
Health and Safety	Services			117	Street Address			
Street Address					2115 Hamilton	Ave. Suite 20	2	
P.O. Box 365					City, State & Zi	n Code		
City, State & Zip	Code				Trenton, NJ 08	619		
Berlin, NJ 08009					Telephone Nur	mber	License Nu	mber
Project Manager	for Monitoring	Firm	Telephor	ne Number	609-977-6159	1150.		01185
Mr. Jim Proctor			856-452		Name of OSHA	A Monitor		
Scheduled Start	Date (10)	Scheduled Co	mpletion D	Date (11)	J&S Environme	ental Laborato	ories, Inc.	
02-16-1	2015		03-02-20	15	Street Address	Orica, Edit		
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CK 2223

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification 02-18-2015	(1)		15	0-170) Mai	n St Ha	wner / Operator ckensack NJ LL	(2) C	20 0 21 0 07 06	FEB Z	4 (010		2	
Agencies Notified EPA DEP DOL	Type Notific		20 Ci	ty, Sta	ncoln ate &			-	AC.	LICEA	50 v2	1 3	de Northeaders	-
⊠ DOH □ DCA	Char Eme		Na	ame c	of Cor			7			Telepho	ne Nı	ımbei	r
				FAC	CILIT	Y INFO	RMATION		11					
Name of Facility WI Retail Building Street Address	nere Abatem	ent is Taking Pla	ice (3)				Type of Facility School (K	(-12		12)				
156-158 Main Stree	et						Other (i.e. Square Feet	. pri	# of Floors	cial buildir	ngs, hom Bldg. Ag	9	c.)	
City (5) Hackensack NJ, 07	601	County (6) Bergen	Cou	nty C	ode (7)	20,000 Current Use (F Retail Building	Prio	4 (including ber if being demol			100		
Name of Monitoring Health and Safety S		by Building Own	er (8)		ASC 117	M No.	Name of Abate	eme	ent Contractor (9 ement Group, L					
Street Address							Street Address		0.31.000					
P.O. Box 365 City, State & Zip Co Berlin, NJ 08009	ode				-		2115 Hamilton City, State & Z Trenton, NJ 0	Zip (Code					
Project Manager fo	r Monitoring	Firm	Teleph			per	Telephone Nu	umb		License	Number 0118	25		
Mr. Jim Proctor Scheduled Start Da	ate (10)	Scheduled Con	856-48		-	1	609-977-6159 Name of OSH	THE PERSON NAMED IN	Monitor		0110	,,,		
02-16-20			03-02-2		(11)				tal Laboratories,	Inc.				
Occupancy Status Facility Clo Abatement	sed/Vacated	ement (Check or During Entire Popuring 1st Shift D	eriod o	f Aba	teme to 5:0	nt Opm	Street Addres 2333 Route 2 City, State & 2	2 W						
		g Abatement					Union, NJ 070	083						
Scope of Work (Ch ≥3 sf or ≥3 ≥160 sf ≥2	If	apply)		30.5000.000	ovatio	70.70			Mini-Enclosu	ure Procedures	s			
ı	ocation of		0.00000	ocati			Description			Amount	Ab	atem	ent T	уре
Ma TO	stos-Contain aterial (ACM) BE ABATEI in Facility (13)				oy ce or		Asbestos-Con Material (Ad (i.e., thermal s insulation, surfac or other miscell	CM) syste) ems , VAT	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclsoure
							Floor tile	е		64 SF				
													18	
												ዙ	#	H
			H	H	Н							15		
								Ts.	(D)					
Name of Registere				На		Waste D No.	Cubic Yards of Waste TBD		ame of Register rows Landfill	ed Landiii	1			
Resource Manage	тен стоир	, LLO		100	JJZ 1		Disposal Date	С	ity, State lorrisville, PA					
Trenton, NJ Completed By (Pri	int or Type)			Tit	le		Signature		1		Date)		
Mr. Brian J. Haney					eside	nt	1	5	linh	My		8/20	15	

				St	ate	of Ne	w Jei	sey		_	1 22 11		e 6		
6458-NJ		. (Pi	NOTII	FICAT ant t	ION o N.	OF AS JAC 8:	BESTO 60-7	S ABATEMS and 12:12	ENT 20-7)	Emerge Check	ncy Initial #: 6231	NOTI	ricai	ion G	77.
Date of Notification (1	.)		Nan	ne of	Bu	ilding	Own	er/Operato	or (2)						
0 2 / 2 0	1/11	5_	Ne	-wark	Pul	blic So	chool	2	•						
Agencies Notified Type			1.1	reet			511001				1202	+ =	-	_	=)
(X)EPA			112	Ceda	r Str	root							٠		
	()Initial Notific	ation	11			e, Zi	o Cod	e			ACCIONICIONICI	-		4	_
]Amended		Ne	awark	- NI	0710	12				LICEN	L.F.L			
[X] DOH	Notific	ation	11			ntact				Tele	phone Number				
1]Cancell	ation								1					
[X]DCA			IDO		_			Admin.		-				-	
							NFORM	ATION	Treemo	of Facili	+9 (A)				_
Name of Facility Where	Abatemen	nt is Ta	king	Plac	ce (3)			TAbe						
Elliot Street School Anne	X				See London					[]Subcha	oter 8 (Oth	er t	han l	<-12)
Street Address										cial l	(i.e., privouildings, h	omes	. et	z.)	_
284 First Avenue			10								# of Floors			Age	
City (5)		County	(6)					ode (7)	4500	00 ent Use ()	2 Prior if bei	180 ng d		ishe	<u>a)</u>
Newark, NJ 07107		Essex				1,31		,02 O21,	Sch	23		•		3	
Name of Monitoring Fire	m Hired			ASC	M No	0.	Name	of Abate	ement	Contracto	r (9)				
Owner (8) TTI Environmental, Inc. Street Address				000	03		Fou	r Strong B	Builder	s, Inc.					
1253 North Church Stree	t						180	Sargeant	Avenu	ue					
City. State. Zip Code															
Moorestown, NJ 08057 Project Manager for Mo	nitoring	Firm	Teler	phone	Nus	nber		on, NJ 07		935	Licer	ise N	lumbe	r	
Jim Guillardi Scheduled Start Date (10) Sc	hed.Com		340-8				-614-0377 e of OSHA		or	0080	7			-
0 2 / 2 1 / 1 5 Yea Occupancy Status Durin	F O	onth /	2 1 Day	1/11	Year	-	Fou	r Strong E	Builder	s, Inc.					
[]Abatement Perform	acated D	uring E	ntire	e Per	iod		180	Sargeant	Aven						
Hours - Describe:		de or w	Jima.	I rac	111			ton, NJ 07		2041					
Scope of Work (Check a	II that	apply)	-		-		110		200		ith Negativ	o D.		- 0	7.
[]Demolition [X]>3 sf or >3 []>160 sf or	lf ≥260 lf		×]Reno	vat	ion		[X]Min []Glo	i-Encl			e ri	2334.		
			1	Is catio	n							Aba	temer	E E	7pe E
Location Asbestos-Cont Material (A TO BE ABAT in Facilit (13)	aining CM) ED		by te	rmall Used olely Main nance stodi	i-		Asb M (i.e. nsula	Descripti estos-Con aterial { . thermal tion. sur other mis	tainin ACM) systematics facine	ems g. VAT,	Amount (Specify SF or LF)	R E M O V A L	REPAIR	NCAPSUL	N C I. O S U R
Room 306, 307 and B-2				No No			ng an	d Wall Pla	ster		<25 SF	X	-	-	E
100111 300, 307 and B-2						Com	ig un	4 *************************************							
												-			
Name of Registered Was	te Haule	r	N	JDEP auler	Was	te No.		c Yards Maste	Nam	e of Regis	stered Landi	111			
Four Strong Builders, In	C		1	2609			Disp	osal Date		2.O.W.S., I	nc.				
Clifton, NJ									Tull	lytown, PA					
Completed By (Print or	Type)	Title					1	Signatur		1		D	ate		_
		Office A	dmi	nietro	tor			R	7	4		2	/20/	15	
Bilyana Kulakovska ASB-41 JUN 95		Office P	MITTEL	ijou di	.01			1 C	90			12	1201	C15	

CK 19913

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

Date of Notification (1) 2/19/2015	54K		Name of Building Owner/Operator (2) NJ DEPT. OF CHILDREN & FAMILIES, OFFICE OF EDUCATION												
Agencies Notified	Type Notification	ri s		Street Ad		10 QU	AKEF	RBRID	GE PLAZ	A	Name :		1		
EPA DEP DOL	Initial Amended Amendment			City, State	e, Zip Cod ON, NJ	de			Phone	L		1 11			
DOH DCA	Emergency (justification) Cancellation			Name of RONAL	Contact D WYB	RANIE	С)		Tele	enhone Num	oer			
				FACIL	ITY INFO	RMATIO	N								
Name of Facility Where DCF REGIONAL S			US					× s	f Facility (4 chool (K-12)					
Street Address 1141 OLD FREEH	OLD ROAD							Ħ º			er than K-12) k commercia		ings,	home	s,
City (5) TOMS RIVER					4			Square	Feet	# of	Floors	BI	dg. A	ge	
County (6) OCEAN				County C (STATE U	ode (7) SE ONLY)			Curren	t Use (Prior	r if bei	ng demolishe	ed)			
Name of Monitoring Firm		Owner (8)		ASCM	No.				ement Cont		(9) TRACTING	3			
Street Address 7 PLEASANT HILL	ROAD							Address	ERFORD	BL\	/D.		+		
City, State, Zip Code CRANBURY, NJ 0							City, S	tate, Zip	The second secon						
Project Manager for Mo KEVIN LOVELY			- 1	Telephon	ne No. 90-5858		Teleph	one No 956-8			License No				
Start Date (10)		Scheduled	Con	The state of the state of	1000		Name	of OSH	A Monitor (9) ABO\	/E	00.101				
3/3/2015		120 101000000	2,770					Addres:		<i>,</i> _					
Occupancy Status Durin							Street	Address	5						
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Norr	Period of Ab nal Facility F	aten	nent			City, S	tate, Zip	Code						
Scope of Work (Check /	All That Apply)						-								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		1.750000	nova molit				×	Mini	i-Enclosure vebag Proc	edure	n Negative Pr				
					-			Non	-Exempted	() an	d Non-Friabl		Abate		
			ocat	222										pe	
Locatio Asbestos-Containing <u>TO BE AB</u> In Fac (13	g Material (ACM) B <u>ATED</u> ility	Used Main Custo	tena	ely by nce/		tos Conta thermal s	system: ing, VA	Material s insula T, or		(mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								.,			
SEE ATT/	ACHED											X			
Name of Registered Wa	aste Hauler		1	JDEP W	aste	Cubic	Yards		Name of F	Regist	ered Landfill				
TWO BROTHERS		G		Hauler ID 8743	No.	of Was 25			WM GR	AND	CENTRA	LSA	NIT	ARY	1AJ
City, State CLIFTON, NJ						Dispos: 3/17/2			City, State						
Completed by VI∀ECA RAMOS		Title PROJ	EC.	г соог	RDINAT		gnature	e vec	a Ka	m	n 2/	te 19/20	015		

New Jersey Department of Children and Families DCF Regional School Ocean Campus 1141 Old Freehold Road Toms River, NJ

Location	Asbestos-Containing Materials	Approximate Amounts
Lobby	Linoleum and mastic	450 square feet
Main office	Linoleum, mastic and carpet	450 square feet
Rooms 107,108,111 and 112	Linoleum and mastic	1,800 square feet
Transportation, staff room, locker room, corridor	Linoleum and mastic	1,810 square feet
Storage in rooms 104, 109, 110, 113,114, 116, and 117	Linoleum and mastic	132 square feet

' Location	Asbestos-Containing Materials	Approximate Amounts
Rooms 107, 108, III and 112, 115	Transite panels	200 square feet
Staff room, locker room, corridor	Transite panels	220 square feet

State of NJ Notification of Asbestos Abatement

B & G proj. #: 2015-25

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

Check # 7089

	*													
Date of Notification	(1)	Name o	of Building C	wner/	Operator (2)					Y . 1				
10 12 1/11 18	1/1151	Tony	DeVergi	lio										_
Agencies Notified	Type Notification	Street A	Address								e de			
☐ EPA	X Initial	25 5	St Bernard	ds Ro	ad									=
DEP	_		ate, Zip Coo											
X DOL	Amendme Amendme		Hills, NJ	0793	1		ALL DESCRIPTION OF THE PARTY SHAPE S		Telephone	Number	Control of the last		Desired Co. U.	
X DOH		Name o	of Contact						relephone	WITIDO:				
☐ DCA	Cancellation	on To	ny DeVerg	gilio				_			-	-1		=
			F	FACILI	ITY INFORMA	ATION								
		11						Туре	of Facility (4)					
Name of facility w	here abatement is t	aking place (3)						School				6)	
Tony Deverg	ilio									oter 8 (Oth			2)	
Street Address									Other (P Bidgs./H	rivate/Col omes, etc	nmerc 	Jal		
25 St Bernar	rds Road							Sq		of Floors		Bldg	. Age	2
0:4: (5)		County (6)				ty Code (7)				_L			_
City (5)						(State	use only)		rrent Use (Prio	or if being	demo	iished)	
Gladstone		Somer				1	Name of Abatement							_
Name of Monitori	ing Firm Hired by B	ldg. Owner (8)			ASCM No.									
n/a						<u> </u>	B & G Restorat	tion, i	IIC.					
Street Address							105 Ryerson F	Road						
							City, State, Zip Code							
City, State, Zip Co	ode						Lincoln Park,		7035					
Designet Manager (for Monitoring Firm		Phone i	Numbe	er		Telephone Number	20		License		er		
Project Manager I	of wormoring i						(973)696-686				378			_
	2ata (10)	ISched Co	mpletion Da	ate (11)		Name of OSHA Mor		Inc					
Scheduled Start D		03/03/2			×.		B & G Restora	ation,	IIIC.					_
03/02/2015							105 Ryerson F	Road						
Occupancy Status	s During Abatemen	t (Check only	one) f abatement				City, State, Zip Code							
Facility clos	sed/vacated during performed outside	of normal facil	ity hours-											
Describe:_ Other-Describe						_	LincolnPark, N	NJ 07	035					
	check all that apply)												
Demolition		Renovation				☐ F	ull Containment w/ne	egativ		Glove				
		≥160 sf or ≥26	O If			X	fini-enclosure		<u> </u>	Non-fr	iable p		lure	
		Is location no	rmally used	solely	y				W. W. W.	18	R	R	E n	E
Location of asbestos-of		by maintenar	nce/custodia	al	Descript		sbestos-containing		Amount (Specify S	F or	m	р	c	n
material to	be	staff(12)		D1/A	material	(ACM)			LF)	2011	O V	a i	a p	L
abated in 1	facility (13)	Yes	No	N/A					70.15		e X	h	П	+
basement				×	pipe (wra	ap & cu	ut)		70 lf 2 sf		X	H	H	tr
basement				X	transite				2 31		H	H	Ħ	TF
											Ħ	Ħ		TE
											后			T
		INIDED	Hauler ID#	10	Cubic Yards o	Waste	Name of Registere	ed Lar	dfill					1
Registered Wast B & G Resto	e Hauler tration, Inc.		663		11/2		Tullytow	n Re	source & Re	ecovery	Cen	ter		
City, State			Dis	posal			City, State Tullytowr	n PA					1	
Lincoln Park	k, NJ			03/	/03/2015		L			Date			-	
Completed by (F Gordana Lu		Title Secretary/	Treasure	r	Signature		Gordana Luna	z		02/1	8/20	15		

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

Date of Notification (1)	18/15			Name	e of Buildin	g Owner/Operato	or (2) Orehouse Engi	neering				
Agencies Notified	Type Notification	1		Stree	t Address	1710	orenouse Lingi	neering		-		_
⊠ EPA	initial _	10		000			43 Railroad P	lace				
DEP	☐ Amended		ŀ	City,	State, Zip 0							_
⊠ DOL	Amendment :		-				Hopewell, N	ŊJ				
⊠ DOH	justification)		'	Name	of Contac	ot .		Telephone Num	her			
□ DCA	Cancellation				Cha	rles Morehou	ise					
				FA	CILITY INF	ORMATION						
Name of Facility Where	Abatement is Taki	ng Place	(3)				Type of Facility	(4)				
	Garage/ S	Storag	e Sh	ed			School (K-1)					
Street Address							Subchapter	8 (Other than K-12	2)			
	43 Rail	road I	Place	;			Other (i.e., p	private & commerci	al buil	dings	,	
City (5)							Square Feet	# of Floors	IB	ldg. A	ge	
	Норе	well,	NJ				800	2)+/-	
County (6)				Cou	nty Code (7) (STATE	Current Use (Pr	rior if being demolis	shed)			_
	/Iercer			USE	ONLY)			622				
Name of Monitoring Firm	n Hired by Building	Owner		ASCM	No.	199	ment Contractor (9					
(8)						Ste	vens Environi	mental Service	es, In	ıc.		
Street Address						Street Address						
								30x 322				
City, State, Zip Code	2					City, State, Zip		277.00.504				
							Allentow	n, NJ 08501				
Project Manager for Mo	nitoring Firm		Tele	phone	No.	Telephone No.	50.0600	License No.	0.40	_		
21 12 1 (12)			_				59-9688		049	3		
Start Date (10)	Sch	duled C			ate (11)	Name of OSHA		EGG				
3/3/15 Occupancy Status Durir			3/6/1	5				ECS				
	. T					Street Address		Day 241				
						City, State, Zip		341				
Other - Describe: 8		ar r donn	y 1 10u			City, State, Zip		cs, NJ 08515				
Scope of Work (Check a							CIOSSWICK	CS, INJ U0313				
	all triat apply)					☐ Full Co	ontainment with Neg	gative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat			☐ Mini-Er	nclosure					
2 100 St 01 2200 II		⋉ De	HIOHUC	11.1		Non-E	pag Procedure kempted (*) and No	n-Friable Procedu	re			
			ocatio						T		ment	
Location	of		Sole!			Description of	sf .			Тур	е	
Asbestos-Containing N		Mair	itenan	ce/	Asbest	tos Containing Ma		Amount			m	
TO BE ABA		2.0	ustodia Staff?	l		thermal systems	insulation,	(Specify	굕	ZI.	nca	En
IN Facility (13)			(12)			surfacing, VAT other miscellane		SF or LF)	Remova	Repair	sde	Enclosure
		Yes	No	N/A	1				/ <u>a</u>	=	Encapsulate	иге
		169	NO	N/A								
Exterior s	iding		×			Transite		1000 sf	×			
Name of Registered Was	ste Hauler			JDEP \		Cubic Yards	Name of Regis	stered Landfill	1			_
Stevens Environn	nental Service	s. Inc	. H	auler ID	No. 292	of Waste 2 CU	_	GROWS Lan	dfi11			
City, State		-,	-1-	102	272	Disposal Date	City, State	CIC II D Lall	CTITI			=
	Allentown, 1	ŊJ				3/6/15		Morrisville,	РА			
Completed By	Title					Signature /	177	Date	111			=
Mahlon E. Ste	vens	Pr	oject	Mar	ager				2/18	3/15		

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

Date of Notification (1)		i N	ame of E	Building Ov	vner/Op RE	erator (2	co.	-		-		***************************************	Comment of the con-
Agencies Notified Type Notific	ation	S	treet Add	iress WEST	บากก	o à	15				4	-	
[[[[[[] [[] [] [] [] [] [] [] [] [] [] [dment#	C	ity State	Zip Code	2		07675			- <i>j</i>			- Path Cardina and Carden
☑ DOH justific ☐ DCA ☐ Cancel		T	lame of (Mrimh	er	5 /		TI TILLIAN
			FACIL	ITY INFOR	SITANIS)N				-			
Name of Facility Where Abatement is	Taking Place (3)	Onlaw -				As the coll bonds	Type of Facility (4	2)	-				An all still
Street Address 90 WESTWOOD I	AUE.					1	☐ Subchapter 8 ☐ Other (i.e. prectc.)			ouildi	ngs, h	omes	T INVAL
City (5) WESTWOOD					W L	O CONTRACTOR OF THE PARTY OF TH	Square Feet	# of	Floors	Bl	dg. A		and the second second
County (6) BERGEN			County C	ode (7) SE ONLY)	-		Current Use (Pric	or if bein	g demolished	RE		h. Same	
Name of Monitoring Firm Hired by But	lding Owner (8)		ASCA	/i No.			of Abatement Con C Contracting Inc		9)			7.	Tarks then the law you
Street Address	e The Wood and the work to the year of the				1		Address reeland Ave.						
City, State, Zip Code							ate, Zip Code nd Park, NJ 07432	2					
Project Manager for Monitoring Firm	=	The second second	Teleph	one No.		THE RESIDENCE AND RESIDENCE AN	one No. 262-5841		License No. 00156				
Start Date (10) _ 3 / 2/15	Schedule	d Com	pletion D	Pate (11)			of OSHA Monitor ga Environmenta	l Servic	es Inc.	_			
Occupancy Status During Abatemen Facility Closed/Vacated During B Abatement Performed Outside or Other - Describe:	t (Check Only One Entire Period of Ab	e) pateme				280 F	Address uyer Street ate, Zip Code ensack, NJ 07606			**************************************			
Scope of Work (Check All That Apply	_{(f})	5/1-6WI-	CONTRACTOR DES			4							247 C T T T
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		novati molitic				J.	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure					
	le	Location	20				Non-Exempled	() 2110	14011-1 Habic	1 1000	Abat	ement	
Location of	i n	iomali	у		De	escription	of				T	/pe	- Constitution
Asbestos-Containing Material (AC TO BE ABATED In Facility (13)	iVI) iVIai	d Solel intenan odial S (12)	ice/		thermal surfa		N. 100 N.	(umount Specify F or LF)	Removal	Fespair	Encapsulate	Enclosure
MAIN FLOIR			X		: : : :	~			and a		<u> </u>		
il u			K	***********	PIPE	2			9,000 se 2002	X	<u></u>		-
<u> </u>			E A		PIPE				555 LF	χ΄_ χ	i i	art days	
BASEMENT								-) UU LI	^	1	min and and and and and and and and and an	Torse and the second
Name of Registered Waste Hauler Newark Carting, Inc	į į		JDEP W auler ID 04509	No.	of Wa	Yards iste	1		red Landfill nlehem Land	īli Co	тр.	t ,	1
City, State, Zip Code Newark, NJ 07105	The second secon	7,				sal Date		nlehem,	ode PA 18015				
Completed by R. McDonald	Title	ent			and a state of the	Signaturé	P.M.Jons	el	Dat		9/1.	5	

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

CHECK # 86 80

Date of Notification (1)		1	· Nama è	of Building Owner	-/Dunantas	/5)				With the second		
2/19/15			Af	FILIATED					£,			
Agencies Notified Type Notification DEPA Signification			Street A	Address 5 LIVINO	4.072-7	BUE	SUITE	Aar	-			Plintrollinia.
DEP DAmended DOL Amendment	lt.	Ì	City, St	ate, Zip Code				<i>()</i> -0 <i>j</i>				
X, Emergency (is		[7 DF3 Ton	2000	1057						
□ DCA justification □ Gancellation				CH S.			† Te	lephone Nur	nbar	2.0		
Name of Facility Where Abatement is Taking	Diana /2\		FAC	ILITY INFORMA	TION					-		
FAIR LAWL PARK ES	TATE.	î				Type of Fac	ility (4)					-
Street Address						☐ School	(K-12)	er than K-12	,			
16-68 CHANDLER BR	IVE					⊠ Other (i.e. privato	commercia) Il buik	dings,	hom	56,
City (5) FAIR LAWN		Sent of Division o			-	Square Fee	t #c	Floors	1	3ldg.	aga "	emetreso
County (6)				The state of the s		7 000		2	Ì		2	
BERGEN		1		Code (7) USE ONLY)		Current Use		ng demoleh	3ď)	rd-out-t-	iinkilas kia	
Name of Monitoring Firm Hired by Bullding Ot	nner (8)	-	ASC	M No.	Name A. M.	of Abatemen AC Contractin	t Contractor	(9)	OFOWER	·	-CETHOLIC	
Stroat Address		-	-È		warf-man-	Address	20 euro			·		-
City, State, Zip Code					1.0	freeland Ave.						
					Oity, S Midla	tate, Zip Code nd Park, NJ 0	⊋ 17432	Times: III			= 91.1	
Project Manager for Monitoring Firm		-	Telep	hone No.		ane No. 262-5841	7	License No).			
Start Date (10) — 2/19/15	Schedule	d Con	npletion	Dale (11)	Name	of OSHA Mor	nitor		=	P448-4		
Occupancy Status During Abatement (Check	Only On					Address	GIREL SELVIC	HS ING.				·
Facility Closed/Vaceted During Entire Pe Abatement Performed Outside of Normal	ariant of A	halam	ent		280 F	luyer Street	B					ĺ
U Other - Describe:	. r somy	10015	- Waranger			tate, ZipiGodi ensack, NJ 07						
Scope of Work (Check All That Apply)	Total State and				1							
A ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	EX RO	moliti			12	Full Contain Mini-Enclose Glovebag I Non-Exemp	sure Procedure					A The State of the
	ls	Locati	on			Horr Exert	VICA () EIIII	MOII-7 (apie	Floc	-	emen	- I
Location of		iormal d Sola		į t	Description	of	and				/pe	1
Asbestos-Containing Material (ACM) TO BE ABATED	Mai	ntenar odial S	nce/	Asbestos Co	antaining M	Naterial (ACIV		mount	-		E	E E
In Facility (13)	Cust	(12)	MELIT?	ent	facing, VA miscellan	T, or		Spacify For LF)	(BACCUE)	TEGER TO SERVICE TO SE	Cap	Enployme
	Yes	No	N/A	Oble	I I III BLEIJEN	EOUS)			(B.5)	3	Emapadiale	CUTE CATE
CRAWL SPACE 15-71				818	E	· · · · · · · · · · · · · · · · · · ·		30 LE	X			
PARTIES STORAGE AND									1	-		
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No. of Control of Cont								V-94-0		1		POPONIAL
Name of Registered Waste Hauler			JDEP W. auler ID I		c Yards	Name	of Register	red Landfill				
Newark Carting, Inc			04509)	۲. ۱		ESI PA Beth	lehom Landi	ill Car	р.		O-K-Lord
City, State, Zip Code Newark, NJ 07105				Dispo	psal Date	Gity,	State, Zip Co Sethlehem, F		******			- The state of the
Completed by R. McDonald	Title Preside	716	, M	1	Signaturé,	maj		Date	>)	1	_	
The second secon	i reside	LIL			0	-11 de	moles (and the second	2/l	9/1	7	Chronic Control

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

CHECK# 8680

									All Transfer and the	HALINY	E(1)		Name
Date of Notification (1)	1/15] N		uilding Own	rer/Operator : さらら	(2)		Healt	h & S	enior	Servi	ices
Agonoles Notified	Type Notification		S	rest Add	ress T	ONNBL	LE Y	した	Date: 2(19)	nailtra) Y 71	02/11	11.0	0
EPA DEP DOL	☐ Initial ☐ Amended Amendment #_		G	ty, State,	Zin Code	ERGÉN		1		1	-11	The same of the sa	
図 DOH 口 DCA	Emergency (inc Justification)	:luding	N	ame of C					Telephone Numb	er			A COLUMN THE PERSON NAMED IN
				FACILI	TY INFOR	MATION						-	
Name of Facility Where A M, EE S	Abatement is Taking P	face (3))U 81	£ .			☐ Scl	Facility (4) npol (K-12))				1,112.5
Street Address 77/8 Town	urcca Av.	/i_					III Sul	ner (i.a. pri	(Other than K-12) vate & commercial	buildir	igs, h	omes,	, ,
City (5)	ORICE AU.						Square / 9	Feet 50	# of Floors	Bl	19. Aş	je L	
County (6)		a, at II , a samulaistan		ounty Co	odė (7) ne only) .		Curren	and the second second second	li being demolished	i)		7.	
Name of Monitoring Firm	Hired by Building Ow	mer (8)		ASCM	No.			ment Contracting Inc	ractor (9)				STEERING PROPERTY.
Street Address	**************************************			Michigan Sender Sen	enperior since extenden	74 0070 1050	l Address Vreeland	4	Segue and an analysis limber	ATVILLABADA	BJUIDHANN	Howara	nynelield
City, State, Zip Code	programme and the second secon			- Villi	***************************************		State, Zip land Park	Code NJ 07432		,			\$ J.
Project Manager for Mor	illoring Firm	LUELUM_AN/		Teleph	one No.		ohone No. 1-262-584		License No.	1		C -	
Start Date (10)	2/19/15	Schedule	3 90m	pletion D	ate (11)		e of OSH		Services Inc.	=			
Occupancy Status Duri El Facility Closed/Vac D Abatement Perform D Other - Describa:	ated During Entire Pe	eriod of Ab	ateme	ent.		280 City,	el Address Huyer St State, Zip kensack,	reet					
Scope of Work (Check	All That Apply)				**************************************			1		41	-		
A ≥3 sfor≥3 if □ ≥160 sfor≥260 if	11 11012 App. 27		novatl molitic				Mini- 区 Glove	Enclosure ebag Proce	nt with Negative Pre edure (*) and Non-Friable				
The state of the s	THE RESERVE THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED	15	Locatio	an E								əment	
Locatio	אים מיל	N	lomali	y		Descripti	מה מז				T.	/pe	
Asbestos-Containin TO BE Al In Fac (13	g Material (ACM) BATED sility	Mai Cust	d Solel ntenan odial S (12)	teff?		os Conteining thermal syste surfacing, \ other miscel	Material ms Insulat AT, or		Amount (Specify SF or LF)	(Bernova)	Rapalr	Encapsulate	Enclosure
	Charles and the state of the st	Yes	No	NA		* // F				<u> </u>	-		
BASEMEN	T			X		7-16-6	emiense festivi		100sf	×	-	-	-
BASENA				12		PIAIZ	4		to LF	×	- I	ļ	-
107448.0017		-		1						-	1	-	-
				F.		Charles No.		1	Danish and I am dell				1
Name of Registered Will Newark Carling, Inc	ssie Hauler		9	JDEP W auler ID 04509	No.	Oubic Yards of Waste	•		Registered Landfill PA Bethlehem Land	ifili Co	TP.	W	
City, State, Zip Code Newark, NJ 07105		mma, manna, Kaliin Madii la	CHARLE			Disposal Da	de de		e, Zip Code lehem, PA 18015	- HARVOUS			
Completed by R. McDonald		Title Presid	ent		******	Signal	70/1	no g	ed Da	ile /	19/	15	



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

Date of Notification (1)				-	Name	of Building	Own	ner/Operator (2	2)		1.3			
	17 / _	15	_					eality Corp.	-)	574				
Agencies Notified EPA	Type Notifica Initial	tion				Address Colonia	l Rd.				RI ,		c;	
☑ DOLWD	☐ Amended				City, S	State, Zip C	ode							
☑ DHSS	Amendme	_			0.000	nchester,		06045				$\overline{}$		
DCA (NJAC 5:23-8)	☐ Emergeno justificatio	cy (inclu in)	uding			of Contact				Telephone N	umber			
(110/10/0,20/0)	☐ Cancellati				Tor	y Gallina	ari			1				
						•		MATION						
Name of Facility Where A	Abatament is T	akina E	Dinon	(2)	FAG	JILII Y IIN	FUR	IVIATION	Type of Facili	h. /4\				
Former Pizza Hut	Abatement is 1	aking i	lace	(2)					School (K-					
Street Address		-								r 8 (Other than K	-12)			
406 Springfield Ave	э.									private and com		uildin	gs,	
City (5)									Square Feet	# of Floors	E	ldg. A	ge	
Berkeley Heights, N	NJ 07922								5000	1		35+		
County (6)			N		Cour	ity Code (7)(STA	TE USE ONLY)	Current Use (Prior if being dem	olished)			
Union									Restraunt					11
Name of Monitoring Firm	Hired by Build	ing Ow	mer (8	3)	ASCM	No.	Nar	ne of Abateme	ent Contractor (9)				
J&S Environmental	l Laboratorie	es, LLO	С		NA		Α	Iliance Envi	ronmental S	ystems				
Street Address							Stre	eet Address						
2333 Route 22 Wes	t					125	5	50 East Unio	on St.					
City, State, Zip Code						40-14/07-0-1	City	, State, Zip Co	ode					
Union, NJ 07083							V	lest Chester	, PA 19382					
Project Manager for Mon	itoring Firm			Tele	phone	No.	Tele	ephone No.		License No.				
Sherrill Gelsomino				9	08-206	-0073	6	10-701-9000		00508				
Start Date (10)					tion Da		Nar	ne of OSHA M	onitor					
3 / 4 /	15	3	_ /	10	_ / _	15	Α	ET						
Occupancy Status During	g Abatement (C	Check o	only o	ne)			Stre	et Address						
☐ Facility Closed/Vacate							2	8 N. Pennel	Road					
Abatement Performed						cribe	City	, State, Zip Co	ode					
Time of Abatement: 7	AIVIPIVI	/ <u>3.30</u> F	IVI		AIVI		IV	ledia, PA 19	063					
Scope of Work (Check al	II that apply)							☐ Full Conf	ainment with N	legative Pressure				
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			☐ Rer ☑ Der					☐ Mini-Enc ☐ Glovebas ☑ Non-Exe	g Procedure	Non-Friable Proce	edure			
	_			Loca							A	baten	nent T	уре
Location		,		lorma d Sol	ally ely by			Description o			Z	72	ш	Ш
Asbestos-Containing TO BE ABA)	Mai	ntena	ance/			Containing Ma rmal systems		Amount (Specify	Kemova	Repair	Encapsulate	Enclosure
IN Facili	ity		Cust	odial (12)	Staff?	,	S	urfacing, VAT	or .	SF or LF)	\ a	-	sula	sure
(13)			Yes	No	N/A		oti	ner miscellane	ous)				ate	
Roof] [Roofing	g			1265 SF				
Roof]				Flashin	ıg			484 SF	\boxtimes			
Exterior		[\boxtimes	Windov	v Ca	ulk		272 LF				
]												
Name of Registered Was	ste Hauler			1	NJDEP	Waste	Cub	oic Yards of	Name of Re	gistered Landfill				
David Geppert Rec	ycling			ŀ	lauler II	D No.	Wa 3	ste 0	Comment A Interest Comment and Comment	Berks Commu	inity La	ndfil	I	
City, State						,	Dis	posal Date	City, State					
Hatfield, PA							T	BD	Birdsbo	ro, PA				
Completed By (Print or T	ype)	Title			-			Signature	1/1		Date		7	
Mark Griffin		Est	timat	or				,	M		2/1	7,	115	5

ASB-41 MAY 11

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

CK 10509

MAY 11

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

Date of Notification (1)			Name	of Buildin	g Owner/Operator (2)	~ 4.	1000			
	5		Dre	her Gro	up						
Agencies Notified Type Notificatio	n		Street	Address							-
⊠ EPA ⊠ Initial			166	Nassau	St., 2 nd Floor						
☑ DOLWD ☐ Amended	WO EV			State, Zip							-
☐ DHSS Amendment					NJ 08542						
DCA Emergency (NJAC 5:23-8) Instification	including	g		of Contac			Telephone Nur	nhar			
(NSAC 5.23-5) Justification)			Complete Com-	DePaso			relebitorie Mai				
			FA	CILITY IN	NFORMATION				E 2		
Name of Facility Where Abatement is Taki	ng Place	(3)				Type of Facility (4)				
Harry's Army Navy						School (K-12					
Street Address	-					Subchapter 8	(Other than K-1				
691 Route 130						Other (i.e., pr homes, etc.)	ivate and comme	ercial bu	ilding	js,	
City (5)				-		Square Feet	# of Floors	BI	dg. A	70	
Robbinsville, NJ 08691						12,500.00	1		ug. A 40÷	ge	
County (6)		1.00	C	h. C (TVOTATE LIDE ON IN		1		40+		
Mercer			Cour	ity Code (7)(STATE USE ONLY)	Current Use (Pri		ished)			
						Vacant Reta	il				
Name of Monitoring Firm Hired by Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
AET			NA		Alliance Envi	ronmental Sys	tems				
Street Address					Street Address						
28 N. Pennell Road					550 East Unio	on St.					
City, State, Zip Code					City, State, Zip Co	ode					
Media, PA 19063					West Chester						
Project Manager for Monitoring Firm		Tel	lephone	No.	Telephone No.		License No.				
Dave Turotsy		6	10-891	-0114	610-701-9000		00508				
Start Date (10) Sche	eduled C	ompl	etion Da	te (11)	Name of OSHA M	lonitor					_
3 / 4 / 15	4 /		1/		AET						
Occupancy Status During Abatement (Che	ck only	one)			Street Address						
☐ Facility Closed/Vacated During Entire F	15	35	ement		28 N. Pennel	Road					
☐ Abatement Performed Outside of Norm				cribe	City, State, Zip Co						
Time of Abatement: 7AMPM/3:					Media, PA 19						
Scope of Work (Check all that apply)				_			The state of the s				
☐ ≥3 sf or ≥3 lf	П Re	מעממ	tion			ainment with Neg	ative Pressure				
☑ ≥160 sf or ≥260 lf	⊠ De				☐ Glovebac						
	- 29				Non-Exe Non-Exe	mpted (*) and Nor	n-Friable Proced	иге			Ē
	1 20	Loca						Ab	atem	ent T	уре
Location of		Norm	ally lely by		Description o			77	D	ш	т
Asbestos-Containing Material (ACM) TO BE ABATED			ance/		estos Containing Ma e., thermal systems i		Amount	Removal	Repair	nca	Enclosure
IN Facility	Cus		I Staff?	(1.0	surfacing, VAT,		(Specify SF or LF)	ova	=	psu	usc
(13)	Yes	(12 No			other miscellane			-		Encapsulate	9
Main Floor	l I I		N/A	VAT &	Maatia		0544.05	F2			
maiir i iooi		-		VAIC	WIASUC		9544 SF				
*	1		$\perp \square$						Ш	Ц	Ц
					•						
1											
Name of Registered Waste Hauler			NJDEP I		Cubic Yards of	Name of Regist	ered Landfill				
David Geppert Recycling		1	Hauler II	No.	Waste 60		erks Commun	ity Lan	dfill		
City, State					Disposal Date	City, State					
Hatfield, PA					TBD	Birdsboro,	PA				
Completed By (Print or Type)	le	1			Signature	Nh	2012-00	ate		-	-
	Estima	tor				##		7 1	3		1
ASB-41		D (450)				///		C-1	O	- /	7

* 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)

Page 1 of 1

EDS15-038 Check # 1405 Name of Building Owner/Operator (2) Date of Notification (1) Plainfield Public School 2-17-2015 Street Address Agencies Notified Type Notification 920 Park Ave Initial **EPA** City, State, Zip Code DEP Amended Plainfield, NJ 07060 Amendment # × DOL Emergency (including Telephone Number Name of Contact DOH justification) Eugene Campbell Cancellation DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Old Plainfield HS School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 925 Arlington Avenue etc.) # of Floors Bldg. Age Square Feet City (5) 40,000 60+ 2 Plainfield County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) County (6) School Union Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. GL Group, Inc TTI Environmental Inc 00003 Street Address Street Address 140 Hamburg Turnpike 1253 North Church St City, State, Zip Code City, State, Zip Code Bloomingdale, NJ 07403 Moorestown, NJ 08057 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 01084 (201)710-9725 856-840-8800 Mary Ellen Leotta Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) GL Group, Inc. 2-20-2015 at 3:30 2-23-2015 Street Address Occupancy Status During Abatement (Check Only One) 140 Hamburg Turnpike Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Bloomingdale, NJ 07403 Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 If × Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ (i.e. thermal systems insulation, (Specify Removal TO BE ABATED Repair Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)N/A Yes No 5 LF X Pipe Insulation X Attic Duct Packing Material (Debris) 100 SF X X Attic (O&M) Cubic Yards Name of Registered Landfill NJDEP Waste Name of Registered Waste Hauler of Waste Hauler ID No. Grows GL Group, Inc 0033034 TBD Disposal Date City, State City, State TBD Morrisville, PA Bloomingdale, NJ Date Signature Title Completed by 2-17-2015 P.M. Michael B Solakov

^{*} Do not use this form for asbestos licensure exempted activities.

CK 005834

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

D&S Proj. #: 2015-56			(Pursu		C 8:60 a	Abatement and 12:120)	34	Ers. Inn Zui		1 ,	/4. 1		
Date of Notification (1)	I	lame of Bu	ilding Own	er/Operator (2)	2)			1000	26 8	1.4			
10 / 10 / 1 15		MELAN.	E FENN	ERN					4,	1 2:	~ 5		
Agencies Notified Type Notificat	ion S	treet Addre	ess										
DEP Amended		52 NOR	TH TERR	CACE			III			R. 1	7		
Amendment #:	[City, State,	Zip Code										
DOL Emergency		MAPLE	WOOD,	NJ 07040									
DOH (including justification)	N	ame of Cor	ntact					Telephon	e Numbe	r			
DCA Cancellation		MAPLE	WOOD,	NJ 07040									_
			FAC	ILITY INFORM	MATION								
Name of facility where abatement i	s taking pla	ace (3)		-			Туре	of Facility (4) I (K - 12)				
MAPLEWOOD, NJ 07040									10		1/	10)	
Street Address									apter 8 (C Private/C			-12)	
52 NORTH TERRACE								Bldgs./	Homes, e	etc.		da A	
City (5)	Cour	nty (6)			I Count	y Code (7)	Squ	are Feet	# of Floo	rs	ы	dg. A	ge
		-, (-)			1	use only)	Cu	rrent Use (Pr	rior if bein	g dem	olishe	ed)	
MAPLEWOOD,		SEX											
Name of Monitoring Firm Hired by	Bldg. Owne	er (8)		ASCM No.		Name of Abatemen							
Street Address					= -	D & S RESTOR	RATIO	N, INC.					
Street Address						20 California A	A va						
City, State, Zip Code					- 6	ity, State, Zip Code	THE STREET				the said	A. 1524	
1000 A *1000 C C C C C C C C C C C C C C C C C C						Paterson, NJ 0							
Project Manager for Monitoring Firm	1	Ph	none Numb	er er	— _T	elephone Number			License	Numb	er		
						973-345-8020	0		0	1169			
Start Date (10)	Sched	I. Completion	on Date (1	1)	[Name of OSHA Mo							
02/19/15	02/25					D & S Restora	tion, In	C.					
Occupancy Status During Abatemer			CANADA MANAGEMENT		NAME OF TAXABLE PARTY.								
Facility closed/vacated during	22	250L 115	ment.		1	20 California A city, State, Zip Cod						_	
Abatement performed outside	of normal	facility hou	rs-			nty, otato, zip ood							
Describe: NORMAL H	IOURS					Paterson, NJ 0	7503						
Scope of Work (check all that apply		-				F	Full Co	ntainment w	/negative	press	ure	_	
\boxtimes >3 sf or >3 lf	Renovatio	n					_	nclosure					
≥160 sf or ≥260 lf	Demolition	1						pag procedur exempted (*)		friable	nroc	adura	
Location of	Is location	n normally	used solely	/			1 1001-2	xempted ()	and rivorr	R	R	E	T
asbestos-containing	by mainte staff(12)	enance/cus	todial	Description	ion of asl	pestos-containing		Amount		e m	e p	n	E n
material (acm) to be abated in facility (13)		l	T	material	(ACM)			(Specify S LF)	F or	0	a	c a	C
	Yes	No	N/A							v e	i r	р	-
BASEMENT		$\square X$		PIPE INSU			1	26 l ft		X			
BASEMENT CRAWL SPACE		X		PIPE INSU	JLATIC	N	1	0 l ft					
					-programming-ma								
Decistored Wester Laute				Julia Vanda C	\\/a=+= '	Name (D.)						Ш	
Registered Waste Hauler D & S RESTORATION, INC.	NJDI 135	EP Hauler 506		Subic Yards of Y 2 yds.	vvaste	Name of Registere TULLYTOWN			COVER	RY			
City, State			Disposal D	Date		City, State						-	and the second
PATERSON, NJ 07503			02/20/1			TULLYTOWN	N, PA						
Completed by (Print or Type)	Title	TINTO		Signature					Date	(0.0.1.			
BOGDAN JOLDZIC ASR-41	PRESID		for ashest	os licensure ex	xempted	activities			02/17/	2015			
CALLETT I	40				·······								

(KU0583)

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

D&S Proj. #: 2015-54			(Pursu	ant to NJAC	8:60	and 12:120)		Pris.			-	, -	
Date of Notification (1)		Name of Bui SARAH I		er/Operator (2)	Y.				4	i je			
Agencies Notified Type Notifica	tion	Street Addre		· · · · · · · · · · · · · · · · · · ·							1 1		
EPA Initial		12 RUTE	i empire	т									
DEP Amended	. 1	Dity, State, 2		1									
DOL Amendment #				07011									
□ DOH □ Emergency (including)		IRVING		07011				Telephone	o Numbo		n manufi	-	-
justification))						relephon	e Numbe	1			
DCA Cancellatio	n	SARAH	BURTO	N							_	_	_
			FACI	ILITY INFORM	ATION	1							
Name of facility where abatement	is taking pl	ace (3)						Type of Facility (4	4) I (K - 12)	i			
SARAH BURTON									apter 8 (0		han k	(-12)	
Street Address							-	Value of the second sec	Private/C			/	
12 RUTH STREET							1	Bldgs./l	Homes, e	etc.		ldg. A	nge.
City (5)	Cou	nty (6)			Cou	inty Code (7)	-	Square reet	# 01 1100	115		iug. A	ige
TD V D V O MONT	PG	0.535.6			(Sta	te use only)		Current Use (Pr	ior if beir	ng dem	olish	ed)	
IRVINGTON Name of Monitoring Firm Hired by		SEX		ASCM No.		Name of Abatem	opt Co	entractor (0)					
reame of Monitoring Finn Fined by	Diag. Own	61 (0)	i	ASCIVI NO.		20-04 00 XX-00000000000000000000000000000		500 U					
Street Address					-	D & S REST Street Address	UKA.	HON, INC.					
						20 California	Δ νε						
City, State, Zip Code					==	City, State, Zip Co	one of the latest the			4000			10920000000
						Paterson, N.		13					
Project Manager for Monitoring Firm	1	Pho	one Numb	er		Telephone Numb		,5	License	Numb	er		
						973-345-80	020			1169			
Start Date (10)	Sched	d. Completio	n Date (11		-	Name of OSHA							
02/19/15			1			D & S Resto	ration	i, Inc.	-				
Occupancy Status During Abateme	02/2				manage.	Street Address	100						
Facility closed/vacated during	2000 1 4 000 200 200 200 200 200 200 200 200 200		ment			20 California		nue					
Abatement performed outside	7.0					City, State, Zip C	ode						
Describe: NORMAL I	HOURS				-	Paterson, N.	0750	13					
Scope of Work (check all that appl								II Containment w	Incastive				
	Renovation	n						ni-enclosure	megative	press	uie		
≥160 sf or ≥260 lf	Demolitio							ovebag procedur					
		n normally u	sed solely	1			No	on-Exempted (*)	and Non-	friable	proc	_	-
Location of asbestos-containing	by mainte	enance/cust			n of	obootost-!-'	~	Amount		е	e	E n	E
material (acm) to be	staff(12)	1		material (/		sbestos-containin	g	(Specify Si	For	m	p a	С	n
abated in facility (13)	Yes	No .	N/A					LF)		V	i	a p	L
BASEMENT BOILER RM		X		PIPE INSU	LATI	ON		40 L FT		e	ń	\Box	$\forall \Box$
BASEMENT Closet		X		PIPE INSU	LATI	ON		12 L FT				Ħ	市
basement storage room		X		PIPE INSUI	LATI	ON		22 L FT				百	T
basement METER RM		X		PIPE INSU	LATI	ON		4 L FT					
Registered Waste Hauler D & S RESTORATION, INC.	NJD 135	EP Hauler II 506		ubic Yards of V yd.	Vaste	Name of Register		andfill ESOURCE RE	COVER	RY			
City, State			Disposal D	ate		City, State							Access to the last
PATERSON, NJ 07503			02/20			TULLYTOV	VN, P.	A					
Completed by (Print or Type)	Title	CNIT		Signature					Date	100			
BOGDAN JOLDZIC	PRESID	e this form f	or noboot	a lineage and a second		d - at its -			02/16	/2015			

OK58219.

183-02

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	2)						
	14		The	Middles	ex County Impro	ovement Author	ority -	4				
Agencies Notified Type Notifica	ation		Street	Address							15 (118)	7
☐ EPA ☐ Initial			101	Intercha	nge Plaza						1	
☑ DOLWD ☑ Amended			City, S	State, Zip C	ode							
☑ DHSS Amendment ☐ DCA ☐ Emergence		_	Cra	nbury, N	J 08512							
(NJAC 5:23-8) Cancellat	on)	9	Name	of Contact			Telephone N	Vumbe	r			
			FA	CILITY IN	FORMATION					-		
Name of Facility Where Abatement is T	aking Place	(3)				Type of Facility	(4)					_
ROOSEVELT HOSPITAL					-	School (K-12	2012					
Street Address						Subchapter 8			-1 6	:1-1:		
1 ROOSEVELT DRIVE					-	Other (i.e., p homes, etc.)		nmerci	ai bu	iiaing	s,	
City (5)						Square Feet	# of Floors		Blo	dg. A	ge	
EDISON						>500,000			7	75+		
County (6)			Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being der	molishe	ed)			
MIDDLE SEX						HOSPITAL						
Name of Monitoring Firm Hired by Build	ling Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)						-
EHS			266		DELTA/BJDS	, INC						
Street Address					Street Address							
411 SOUTHGATE COURT SUIT	EE				1345 INDUST	RIAL BLVD						
City, State, Zip Code					City, State, Zip Co	ode						
MICKLETON, NJ 08056					SOUTHAMPT	ON, PA 18966						
Project Manager for Monitoring Firm		100000	ephone		Telephone No.		License No	0.				
JACK CARNEY			56 224		215 322-2900	il .	00783					
I was well as the second of th	cheduled C				Name of OSHA M							
	03/		/ -	15	CRITERION L	ABS						
Occupancy Status During Abatement (0					Street Address							
 ☐ Facility Closed/Vacated During Entir ☐ Abatement Performed Outside of No. 				and the second	3370 PROGR							
Time of Abatement: 7AMPN				cribe	City, State, Zip Co BENSALEM,							
Scope of Work (Check all that apply)					M = " 0							
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		enovat emoliti			☐ Mini-Enc	ainment with Neg losure g Procedure	gative Pressure	e				
Z = 100 31 01 = 200 11		erronti.	OH		Non-Exe Non-Exe	mpted (*) and No	n-Friable Proc	cedure				
	10.00	Loca							Aba	atem	ent T	уре
Location of Asbestos-Containing Material (ACM	11-	Norma	ely by	Achor	Description o stos Containing Ma		Amount		Re	Re	En	En
TO BE ABATED	Ma	inten	ance/ Staff?		., thermal systems	insulation,	(Specify	88	Remova	Repair	cap	Enclosure
IN Facility (13)	Cus	(12)			surfacing, VAT, other miscellane		SF or LF)	al		Encapsulate	ure
(10)	Yes	No	N/A		other miscellane	ousj					te	
Boiler House	Ę.			Windo	ow Glazing		1,100		K.			
Boiler House	∑				ow Caulk		800	SF				
Laundry Bldg	Ţ			Windo	ow Glazing				Œ			
Laundry Bldg	図			Windo	ow Caulk		800	SF	Œ			
Name of Registered Waste Hauler		3.3	NJDEP V		Cubic Yards of	Name of Regis	stered Landfill					
SERVICE TRANSPORT		ŀ	auler II 20990		Waste	MINERVA	LANDFILL					
City, State					Disposal Date	City, State			To the Line			
58 PYLES LANE, NEW CASTLE	DE. 1972	0				WAYNESB	URG, OH 44	4688				
Completed By (Print or Type)	Title				Signature			Date)	F-X		
Damian Lavelle	PROJE	CT N	IGR.					2				

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

Date of Notification (1)			Nam	ne of Buildi	ng Owner/Operator	(2)	74 15				
	15		0.00		Corporation		1-4867 Check #7	7034			
Agencies Notified Type Notification	on		Stre	et Address							
☐ EPA ☐ Initial			65	01 Lega	cy Drive						
☑ DOLWD☑ Amended☑ DHSSAmendmen	4.41		City,	State, Zip	Code			<u> </u>			
□ DCA □ Emergency		-	PI	ano, TX 7	75024		-				
(NJAC 5:23-8) justification		19	Nam	e of Conta	ct		Telephone Num	ber			
☐ Cancellation	n'		Ja	son Mille	er	0 1880 888	J				6 (8)
None of Facility Add			FA	ACILITY	NFORMATION	4	1				
Name of Facility Where Abatement is Tak	king Plac	e (3)				Type of Facility					1.0
JC Penney Street Address				1122777		School (K-1	2) 8 (Other than K-12	·			
						Other (i.e., p	private and commer		uildir	ias.	
1221 Hooper Ave.						homes, etc.)			J	
City (5)					W 10	Square Feet	# of Floors	В	ldg. /	Age	
Toms River											
County (6)			Cou	inty Code ((7)(STATE USE ONLY)	Current Use (P	rior if being demolis	hed)			
Ocean						Retail					
Name of Monitoring Firm Hired by Buildin	g Owner	(8)	ASCN	No.	Name of Abateme	ent Contractor (9)				
Hillman Consulting, LLC					AbateTech, I	nc.					
Street Address					Street Address						
1600 Route 22 East					30 Maple Ave	. PO Box 25	8				
City, State, Zip Code					City, State, Zip Co						
Union, NJ 07083					Lumberton, N						
Project Manager for Monitoring Firm		Te	elephone	No.	Telephone No.		License No.				
Marvin Machado			908-57	7-8173	609-265-2107		00529				
Start Date (10) Sch	eduled (Comp	letion Da	ate (11)	Name of OSHA M	onitor					
_ 3 _ / _ 9 _ / _ 15 _			17 /		EMSL Analyti	cal					
Occupancy Status During Abatement (Che					Street Address						
☐ Facility Closed/Vacated During Entire F			ement		200 Route 13	0 North					
☐ Abatement Performed Outside of Norm	al Facili	ty Ho	urs - De	scribe							
Time of Abatement:AM	PM/ <u>9:3(</u>	PM-	<u>6</u> AM		City, State, Zip Co Cinnaminson						
Scope of Work (Check all that apply)		3 2			Omnaminson	, 100 00077					
≥3 sf or ≥3 lf			**		☐ Full Cont	ainment with Neg	gative Pressure				
≥ 25 st of ≥ 5 tr ≥ 160 sf or ≥ 260 tr	⊠ Re	enova emoli			☐ Mini-Encl	osure Procedure					
							n-Friable Procedure	9			
		Loc						Ab	atem	ent T	vpe
Location of		Norm	ally lely by		Description of			140.000	_		T
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	inten	ance/		estos Containing Mat e., thermal systems in		Amount	em	Repair	nca	nclo
IN Facility	Cus		Staff?	(1.0	surfacing, VAT,	or	(Specify SF or LF)	Removal	=	Encapsulate	Enclosure
(13)	Yes	(12 No	1	+	other miscellaned	ous)				late	(D)
Throughout Level 1				Floor ti	le & Mastic		9,275 SF				
211 M							0,210 OF				
		П		-		200 0400 10	7 (1996) 1955 (1996)				
	+=		-						Ш	Ш	Ш
		Ш	ll.								
Name of Registered Waste Hauler		1.83	NJDEP I		Cubic Yards of	Name of Regis	tered Landfill				
AbateTech, Inc.			Hauler II 18750		Waste 40	G.R.O.W.S.	Landfill				1
City, State					Disposal Date	City, State					
Lumberton, NJ					4/17/15	Tullytown,	PA				
Completed By (Print or Type) Tit	le				Signature	F	Date	9 1			_
Gwendolyn Trumbetti	Operati	ons	Coordi	inator	(An	1. T	3	1 2	OL	115	5
SB-41	. S					1004		1			

ASB-41 MAY 11

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

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

B & G proj. #: _____2015-26

Check # 7090

Date of Notification	1 (1)	-	Nam	e of Buil	ding Own	er/Operator (2)				1.0					
0 12 1/12 10	1/115		At	lantic F	lealth S	ystem				ti di	The par				
Agencies Notified	Type Notificati	on	Stree	et Addres	SS					1			£.	1	
☐ EPA ☐ DEP	X Initial		10	00 Mad	ison Av	enue		N. C.		7.5		,			
X DOL	☐ Amendr	nent	100000000000000000000000000000000000000	State, Z		27060									
	Amendi	lioiti	_	e of Con	wn, NJ (J/96U				Talanho	ne Numbe	r			********
▼ DOH	☐ Cancella	ation	in a section							, reicpilo	ne reambe	100			
DCA			<u> </u>	Peter Pa	almer). -			=	-	_
					FAC	ILITY INFORM	MOITA	1							
Name of facility w	here abatement i	s taking	place	(3)					Туре	of Facility	(4) ol (K - 12)				
Morristown N	ledical Center	, Fran	klin E	Building							hapter 8 (C		nan K-	12)	
Street Address											(Private/C		rcial		
100 Madison	Avenue, 1st	floor E	ast w	/ing					Squ	are Feet	# of Floo		Blo	lg. Ag	je
City (5)		C	ounty	(6)	7		Cou	inty Code (7)							
Morristown			Morris	3			(Sta	ite use only)			Prior if beir	ig dem	olishe	d)	
Name of Monitoria	ng Firm Hired by					ASCM No.		Name of Abatement		spital ctor (9)			-	*******	
T&M Associ		-1.03. 0		7.4	6	0145		B & G Restora							
Street Address							=	Street Address							
11 Tindall R							105 Ryerson	COLUMN TO SERVICE AND SERVICE							
City, State, Zip Coo Middletown,								City, State, Zip Code Lincoln Park,		035					
Project Manager fo		1		Ph	one Numb	per	_	Telephone Number			License	Numb	ег		
Kevin Burns				73	2-676-4	000		(973)696-686			00	378			
Scheduled Start D	ate (10)	Sc	hed. C	ompletio	n Date (1	1)		Name of OSHA Mon B & G Restora		nc					
03/06/2015		C	3/30/	2015				Street Address					-	-	-
Occupancy Status	During Abatemen	nt (Che	ck only	one)				105 Ryerson F	Road		N				
	ed/vacated during performed outside							City, State, Zip Code	е	- 1					
Describe:	ibe: work shift						-	LincolnPark, N	NJ 070	35					
Scope of Work (c			111-1	2.00411											
Demolition	TOOK OIL CHOK OPPI	Renov	ation				X	Full Containment w/ne	egative j	oressure	Glove	bag pr	ocedu	ire	
>3 sf or >3 l	f 🗵	>160 st	f or ≥2	60 If				Mini-enclosure			☐ Non-f	riable	proced	dure	
Location of					used solel	у						R	R	E	E
asbestos-co material to b		by ma		nce/cust	odiai	Descripti material		asbestos-containing		Amount (Specify	SF or	m	р	n c	n
abated in fa		Yes		No	N/A	material	(ACIVI)			ĹF)		o v	i	a p	L
Courier Room			-		X	I floor tile 8	mas	atic		195 sf		e	m	П	
Courier Noom	ourier Room									100 31					一
·															
	Apparent of the second					Subje Verde of	Masta	INC. of Docistors	d l andf	11			Ш	Ц,	
Registered Waste B & G Restora		N		Hauler I 563		Cubic Yards of 4 yds	vvasie	Tullytowr			Recovery	Cen	ter		
City, State Lincoln Park,	NJ				Disposal I 0	Date 3/09/2015		City, State Tullytown	, PA						
Completed by (Prin		Title				Signature		1			Date	1000			
Gordana Luna		Secre	etary/	Treasu	irer			Gordana Luna			02/2	0/201	15		

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

B & G proj. #: 2015-18

Check # 7092

Date of Notification (1)			me of Build	10.10 to 10.	r/Operator (2)										
Agencies Notified EPA	Type Notification	on Str	Street Address 4 Russell Terrace										_		
DEP DOL	Amendm		City, State, Zip Code Montclair, NJ 07042										#20MGC		
DOH DCA	Cancella		Name of Contact Leslie Larson Telephone Number												
		3		FACII	LITY INFORMA	NOITA									
Name of facility w	ce (3)	_	Type of Facility (4) School (K - 12)												
Leslie Larson					Subchapter 8 (Other than K-							12)			
Street Address				-	Other (Private/Commercial Bldgs./Homes, etc.										
4 Russell Ter	rrace						1	Square Fe		es, etc. Floors	Blo	g. Ag	je		
City (5)		Coun	ty (6)			Cour	County Code (7)								
	Ess	ev.			(Stat	tate use only) Current Use (Prior if being demolish									
Montclair, N.	Se 800 to 100 to			ASCM No.		residential Name of Abatement Contractor (9)									
Name of Monitorin	ng Firm Hirea by t	siag. Owne	r (o)		ASCIVI NO.		B & G Restoration, Inc.								
Street Address							Street Address	ition, mc.							
Street Address						105 Ryerson Road									
City, State, Zip Coo	de						City, State, Zip Code Lincoln Park, NJ 07035								
Project Manager fo	er	Telephone Number (973)696-6869				License Number 00378									
			_	Name of OSHA Mo											
Scheduled Start D	SE 55	d. Completion Date (11)				B & G Restoration, Inc.									
03/03/2015			Street Address												
Occupancy Status			105 Ryerson I						_						
▼ Facility closed/vacated during entire period of abatement Abatement performed outside of normal facility hours- Describe:					à		City, State, Zip Cod								
Other-Descr					_	LincolnPark, NJ 07035									
Scope of Work (c	heck all that apply	/) Renovatio						•							
Demolition			ull Containment w/n	egative pressi		Slovebag p Non-friable									
\times >3 sf or >3 lf \geq 160 sf or \geq 260 lf						X V	Mini-enclosure			I R	R	E	<u> </u>		
Location of Substitution of Su							abaataa aantaining	Am	ount	e m	е	n	E		
material to b	oe .	staff(12)			material	Description of asbestos-containing material (ACM)			ecify SF or	0	p a	c a	C		
abated in facility (13)			No	N/A	1			LF)		v e	i r	р	L		
boiler room				X	pipe insul	ation		18 lf		X					
boiler room				X	pipe			20 lf		X	H	X	닏		
storage room				X	pipe insu	lation							뷰		
laundry room				X	pipe		15 If								
			DU	<u></u>	Tubic Varde of	Masta	Name of Registere	ed Landfill							
Registered Waste B & G Restora	ation, Inc.	NJDEP Hauler ID# Cubic Yards of Was 19563 1½				Tullytown Resource & Recovery Center City, State									
City, State Lincoln Park,				04/2015		Tullytown, PA					,				
Completed by (Pri Gordana Lun		ry/Treasu	rer	Signature		Gordana Luna	100	Date 02/20/2015							

(KUU5838

State of NJ

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

D&S Proj. #: 15-50 (Pursuant to N

										Cr.							
Date of Notification (1)			Name of Building Owner/Operator (2) 491 Bloomfield, LLC c/o The Bravitas Group, Inc							TERRETT							
Agencies Notified Type Notification			-		LC c/o The E			107 50	11								
EPA Initial			Street Address														
□ DEP	Amended		105 Grove Street, Suite 5							#OL							
	Amendment #	:1	City, State	e, Zip Code	e												
□ DOL	☐ Emergency	-	Monto	lair, NJ 0	170	42											
₩ DOH	(including		lame of C	CONTRACTOR OF THE PARTY OF THE	770	72	NICK TO BE SEED OF THE SEED OF	Telephor	ne Numbe	or .		-	-				
	justification)		iamo or c	Jointage		Telephone Number											
DCA Cancellation Jack Finn																	
				FA	ACI	LIT <mark>Y</mark> INFORM	ATION				- 10-a 1113 - 1113-11						
Name of facility wh	nere abatement	is taking pl	ace (3)						Туре	of Facility		\ \					
Commercial Building								School (K - 12) Subchapter 8 (Other than K-12)									
Street Address											(Private/C			-12)			
491 Bloomfield	Avenue			£1							/Homes,			-1 - A			
City (5)	I Cou	nty (6)				Cou	Inty Code (7)			# of Floo	ors	ы	dg. A	ge			
Oily (O)		000	County (6)					te use only)	Curr	Current Use (Prior if being demolished)							
Montclair	Ess	Essex					Current use (Prior it being demolished)										
Name of Monitorin	g Firm Hired by	Bldg. Own	Owner (8) ASCM No.					Name of Abatement Contractor (9)									
								D & S RESTOR	RATION	. INC.							
Street Address								Street Address									
								20 California A	ve.								
City, State, Zip Cod	e							City, State, Zip Code)			000000000000000000000000000000000000000	and the same	MINISTER OF STREET	PRINCES OF STREET		
7.55 (A 10								Paterson, NJ 0									
Project Manager for	Monitoring Firm	1		Phone Nur	mh	2r		Telephone Number	1303		License	Numb	ner.				
reject manager to	World In g 1 an		1	i none ivai	IIID	51		973-345-8020)		- britished med)1169					
							Name of OSHA Monitor										
Start Date (10)	Sched	d. Comple	etion Date	(11)		D & S Restoration, Inc.										
3/04/15	12/20	2/26/15					Street Address										
Occupancy Status During Abatement (Check only one)						TENNENS TO PROPERTY.	NOTES IN	20 California A	Manua								
Facility closed/vacated during entire period of abatement.								City, State, Zip Code						-			
Abatement pe	erformed outside							City, State, Zip Cout	3								
Describe:	oe: NORMAL I	HOLIBS			_		- 11	Paterson, NJ 0	7503								
Scope of Work (ch	2000							Full Con Mini-end	tainment v	w/negative	e press	ure					
☐ >3 sf or >3 lf ☐ Renovation								×	2								
≥ 160 sf or ≥260 lf Demolition								፟		g procedu empted (*)		-friable	proc	edure			
Location of				ly used sol	lely					, , ,		IR	R	E			
asbestos-containing by r			enance/c	ustodial		Description	on of a	sbestos-containing		Amount		e m	e	n	E n		
material (acm	staff(12)	H(12)			material ((Specify SF or		0	p a	c a	C			
abated in faci	Yes	No	N/A	1					LF)		v	i	p	L			
Basement					\neg	Pipe Insula	tion		500) LF		e	1		\vdash		
Basement				=	=	Duct Insula) SF			H	믐	H		
First Floor					=	2x4,2x5 Dr		ilina Tilas		00 SF			H	H	H		
Exterior					=	THE RESIDENCE PROPERTY.	THE REAL PROPERTY.	The second second second second second	THE REAL PROPERTY.				H	믐	ዙ		
LATERIOR				4	4	Window Ca	uiKIII	5	000) LF			H	片	분		
Registered Waste H	auler	INID	EP Haule	ar ID# T		ubic Yards of V	Vaste	Name of Registere	d Landfill					Ш			
D & S RESTOR			506	, τοπ		0 YD	. 0.010	TULLYTOWN		JRCE RI	ECOVE	RY					
City, State				Disposa				City, State		- December - Company	SHI HOMOUSEN						
PATERSON, N.	J 07503			VAR	IO	US DATES		TULLYTOWN	I, PA								
Completed by (Print or Type) Title			Signature					Date									
BOGDAN JOLDZIC PRESIDENT								2/20/2015									
ASR-41		* Do not us	e this for	m for ashe	esto	s licensure ex	empter	1 activities						-			

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

D&S Proj. #: 15-50

Date of Notification (1) 2 / 1 5 5
Agencies Notified Street Address 105 Grove Street, Suite 5 105 Grove Street, S
DEP Amendent # Amendent #
Doc
Montclair Sex
DOH (Including justification) Jack Finn
DCA
Same of facility where abatement is taking place (3) Type of Facility (4) School (K-12) Street Address Other (Private/Commercial Building Bidgs. Homes, etc. Square Feet # of Floors Bidg. Age
Name of facility where abatement is taking place (3) Commercial Building Street Address 491 Bloomfield Avenue City (5)
School (K-12) School (K-12) School (K-12) School (K-12) Substitute School (K-12) School (K-12) Substitute School (K-12) School (K-12) Substitute School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12
Street Address 491 Bloomfield Avenue City (5)
Bidgs./Homes, etc.
City (5) Montclair Name of Monitoring Firm Hired by Bidg. Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number Project Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California A venue City, State, Zip Code Paterson, NJ 07503 Paterson, NJ 07503 Scope of Work (check all that apply) Paterson, NJ 07503 Full Containment w/negative pressure Mini-enclosure Glovebag procedure Non-Exempted (*) and Non-friable procedure Non-Exempted (*) a
Montclair Name of Monitoring Firm Hired by Bidg. Owner (8) ASCM No. Street Address Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number Paterson, NJ 07503 Telephone Number 973-345-8020 O1169 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 O1169 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503 Full Containment w/negative pressure Mini-enclosure Glovebag procedure Non-Exempted (*) and Non-friable procedure Amount (Specify SF or 0 a a c reference of the property of a gabestos-containing material (aCM) Paterson, NJ 07503 ASCM No. D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Full Containment w/negative pressure Mini-enclosure Glovebag procedure Non-Exempted (*) and Non-friable procedure
Montclair Sesex
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Project Manager for Monitoring Firm
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material (acm) to be staff(12) Description of asbestos-containing material (ACM) (Specify SF or o a a c
Basement Pipe Insulation 500 LF
Date incit
Basement Duct Insulation 420 SF X U U U U First Floor X 2x4,2x5 Drop Ceiling Tiles 2,000 SF X U U U
Exterior Window Caulking 800 LF
Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill
D & S RESTORATION, INC. 13506 40 YD TULLYTOWN, RESOURCE RECOVERY
City, State Disposal Date City, State
PATERSON, NJ 07503 VARIOUS DATES TULLYTOWN, PA
Completed by (Print or Type) Title Signature Date BOGDAN JOLDZIC PRESIDENT 2/12/2015
BOGDAN JOLDZIC PRESIDENT 2/12/2015 * Do not use this form for asbestos licensure exempted activities.

JAN 13

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

Date of Notification (1)	(1.1120		NOT				BESTOS ABAT AC 8:60 and 5:1	03					
DOLVD		20 /	15		Name	of Buildin	g Owner/Operator (Property Manag	(2) ement & Cons	truction EB 2				
SOLVEN			ation		Street	Address	Street 3rd Flr.			1 A 1 -	4: 5	7	
Name of Contact Rick Ferrera R	⊠ DOH	Amendme	ent #	_	City, S	State, Zip (Code					N N	i.
FACILITY INFORMATION	(NJAC 5:23-8)	justificatio	on)	ig	Name	of Contac	t		Telephone Nu	mber			
Name of Facility Where Abatement is Taking Place (3)					FΔ	CILITY IN	VEORMATION						
Residential House	Name of Facility Where At	patement is T	aking Plac	e (3)		0.1		Type of Facility	(4)				
County (6) County (6) Middlesex County (7) County (6) Middlesex County (7) Co								School (K-1:	2)				
City (5)	Street Address										.0.45		
County (6)	77 Crampton Avenue	е								erciai bu	iliaing	JS,	
County (6) Middlesex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC	City (5)									BI	dg. A	ge	
Middlesex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC		,,,,			Cour	nty Code (TVSTATE LISE ONLY	Current Use /Pi	ior if being demo	dichad)			
Name of Monitoring Firm Hired by Building Owner (8)	p-1-0-1 3-1-0-1 - 1 - 1-0-1				Jour	ity 0000 (1	HOTATE OUL ONET)	Surcit 036 (FI	ior it being detile	noricu)			
Street Address		lired by Build	dina Owner	(8)	ASCM	No	Name of Abatam	ant Contractor (0	\	-			-
Street Address P.O. Box 1224 Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026 City, State, Zip Code Garfield, NJ 07026 City State, Zip Code City State City Sta		med by bunc	ang Owner	(0)	ASCIVI	140.							
P.O. Box 1224 City, State, Zip Code City State, Zip Code City, State,								MAGENTENT L					
City, State, Zip Code								Lono					
Union, NJ Project Manager for Monitoring Firm Rick Eustaquio 973-494-3762 973-928-4888 1188 1188													
Project Manager for Monitoring Firm Rick Eustaquio Start Date (10) 2					- 44		All Street Section Street						
Start Date (10)		orina Firm		Tol	anhana	No		07020	I Licanca No				
2	Rick Eustaquio			9	73-494	-3762	973-928-4888		The sweet soon attention to the sweet				
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe ☐ Time of Abatement: ☐ AM- PM/ PM- AM ☐ PM- PM- AM ☐ City, State, Zip Code ☐ Garfield, NJ 07026 ☐ Scope of Work (Check all that apply) ☐ Sope of Work (Check all that apply) ☐ Sop of Work (Check all that apply) ☐ Sope of Work (Check all that ap	200 Maria - 100 Ma												
Second Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/_PMAM AM		15	4	/ _1	5 /	15_	ALL PRO MA	ANAGEMENT L	LC.				
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/_PMAM Garfield, NJ 07026						± 1	Street Address		331 335139.5-37				
Time of Abatement:AMPM/PMAM Garfield, NJ 07026 Scope of Work (Check all that apply) □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Benovation □ Demolition □ Glovebag Procedure □ Normaliy □ Used Solely by Maintenance/ Custodial Staff? (12) □ Yes No N/A Basement-Chimney Ctr. □ □ ☑ Flue Packing □ Garfield, NJ 07026 □ Full Containment with Negative Pressure □ Mini-Enclosure □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Abatement T □ Abatement T □ Abatement T □ Costion of Used Solely by Maintenance/Custodial Staff? (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) □ □ □ □ Flue Packing □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □						10	27 Outwater	Lane					
Secondaries													
□ ≥3 sf or ≥3 lf □ Renovation □ Mini-Enclosure □ Slovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Non-Exempted (*) and Non-Friable Procedure	Scope of Work (Check all t	that apply)											
Sabestos-Containing Material (ACM) Secretary Sec							☐ Mini-End ☐ Gloveba	closure eg Procedure		dure			
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Basement-Chimney Ctr. Basement-W & E Windows SF or LF) SF or LF or LF SF or LF SF o			11-							-	_	T	T
Basement-Chimney Ctr. Basement-W & E Windows SF or LF) SF or LF or LF SF or LF SF o			11						(2) (2) (2) (3) (3) (3) (3) (3) (4) (4)	eme	opa	nca	nolo
Basement-Chimney Ctr.	IN Facility		Cu			(surfacing, VAT	, or		ova	=	nsq	Enclosure
Basement-Chimney Ctr.	(13)		Voc	1,	1	-	other miscellane	eous)				ate	Ø
	Basement-Chimney C	tr.				Flue Pa	acking		10 SF				
	Basement-W & E Wind	dows		ĪП					25 SF				
2 ^{no} Floor - Throughout	2 nd Floor - Throughout	t		П					150 LF 🛛 🗆 🖎				
					100000							П	
Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill	Name of Registered Waste	e Hauler				Waste	Cubic Yards of	Name of Regi	L stered Landfill		1		
Newark Carting Hauler ID No. Waste 04509 Hauler ID No. Waste IESI Landfill		or radior		100	Hauler II	D No.	Waste	IESI Land					
City, State Newark, NJ Disposal Date City, State Bethlehem, PA							Disposal Date		n, PA		ŧ		
Completed By (Print or Type) Title Signatune) Date /		oe)	Title					1 1		Date /	-/		
Allen Monchik Project Manager 2/26/15			0.000	t Mar	nager			Uh I		2/2	0/1	5	

Date of Notification (1)					Name	of Buildin	g Owner/Operator (2	2)					
/	20 /	15			Div	ision of	Property Manage	ment & Const	ruction				
Agencies Notified	Type Noti	fication			Street	Address		FEB 24 AT	4. 30				
☑ EPA					20 \	W. State	Street, 3rd Fir.						
☑ DOLWD	☐ Amen	5.0000000			City, S	State, Zip (Code		711				
☑ DOH		dment #_				nton, NJ							
DCA (NJAC 5:23-8)		gency (in cation)	cluding) ×		of Contac			Telephone Numb	er	-		-
(143710 3.23-0)	☐ Cance					k Ferrera	37		r croprione reams	0,			
					FAC	CILITY IN	NFORMATION	2		M. W. C.			
Name of Facility Where A	batement	is Taking	Place	(3)				Type of Facility ((4)				
Residential House							- 1	School (K-12					
Street Address									(Other than K-12)				
85 Crampton Avenu	ie							homes, etc.)	rivate and commerc	cial bu	ilding	S,	
City (5)								Square Feet	# of Floors	Blo	dg. Ad	18	-
Woodbridge, NJ 07	095								1		-9	,-	
County (6)	370F870		Jan 1		Cour	nty Code C	7)(STATE USE ONLY)	Current Use (Pri	or if heing demolist	(bec			_
Middlesex					Coul	ity Code (I NOTHIE ODE ONET)	Our ent osc (i ii	of it being demonst	160)			
Name of Monitoring Firm	Hired by B	uilding (hyper /	8)	ASCM	No	Name of Abateme	ot Contractor (0)					
Bio Terra Solutions		dildilig C	over (5)	AOOW!	140.		NAGEMENT L					
Street Address							Street Address	NACESTER E					
P.O. Box 1224							27 Outwater	ane					
City, State, Zip Code							City, State, Zip Co						
Union, NJ							Garfield, NJ						
Project Manager for Moni	torina Firm			Tele	phone	No.	Telephone No.		License No.		-		
Rick Eustaguio	3				3-494		973-928-4888		1188				
Start Date (10)		Sched	uled C	689986		te (11)	Name of OSHA M		1 3033				
2 / 23 /	15					15	Decree of the control	NAGEMENT L	LC				
Occupancy Status During							Street Address						
☑ Facility Closed/Vacate					nent		27 Outwater	ane					
☐ Abatement Performed						cribe	City, State, Zip Co					_	
Time of Abatement:	AM	P	Λ/	_PM-		AM	Garfield, NJ						
Scope of Work (Check all	that apply)			_								
☐ >3 sf or >3 lf			ПВА	novati	on			ainment with Neg	jative Pressure				
≥160 sf or ≥260 lf			☑ De				☐ Glovebag	Procedure					
							Non-Exe	mpted (*) and No	n-Friable Procedure	-			
1 1			1	Locat Vorma						Ab	ateme	ent T	уре
Location (Asbestos-Containing N		CM)	Use	d Sole	ly by	Asbe	Description o estos Containing Ma		Amount	720	Repair	Ē	Ē
TO BE ABA	TED			intena todial :			e., thermal systems	insulation,	(Specify	Removal	pair	cap	Enclosure
IN Facilit (13)	У		Cusi	(12)	Stanr		surfacing, VAT, other miscellane		SF or LF)	28	1 1	Encapsulate	иге
(13)			Yes	No	N/A		otrei miscenarie	ous)				te	
1 st Floor-Den					\boxtimes	Tiles, A	Mastic & Adhesiv	e	60 SF	×		×	\boxtimes
1st Floor- Bedroom 1					\boxtimes	Tiles			125 SF	\boxtimes		\boxtimes	
1st Floor- Hall East						Peel-n-	Stick Linoleum		25 SF	\boxtimes			\boxtimes
Basement - Walls					\boxtimes	Water	Proofing		250 SF	\boxtimes		\boxtimes	\boxtimes
Name of Registered Wast	e Hauler			N	JDEP \	Waste	Cubic Yards of	Name of Regis	tered Landfill	1			
Newark Carting				- H	auler II		Waste	IESI Landf	ill				
City, State					04509	1	As Needed Disposal Date	City, State		-			
Newark, NJ							TBD.	Bethlehem	. PA				
Completed By (Print or Ty	ne)	Title	, , ,				Signature	70	Dat	io 1		ſ	
Allen Monchik	P0/		roject	Man	ager		17011/0	-h		2/2	107 /	15	
ASB-41			. 0,000	witarr	-901					10	1	1	2

ASB-41 JAN 13

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:120-7) CONTINUATION SHEET

	THE REAL PROPERTY.			85 Crampton Avenue		Abateme	nt Type		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13) Mai oc Yes		Normally Used Solely by Maintenance/Cust odial Staff (12)		Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a l	e R m e o p v a a i	Encapsul	E n c l o s u r e
	Yes	No	-						
Exterior-N & E Walls			X	Transite Siding	325 SF	X		X	
Exterior-Wall East Side		-	X	Meter Putty	2 SF	X	THE STREET, SECTION AND ADDRESS.	X	
Exterior-Wall East Side			Х	Paint Top Coat on Cinder Block	1,000 SF	X		X	
Roof			X	Roofing Tar	25 SF	×		X	
				Flashing Tar	5 SF	X			

				00	\	
Completed by: (Print or type) Monchik	Allen	Title:	Project Manager	Signature	W	Date: 2/20/15

Date of Notification (1)				Name	of Buildin	ng Owner/Operator (2)					
2 /	20 / 15			Div	ision of	Property Manage	ement & Const	ruction				
Agencies Notified	Type Notification			Stree	t Address			ruction	. 7)		
	Initial			20	W. State	Street, 3rd Fir.	12.86	3770	2			
	Amended				State, Zip		- 2°		. (7)			-
☑ DOH	Amendment #				nton, N.				· UII.			
DCA (NJAC 5:23-8)	Emergency (in justification)	ncluding	9		of Contac			Telephone Numb) Or	<u>.</u>		
The state of the s	☐ Cancellation				k Ferrer	700		relephone Numb	Jei			
				FA	CILITY II	NFORMATION						
Name of Facility Where Ab	atement is Takin	g Place	(3)				Type of Facility	(4)				
Residential House							School (K-12					
Street Address							Subchapter 8	3 (Other than K-12))	SERVICE I		
87 Crampton Avenue)						homes, etc.)	rivate and commer	cial bu	illding	JS,	
City (5)		-		-10000			Square Feet	# of Floors	RI	dg. A	ne .	
Woodbridge, NJ 070	95						- quality of	0		og. / .	90	
County (6)				Cour	ntv Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Middlesex					,	, Mo 202 04.2.1	001107111 000 (1 11	or it being demons	riouj			
Name of Monitoring Firm H	ired by Building (Owner	(8)	ASCM	No	Name of Abateme	ent Contractor (9)					
Bio Terra Solutions	,			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Description of the Company of the Company	NAGEMENT L					
Street Address						Street Address				10007	1011	
P.O. Box 1224						27 Outwater	lane					
City, State, Zip Code						City, State, Zip Co						
Union, NJ						Garfield, NJ						
Project Manager for Monito	rina Firm		Tole	phone	No	Telephone No.	01020	License No.				
Rick Eustaguio			1	73-494		973-928-4888		1188				
Start Date (10)	Scher	fuled C	1		ite (11)	Name of OSHA M		1100				
2 / 23 /				5 /		III	NAGEMENT LI	1.0				
Occupancy Status During A			N-12				THAT ENTRY E					
☐ Facility Closed/Vacated			400	ment		Street Address						
☐ Abatement Performed C					scribe	27 Outwater I						
Time of Abatement:	AMP	W/	PM-		AM	Garfield, NJ						
Scope of Work (Check all the	nat apply)		7 - 1			Garnerd, No	07020					
							ainment with Neg	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			novati			☐ Mini-Enc						
23 - 100 31 01 - 200 11		M De	понис	и			Procedure mpted (*) and Nor	n-Friable Procedur	е			
			Locat		1				1	atem	ent T	vpe
Location of			Norma ed Sole			Description o						-
Asbestos-Containing Ma TO BE ABATI			intena			estos Containing Ma e., thermal systems i		Amount (Specify	Remova	Repair	Encapsulate	Enclosure
IN Facility	<u> </u>	Cus	todial	Staff?	(1.0	surfacing, VAT,		SF or LF)	ova	=	psu	nsc
(13)		Yes	(12) No	N/A	-	other miscellane	ous)		-		late	Ø,
1 st Floor-Throughout		res	-	N/A	leir4 C	'amananad		4 000 05	53		[2]	E 2
				1000		ompound		4,000 SF			\boxtimes	\boxtimes
Roof		닏	\sqcup		Roof V	ent North		5 SF	\boxtimes	Ш	\boxtimes	Ш
				\boxtimes								
Name of Registered Waste	Hauler		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	JDEP \		Cubic Yards of	Name of Regis	tered Landfill		_		
Newark Carting			H	auler II 04509		Waste As Needed	IESI Landfi	H				
City, State				04508		Disposal Date	City, State					
Newark, NJ						TBD	Bethlehem	, PA				
Completed By (Print or Type	e) Title	9			1	Signature /	1 1	Dat	te /		-	_
Allen Monchik		roject	Man	ager		(Y)/,	0.11			n/	18	5
ASB-41		-			+				10	1	,	

ASB-41 JAN 13

Date of Notification (1)				Name	of Buildir	ng Owner/Operator (2)	A3 -					
	/1	5		Name of Building Owner/Operator (2) Division of Property Management & Construction 21. Street Address 20 W State Street 3rd Fig.									
	e Notification	1		Street	t Address			4	1941	4:5	10		
	Initial			20	W. State	Street, 3rd Fir.		- Office Page		4	1.		
	Amended Amendment :	и		City, S	State, Zip	Code		# 1 PS 1	w- /	5.17	i		
	Emergency (Tre	nton, N.	J 08608				-			
(NJAC 5:23-8)	justification)	ircidairi	d	Name	of Contac	ct		Telephone Numi	ber				
	Cancellation			Ric	k Ferrer	a							
				FA	CILITY II	NFORMATION	1		-				
Name of Facility Where Abate	ement is Takir	ng Place	(3)				Type of Facility	(4)					
Residential House							School (K-12						
Street Address				7 =			Subchapter 8	3 (Other than K-12 rivate and commer) rcial bu	ildin	70		
131 Crampton Avenue							homes, etc.)		Ciai Di	anding	<i>j</i> 5,		
City (5)							Square Feet	# of Floors	BI	dg. A	ge		
Woodbridge, NJ 07095	i												
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	shed)				
Middlesex													
Name of Monitoring Firm Hire	d by Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
Bio Terra Solutions							NAGEMENT L						
Street Address						Street Address							
P.O. Box 1224						27 Outwater	Lane						
City, State, Zip Code						City, State, Zip Co	ode						
Union, NJ						Garfield, NJ							
Project Manager for Monitorin	g Firm		Tele	ephone	No.	Telephone No.		License No.					
Rick Eustaquio			9	73-494	-3762	973-928-4888		1188					
Start Date (10)	Sche	duled C	omple	etion Da	ite (11)	Name of OSHA M	lonitor					-	
2 /23 /15	5	4/	15	5/	15	ALL PRO MA	NAGEMENT L	LC					
Occupancy Status During Aba	tement (Che	ck only o	one)			Street Address							
☐ Facility Closed/Vacated Du						27 Outwater I	Lane						
Abatement Performed Outs						City, State, Zip Co	ode						
Time of Abatement:	_AMF	'M/	PM-		AM	Garfield, NJ	07026						
Scope of Work (Check all that	apply)					5715.00						-343374	
≥3 sf or ≥3 lf		□Re	novat	ion		☐ Mini-Enc	ainment with Neg losure	jative Pressure					
≥160 sf or ≥260 lf		⊠ De	molitic	חכ		☐ Glovebag	g Procedure					1	
		1 .				Non-Exer Non-Exer	mpted (*) and No	n-Friable Procedur	е				
Location of		14 (45)	Loca: Vorma			Di			Ab	atem	ent T	уре	
Asbestos-Containing Mate	rial (ACM)	Use	d Sole	ely by	Asbe	Description of estos Containing Ma		Amount	Re	Re	m	四	
TO BE ABATED		20.00	intena	ince/ Staff?		e., thermal systems i	nsulation,	(Specify	Remova	Repair	cap	clos	
IN Facility (13)		Cus	(12)	otan:		surfacing, VAT, other miscellane		SF or LF)	18/		Encapsulate	Enclosure	
(19)	Yes	No	N/A		outer miscellane	Jusy				te			
Dining Fl. South			\boxtimes	Tiles, R	Mastic & Adhesiv	e	200 SF	\boxtimes		\boxtimes	\boxtimes		
LR-N & E Walls				\boxtimes	Mastic			250 SF	×			\boxtimes	
1st Floor- Throughout				\boxtimes	Window	w Caulking		300 SF	\boxtimes		\boxtimes		
LR - Walls				\boxtimes	Adhesi	ive		450 SF			\boxtimes	\boxtimes	
Name of Registered Waste Ha	uler	1	IN	JDEP V	Waste	Cubic Yards of	Name of Regis	tered Landfill	1				
Newark Carting				lauler II		Waste	IÉSÍ Landfi						
City, State	*			04509	3	As Needed Disposal Date	City, State						
Newark, NJ						TBD	Bethlehem	ΡΔ					
Completed By (Print or Type)	Titl	0)		tn 1		4		
Allen Monchik		e Project	Man	aner		Signature		Da	- /	2/	ىيە. د	-	
ASB-41		roject	mail	agei		Ille	\sim \sim		2/3	44	1->		

ASB-41 JAN 13

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:120-7) CONTINUATION SHEET

			131 Crampton Avenue	7	Abateme	nt Type		
Is Location Normally Used Solely by Maintenance/Cust odial Staff (12) Yes No N/A		Used Dy :e/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a	R e p a i r	E n c a p s u l	E n c l o s u r e
Yes	No	NAME OF TAXABLE PARTY.						ļ
-		CHERTAIDENNINGS		250 SF	Х	No.	Х	Tanana Ta
	LOCHICOLOGIC	X	Pipe Wrap	25 SF	Χ		X	X
	-CTTONA TERROTORIO	Х	Transite	75 SF	Х		X	
		Х	Adhesive	15 SF	Χ	· mmorriscumania.	X	X
		Х	Tiles & Mastic	CONTRACTOR OF THE PARTY OF THE	DESCRIPTION OF THE PARTY OF THE		A PRINCIPAL PRIN	X
		Х	Asphalt Shingles	A SOUTH THE PROPERTY OF THE PR	-	1	-	
		X	Flashing Tar	200 SF	Χ		Х	
	Noi S Main odi	Normally Solely I Maintenand odial Staff	Normally Used Solely by Maintenance/Cust odial Staff (12) Yes No N/A X X X X X X X X X X	Is Location Normally Used Solely by Maintenance/Cust odial Staff (12) Yes No N/A X Tiles & Mastic X Pipe Wrap X Transite X Adhesive X Asphalt Shingles X Asphalt Shingles	Is Location Normally Used Solely by Maintenance/Cust odial Staff (12) Yes No N/A X Tiles & Mastic X Pipe Wrap X Transite X Adhesive X Tiles & Mastic X Tiles & Mastic X Asphalt Shingles X Asphalt Shingles Amount (Specify SF or LF)	Is Location Normally Used Solely by Maintenance/Cust odial Staff (12) Yes No N/A X Tiles & Mastic 25 SF X X Pipe Wrap 25 SF X X Adhesive 15 SF X X Asphalt Shingles 1,200 SF X Amount (Specify SF e R Amount (Specify SF or LF) m Amount (Specify SF e e or LF) m Amount (Specify SF or LF) x E e or LF) x Amount (Specify SF or LF) x E e or LF) x Amount (Specify SF or LF) x E e or LF) x Tiles & Mastic 250 SF X X Transite 75 SF X X Asphalt Shingles 1,200 SF X	Is Location Normally Used Solely by Maintenance/Cust odial Staff (12) Yes No N/A X Tiles & Mastic X Pipe Wrap X Transite X Adhesive X Tiles & Mastic X Asphalt Shingles X Asphalt Shingles Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF e R R Amount (Specify SF or LF) M m e e O p V a a i I r	Is Location Normally Used Solely by Maintenance/Cust odial Staff (12) Yes No N/A X Tiles & Mastic X Transite X Transite X Adhesive X Asphalt Shingles Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF e R c c mm e a a o p p p v a a s a i u l r l r l l l r l l l r l l l r l l l r l l l r l l l r l l l r l

Completed by: (Print or type) A	llen	Trans	Decises Manager			January and January and
Monchik	wici i	Title:	Project Manager	(Signatura:	1-	Date/
L	-					70011

Date of Notification (1)				500	Name	of Buildin	g Owner/Operator (2)	200-				
	/	15			Div	ision of	g Owner/Operator (Property Manage	ement & Const	ruction FEB 21	, e.			
Agencies Notified Typ	oe Notific	cation			Street	Address				1 27	1 4:	20	
	Initial				20	W. State	Street, 3rd Flr.		776 37-1			-12.	
	Amende	200			City, S	State, Zip	Code				31	2	
The state of the s	Amendm					nton, NJ					. 1	11	
	Emerger justificat		ciuain	3		of Contac			Telephone Numb	er		-	
The state of the s	Cancella				Ric	k Ferrer	a						
					ΕΛ	CILITY IN	NFORMATION						
Name of Facility Where Abate	ement is	Taking	Place	(3)	FA	CILITTI	NORMATION	Type of Facility	(4)				
Residential House	omont io	raining	11100	(0)				School (K-12	3000				
Street Address		-						☐ Subchapter ((Other than K-12)				
145 Crampton Ave		Sit							rivate and commerc	cial bu	iilding	s,	
City (5)								homes, etc.)		100	1 A	2004	
Woodbridge, NJ 07095								Square Feet	# of Floors	BI	dg. A	ge	
County (6)	,	-			100		TVOTATE LIGE ON VA	0 111 (0					
Middlesex					Cour	ity Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	ned)			
	11 D "			(D) T	10011		T						
Name of Monitoring Firm Hire	a by Bull	iaing C	wner	(8)	ASCM	No.	Name of Abateme						
Bio Terra Solutions								NAGEMENT L	LC				
Street Address							Street Address						
P.O. Box 1224							27 Outwater						
City, State, Zip Code							City, State, Zip Co						
Union, NJ						250110-0-0	Garfield, NJ	07026					
Project Manager for Monitorin	ig Firm				phone		Telephone No.		License No.				
Rick Eustaquio					73-494		973-928-4888		1188				
Start Date (10) 2 / 23 / 1:					tion Da	ite (11)	Name of OSHA N						
				-		13		NAGEMENT L	LC				
Occupancy Status During Aba							Street Address						
□ Facility Closed/Vacated Du □ Abatement Performed Out						oribo	27 Outwater						
Time of Abatement:	AM-	PN	// aciiii	PM-	5 - Des	AM	City, State, Zip Co						
						*1.02000	Garfield, NJ	07026					
Scope of Work (Check all that	t apply)						M Full Cont	ainment with Neg	rative Pressure				
≥3 sf or ≥3 lf			Re	enovati	on		☐ Mini-Enc		gative riessure				
≥160 sf or ≥260 lf			⊠ De	emolitic	on		State of the last	Procedure	E B				
			10	Locat	ion		⊠ Non-Exe	mpted (*) and No	n-Friable Procedure	1			
Location of				Norma			Description o	f M		Ab	atem	ent T	-
Asbestos-Containing Mate		M)		ed Sole		Asbe	estos Containing Ma		Amount	Rer	Repair	Enc	Enclosure
TO BE ABATED IN Facility)			iintena todial		(i.e	e., thermal systems surfacing, VAT		(Specify	Remova	33	SOE	los
(13)			100000	(12)		1	other miscellane	(1000)	SF or LF)	<u>n</u>		Encapsulate	J'e
			Yes	No	N/A							Ф	
Interior-Throughout					\boxtimes	Joint C	ompound		2,000 SF	\boxtimes			\boxtimes
Interior-Kitchen						Tiles			200 SF	\boxtimes		\boxtimes	\boxtimes
Interior-Kitchen/Bedroon	n				\boxtimes	Mastic	under Wood Par	neling	300 SF	\boxtimes		\boxtimes	\boxtimes
Interior-Bathroom						Adhesi	ive		150 SF			\boxtimes	×
Name of Registered Waste Ha	auler			I	JDEP \	Waste	Cubic Yards of	Name of Regis	tered Landfill				
Newark Carting				H	lauler II		Waste	IESI Landf					
City, State					04509	9	As Needed Disposal Date	City, State		35			
Newark, NJ							TBD TBD	Bethlehem	ΡΔ				
		7:0					$1 \lambda \Lambda$	/ rememen		- [-			
Completed By (Print or Type)		Title		3.11			Signature	MAG	Dat	te / 2	2/	18	7
Allen Monchik		Pr	ojeci	Man	ager			V IM	, 0	70	1	H	
ASB-41 JAN 13		* 1	no not	use th	nis form	for aches	tos licensure exemp	stad activities		1			

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:120-7) CONTINUATION SHEET

			**********	145 Crampton Avenue		Abateme	ent Type		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	No Main odi	ial Staf	Used by ce/Cust f (12)	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a	R e p a i	E n c a p s u l	E n c l o s u r e
nterior-Basement Bathtub	Yes	No	N/A X	Caulk under Bathtub	2 LF	V			
Roof		-	X	Flashing Tar	10 SF	X	-	X	
Below to all the second section and the second Administrator in a second second section and the second second second section and the second sec									
						-			CONTRACTOR
					NAME OF THE PARTY				
				THE PROPERTY OF THE PROPERTY O		W-ALCOHALING-IN			
		Control							
								Î	

					Ì,	,
Completed by: (Print or type) Monchik	Allen	Title:	Project Manager	S/gnature//	11	Date:
IVIOICHIK	-			1 War		190/15

Date of Notification (1)	20 /	15				ng Owner/Operator (Property Manag	· 2	truction FE	9 0.		-	9
Agencies Notified EPA	Type Notifica	ation			t Address W. State	Street, 3rd Fir.	3 21	truction	Cli	MA.	4.5	7.7
☑ DOLWD	☐ Amended				State, Zip				- , /-		-	7
□ DCA	Amendm Emergen	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	Tre	enton, N.	J 08608					0	
(NJAC 5:23-8)	justificati		ig	Name	e of Conta	ct		Telephone Num	ber	*		
	☐ Cancella	tion		Ric	k Ferrer	a						
				FA	CILITY II	NFORMATION	0					
Name of Facility Where	Abatement is 7	Taking Plac	e (3)				Type of Facility	(4)		2200000		
Residential House	е						School (K-12		V.			
Street Address							Other (i.e., p	8 (Other than K-12 rivate and commer) rcial bui	Idinas	S.	
560 Heidelberg A	ve						homes, etc.			3		
City (5)							Square Feet	# of Floors	Bld	lg. Ag	е	
Woodbridge, NJ	07095											
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	shed)			
Middlesex												
Name of Monitoring Fir	in the second second second second	ding Owner	(8)	ASCM	No.	Name of Abatem						
Bio Terra Solution	15					The state of the s	NAGEMENT L	LC				
Street Address P.O. Box 1224						Street Address						
City, State, Zip Code						27 Outwater						
Union, NJ						City, State, Zip C						
Project Manager for Mo	nitorina Firm		Tal	ephone	No	Garfield, NJ	07026	111				
Rick Eustaquio	antoning (init			73-494		Telephone No. 973-928-4888	2	License No.				
Start Date (10)		Scheduled				Name of OSHA M		1100				
2 / 23	96 9606	4				PROMING SOCIAL PROPERTY OF THE	NAGEMENT L	1.0				
Occupancy Status Duri						Street Address	THE PARTY OF THE P					
☑ Facility Closed/Vaca				ement		27 Outwater	lane					
☐ Abatement Performe	ed Outside of No	ormal Facil	ity Hou	ırs - Des	scribe	City, State, Zip Co	C3(C3)(C3C2)					
Time of Abatement:	AM	PM/	PN	l	_AM	Garfield, NJ						
Scope of Work (Check	all that apply)			10.2								
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		The state of the s	enova emoliti			☐ Mini-End	Containment with Negative Pressure Enclosure Bag Procedure Exempted (*) and Non-Friable Procedure					
			s Loca	ition		23 11011 2.40	impled () and 140	Trable Frocedu		iteme	nt Ty	VDA
Locatio		I I I	Norma	ally ely by	W 25	Description of			-	- 1	0.00	
Asbestos-Containing TO BE AB			ainten:			estos Containing Ma e., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Fac	ility	Cu		Staff?	(1.	surfacing, VAT	, or	SF or LF)	ova	=	psu	nusc
(13)		Yes	(12 No	T	4	other miscellane	ous)				late	CO
Interior-Throughout	<u> </u>				110000000000000000000000000000000000000	Plaster - Top Co	at	3,000 SF	\boxtimes		\boxtimes	\boxtimes
Interior-Basement					Boiler	Flue Packing		5 LF	\boxtimes	-		\boxtimes
						-						
			Ħ									
Name of Registered Wa	acto Haules			NJDEP	Mosts	Cubic Yards of	I Name of David	1111611		Ш	Ш	Ш
Newark Carting	iste naulei			Hauler I		Waste	Name of Regis					
				04509	9	As Needed		141				
City, State Newark, NJ						Disposal Date	City, State	. DA				
The state of the s	T \	I married				TBD	Bethlehem					
Completed By (Print or Allen Monchik	(ype)	Title Projec	t Mar	ager		Signature	-MM	Da	ate di	10/	15	-
ASR 41			-	-			10			-		

Date of Notification (1)		. 0	Name of Building Owner/Operator (2)										
/ 20 /	15			Name of Building Owner/Operator (2) Division of Property Management & Construction Street Address 20 W. State Street 3rd Fts									
Agencies Notified Type Not ☑ EPA ☑ Initial				Street	Address W. State	Street, 3rd Fir.	* 3.		1 4.	F.O			
☑ DOLWD ☐ Amen					State, Zip (1 444				
	dment #			Trenton, NJ 08608									
	gency (inclu cation)	Jaing		Name of Contact Telephone Number									
Cance				Ric	k Ferrera	a		, coopiione i iai					
				FΔ	CILITY IN	FORMATION					-		
Name of Facility Where Abatement	is Taking F	Place	(3)	17	OILII I II	TORWATION	Type of Facility	(4)		-			
Residential House			(-)				School (K-12						
Street Address			-				☐ Subchapter 8	(Other than K-1:	2)				
563 Heidelberg Ave							Other (i.e., p homes, etc.)	rivate and comme	ercial bu	uilding	js,		
City (5)					 		Square Feet	# of Floors	BI	dg. A	ne		
Woodbridge, NJ 07095							Oquaio i oot	17 01 1 10013		ug. n	go		
County (6)		-		Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being demol	ished)		A		
Middlesex					.,	, (C	Garront Goo (1 1	ior ir borrig domor	101100)				
Name of Monitoring Firm Hired by E	Building Ow	ner (8) [ASCM	No.	Name of Abateme	ent Contractor (9)			-			
Bio Terra Solutions			-/			A CONTRACTOR OF THE PROPERTY O	NAGEMENT L						
Street Address						Street Address	in to Line in L						
P.O. Box 1224						27 Outwater	lane						
City, State, Zip Code						City, State, Zip Co							
Union, NJ					Garfield, NJ 07026								
Project Manager for Monitoring Firm	1		Tele	phone	No	Telephone No.	07020	License No.		-			
Rick Eustaquio			1		-3762	973-928-4888		1188					
Start Date (10)	Schedul	ed C	127.7			Name of OSHA M	2	1100		1.0000			
2 / 23 / 15				5 /			NAGEMENT L	LC					
Occupancy Status During Abatemen						Street Address							
☑ Facility Closed/Vacated During E			100	ment		27 Outwater	ane.						
☐ Abatement Performed Outside o					cribe	City, State, Zip Co							
Time of Abatement:AM						Garfield, NJ							
Scope of Work (Check all that apply	()					ournord, ivo	01020				-		
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			novati molitic			☐ Mini-Enc ☐ Glovebag	containment with Negative Pressure Enclosure Ebag Procedure Exempted (*) and Non-Friable Procedure						
		ls	Locat	ion			1			atem	ent T	vpe	
Location of	01.0		lorma d Sole			Description o		727 0		_	7.00		
Asbestos-Containing Material (A TO BE ABATED	4	Mai	intena	nce/	Asbe	estos Containing Ma e., thermal systems	terial (ACM)	Amount (Specify	Remova	Repair	Encapsulate	Enclosure	
IN Facility		Cust	odial (12)	Staff?	(surfacing, VAT,	, or	SF or LF)	Va	=	psu	Sur	
(13)		Yes	No	N/A		other miscellane	ous)				ate	CD	
Interior-Kitchen					Tiles &	Mastic		125 SF					
Interior-Crawlspace					Tiles			325 SF	\boxtimes		×	\boxtimes	
		7				7							
		_						A STATE OF THE STA					
N			Ц		1	10.11.11	The second					Ш	
Name of Registered Waste Hauler			0.00	IJDEP I lauler li		Cubic Yards of Waste	Name of Regis						
Newark Carting				04509		As Needed	IESI Landf	111					
City, State						Disposal Date	City, State						
Newark, NJ						TBD	Bethlehem	, PA			A		
Completed By (Print or Type)	Title				70	Signature	7 11 1	D	ate	2	1.		
Allen Monchik	Pro	ject	Man	ager			0, W		2/3	20	114	5	
ASB-41	20,000												
AN 13	* Do	not	use th	us form	ror asbes	tos licensure exemp	ted activities.						

Date of Notification (1)					Name of Building Owner/Operator (2)									
	_ / _	15	_		Name of Building Owner/Operator (2) Division of Property Management & Construction Street Address 20 W. State Street, 3rd Flr.									
Agencies Notified Type	Notifica	tion		-	Street Address									
⊠ EPA ⊠ In					20	W. State	Street, 3rd Fir.		6		40 3	7		
	mended				City, State, Zip Code									
	mendme	the margin - It			Tre	nton, NJ	08608				11			
	mergeno stificatio		auaing		Name	of Contac	t		Telephone Numb	er	24			
The state of the s	ancellati				Ric	k Ferrera	1							
					FA	CILITY IN	FORMATION							
Name of Facility Where Abatem	nent is T	aking	Place	(3)				Type of Facility ((4)					
Residential House	Residential House							School (K-12	/ ·					
Street Address									(Other than K-12) rivate and commerc	ial hu	ildina	c		
15 Sewaren Avenue								homes, etc.)	ivate and commerc	iai ba	indirig	σ,		
City (5)								Square Feet	# of Floors	Bk	dg. A	ge		
Woodbridge, NJ 07095								Α						
County (6)					Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ned)				
Middlesex														
Name of Monitoring Firm Hired	by Build	ling O	wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
Bio Terra Solutions							ALL PRO MA	NAGEMENT L	LC					
Street Address							Street Address							
P.O. Box 1224							27 Outwater	Lane						
City, State, Zip Code	12-17-1						City, State, Zip Co	ode						
Union, NJ						Garfield, NJ 07026								
Project Manager for Monitoring	Firm			Tel	ephone	No.	Telephone No.		License No.					
Rick Eustaquio				9	73-494	-3762	973-928-4888	3	1188					
Start Date (10)					etion Da	100	Name of OSHA N	Monitor						
2/23/15	_	4	/	_1	5 /	15	ALL PRO MA	NAGEMENT LI	LC					
Occupancy Status During Abat			355				Street Address							
☐ Facility Closed/Vacated Dur							27 Outwater	Lane						
Abatement Performed Outsi							City, State, Zip Co	ode						
Time of Abatement:	-\IVI		1/		-	AIVI	Garfield, NJ	07026						
Scope of Work (Check all that a	apply)						M = 110							
☐ >3 sf or >3 lf			ПRe	nova	tion		☐ Mini-End	tainment with Neg closure	jative Pressure				. (1	
≥160 sf or ≥260 lf			☑ De				☐ Gloveba	g Procedure						
				1		1	Non-Exe Non-Exe	mpted (*) and No	n-Friable Procedure	1				
Location of				Loca			Description of	s.f		Ab	atem	ent T		
Asbestos-Containing Materi	al (ACM)	Use	d So	lely by	Asbe	estos Containing Ma		Amount	70	Repair	E	Enclosure	
TO BE ABATED					ance/ Staff?	(i.e	e., thermal systems		(Specify	Remova	bair	ap:	dos	
IN Facility (13)			Odd	(12			surfacing, VAT other miscellane		SF or LF)	100		Encapsulate	ure	
()			Yes	No	N/A							6		
1 st Fl-Bedroom 1 Wall N					\boxtimes	Glue D	ots		250 SF	\boxtimes		\boxtimes	\boxtimes	
1st Fl-Kitchen Wall S						Tiles &	Glue Backing		20 SF	\boxtimes		M	\boxtimes	
1st Fl-Living Room Wall W	I					Joint P	atch Wall		400 SF	\boxtimes		\boxtimes	\boxtimes	
Roof					\boxtimes	Flashir	ng Tar		10 LF	\boxtimes		\boxtimes		
Name of Registered Waste Hau	uler				NJDEP		Cubic Yards of	Name of Regis	tered Landfill					
Newark Carting					Hauler I		Waste As Needed	IESI Landfi	ill					
City, State							Disposal Date	City, State						
Newark, NJ							TBD	Bethlehem	, PA					
Completed By (Print or Type)		Title			Signature				Dai	Date				
Allen Monchik		Pr	oject	Mai	nager		Ulh		- .	7/	20,	1/3	5	

Date of Notification (1)				Name of Building Owner/Operator (2)										
2 / 20 /	15	_		Division of Property Management & Construction										
Agencies Notified Type Notifica	ation			Street Address 20 W. State Street, 3rd Fir. City, State, Zip Code										
				20 W. State Street, 3rd Fir.										
☑ DOLWD ☐ Amended				City, State, Zip Code										
☑ DOH Amendm				Trenton, NJ 08608							.,			
DCA Emergen (NJAC 5:23-8) September Image: Septem		iding			of Contac			Telephone Numb	Folosbono Number					
Cancella	11.6		8	77m0e00	k Ferrer			i dieprione Hann	Jei	- 4				
				FA	CILITY IN	NFORMATION								
Name of Facility Where Abatement is 7	aking P	lace (3)			2	Type of Facility	(4)						
Residential House							School (K-12)						
Street Address					+			Other than K-12						
535 Vesper Avenue							homes, etc.)	rivate and commer	cial bu	ulding	JS,			
City (5)							Square Feet	# of Floors	BI	dg. A	ge			
Woodbridge, NJ 07095														
County (6)			1	Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			1977		
Middlesex						2020	*							
Name of Monitoring Firm Hired by Build	ding Ow	ner (8))	ASCM	No.	Name of Abateme	ent Contractor (9)							
Bio Terra Solutions						1914	NAGEMENT L							
Street Address			-			Street Address								
P.O. Box 1224						27 Outwater I	lane							
City, State, Zip Code					_	City, State, Zip Co								
Union, NJ					Garfield, NJ 07026									
Project Manager for Monitoring Firm		T	Tele	phone	No.	Telephone No.	0.020	License No.		-1000				
Rick Eustaquio				3-494		973-928-4888		1188						
	Schedule	ed Cor				Name of OSHA M		1100	1.002					
2/23/15				_ / _			NAGEMENT LI	LC						
Occupancy Status During Abatement (Check o	nly on	e)			Street Address								
☐ Facility Closed/Vacated During Entire						27 Outwater I	Lane							
☐ Abatement Performed Outside of No						City, State, Zip Co	ode				11000			
Time of Abatement:AM	PM/_		PM-		AM Garfield, NJ 07026									
Scope of Work (Check all that apply)						ASSOCIATION OF								
☐ >3 sf or >3 If		Reno	ovati	OD.			ainment with Neg	ative Pressure						
☑ ≥160 sf or ≥260 lf	×	Dem				☐ Glovebag								
						Non-Exer Non-Exer	mpted (*) and Nor	n-Friable Procedur	е		-20			
			ocat rma			_			Ab	atem	ent T	уре		
Location of Asbestos-Containing Material (ACN	0	Used			Ashe	Description o estos Containing Ma		Amount	Re	Re	g	回		
TO BE ABATED	1	Main				e., thermal systems i		(Specify	Removal	Repair	cap	clos		
IN Facility (13)		Custo	oiai ((12)	stan?		surfacing, VAT,		SF or LF)	Val	_	Encapsulate	Enclosure		
(13)	Y		No	N/A		other miscellane	ous)		la l		ate			
Kitchen Floor E] [\boxtimes	Adhesi	ve		200 SF	\boxtimes			\boxtimes		
1st & 2nd FI-LR Wall N & Bedroom	3 [] [\boxtimes	Joint C	ompound		1,200 SF	\boxtimes		\boxtimes	\boxtimes		
Chimney Roof] [\boxtimes	Flashir	ng Tar		10 SF			\boxtimes			
							-							
Name of Registered Waste Hauler			N	JDEP V	Naste	Cubic Yards of	Name of Regis	tered Landfill		0.00				
Newark Carting			Н	auler ID		Waste	IESI Landfi	1						
City, State		-		04509 As Needed Disposal Date City, St				A ANTHORSE THE SEE						
Newark, NJ						TBD	Bethlehem	, PA						
Completed By (Print or Type)	Title		Signature Date						T					
Allen Monchik	200000000	ect N	lana	ager		1 19 h	11/1/		2/	201	15			
				50.		I		,	1 .	·	W			

		N	OTI		rsuan	t to NJA	BESTOS ABAT C 8:60 and 5:10	6)			4.	*		
Date of Notification (1)	20 /	15			Name Div i	of Building	Owner/Operator (2) ement & Const	ruction FEB	24		*		
Agencies Notified EPA	Type Notifica	ition			Name of Building Owner/Operator (2) Division of Property Management & Construction Street Address 20 W. State Street, 3rd Fir.						4. 7.			
☑ DOLWD ☑ DOH ☐ DCA	☐ Amended Amendme	ent #		Ī	City, S	tate, Zip C	Code		- OL					
(NJAC 5:23-8)	justificatio	on)	ung		175000	of Contac k Ferrera			Telephone Nu	mber				
					FAC	CILITY IN	FORMATION							
Name of Facility Where A Residential House Street Address	Abatement is T	aking P	lace	(3)			¥#		?) 8 (Other than K-					
558 Vesper Avenue	Э							Other (i.e., p homes, etc.)		rercial bu	iilding	IS,		
City (5) Woodbridge, NJ 0								Square Feet	# of Floors	Bl	dg. A	ge		
County (6)					Coun	tv Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demo	olished)				
Middlesex					000	ity oodo (/	MOTHER OUT ONE TY	Carront Coc (1)	ioi ii boilig delik	marica				
Name of Monitoring Firm	Hired by Build	ling Ow	ner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
Bio Terra Solutions				1				NAGEMENT L						
Street Address					-		Street Address							
P.O. Box 1224							27 Outwater	Lane						
City, State, Zip Code							City, State, Zip Co	ode						
Union, NJ							Garfield, NJ	07026						
Project Manager for Mon	itoring Firm			Tele	phone	No.	Telephone No.	1)	License No.					
Rick Eustaquio				97	3-494	-3762	973-928-4888	3	1188					
Start Date (10) 2 / 23 /	A 1500-0001	Schedule 4				te (11) 15	Name of OSHA M	Monitor NAGEMENT L	LC					
Occupancy Status During	g Abatement (0	Check o	nly o	ne)			Street Address							
☐ Facility Closed/Vacate							27 Outwater	Lane						
Abatement Performed							City, State, Zip Co	ode						
Time of Abatement: _	AM	PM/_		_PM-		AM	Garfield, NJ 07026							
Scope of Work (Check a	Il that apply)						N <u>2.0</u> 035 8003							
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		-		novatio molitio			☐ Mini-End ☐ Gloveba	 ☑ Full Containment with Negative Pressure ☑ Mini-Enclosure ☑ Glovebag Procedure ☑ Non-Exempted (*) and Non-Friable Procedure 						
			ls	Locati	ion						atem	ent T	vpe	
Location				lormal d Sole			Description of				-	1		
Asbestos-Containing TO BE ABA		'	Mai	ntena	nce/		stos Containing Ma		Amount (Specify	Remova	Repair	Encapsulate	Enclosure	
IN Facil			Cust	odial 9 (12)	Staff?	*****	surfacing, VAT	, or	SF or LF)	Val	7	ายเ	sure	
(13)		Y	/es	No	N/A	1	other miscellane	eous)				ate		
Interior/Exterior - Th	roughout				\boxtimes	Windov	v Glazing		300 SF	\boxtimes		Ø		
Roof					\boxtimes	Tar Pap	per		200 SF			\boxtimes		
Exterior-2 nd FI					\boxtimes	Siding	& Tar Paper und	ler Siding	500 SF	×		×		
Roof					\boxtimes	Roofing	g Tar		350 SF					
Name of Registered Was	ste Hauler			72500	JDEP \		Cubic Yards of	Name of Regis						
Newark Carting				H	Hauler ID No. Waste USI Landfill As Needed				ill					
City, State Newark, NJ							Disposal Date TBD	City, State Bethlehen	n, PA					
Completed By (Print or T	ivne)	Title							Date /	ate / /				
Allen Monchik	lhe)	0.70000000000	iect	Mana	ager		[9 B) (%	M		2/2	0/	10	.	
			,550		-50.		- Color			0/-	1			

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:120-7) CONTINUATION SHEET

		Title of Constitute	, and the same	558 Vesper Avenue		Abateme	nt Type		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	Is Location Normally Used Solely by Maintenance/Cust odial Staff (12)		Used by :e/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a I	e R m e o p v a		E n c l o s u r
	Yes	No	N/A	distribution of the second sec					
Exterior			X	Roof Caulking	250 SF	Χ		Х	
Exterior			X	Roof Flashing	350 SF	Χ		X	
Exterior	· · · · · · · · · · · · · · · · · · ·		X	Doors Caulk	75 LF	Χ		X	
Interior-Bsmt-Back Chimney E			X	Flue Packing	5 SF	Χ		X	Х
Interior-Bsmt-Front Chimney W	0.03.94800.04000.00 0.05.0440.0440.00		X	Top Coat Paint	50 SF	X		X	Х
	appropriation of the state of t								
			O MISSION RECEIPED OF			AND PERSONAL PROPERTY.			
	TO CATALON							OF STATE OF	

Ти-существенно-положение институтельно-положение ситема положение		\sim \sim \sim	
Completed by: (Print or type) Allen	Title: Project Manager	Signatura 1	Date!
Monchik	Troject Manager	Isigliately. If h	Date!
IVIOLICIAN			12/20/21
The same of the sa	THE RESIDENCE OF THE PROPERTY		12/1

Date of Notification (1)				Name of Building Owner/Operator (2)									
	20 / 1	5		Division of Property Management & Construction									
Agencies Notified	Type Notification	1		Stree	et Address			9		1 10			
⊠ EPA	Initial			20	W. State	Street, 3rd Flr.		Telephone Num			A		
⊠ DOLWD	Amended				State, Zip			- CS -			*		
☑ DOH □ DCA	Amendment		-	1	enton, N.			73	417				
(NJAC 5:23-8)		includin	ig		e of Conta	CONTROL STATE OF THE STATE OF T		Telephone Num	nhor	TH 4	-		
A CONTRACTOR OF CONTRACTOR AND CONTR	☐ Cancellation			Ri	ck Ferrer	a		I reseptione real	iDei				
				FA	CILITY II	NFORMATION				10			
Name of Facility Where A	batement is Taki	ng Plac	e (3)				Type of Facility ((4)				-	
Residential House		\$ 5000					School (K-12						
Street Address							☐ Subchapter 8	Other than K-12	2)				
529 Watson Avenue								ivate and comme	ercial b	uildin	gs,		
City (5)							homes, etc.) Square Feet	# of Floors	To	Inla: A			
Woodbridge, NJ 07	095						Oquare r eet	# 01 110015	0	ldg. A	ige		
County (6)				Cou	nty Code /	7)(STATE USE ONLY)	Current Use /Pri	or if being demoli	المصطاد				
Middlesex					inty oddo (7/(011112 002 01421)	Current Ose (Fil	or it being demon	snea)				
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCN	l No	Name of Abateme	ant Contractor (0)				5		
Bio Terra Solutions	, _a	0 111101	(0)	710010	1140.		NAGEMENT LI						
Street Address						Street Address	MAGENIENT LI						
P.O. Box 1224						27 Outwater	Lone						
City, State, Zip Code													
Union, NJ					City, State, Zip Code Garfield, NJ 07026								
Project Manager for Monit	oring Firm		Tal	ephone	No		01026	11.					
Rick Eustaquio	ornig i iiii		1,000,000,000		1-3762	Telephone No. 973-928-4888		License No.					
Start Date (10)	Sche	dulad (ate (11)	Name of OSHA M		1188					
2/_23/					15		IONITOF NAGEMENT LL	C .					
Occupancy Status During				- 100		ALLO LONG CONTROL TO THE PROPERTY OF THE PROPE	TWO CHAICH I LE						
☐ Facility Closed/Vacated				ment		Street Address							
☐ Abatement Performed	Outside of Norma	al Facilit	y Hou	rs - De	scribe	27 Outwater I							
Time of Abatement:	AMF	M/	РМ		AM	City, State, Zip Co Garfield, NJ							
Scope of Work (Check all	that apply)					Garneid, No	07020						
	FF 27						ainment with Nega	ative Pressure					
≥3 sf or ≥3 If≥160 sf or ≥260 If		∐ Re ⊠ De	enovat			☐ Mini-Encl	osure					1	
		E3 D6	an ronge	OH		☐ Glovebag Non-Exer	npted (*) and Nor	-Friable Procedu	re.				
			Loca				, , , , , , , , , , , , , , , , , , ,			atem	ent T	VDG	
Location o			Norma	ally ely by		Description of				_			
Asbestos-Containing N TO BE ABAT			intena			stos Containing Mat ., thermal systems i		Amount	em	Repair	nce	ncl	
IN Facility		Cus		Staff?	(1.6	surfacing, VAT,		(Specify SF or LF)	Remova	al a	squ	Enclosure	
(13)		Yes	(12) No	N/A		other miscellaned	ous)	9)	_		Encapsulate	Te .	
Garage Interior		П	П	\boxtimes	Windov	v Glazing		40 LF	\boxtimes		\boxtimes		
Garage E Side		1			Door G		14.15	30 LF					
Garden Shed Front Wi	ndow E Side	ta				v Glazing		40 LF				H	
Roof			П		Roofing			5 SF					
Name of Registered Waste	Hauler			JDEP 1		Cubic Yards of	Name of Regist	0.000.0000				Щ	
Newark Carting				lauler II		Waste	IESI Landfil					-	
City, State				04509)	As Needed	20.002500.00000000000000000000000000000	1					
Newark, NJ						Disposal Date	City, State	DA					
	V 1					TBD	Bethlehem,	PA	7	82	-0-		
Completed By (Print or Typ						Signature	n M	Da		1	118	-	
Allen Monchik	P	roject	Man	ager			-11		40	40	11)	