Page 1 of 1 NO Walk

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

Check #1411

Date of Notification (1) 2-19-2013			Name of I Morris I						2013F	EB 25 /		64. 1	é	
Agencies Notified Type Notification		1,70	Street Ad <b>48 Kno</b>						el .	. CO /	W 2.	٠,٠.		
EPA Initial Amended  DEP Amended Amendment#			City, State Rockav			-4024			4/8	\$4		. 6	Ĭ.	
Emergency (ir justification)  DCA  Emergency (ir justification)  Cancellation	ncluding	100	Name of Steve A		sky				Teler	ohone Núm	ber			
			FACIL	ITY INFO	RMATI	ON								
Name of Facility Where Abatement is Taking Morris Hills High School Street Address	Place (3)					-	× Sc	f Facility (4 chool (K-1) ubchapter	2) 8 (Other	than K-12 commercia	) I build	inas	home	es
520 West Main Street  City (5)  Rockaway								c.) Feet		Floors		dg. A		-
County (6) Morris		-	County C	ode (7) SE ONLY)						g demolish	ed)			
Name of Monitoring Firm Hired by Building C Westchester Environmental	wner (8)		ASCM	No.	1,120		of Abate	ement Con	tractor (	9)				
Street Address 307 North Walnut Street			1		4	Street	Address		1 11 1			•		-
City, State, Zip Code West Chester, PA 19380			<del></del>			City, St	tate, Zip				11.22	10.0		
Project Manager for Monitoring Firm Paul F. McCaa			Telephor	ne No. 1-7545		Teleph	one No.			License No	).		7. 9	
Start Date (10) 03-26-2013	Schedule		npletion [			Name		A Monitor					i i	
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of A	bater	nent	61		140 H	Address Hambu tate, Zip	ırg Tpke	)		4 11 11			
Other – Describe:								ale, NJ (	07403					
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoli				×	Mini Glov	-Enclosure rebag Pro	e cedure	Negative P			e	
		Locat									1.0	Abat	ement	t
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Use Ma	intena	ely by ince/ Staff?	Asbes (i.e.	tos Con therma surfa	escription staining M I systems acing, VA miscellar	Material of s insulated T, or	(ACM) tion,	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Stage								7.7	40	0 LF	Х			
					1 0 1				HARMAN .	The state of	I GV			
Name of Registered Waste Hauler		4	NJDEP W	/aste	Cubic	Yards	. 1	Name of	Registe	red Landfill	_	1		
GL Group, Inc			Hauler ID 033034	No.	of Wa	aste		GROW						
City, State Bloomingdale, NJ		3 -			Dispo	sal Date		City, Star Morris		4			88 88 17	
Completed by Elena Solakov	Title Pres	ident				Signature	e El	Perm S	Lulla	) Da 2/	ite 19/2	013	87	

Page 1 of 1

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

Check #1411

Date of Notification (1) 2-19-2013			Name	of Buildir	ng Owner/Op	erator	(2) 20/3 F.F.	April 1					
Agencies Notified  Type Notification  Type Notification  Initial  Amended  Amendment					/e Code NJ 07866-		ct (2) (2) (3) FEB	25 P	7 2:00				£.
	(includin	g	Name	of Contact	ot	4024		্বি	elephone N	lumbe	-		
Name of Facility Where Abatement is Taki Morris Hills High School Street Address 520 West Main Street	ng Place	(3)	FAC	CILITY IN	FORMATIO	N	Type of Facility  School (K. Subchapte Other (i.e.	-12) er 8 (Ot	her than K	12)	ildina	s hon	mee
City (5) Rockaway				000			etc.) Square Feet 229,760		of Floors	П	Bldg.		1103,
County (6) Morris				Code (7)			Current Use (P	rior if be	eing demol	shed)			
Name of Monitoring Firm Hired by Building Westchester Environmental	Owner (8	3)	ASC	M No.			of Abatement Co iroup, Inc	ontracto	r (9)				
Street Address 307 North Walnut Street							Address Hamburg Tpk	e				0,	
City, State, Zip Code West Chester, PA 19380	6 T I		V	15 P	E	Bloor	tate, Zip Code ningdale, NJ	07403	3				
Project Manager for Monitoring Firm Paul F. McCaa				31-754	5 (	201)	one No. 710-9725		License 01084	No.			
Start Date (10) 03-26-2013	03-28-	2013	mpletion 3	Date (11			of OSHA Monitor roup, Inc						
Occupancy Status During Abatement (Cher Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of	Abate	ment rs		1 C	ity, St	Address lamburg Tpke ate, Zip Code ningdale, NJ (						479
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If	process:	Renov Demol			12.	×	Full Containm Mini-Enclosum Glovebag Pro Non-Exempte	e cedure					
Location of		Local Norma	lly		Descri	ption o		- ( /	a mon i ma		Abat	ement /pe	t
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Ma	intena todial (12)	ince/ Staff?	Asbes (i.e	stos Containi thermal sys surfacing other misc	stems J, VAT	, or	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
Stage	165	X	INA		ACM \	Wirin	g	4	0 LF	X	700 1	Ф	
											7		
Name of Registered Waste Hauler GL Group, Inc		H	IJDEP W lauler ID 033034	No.	Cubic Yard of Waste TBD	ds	Name of F		red Landfill				
City, State Bloomingdale, NJ					Disposal D	ate	City, State Morrisvi		17 - 2-22				
Completed by Elena Solakov	Title Presid	dent	Tanki	3.	Signa	ature	Elon S	Ma	Da	te 19/20	13		*1

		N		CATIC	ON OF ASE	ew Jersey BESTOS ABATE AC 8:60 and 5:16		ENT	CK 1	± 2	50	08	کرے
Date of Notification (1)						ng Owner/Operato		2)		201	/		£.,
5.05	/20/13			Ivaii	le of Bulluli	ng Owner/Operato	0.7	Tom Houst	on	-0	LER	25	
Agencies Notified	Type Notification	on		Stre	et Address		9-6	1 N. Bridge	Street	d'	77.	3 25	17
DEP DOL	Amended Amendment Emergency	#	_	City,	State, Zip		Red	Bank, NJ	07701		TE	W.	W
DOH DCA	justification  Cancellation	)	g	Nam	e of Contac	ct	100.00	2000	Telephone Num	nber		_	. (3)
	<u> </u>					For Houston			<u> </u>				
Name of Facility Where	Abatement is Tak	ing Place	e (3)		CILITY IN	FORMATION	1	Type of Facility	(4)	-			
		sidenc	100000			- CO	- 14 - 2	School (K-1	2)	2)			
Street Address	59-61 N.	Bridg	e Str	eet		-		Other (i.e., phomes, etc.)	8 (Other than K-1 private & commerce	2) cial bui	ldings	5,	
City (5)	Dad Da	ale NII	0770	21			1	Square Feet	# of Floors	TE	Bldg. /		
County (6)	Red Bar	uk, NJ	07/0	Cou	inty Code (	(7) (STATE	+	3000 Current Use (P	rior if being demoli	_   _ ished)		90	
	lercer			USE	E ONLY)		-	1 4 7	Residence		B.		
Name of Monitoring Firm (8)	Hired by Building	Owner		ASCN	l No.	Name of Abater Ste		100	nental Servic	es I	nc		10
Street Address		l.	<u>-</u> L			Street Address		17		, 1			
City, State, Zip Code	PO Box 3	41				City, State, Zip (	0		30x 322				_
	osswicks, NJ	0851	5	121		City, State, Zip t	C00		n, NJ 08501				
Project Manager for Mor			A-1000 Card	phone		Telephone No.		0.600	License No.	20.40	_		
William Wo		eduled C	-		08-4070 ate (11)	(609) 2 Name of OSHA				0049	3		_
3/4/13			3/7/1		ato (11)	- Teamic or CoriA	IVIO		ECS	lon o			
Occupancy Status Durin		a and the same of the same of				Street Address		DO I	Box 341				
☐ Facility Closed/Vacate ☐ Abatement Performed	d Outside of Norm	al Facilit				City, State, Zip (	Cod		30X 341	-			_
Other - Describe: 8		M							cs, NJ 08515			1000	
Scope of Work (Check a  ≥3 sf or ≥3 lf	ll that apply)	Re	novati	on		☐ Full Co ☐ Mini-En			gative Pressure				
≥160 sf or ≥260 lf			molitio			Gloveb	ag l	Procedure	n-Friable Procedu	ire			
Location		No	ocation or solely						100000	$\overline{}$	Abate Typ	ment be	
Asbestos-Containing N  TO BE ABAT  IN Facility  (13)	faterial (ACM)	Main Cu	itenani istodia itaff? (12)	ce/	Asbest (i.e.,	Description o tos Containing Ma thermal systems surfacing, VAT	insu , or	ulation,	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A		other miscellane	ous	)		<u>a</u>		sulate	ure
Baseme	nt		12, 1	×	The	ermal Pipe In	ısul	lation	190 lf	×			
		1											
Name of Registered Was	te Hauler			JDEP \		Cubic Yards	T	Name of Regis	tered Landfill	10.3	00.7	10.0	
Stevens Environn	nental Service	es Inc.	- Н	auler IE 182	No. 292	of Waste 3 CU		$\triangle$	T.R.R.F., In	ıc.		U	
City, State	Allentown,	NJ	= 1	W.2	7 8 40	Disposal Date 3/7/13 / /		City, State	Tullytown, l	D A			
Completed By Mahlon E. Stev	Titl	e	niect	Man	ager	Signature	4	—	Date	2/20	/12		-
B-41	-	110	·	ivial	agei		/		<del></del>	2120	/13		_

D&S Proj. #: 2013

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

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Date of Notification (1)	3 1		me of Build			erator (2)			& L1	S p.,				
	ı lotification		HYLLIS		∃R				-25	1/1/2	150	_		_
EPA Initial	í		eet Addres 35 ROSE		IE (				& LICEN		. 0			
☐ DEP ☐ Amer			y, State, Z		JE	- 124				17477	7			
DOL Amenda		-11	3					25		. 0				
	rgency uding	11 -	SPRING		NJ				Telephone	Number			-	
	ication)	Nai	me of Cont	tact					Telephone	riamon				
☐ DCA ☐ Cand	cellation		PHYLLI	S GERE	BER						_			
				FAC	CILITY	'INFORMA	TION							11
Name of facility where abat	ement is tal	king plac	e (3)				72 )		Type of Facility (4	l) (K - 12)				
PHYLLIS GERBER							0.63			opter 8 (Otl	ner th	an K-	12)	
Street Address					32.11					Private/Co Homes, etc				
35 ROSE AVENUE						100		9 - 34	Square Feet	# of Floors		Blo	lg. Ag	е
City (5)		Count	y (6)				Coun	ty Code (7)						
							(State	use only)	Current Use (Pr	ior if being	demo	olishe	d)	
SPRINGFIELD		UNI							1 (0)					
Name of Monitoring Firm H	ired by Bld	g. Owner	(8)		AS	CM No.		Name of Abatemen						
								D & S RESTOR	RATION, INC.					
Street Address	575745755	W						Street Address						
							_  _	20 California A			_			
City, State, Zip Code						10 ===0 20,70 ==		City, State, Zip Code						
	1							Paterson, NJ 0	7503	Ter -	VI			
Project Manager for Monitor	ing Firm		Ph	one Num	ber			Telephone Number		License 1	169	er		
						-		973-345-802			105			
Start Date (10)		Sched.	Completion	on Date (	11)		-11	Name of OSHA Mo D & S Restora						
		02/28	/12				1	Street Address	non, me.					
02/20/13 Occupancy Status During A	hatament (	-						20 California A	venue					
Facility closed/vacate				ment			1 1	City, State, Zip Cod			_			
Abatement performed	l outside of	normal f	acility hour	rs-		H 2 5	_							
Describe: NO	RMAL HOU	JRS					- 11	Paterson, NJ (						
Scope of Work (check all t	hat apply)								Full Containment v	v/negative	press	ure		
$\ge 3$ sf or $\ge 3$ If	⊠ R	enovatio	n						Mini-enclosure Glovebag procedu	ro				
☐ >160 sf or ≥260 lf	Пр	emolition	1					F	Non-Exempted (*)		riable	proc	edure	
		s location	normally	used sole	ely						R	R	E	Е
Location of asbestos-containing	b	y mainte	enance/cus	todial		Description	on of as	sbestos-containing	Amount	NE	m	e p	n	n
material (acm) to be	-	staff(12)		1	-1	material (	ACM)		(Specify S	57 01	0	a	a	C
abated in facility (13)		Yes	No	N/A							е	r	р	
BASEMENT			X		P	IPE INSU	LATI	ON	70 L FT		X			
BASEMENT		-			=									
			-	+	= -		15, 1 4	The state of the state of		F 14				
		_	_	#	= -					11111				
SUPER SERVICE				-	-			The States						
S Colore (Waste Hanles		INIDI	EP Hauler	ID# T	Cubic	c Yards of	Vaste	Name of Register	ed Landfill				Ţ	
Registered Waste Hauler D & S RESTORATION	N, INC.	135		.5"	1 Y		- 400	TULLYTOWN	I, RESOURCE R	ECOVER	Y	1	11800	
City, State	-		7117	Disposa				City, State						
PATERSON, NJ 075	03	9.1		02/21				TULLYTOW	N, PA	15.				
Completed by (Print or Typ	e) T	Γitle			S	ignature				Date 02/19/	13			
BOGDAN JOLDZIC	F	PRESID	ENT					Locativities		02/19/	13		_	
100.44	* 0	o not us	e this form	for asbe	stos li	censure ex	empted	activities.						

D&S Proj. #: 2013

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

Date of Notification		Na	ame of Bui	lding Owne	r/Operator (2)				Q. 4		10	,	
0 2 / 1 9		1	ROSEAN	IN SCARI	PA FUCCLI	J			Orthing.				
Agencies Notified	Type Notificati	on St	reet Addre	ss					· · · · · · ·	1,1	(		
	Amended	- 11	95 BOOI	REAM A	/E.	•							
DEP	Amendment #:	Ci	ty, State, 2	Zip Code						٠,			
☑ DOL	Emergency		JERSEY	CITY, N	J 07306				200				
<b>⊠</b> DOH	(including	Na	me of Cor				The state of the s	Telephon	e Number				
☐ DCA	justification)	- 1	ROSEA	NN SCAE	RPA FUCCL	TT		70					
	☐ Cancellation		ROBERT		LITY INFORM						_		
Name of facility w	here abatement is	s taking pla	ce (3)	171011		7111011	- T1	Type of Facility (	4)				
d									(K - 12)	200 002			
ROSEANN SC	ARPA FUCCI	JL1 .							apter 8 (Ot			-12)	
Street Address			Al 840 10					Other ( Bldgs./	Private/Co Homes, et	mme c.	rciai		
95 BOOREAN	M AVE.		1 1			- 1		Square Feet	# of Floors	; ]	BI	dg. A	ge
City (5)		Coun	ity (6)		14	1 00000000	nty Code (7)						a least
			DGOM		77	(Stat	te use only)	Current Use (Pr	ior if being	dem	olishe	ed)	
JERSEY CIT			DSON		ASCM No.	<del></del>	Name of Abatement C	ontractor (9)		_			
Name of Monton	ng Film Hiled by	blug. Owne	1 (0)		ASCIVI NO.			= 5					
0							D & S RESTORA Street Address	HON, INC.				_	
Street Address							20 California Ave						
City, State, Zip Coo	de						City, State, Zip Code						
City, State, Zip Co.	ue						Paterson, NJ 075	03					
Project Manager fo	or Monitoring Firm	· · · · · · · · · · · · · · · · · · ·	I PI	none Numb	er	-11	Telephone Number	.03	License	Numb	er	-	15.16/
r Toject Manager I	or wormcoming i min			iono rramo	01		973-345-8020			169			
Start Date (10)		ISched	Completi	on Date (11	1		Name of OSHA Monito	or	1				
Start Date (10)			18	on Date (1)	,		D & S Restoratio	n, Inc.					
02/20/13		02/28					Street Address						
Occupancy Status							20 California Ave	nue	1 14				
	ed/vacated during performed outside						City, State, Zip Code						
Doscribe:			aomity flou	13-			D	02					
Other-Descr	ribe: NORMAL I	HOURS				- 1	Paterson, NJ 075			_			
Scope of Work (c		y)					-	ull Containment w	/negative	oress	ure		
$\times$ >3 sf or >3 l	f 🛛	Renovatio	n				Dormania .	lini-enclosure lovebag procedu	re				
≥160 sf or ≥	260 If	Demolition	1	47.7				lon-Exempted (*)		riable	proce	edure	)
Location of				used solely	1					R	R	E	E
asbestos-co		staff(12)	enance/cus	Siodiai			sbestos-containing	Amount (Specify S	E or	m.	р	C	n
material (ac abated in fa		Yes	No	N/A	material	(ACIVI)		LF)		0 >	a i	a	L
The second second					DANS BIG	TY 4 7737	011	20.1 FT	2	e	-	Р	-
BASEMENT			LX		PIPE INSU		ON .	20 L FT			믐	片	#
BASEMENT B	OILER		LX	4	Boiler Insu	nation		40 SQ FT	100			H	ዙ
				4-					27 5 25 17 10	片	片	님	H
						-		-		片		H	H
B	II- I-	INUD	CD Havier	10# 10	ubic Yards of	Maste	Name of Registered I	andfill		Ц	<u> </u>	Щ	1
Registered Waste D & S RESTOI	nauler RATION, INC.		EP Hauler		YD	vasie	TULLYTOWN, R	ESOURCE RE	COVER	Y	. 1	11	
City, State		— L		Disposal D			City, State						
PATERSON, 1	NJ 07503		135	02/21/1	3	1 3	TULLYTOWN, I	PA-					
Completed by (Pri		Title			Signature	. 1		7	Date	2		4	
BOGDAN JOI		PRESID			7				02/19/1	3			
ASB-41		* Do not us	e this form	for asbesto	s licensure ex	cempted	activities.						

Date

02/19/13

Fax: State of NJ

Notification of Asbestos Abatement D&S Proj. #: 2013 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) NJ Dept. of Health & Senior Services Name of Building Owner/Operator (2) 10 12 1/11/9 1/11/3 FEB 25 ROSBANN SCARPA FUCCLLI Agencies Notified Type Notwication EPA Street Address Initial Amanded DEP 95 BOOREAM AVE. Amendment # City, State, Zip Code DOL Emergency -JERSEY CITY, NI 07306 HOO IX ancluding Name of Contact Justification) D DCA Telephone Number Cancellation. ROSEANN SCARPA FUCCLLI FACILITY INFORMATION Name of fability where abatement is taking place (3) ROSFANN SCARPA FUCCLLI Type of Facility (4) School (K-12) Street Address Subchapter 8 (Other than K-12) 95 BOOREAM AVE. Office (Private/Commercial Blogs /Homes, etc. City (0) County (6) Square Feet #lof Floors Didg, Age County Code (7) JERSEY CITY (State use only) HUDSON Current Use (Prior if being demplished) Name of A valleting learn Filled by Bldg: Owner (8) ASCM No. Name of Absternent Contractor (9) Street Address D & S RESTORATION, INC. Street Address Ony, State, Zip Cicula. 20 California Ave. City, State, Zip Code Project Manager for Monitoring Firm Paterson, NJ 07503 Phone Number elephone Number License Number 973-345-8020 Start Date (10) 01169 Sched Completion Date (11) Name of OSHA Monitor 02/20/13 D & S Restoration, Inc. Occupancy Status Printing Abstancent (Check only one) Street Address Facility dissective cated during entire period of abatement. 20 California Avenue Anaiament performed outside of normal facility hours-City, State, 7 in Code Other Designibe: INORMAL HOURS Scope of Work (check all that apply) Paterson, NJ 07503 X >3 sf or >3 # Full Containment winegative pressure Refrovation Mini-enclosure ≥160 sf or ≥260 ff Demoktion ... Glovebag procedure is location normally used solely Location of Non-Exempted (\*) and Non-friable procedure estestos containing by maintenance/custodial material (acm) to be SIGH(12) Description of asbestos-containing E abated in facility (13) Amount M E material (ACM) n Yes (Specify SF or m No n N/A C. 0 BASEMENT ø 0 4.1 PIPEINSULATION BASHARAM 20 L FT Bother Insulation 40 SOFT egisterer Waste Hauler П NJDEP Hauler ID D&SIRESTORATION, INC. Cubic Yards of Wasio Name of Registered Landfill 13506 ty, sine PATERSON, NJ. 107503 LYD TULLYTOWN, RESOURCE RECOVERY Jisposel Date City, State 02/21/13 ampleted by (Print or 1 (pe) TULLYTOWN, PA BOGDAN IOLDZIC Signature PRESIDENT

Do not use this form for aspectos ticensure exempted activities.

D&S Proj. #: 2013

### State of NJ

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

			-						Ulg Fra		***			
Date of Notification		- 11			er/Operator (2)		14	4.E.	ELICE	25 PM	2	40		
Agencies Notified			treet Add	IATTISSIC	JH .				* British .		<1 F	<u>e</u> _		
☐ EPA	☑ Initial	°	. 50: 50: 50: 50: 50: 50: 50: 50: 50: 50:		3		(4)		a LICE					
☐ DEP	Amended			RN STREE	5Γ 					10700	1.07			
DOL.	Amendment #:	— H		Zip Code						-				
	Emergency	11	-		INGTON, NJ						-		15	
DOH	(including justification)	N	ame of Co	ontact					Telepho	ne Numbe	r			
☐ DCA	Cancellation	- 11	RICH !	MATTISS	ICH		1 K							
			162	FAC	ILITY INFORM	ATION								
Name of facility w	here abatement i	s taking pla	ace (3)					Ту	pe of Facility					
RICH MATTI	SSICH								=	ool (K - 12) hapter 8 (0		nan K	-12)	
Street Address									Othe	r (Private/C	omme		,	
570 FERN ST	PEET						9.8	6		# of Floo		B	ldg. Ag	10
City (5)	TULI	T Cour	nty (6)			Cour	nty Code (7)	=     30	quare Feet	# 01 1100	15	٥	ay. A	,0
City (5)		Cour	ity (O)		1		te use only)		urrent Use (	Prior if hoir	og den		od)	
TWP. OF WA	ASHINGTON	BEI	RGEN			(Old	200 0, )		unent USE (	i noi ii beli	ig ueil	ional)	ou)	
Name of Monitori					ASCM No.		Name of Abatem	ent Cont	ractor (9)	111-111				
							D & S REST	ORATIO	ON INC					
Street Address						-	Street Address	Oldiii	511, 1110.		-	_		
Olicel Address							20 California	a Ave						
City, State, Zip Co	de						City, State, Zip Co					-		
Oity, Otate, Zip 00										4				
Project Manager fo	or Monitoring Eirm		17	Phone Numb	or		Paterson, N. Telephone Numb			License	Numl	ner.		
Project Manager I	or Monitoring Firm	l .		mone mumb	ei		973-345-80			THE RESERVE OF THE PARTY.	1169	Jei		
							Name of OSHA				71105			
Start Date (10)		Sched	I. Comple	tion Date (1	1)		D & S Resto		Inc.					
03/05/13		05/18	8/13				Street Address	ration, i	ino.			_		
Occupancy Status	During Abatemer			7			20 California	Avenu	e		n <sup>2</sup> egy			
	ed/vacated during			ement.			City, State, Zip C					_		_
Abatement p	performed outside						Oity, Otate, Zip O	000						
Describe:	ribe: NORMAL H	IOURS				-	Paterson, N.	1 07503	A for west					
						$=$ $\sqcup$	1 41010011, 111		N-4-1					
Scope of Work (c								_	Containment enclosure	wnegauve	press	uie		
>3 sf or >3 l	<sup>†</sup> ⊠	Renovation							ebag proced	ure				
≥160 sf or ≥	260 If	Demolition	1						Exempted (		-	proc	edure	
Location of				used solely	/					J. St.	R	R	E	E
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Registered Waste	Hauler	INID	EP Hauler	-ID#   C	ubic Yards of V	Waste	Name of Registe	ered Land	dfill		-1			
D & S RESTOR	RATION, INC.	135			YD		TULLYTOW	N, RES	OURCE R	ECOVE	RY		7.5	
City, State				Disposal D			City, State		7. 7. 7. 7.	100				27
PATERSON, 1	NJ 07503			03/06/1			TULLYTOV	VN, PA						
Completed by (Prin		Title		1	Signature					Date				
BOGDAN JOI		PRESID	ENT							02/19	/13			
ACD 44		* Do not us	e this form	n for asbesto	os licensure ex	empted	activities.	-00 -200						

### State of New Jersey 1208-4536 NOTIFICATION OF ASBESTOS ABATEMENT CHECK #4947 (Pursuant to N.J.A.C. 8:60 and 12:120)

The College of New Jersey   2013 FED. 25   21   21   22   23   24   24   24   24   24   24	Date of Notification (1)	20				-	Owner / Operato	or (2)	01255	300 N	- 25		8 -
PA   DEP   Initial   DEP	Agencies Notified Type Notification						New Jersey		HISTER 25 PH	2:0	8		
DOL   Amended #45   Name of Facility Where Abatement is Taking Place (3)   The College of New Jersey   The Colle	⊠ EPA					and whom I am Market		i s	40		, t		
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DOH	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	9					28		& LICENSIN	G			
FACILITY INFORMATION   Name of Facility Where Abatement is Taking Place (3)   Type of Facility (4)   Type of Facility (4)   State Address   Stockol (K-12)   Subchapter 8 (Other (i.e. private & commercial buildings, homes, etc.)   Square Feet   # of Floors   Bidg. Age   Square Feet   # of Floors   Square Feet   # of Floors   Bidg. Age   Square Feet   Square Feet   # of Floors   Square Feet   # of Floors   Square Feet   # of Floors   Square Feet   Square Sq									T	elepho	ne N	umb	er
Name of Secility Where Abatement is Taking Piace (3)   Tipe College of New Jersey   Street Address   Stree	☐ DCA ☐ Cancellation		1	Ama	nda	Rados	ti					7	
School (K-12)					CILI	TY INF							
Subchapter 8 (Other (tie. private 8 commercial buildings, homes, etc.)   Square Feet   # of Floors   Bidg. Age		king Pla	ce (3	3)									
City (5)								50.11					
Square Feet	di la									0.0			
City (5) Ewing Mercer County (6) Mercer County Code (7) Current Use (Prior if being demolished) Manhole  Name of Monitoring Firm Hired by Building Owner (8) ASCM No. AbateTech, Inc.  Street Address 1283 North Church Street City, State & Zip Code City, State & Zip Code Lumberton, NJ 08048  Project Manager for Monitoring Firm Bifelphone Number Seb-840-8800 Scheduled Start Date (10) 11/8/12 Scheduled Completion Date (11) 21/8/13 Scheduled Start Date (10) 11/8/12 Scheduled Completion Date (11) 11/8/12 Scheduled Start Date (10) 11/8/12 Scheduled Completion Date (11) 11/8/12 Scheduled Completion Date (11) 11/8/12 Scheduled Completion Date (11) 11/8/12 Scheduled Start Date (10) 11/8/12 Scheduled Completion Date (11) 11/8/12 Scheduled Start Date (10) 11/8/12 Scheduled Start Date (10) 11/8/12 Scheduled Completion Date (11) 11/8/12 Scheduled Start Date (10) 11/8/12 Scheduled Start Date (10) 11/8/14 Scheduled During Entitle Period of Abatement Scope of Work (Check all that apply)  Scheduled Start Date (10) 11/8/14 Scheduled Start Date (10) 11/8/14 Scheduled Start	2000 Pennington Road	1772										tc.)	-
Ewing Mercer    Current Use (Prior if being demolished)   Manhole	10	(0)	10		0 1	<b>(7)</b>	Square Feet	# of FI	loors	dg. Ag	е		
Manhole			Co	unty	Code	(7)							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Street Address 1253 North Church Street 1253 Street Address 1253 North Church Street 1253 North Church Street 1253 Street Address 1253 Street Address 1253 North Church Street 1253 Street Address 1253 Street Address 1253 North Church Street 1253 Street Address 1253 North Church Street 1	Ewing Mercer	•						(Prior if being	demolished)				
AbateTech, Inc.   Street Address   St					1								
253 North Church Street		g Owne	r (8)		AS	CM No			actor (9)				
City, State & Zip Code	Street Address			W 118		100			****				
Moorestown, NJ 08057						a Books					W		
Froject Manager for Monitoring Firm   S66-840-8800   S69-265-2107   Scheduled Start Date (10)   Scheduled Completion Date (11)   2/28/13   Scheduled Start Date (10)   1/18/12   Scheduled Completion Date (11)   2/28/13   Scheduled Start Date (10)   1/18/12   Scheduled Start Date (10)   2/28/13   Scheduled Start Date (10)   Scheduled Start Date (11)   Scheduled Start Date (12)   Scheduled Start Date (13)   Scheduled Start Date (13)   Scheduled Start Date (14)   Scheduled Start Date (15)   Scheduled St													
Scheduled Start Date (10)	The Children County of the County of the Children County of the Chil												
11/8/12   2/28/13   EMSL Analytical									License Nu		29		
Occupancy Status During Abatement (Check only one)	Particular and the second of t				te (1	1)					7		
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Hours Describe:   Facility Occupied During Abatement   Facility Occupied Abatement   Facility Occupied Occupied Abatement   Facility Occupied Occupied Occupied   Facility Occupied Occupi				ALC: NO.		-							
Abatement Performed Outside of Normal Hours Describe:    Facility Occupied During Abatement					atem	ent							
Describe:							TO A CONTRACT OF THE PROPERTY OF THE PARTY O	Resignation and Control III.					
Scope of Work (Check all that apply)	The state of the s												
Scope of Work (Check all that apply)    Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Maini-Enclosure   Glove Bag Procedures   Non-Exempted and Non-Friable Procedure   Abatestor-Containing   Abatement Type   Asbestor-Containing   Asbestor-Containing   Amount   (Specify   Asbestor-Containing   Asbestor-Containing   Amount   (Specify   Asbestor-Containing   Amount   (Specify   Asbestor-Containing		ent					11100111101111,						
≥3 sf or ≥3 lf				N						1000			
≥160 sf ≥260 lf								Full Co	ontainment with Ne	gative	Pres	sure	1
Non-Exempted and Non-Friable Procedure   About Containing	≥3 sf or ≥3 lf		$\boxtimes$	Rei	novati	ion					\$6		
Location of Asbestos-Containing Material (ACM) (ACM) Maintenance or Custodial Staff? (12) Yes No N/A  Manholes #3 & #4  Exterior Trench  Name of Registered Waste Hauler  Name of Registered Waste Hauler  Abatement Type  Description of Asbestos-Containing Material (ACM) (Specify SF or LF)  Matholes #3 & #4  Pipe Insulation  Pipe Insulation  Name of Registered Landfill  Name of Registered Landfill  Name of Registered Landfill  City, State  Lumberton, NJ  Completed By (Print or Type)  Title  Description of Asbestos-Containing Material (ACM) (Specify SF or LF)  Matholes #3 & #4  Pipe Insulation  Pipe Insulation  Abatement Type  Title Signature  Description of Asbestos-Containing Material (ACM) (Specify SF or LF)  Abatement Type  Abatement Type  Abatement Type	≥160 sf ≥260 lf			Dei	molitio	on			27341				
Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  Manholes #3 & #4  Exterior Trench  Name of Registered Waste Hauler  Asbestos-Containing Material (ACM)  Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A  Pipe Insulation  Pipe Insulation  Pipe Insulation  Name of Registered Waste Hauler  NJDEP Waste Hauler ID No. 18750  Name of Registered Landfill  City, State  Lumberton, NJ  Completed By (Print or Type)  Normally Used Solely by Material (ACM) Material (ACM) Material (ACM) Naterial (ACM) Normally Used Solely by Material (ACM) Naterial (ACM) Naterial (ACM) Naterial (ACM) Normally Used Solely by Material (ACM) Naterial (ACM) Naterial (ACM) Normally Used Solely by Material (ACM) Normally Used Solely By (Pipe Insulation of the miscellaneous)  Normally Used Solely By (Pipe Insulation of the miscellaneous) Normally Used Solely By (Pipe Insulation of the miscellaneous)  Normally Used Solely By (Pipe Insulation of the miscellaneous) Normally Used Solely By (Pipe Insulation of the miscellaneous) Normally Used Solely By (Pipe Insulation of the miscellaneous) Normally Used Solely By (Pipe Insulation of the miscellaneous) Normally User (Isource) Normally User (Isou													
Material (ACM) TO BE ABATED in Facility (13)  Maintenance or Custodial Staff? (12) Yes No N/A  Manholes #3 & #4										Aba	atem	ent T	ype
Maintenance or Custodial Staff? (12) Yes No N/A  Manholes #3 & #4											(3)		
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Manholes #3 & #4  Exterior Trench  Disposal Date  Pipe Insulation  160 LF  Hauler ID No. 18750  Disposal Date  Date  Pipe Insulation  160 LF  Disposal Date  Date										) m	epa	aps	clos
Manholes #3 & #4  Exterior Trench  Disposal Date  Pipe Insulation  160 LF  Hauler ID No. 18750  Disposal Date  Date  Pipe Insulation  160 LF  Disposal Date  Date									r e v	Va.	Hi-	ulat	ure
Name of Registered Waste Hauler   NJDEP Waste Hauler ID No.   15   T.R.R.F. Landfill   City, State   Lumberton, NJ   Completed By (Print or Type)   Title   Signature   Date			es/	No	N/A				2			(D)	
Name of Registered Waste Hauler  Name of Registered Waste Hauler  NJDEP Waste Hauler ID No. of Waste Hauler ID No. 18750  T.R.R.F. Landfill  City, State Lumberton, NJ  Completed By (Print or Type)  Title  Signature  Disposal Date 2/28/13  Date	Manholes #3 & #4	37.1					Pipe Insula	ation	160 LF				
AbateTech, Inc.    Hauler ID No.   15   T.R.R.F. Landfill	Exterior Trench						Pipe Insula	ation	84 LF)				
AbateTech, Inc.    Hauler ID No.   15   T.R.R.F. Landfill						1							
AbateTech, Inc.    Hauler ID No.   15   T.R.R.F. Landfill							Acres de la Caración		- entre de la companione				
AbateTech, Inc.    Hauler ID No.   15   T.R.R.F. Landfill	Action and the contract of the contract of												
AbateTech, Inc.    Hauler ID No.   15   T.R.R.F. Landfill								3_1					
AbateTech, Inc. 18750 15 T.R.R.F. Landfill  City, State Lumberton, NJ Completed By (Print or Type) Title Signature Date	Name of Registered Waste Hauler	The second		N.	JDEP	Waste	Cubic Yards	Name of Re	gistered Landfill	1.			
City, State Lumberton, NJ  Completed By (Print or Type)  Disposal Date 2/28/13  City, State Tullytown, PA  Date	AbateTech. Inc.		1000000		D No.	pro successive - n	T.R.R.F. La	andfill					
Completed By (Print or Type) Title Signature Date	City, State						Disposal Date	City, State		14 10			
	Fig. 1				350			Tullytown,	PA	*			
			20	120000		Coord	- / -	K			112		

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

1302-4603 Check #4946

Date of Notification		1/13			Na	me F&	of B	uilding	Owner / Operat	or (2)20/3	FFB on	- 17			3	
Agencies Notified EPA		Notifica	ation		Stre	eet .	Addi	ress laza	Owner / Operat	£ 10.	CD <5 P/	1 2:01	9		7	
□ DEP □ DOL		Initial Amer	l nded #		City	y, S	tate	& Zip (	Code		LICENTE					
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Name of Facility WI				lace				-	Type of Faci		= = = = = = = = = = = = = = = = = = = =	-				
Street Address							- "				er than K-12)					
Route 130			222						Other (i		& commercial of Floors		s, hon		etc.)	
City (5)			County (6)	C	ount	уС	ode	(7)								
Pennsauken			Camden						Current Use Substation		ing demolishe	ed)			6	
Name of Monitoring M.E.C.S.	Firm I	lired b	y Building Ow	ner (8	)		AS	CM No	. Name of Aba AbateTech		ontractor (9)					
Street Address 1224 Hamilton A	ve. Po	) Box	33004	1000 40					Street Addre	ess						
City, State & Zip Co Trenton, NJ 0862						City, State & Lumbertor		18								
Project Manager for	Tele	**************************************			ber	Telephone N		Lic	ense Nu							
William Weisgarl Scheduled Start Da	609		_	10000000	1	609-265-21 Name of OS		-		005	29		-			
2/25/13			Scheduled Cor	1000000	/13		. (11	,	EMSL Ana							
Occupancy Status I Facility Clos	During sed/Va	Abater cated [	ment (Check o During Entire F	nly or eriod	ne) of A	Abat	teme	ent	Street Addre							135
Abatement Describe:	Perform	ned O	utside of Norm	al Ho	ours				City, State & Westmont,		8	1				
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≥160 sf ≥26							olitio			Glo	ve Bag Proce		r.:	- D		
Lo	ocation	of		Is	Loc	atio	n		Descriptio		n-Exempted a					
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	erial (A BE ABA			Mair	Solel				Material (A (i.e., thermal s		SF c	or LF)	R	70	Encapsulate	E
	n Facili			Cust	todia	al St			insulation, surfa	cing, VAT			Remova	Repair	nsde	Enclosure
	(13)			Yes	(12 No		N/A	7 7 =	or other miscel	ianeous)			<u>a</u>		late	l e
Exterior					×			Aban	doned pipe end			LF				
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Name of Registered	Waste	e Haule	er						Cubic Yards	Name of	Registered La	andfill	10			
Waste Manageme			Hau	112	D No. 25	of Waste TBD	A CONTRACTOR	North Land	dfill							
City, State  Camden, NJ									Disposal Date 3/1/13	City, Stat Morrisv	e ille, PA				- 27	7.
Completed By (Print Gwen Trumbe		oe)	44 - 12 22 -	17		Title Offic		oord.	Signature	M	1		Date <b>2/14</b>	/13	91	

JK 2274

2 / 22 /	13				ng Owner/Operator ( Corporation Inc.	2)	1013 FEB 25 PI	137			
Agencies Notified	on		Street	t Address			25 PK	12:	1.020		
☑ DOLWD ☑ Amended				State, Zip	o₹:		-	511	20		
□ DHSS Amendmen	t # <u>3</u>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				661		C		
□ DCA    □ Emergency		g		ano, TX			1 1/4/4	100%	21		
(NJAC 5:23-8) justification	•		THE REAL PROPERTY.	of Conta			Telephone Numb	er'			
☐ Cancellatio	n		So	y Thoma	s	1 91 					
			FA	CILITY II	NFORMATION				ille:		
Name of Facility Where Abatement is Tall Wayne Town Center	king Place	e (3)				Type of Facility ☐ School (K-12					
Street Address						☐ Subchapter	8 (Other than K-12)	)			
260 Wayne Town Center						☑ Other (i.e., p homes, etc.)	rivate and commer	cial bu	uilding	gs,	
City (5)		- l					# of Floors	I DI			
Wayne						Square Feet	The second second second	1 12	dg. A	ge	
County (6)			7.0			150000	2	6 4	75		
Passaic			Cour	nty Code (	7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)			
			1	L				i, ch			
Name of Monitoring Firm Hired by Buildin	g Owner	(8)	ASCM	No.	Name of Abateme						
Hillmann Consulting LLC			6225	52	JVN Restorat	tion Inc	TO ACT OF THE SECTION	- 64. 1			
Street Address				1000	Street Address						
1600 Route 22 East					47 Foster Ro	ad	marakkara, 2006,				
City, State, Zip Code	11 (1)	-		7	City, State, Zip Co	ode		-			V
Union NJ 07083					Staten Island			0.000			
Project Manager for Monitoring Firm		Tele	ephone	No	Telephone No.		License No.			-	
Tom Rubino		- 1000	08-956		718-605-6256		00774				
	neduled C	1			Name of OSHA M		00774				
	icuuicu C	onlibid	בע ווטוו;	ite (11)	I Name of OSDA IV						
//	3/	1	1_/	13	Testor Tech	ioriitoi					
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Occupancy Status During Abatement (Ch	eck only Period of	one) Abate	ment		A STATE OF THE STA						
Occupancy Status During Abatement (Ch    Facility Closed/Vacated During Entire   Abatement Performed Outside of Norr	eck only Period of nal Facilit	one) Abate y Hou	ment	scribe	Street Address 10 59 Jackso	n Avenue				-	
Occupancy Status During Abatement (Ch	eck only Period of nal Facilit	one) Abate y Hou	ment	scribe	Street Address 10 59 Jackso City, State, Zip Co	n Avenue					
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Occupancy Status During Abatement (Ch    Facility Closed/Vacated During Entire   Abatement Performed Outside of Norr	eck only Period of nal Facilit PM/10:0	one) Abate y Hou	ment rs - Des 6:00Al	scribe	Street Address  10 59 Jackso City, State, Zip Co LIC, NY 1110  Full Cont Mini-Enc	n Avenue ode 1 tainment with Neglosure		e	1 1 1		
Occupancy Status During Abatement (Ch     Facility Closed/Vacated During Entire     Abatement Performed Outside of Norr     Time of Abatement:AM  Scope of Work (Check all that apply)  > 3 sf or > 3 lf	eck only Period of nal Facilit PM/10:0	one) Abate y Hou )0PM-	ement rs - Des 6:00Al	scribe	Street Address  10 59 Jackso City, State, Zip Co LIC, NY 1110  Full Cont Mini-Enc	n Avenue ode 1 tainment with Neglosure	gative Pressure n-Friable Procedur		atom	ont T	
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Occupancy Status During Abatement (Ch ☐ Facility Closed/Vacated During Entire ☑ Abatement Performed Outside of Norr Time of Abatement:AM	eck only Period of nal Facilit PM/10:0	one) Abate y Hou OPM- enovate s Loca Norma ed Sola intena todial	ment rs - Des 6:00Al ion on tion allly ely by ance/ Staff?	Scribe MAM	Street Address  10 59 Jackso City, State, Zip Co LIC, NY 1110  Full Cont Mini-Enc Glovebag Non-Exe  Description of estos Containing Maes, thermal systems surfacing, VAT,	n Avenue  ode 1  dainment with Neglosure g Procedure mpted (*) and No  f terial (ACM) insulation, or	n-Friable Procedur  Amount (Specify	Ab	_	ent T Encapsulate	-
Occupancy Status During Abatement (Ch     Facility Closed/Vacated During Entire     Abatement Performed Outside of Norr     Time of Abatement:AM  Scope of Work (Check all that apply)     ≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf  Location of     Asbestos-Containing Material (ACM)     TO BE ABATED     IN Facility     (13)  2nd Level Home Street Dept.	eck only Period of nal Facilit PM/10:0	one) Abate y Hou 00PM- enovate enovate S Loca Norma ed Sola intena todial (12)	ment rs - Des 6:00Al ion on tion elly ely by ance/ Staff?	Scribe MAM	Street Address  10 59 Jackso City, State, Zip Co LIC, NY 1110  Full Cont Glovebag Non-Exe  Description of the state of the	n Avenue  ode 1  dainment with Neglosure g Procedure mpted (*) and No  f terial (ACM) insulation, or	n-Friable Procedur  Amount (Specify	Ab	_		-
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D&S Proj. #: MS 13-54

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

	(4)	Name	of Buildi	ng Owner/	Operator (2)				2017500	780 s	10	c si		
Date of Notification	1/11 13 1	**	NY KA						E LIC	25 p	i ~			
Agencies Notified	Type Notification		Address						7.697555		7:	ିନ	- 1	
☐ EPA	Initial	260		WA AVE	NUE				& Lin	1.73			2000	
☐ DEP	Amended Amendment #:	( / / / / / / / / / / / / / / / / / / /	State, Zip			4 4				-1467141	, The	ί.	i i	
DOL	Emergency				GHTS, NJ						•			
☑ DOH	(including		of Conta						Telephone	Number				
☐ DCA	justification)	ם	ANY K	ALDAS					1	55421				
□ bcA	Cancellation	<u> </u>	ANIK			ATION								
				FACILI	TY INFORM	ATION		T I Trume	of Facility (4		-	2	-	_
Name of facility when	here abatement is t	taking place	(3)					Туре	School	(K - 12)				
HANY KALD	AS								Subcha	pter 8 (Oth	ner tha	n K-1	2)	
Street Address		11 100 100				100				rivate/Co		ial		
	AARSHIR							Sai		omes, etc		Bld	g. Age	<del></del>
260 OTTAWA	AVENUE	County (	(6)			Count	y Code (7)	-	ale reet ,		- 1		-	
City (5)		County	(0)				use only)	Cu	rrent Use (Pri	or if being	demo	lished	i)	
HASBROUC	K HEIGHTS	BERG	EN											
Name of Monitori	ng Firm Hired by B	ldg. Owner (8	3)		ASCM No.		Name of Abateme	ent Contra	actor (9)					
							D & S RESTO	RATIC	N, INC.	A A STATE OF THE S				
Street Address					1.44		Street Address							
				THE PARTY OF THE P			20 California							
City, State, Zip Co.	de						ity, State, Zip Co		11 14					
			LD	None			Paterson, NJ Telephone Number			License	Numbe	er		
Project Manager for	or Monitoring Firm		Pno	one Numbe	religion to		973-345-80				169			
		-12 - 13		5 (- (44)		<u> </u>	Name of OSHA N	1onitor			i e			
Start Date (10)		Sched. C	ompletio	n Date (11)	1,275		D & S Restor	ration, I	nc.					
02/21/13		02/28/1				[	Street Address	Van Sansasana						
	During Abatement						20 California		<u> </u>				_	
Facility clos	ed/vacated during operformed outside	entire period of normal fac	of abater	nent. s-			City, State, Zip Co	ode						
Describet			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-11	Paterson, NJ	07503						
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and the second s	check all that apply								enclosure	megauve	proso			
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abated in fa	acility (13)	Yes	No	N/A					LF)		V.	i	р	L
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Registered Waste	e Hauler		Hauler		ubic Yards o	Waste	Name of Regist	ered Lan	dfill SOURCE RI	ECOVEI	RY			
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City, State PATERSON,	NJ 07503	- 7		02/22/1			TULLYTO	WN, PA						
Completed by (P		Title	7-	-	Signature	4 70				Date	/12			
BOGDAN JO	DLDZIC	PRESIDE								02/20	/13	_		
AOD 44		* Do not use	this form	for asbesto	os licensure	exempte	d activities.							

State of NJ

Fax:

Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: MS 13-54 APPROVED of Health & Senior Se<del>rvio</del> 2013 FEB 25 Name of Bu iring Owner/Operator (2) Date of Notification (1) (signature) 0 12 /12 10 / 11 13 HANY KALDAS Type Notification Agencies Notified Street Address Initial ☐ EPA 260 OTTAWA AVENUE Amended DEP City, State, Zip Code Amendment#: × DOL HASBRUCK HEIGHTS, NJ **Emergency** Telephone Number Name of Co lact (Including 冈 DOH lustification) DCA HANY RALDAS Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) HANY KALDAS Other (Private/Commercial Street Address Bldgs Homes, etc. Bldg. Age # of Floors Square Feet 260 OTTAWA AVENUE County (6) City (5) County Code (7) Current Use (Prior if being demolished) (Stato use only) BERGEN HASBROUCK HEIGHTS Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Telephone Number mone Number Project Manager for Monitoring Firm 01169 973-345-8020 Name of OSHA Monitor School, Completion Date (11) Start Date (10) D & S Restoration, Inc. Street Address 02/21/13 02/28/13 Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of ab. I ament. City, State, Zip Code Abatement performed outside of normal facility h virs-Describe: Other Describe: NORMAL HOURS Paterson, NJ 07503 Full Containment winegative pressure Goope of Work (sheck all that apply) Mini-enclosure X >3 sf or >3 if Renovation Glovebag procedure \_\_\_ ≥160 ef or ≥260 if Demolition Non-Exempted (\*) and Non-triable procedure is location normally used solely Location of 8 by maintenance/custodial 'n Amount n asbestos containing Description of asbestos-containing m, p C. staff(12) (Specify SF or C material (acm) to be O material (ACM) 3 abated in facility (13) V MA No 120 L FT PIPE INSULATION BASEMENT Name of Registered Landfill Registered Waste Hauler Cubic Yards of Waste NULLE HAU'AT IDE TULLYTOWN, RESOURCE RECOVERY D&S RESTORATION, INC. 13506 2 YDS City, State 02/22/13 TULLYTOWN, PA PATERSON, NJ 07503 Completed by (Print or Type) Signature Date Title 02/20/13 BOGDAN JOLDZIC PRESIDENT Do not use this firm for asbestos licensure exempted activities. ASB-41

D&S Proj. #: MS 2013

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

D&S Proj. #: MS 2013	alami a n - 1 America		(Pursu	ant to NJAC	8:60	and 12:120)			Factor of	"nu	r.		
Date of Notification (1)		me of Bu		er/Operator (2)			20	NI3 FEB 25	5 Das	ž.,	L.		
Agencies Notified Type Notifica  EPA Initial  DEP Amended  Amendment #	Stro	eet Addre 7 FAIR		ERRACE				& LIFE	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	2: [//:	<del>68</del>		
DOL Emergency (including justification Cancellatio	) Nar	ne of Co	HILLS, Notact	NJ 07078				Telephone I	Number				
			FACI	LITY INFORMA	ATION			,					
Name of facility where abatement  TOM MINDEN  Street Address	is taking place	e (3)						of Facility (4) School ( Subchap	(K - 12) ter 8 (O ivate/C	omme		-12)	
17 FAIRFIELD TERRACE							Squa	Bldgs./Hore Feet #	omes, e		BI	dg. A	ne .
City (5)	County					nty Code (7) te use only)		ent Use (Prior					
SHORT HILLS  Name of Monitoring Firm Hired by  Street Address				ASCM No.		Name of Abatement  D & S RESTOR  Street Address	ATION						
City, State, Zip Code		Lo				20 California A City, State, Zip Code Paterson, NJ 07							
Project Manager for Monitoring Firr			none Numb			Telephone Number 973-345-8020 Name of OSHA Mon			icense 0	1169	er ——		
Start Date (10)		39	on Date (11	1)		D & S Restorat							
03/06/13 Occupancy Status During Abateme	03/22/					Street Address							
Facility closed/vacated during Abatement performed outside	g entire period e of normal fa	of abate	ement. rs-			20 California Av City, State, Zip Code							
Other-Describe: NORMAL					- ]	Paterson, NJ 07							
Scope of Work (check all that app    >3 sf or >3   f       ≥160 sf or ≥260   f							Mini-enc Gloveba	tainment w/ne losure g procedure empted (*) an				edure	
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location by mainten staff(12) Yes			12 24 200		sbestos-containing	1 32	Amount (Specify SF	or	R e m o v	R e p a .	Enca	E n c L
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City, State PATERSON, NJ 07503	1330	ate		City, State TULLYTOWN,	-	102100	J. Dit						
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDE	NT		Signature					Date 02/20/1	13	,		
ASB-41	* Do not use	this form	for asbesto	s licensure exe	mpted	activities.			17/10				

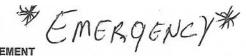
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ce (3)	Coun	t Address 0 Hadley State, Zip ( th Plainfi e of Contact n Hoarle ACILITY IN	Code ield New		y 07080  Type of Facil	Te	5 PH 2:	1.	46					
ce (3)	Soun Nam Rich	th Plainfi e of Contac n Hoarle ACILITY IN	ield New ct		Type of Facil	ity (4)	elephone Nu	mber	-400					
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r (8)	(STAT					K-12)								
r (8)	(STAT		-		Subchar (i. etc.)	oter 8 (Ot	Subchapter 8 (Other than K-12)  Other (i.e. private & commercial buildings, homes,							
r (8)	(STAT				Square Feet 100,000	5	of Floors	- 1	3ldg. 55 ye		11			
r (8)	AS	E USE ONL			Current Use Not in use	Prior if be	eing demolis	ned)						
		CM No.			of Abatement ercy Group		r (9)							
- Committee A					Address Burns Avei									
		City, State, Zip Code Wantagh NY 11793							93					
Project Manager for Monitoring Firm Michael Nolan														
Start Date (10) Scheduled Co 1-14-13 12-31-12														
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Norm	ally	100000	Desc	crintion o	intion of				Type					
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Name of Basistand Westerland														
Gramercy Group Inc														
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	Reno Demo	duled Completion 31-12  One) of Abatement cility Hours olition. No occupation Demolition  Is Location Normally Jsed Solely by Maintenance/ custodial Staff? (12)  S No N/A  NJDEP Hauler II 32981	duled Completion Date (1181-12  One)  of Abatement cility Hours olition. No occupancy  Renovation Demolition  Is Location Normally Jsed Solely by Maintenance/ custodial Staff? (12)  s No N/A  X  NJDEP Waste Hauler ID No. 32981	duled Completion Date (11) 31-12 Tone) of Abatement cility Hours solition. No occupancy  Renovation Demolition  Is Location Normally Jsed Solely by Maintenance/ custodial Staff? (12)  S No N/A  NJDEP Waste Hauler ID No. 32981  Date (11)  Ashestos Conta (i.e. thermal s surfaci other mi	Telephone No. 917-299-7122  duled Completion Date (11)  81-12  One) of Abatement cility Hours olition. No occupancy  Renovation Demolition  Is Location Normally Jsed Solely by Maintenance/ custodial Staff? (12)  Name of Gramman and Gr	Telephone No. 917-299-7122  duled Completion Date (11)  31-12  One)  of Abatement cility Hours dition. No occupancy  Renovation Demolition  Renovation Demolition  Street Address 3000 Burns Aven City, State, Zip Code Wantagh, NY 11  Renovation Demolition  Resolution  Resolution  See Attached  Normally Jsed Solely by Maintenance/ Custodial Staff? (12)  Normally See Solely by Maintenance/ Custodial Staff? (12)  Normally See Attached  Normally See Attached	Wantagh NY 11793  Telephone No. 917-299-7122  duled Completion Date (11) B1-12  One)  of Abatement sility Hours  littion. No occupancy  Renovation Demolition  Renovation Demolition  Is Location Normally Jsed Solely by Maintenance/ sustodial Staff? (12)  No N/A  No N/A	Wantagh NY 11793  Telephone No. 917-299-7122	Wantagh NY 11793     Telephone No. 917-299-7122   S16-876-0020   O1085     Street Address 3000 Burns Avenue	Vantagh NY 11793   Telephone No. 917-299-7122   516-876-0020   01085	Vantagh NY 11793   Telephone No. 917-299-7122   516-876-0020   01085			

MATERIAL	ESTIMATED QUANTITY						
MATERIAL	UNITS	TOTAL					
Asbestos							
Thermal Insulation	lin. ft.	250					
Thermal Insulation	lin. ft.	100					
Thermal Insulation	lin. ft.	10					
Transite	sq. ft.	250					
Transite	sq. ft.	200					
Floor Tile	sq. ft.	2800					
Floor Tile Mastic	sq. ft.	3500					
Floor Debris	sq. ft.	250					

2013 FEB 25 PM 2: 68

CHECK # 231



Date of Notification (1)		T	Name (	of Building Owner/	Operato	r (2)		20	-		1 1	
2/19/12			m	R. BRAIN	20	Ubek	· · · · · · · · · · · · · · · · · · ·	13/	`			
Agencies Notified Type Notification			Street /	Address 104	NHi	UCHMAN AL	VE **	<	ري	5	4	
□ DEP □ Amended		Ī		ate, Zip Code	· · · · · · · · · · · · · · · · · · ·							
DOL Amendment Emergency	1 N.J (e. , "?											
DOH justification)				of Contact			Telephone M	umbor	2. 5	10 a		
□ DCA □ Cancellation			mr	. BRAIN Z	00B	EK				-		
Name of Facility Where Abatement is Takin	g Place (	3) 0	FAU	ILITY INFORMAT	ION	Type of Facility (	4)			_	·	
Street Address			510	ENCE		☐ School (K-1						
104 NHIPCHMA	N AL	IE.				Other (i.e. p	8 (Other than K- private & commen	12) cial bui	ldings	, hom	ies,	
City (5) HADDONFEILD A			r-1/			Square Feet	# of Floors		3ldg.	88 <del>5</del> 833		
	1 EW					2800	3		60	YES		
County (6) CAMDEN				Code (7) USE ONLY)		Current Use (Pri	or if being demolis	shed)				
Name of Monitoring Firm Hired by Building			ASC	M No.		of Abatement Cor						
ENVIRONMENTA   MANAGEMENT Street Address	THI	0			GRE	HAMTECH EN	VIRONMENTA	156	VIL	- 44	(c	
34E GERMANTOWN PIL	IF #	204	/			READ DK	1.05					
City, State, Zip Code	10	001				State, Zip Code						
EAST NORRITON PA. 1	1940	/			313	KLERVILLE A	5 0808	1				
Project Manager for Monitoring Firm			Telepho	one No.		hone No.	License		-			
RAYMOND J. GIORDANC			610-2	277-0405								
Start Date (10) 2/16/13	Schedul 2		npletion 1//3	Date (11)		of OSHA Monitor	· · · · · · · · · · · · · · · · · · ·		,, ,,	,,		
Occupancy Status During Abatement (Chec	k Only O		110		Street	HAMTECH ENV Address	IKOP MEDIAI	SCR	vice	44		
Facility Closed/Vacated During Entire F	Period of	Abatem	nent		141	READ DRIVE	-					
☐ Abatement Performed Outside of Norm ☐ Other – Describe:	al Facility	y Hours			City, S	State, Zip Code						
					Sic	KLEAVITIE W	5 08081	4				
Scope of Work (Check All That Apply)	1											
≥3 sf or ≥3 if □ ≥160 sf or ≥260 if		Renova Demolit				Full Containme Mini-Enclosure Glovebag Prod	edure					
	1	···		T		3 Non-Exempted	(*) and Non-Fria	ble Pro				
	1	Locati Normal						1	Abat	emen /pe	ι	
Location of Asbestos-Containing Material (ACM)	Use	ed Sole	ly by		escription Itaining f	n of Material (ACM)	Amount		T	Ī.,	T	
TO BE ABATED In Facility		intenar todial S		(i.e. therma	l system	s insulation,	(Specify	Re	R	Encapsulate	E	
(13)		(12)			icing, VA miscella		SF or LF)	Removal	Repair	nsdi	Enclosure	
	Yes	No	N/A					<u>B</u>		ate	- F	
FIRST FLOOR		V		ASBESTAS	Do	IT WEAPPING	105F	1				
BASEMENT		V				-WKAPPINY	105F	V				
BASE MENT		V		ASBOSTOS PI			12LF	V				
	-			2		30,7,0,		1				
Name of Registered Waste Hauler	1		JDEP V		Yards	Name of F	Registered Landfi			_		
GARHAMTECH ENVIRONMENTAL	SELV.	E (	auler ID 2034		ste	ATLANT	ic country u	Tizi	Ties			
CHAHAM TEXH ENVIRONMENTAL  City, State  E99 HARBON V.	5	n E		Dispo	sal Date	City, State	HAKBON N	15		4		
Completed by	1 Tille			1	Signature	1//	D	ate	1111	110	,	
Willis GRAHAM	(	OWL	IEV	~	10	11		مل	114	113		

N8-53- NA NP:31 FHOLI-

Date of Notification (1	2-18-13				ng Owner/Operato	or (2) M	atteo/1	1AIR	Tie	Ze	न्यूट
Agency Notified	Type Notification		1	et Address		5 Centr	al Ane	C.			71
D EPA D DEP D DOL	initial ☐ Amended Amendment#	,	City.	State, Zip	C	epor Ct		- (			-
CI DOH	U Emergency (incl. justification) U Cancellation	ading .	Nam	e of Conta			Telephone Nur	nber		7	1
			FAC	CILITY INF	ORMATION						
25	re Abatement is Taking  RESIDENT  3127 Cent	, - 	Aue			Type of Facility  School (K-1)  Subchapter  Other (Le. p	2) 8 (Other than K-12 rivate & commercia	2) al buildir	igs.	×	-
A11 100			100	•	•	Square Feet 2400	Commence of the Assessment of the Commence of	Bldg.	Age 70		2 200
	landic		Coun		(STATE USE	Current Use (F	riot & being demol				
				••,		1 .			•		
Name of Monitoring F (8)	irm Hired by Building Ch	mer AS	SCM No.			went Contractor (				8	
Street Address					Street Address	212 Bus	lington Au 5 08075	re			100
City, State, Zip Code					City, State, Zip	Coda N	5 08075	_		_	-
Project Manager for M	Sonitoriod Firm	Tele	phone No		Telephone No.		License No.	<del></del> -			-
· · ·		, , , ,			856 824	0971	0107	0			
Start Date (10) 2-28-13	" Scheduled			):	Name of OSHA		CIF		,		•
	ring Abstoment (Check				Street Address	·. ·	<i>ye. y</i>	T .			
D Facility Closed/Vac D Abatement Perform D Other - Describe:	ated During Entire Perio and Outside of Normal F	d of Abstenticility Hours	nerit i		City, State, Zip	Code					
Scope of Work (Check 3 3 2 or 2 3 17 2 2 160 2f or 2 260 17	k all that apply)		□ Ro	novation molition	☐ Mini- ☐ Glov	-Enclosure ebag Procedure	Negative Pressure		•		
<del></del>		Telo	cation	Τ.	G Non-	-Exemplan (A fine	MOLLINGE LIGH	June		tom	
1	Man -F	Non	mally		Description	nt ·			$\neg$	Type	T
Location of  Asbestos-Containing Material (ACM)  TO BE ABATED  IN Facility  (13)  Lisad Solely  Maintenanc  Custodia  Staff?  (12)				Asbes (i.e.	tos Containing Ma thermal systems surfacing, VAT other miscelland	laterial (ACM) Amo s insulation, (Spec T, or SF or			Removal	Encapsulato	
		Yes A	lo N/A	<u> </u>						1	1
outsi	de	1-1-	-	LAC	M Siding		1700 5	24	4	+	1
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			1						+	T	İ
arno of Registered W		E 100 100 25 V	P Waste I	Hauler	Cubic Yards of Waste	Namo of Regist	ered Landfill	PA.			
ity, State	Robinson A	15	,-3		Disposal Data	City, State Tu	lytowa P	2			min
JOE HILL	Title				Signatur 4		d l	ata 2-15-	-15		
8-41	Y Don	of use this fo	tor or	hartne line	nsura exempted a	chiviting				-	-

N8-53- NA NO:37 LHOLI-

Date of Notification (1) 2-18-13			Name of Bu	ilding Owner/Operat	or (2) FIRS	+ Connerc	e	B	an	2
Agency Notified Type Notification			Street Addr	***			. (	6	-	7
© EPA © DEP © Amended Amendment #	luding	E	City, State, .	4.74		UT 08761	100	12		
□ DOH justification) □ DCA □ Cancellation			DOA	tut Ab	<u> </u>	TOODIONE HUIDO	26		_	
Name of the City o			FACILITY	INFORMATION			THE STATE OF			
Name of Facility Where Abatement is Taking First Comments Street Address 40 North M	ce B	A-marketana			Type of Facilit U School (K-1 U Subchapter U Other (Le. p	2) 8 (Other than K-12) rivate & commercial b	uildin	gs.		
City (5) Allentown &	•			•	Square Feet		ildg.	Age	-	
County (6)			ounty Code NLY)	(7) (STATE USE	Current Use (F	rior if being demolishe	d)			
Name of Monitoring Firm Hired by Building Ov (8)	mer A	SCM N	ie.		nent Contractor (					
Street Address					. See C			_		
City, State, Zip Gode				/2/2 City, State, Zip C	oda	on the				
Project Manager for Monitoring Firm	Tele	phone	No.	Telephone No.		License No.	<del></del> -			
24-10				856824	097/	010)0				
Start Date (10)	7-13		(11) : '.	Name of OSHA	Aonitor -	ell.		,		
Occupancy Status During Abstorment (Check o				Street Address	٠ ،	e/	<del>,</del> -		7	~
Facility Closed/Vacated During Entire Period     Abatement Performed Outside of Normal Fa     Other – Describe:	of Abster	vierit S		City, State, Zlp Co	ode					
Scope of Work (Check all that apply)	***************************************			1						
□ >5 sf or ≥ 3 ff □ > 160 sf or ≥ 260 ff	•		Renovation Pernolition	O Mini-E	nclosure ao Procedure	Vegative Pressure  Non-Friable Procedure				
	27700477000	cation maily				THE PROPERTY OF		Abat	ome ype	ent
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Used S Mainte Cust Sta	Solely by enance/ todial aff? (2)	Asbe	Description of stos Containing Mate , thermal systems in surfacing, VAT, o other miscellance	arial (ACM) sulation, or	Amount (Specify SF or LF)	Removal	Ropair	Encapsulato	Enclosure
First Floor	Yes N	lo N/	A	541 11 12					·	
BASEMENT	-	1	-	(ACM) Floor Flu & Packe	-Tile	30054	1		4	$\dashv$
		1		110 41120	5	25g	V	Н	1	$\dashv$
Name of Registered Waste Hatter  J Zobinson  Oity, State  Bellmann NJ	ID No.	Waste 8368	Hauler	Cubic Yards of Naste  3 Disposal Data C	wame of Register  WM of  ity, State  / Ully for	ed Landfill				
Tor Hill Title VP	co this for			Signature	11	Date 2-1	8-	13		1

N8-53- NA NP:31 LHOLL-

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Date of Notification (1)	2-18-13		1		ling Owner/Operate	or (2) Ame	chi/Man/	115	-	8
Agency Notified	Type Notification	والمساورة المساورة		et Addres	S			- Con- - Con- - Con-	Marie Land	-
D EPA	☑ Initial ☐ Amended		City.	State, Zi	- P-J-	3432 We		1	70	
D DOT	Amendment#	hadina	-		Oces	n City	1		1	
D DOH	D Emergency (nd justification) D Cancellation	mesuff .	Nam	na dif Cont		,	Telephone Num	ber		70.
			FAC	CILITY IN	FORMATION		ands.			
Name of Facility Where A	Abatement is Taking  Resider					Type of Facilit				
Street Address				-		Other (i.e. p	8 (Other than K-12) rivate & commercia		gs.	
3452 City (5)	_ west p	The	<del>- 1</del>		<del></del>	Square Feet	# of Floors	Bldg.	Arre	
0	west feen Cit	4				2400	2	Jacob -	70	*
County (6) Atlan		7	Count		7) (STATE USE	Current Use (F	rior is being demolls	hed)		
Name of Monitoring Firm	Hired by Building Ov	ener AS	CM No.		Name of Abaten	nent Contractor (				
(8)					An	3 200	Lic			- 1555
Street Address						2 Bualine	ton Aug			
City, State, Zip Code					City, State, Zip C	ioda NI	201015			
Project Manager for Monit	oring Firm	Telep	hone No.		Telephone No.		License No.			
					609 34	6 0916	010	76		
Start Date (10) 2-16-13		Completion	Date (11)	• •	Name of OSHA	Monitor Se	elk.	**	,	, ,
Occupancy Status During	Abstoment (Check o	only one) .			Street Address				-	
D Facility Closed/Vacated  Abatement Performed ( Other – Describe:	During Entire Period Outside of Normal Fa	d of Absterne	भारे		City, State, Zip C	ode				
Scope of Work (Check all	that apoly)									
] ≥ 3 sf or ≥ 3 ff Î ≥ 160 sf or ≥ 260 ff		•	□ Ron Ø Den	evation rolltion	O Mini-B	indosure bag Procedure	Negative Pressure Non-Friable Proced			
**************************************		Is Loc	ation			Total Care	HOUST HELDING PROCESS		Abato	5 -527
Location		Norm Used Sc		1,427	Description of				TY	Dia
Asbestos-Containing TO BE ABA	Material (ACM)	Mainten	ance/		tos Containing Mat thermal systems is	erial (ACM)	Amount	20		E 5
IN Facility (13)		Staf	77	(1,0.1)	surfacing, VAT.	or	(Specify SF or LF)	Removal	Repair	Encapsulate
(12)		. (12	)	- 1	other miscellanco	us)		2	=	
0.1.1		Yes No	N/A	70	-					
DUFSIDE	<del></del>	-	1 -	(Acry	) Sidir	25	170059	V		I
			1-1					+	-	+
rmo of Registered Waste	-		1	<u> </u>					$\top$	1
J Robinson		ID No.	Waste Ha		Cubic Yarda of	Namo of Register				
V Chata			368		Disposal Date (					
	Sellmann	NT		1.		Pioli States	D			
	Je I MALON	107				Tolleta	wn la			. 1
Impleted by  Joe Hill	Tielo VP			8	ignature	Tully to	wn la		-	_

Nowek

L 13 30D # 33 13/13				AMENDIA	Lry #					
Date of Notification (1) 2/13/2013		Name of Building Owner / Operator (2) Port Authority of New York & New Jersey								
Agencies Notified Type Notification	Street Addres 241 Erie Str		236	\$ C	SKUIJ FEB 30					
DEP   Initial Notification	City, State & 2									
DOL Amended Notificati	The state of the s			``*	7.					
DOH Cancellation	Name of Conf			T	elephone Number					
DCA C	Mr. Ralph C	ampione			- 10-12 1					
		INFORMA	ATION							
Name of Facility Where Abatement is Taking F	Place (3)		e of Facility (4)							
Terminal B, B-2 Connector Departures	Level		School (K-12)							
Street Address			Subchapter 8 (Other the		s					
Newark International Airport, Newark, N	IJ		Other (i.e., private & c							
61	-3		are Feet # of FI	oors BI	dg. Age					
City (5) County (6)	County Code (7)		1.2 Mil	2	50÷					
Newark Essex		Curr	ent Use (Prior if being	demolished)	,					
	1	Airp	ort							
Name of Monitoring Firm Hired by Building Ow THE PORT AUTHORITY OF NY & NJ	ner (8) ASCM		ne of Abatement Contra	actor (9)						
Street Address			et Address							
241 ERIE STREET, ROOM 236		0.0000000000000000000000000000000000000	Clay Street							
City, State & Zip Code			City, State & Zip Code							
JERSEY CITY, NJ 073100			Brooklyn, NY 11222							
Project Manager for Monitoring Firm	Telephone Numbe	r Tele	Telephone Number License Number							
MR. RALPH CAMPIONE	973-624-6898	718	-706-6300		00511					
Scheduled Start Date (10) Scheduled Co	mpletion Date (11)	100000000000000000000000000000000000000	ne of OSHA Monitor							
4/1/2013	7/31/2013		STOR TECH, INC.							
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Entire			et Address 59 JACKSON AVEN	UE						
Abatement Performed Outside of Norn	nal Facility Hours -	City	City, State & Zip Code							
Describe: MONDAY - FRIDAY 7:0	00 AM - 3:30 PM	L.I.	L.I.C., NY 11101							
Other - Describe:										
Scope of Work (Check all that apply)		-								
☐ Demolition ☐ Renova	ition			nt with Negative P	ressure					
			Mini-Enclosure							
Quantity is ≥ 3 SF or ≥ 3 LF ACM			Glovebag Proce	edure						
Quantity is ≥ 160 SF or ≥ 260 LF ACM	1		Other: [		The American					
Location of	Is Location		escription of	Amount	Abatement Type					
Asbestos-Containing	Normally Used		stos-Containing	(Specify Square Feet or	(Specify: Removal, Repair,					
Material (ACM)	Solely by Maintenance or		aterial (ACM) hermal systems	Linear Feet)	Encapsulation or					
TO BE ABATED in Facility	Custodial Staff?		on, surfacing, VAT	Lilleal reet)	Enclosure)					
(13)	(12)		er miscellaneous)		Lilolosuic)					
(1.5)	(/									
Terminal B- B-2 Connector, Dept. Level		FIR	EPROOFING	5,800 SF	Removal					
Terminal B- B-2 Connector, Dept. Level	NO		PIPE	1,200 LF	Removal					
Name of Registered Waste Hauler	NJDEP Waste Hau	uler ID#	Cu. Yds. of Waste	Name of Registe	ered Landfill					
TRI-STATE TRANSFER	2A-456		120	Minerva Enter						
City, State			Disposal Date	City, State						
Bronx , NY	7 165-15		TBD	Waynesburg,						
Completed By (Print or Type)  Richie Smith  Title  Projec	t Executive		Signature	1/1-	Date 2/13/2013					
	*		(J/V)							