Page 1 of 1 No Week

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					owner/Oper gional Dis			2013 FEB 25			* 1		
Agencies Notified Type Notification		7.00	Street Ad 48 Knol						PH)	4		
EPA Initial Amended Amendment			City, State	e, Zip Coo	de 07866-40	024		* 4/8 EN		•	9 -		
□ Emergency (1,750	Name of Steve A		sky			Telephone N	umber	7.			
Name of Facility Where Abatement is Takin	a Plana (2)		FACIL	ITY INFO	RMATION	I TV	pe of Facility (4	Λ	-		-		
Morris Hills High School Street Address 520 West Main Street	g Flace (5)					×	School (K-12		12) cial buil	dings	s, hom	ies,	
City (5) Rockaway					V//	2	quare Feet 29,760	# of Floors 2	5	ildg. 3	Age		
County (6) Morris			County C	ode (7) SE ONLY)		_ C	urrent Use (Prio	r if being demoli	shed)				
Name of Monitoring Firm Hired by Building Westchester Environmental	Owner (8)		ASCM	No.			Abatement Con oup, Inc	tractor (9)					
Street Address 307 North Walnut Street					370	treet Ad 140 Ha	dress mburg Tpke				9		
City, State, Zip Code West Chester, PA 19380				- 		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Paul F. McCaa		Telephor			elephon 201)7	e No. 10-9725	License 01084				1+		
Start Date (10) 03-26-2013	Schedule 03-28-2			Date (11)			OSHA Monitor						
Occupancy Status During Abatement (Che			Street							77.3			
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of A mal Facility	bater Hour	tement Durs 140 Hamburg Tpke City, State, Zip Code Bloomingdale, NJ 07403										
Scope of Work (Check All That Apply)			Bioomingaa										
≥3 sf or ≥3 if ≥160 sf or ≥260 if	Table 1000	enova emoli				×	Mini-Enclosure Glovebag Prod				ıre		
	le	Local	tion				TOTT-Exemples	() and ()		Aba	teme	nt	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Location of Used Asbestos-Containing Material (ACM) TO BE ABATED In Facility					ription of ning Mat ystems in ng, VAT, scellaned	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Kepair	Encapsulate	Enclosure	
Stage	Stage Yes					Wiring	9	40 LF	X	1			
							1 - 1- 17		23				
Name of Registered Waste Hauler			NJDEP W		Cubic Ya		Name of	Registered Land	dfill .	+	-	1	
GL Group, Inc	Hauler ID No. of Waste 0033034 TBD			Э	GROW								
City, State Bloomingdale, NJ	Disposal Date City, State TBD Morrisville, PA												
Completed by Elena Solakov	dent				gnature	Elen Stoller 2/19/2013							

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 Buildin	ng Owner/	Operato	r (2) 20/3 FFO		100				
Agencies Notified Type Notification EPA DEP Initial Amended	on		Street 48 Ki	Address noll Driv	/e	u Distri	ct (2) 20/3 FEB	25 P	7 2.00				i .
X DOL Amendme	y (including		Rock		NJ 0786			9/2.:	1.14		100		
DCA justificatio			Steve	A. Ter		ION		1	elephone N	lumbe			7
Name of Facility Where Abatement is Tal- Morris Hills High School Street Address	king Place (3)		SILIT IIV	TORMAT	ION	Type of Facility School (K	(-12)					
520 West Main Street City (5)							Other (i.e etc.)	private	her than K- & comment of Floors	rcial bu	uilding Bldg.	1	nes,
Rockaway County (6)			County	Code (7)	1	-	229,760 Current Use (P	2		ahad)	53	rige	
Morris Name of Monitoring Firm Hired by Building	Owner (8)		(STATE	M No.		Nome				siled)			
Westchester Environmental Street Address	9 0 111101 (0)		1,00	NI NO.	The	GL G	of Abatement Co Froup, Inc	ontracto	r (9)				
307 North Walnut Street		1				140	Address Hamburg Tpk	e					
City, State, Zip Code West Chester, PA 19380							State, Zip Code omingdale, NJ 07403						
Paul F. McCaa			31-754			one No. 710-9725		License 01084	No.				
Start Date (10) 03-26-2013	03-28-2	2013	3 GL (of OSHA Monito roup, Inc	r			MI		
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of A	Abater	ment 's			140 F City, St	Address Hamburg Tpk ate, Zip Code				## ## ## ## ## ## ## ## ## ## ## ## ##		
Scope of Work (Check All That Apply)			Bloomingdale, NJ 07								-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	process	enova	vation lition				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						
Location of	l N	Locat lorma	lly		Doc	scription	Non-Exempted () and N			DIETT	Abat	emen /pe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai Cust	(12)		Asbes (i.e	stos Conta thermal surfac	aining Ma	aterial (ACM) insulation, , or	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
Stage	Stage Yes N					d Wirin	ıa l	4	0 LF	X	-	Ф	
								- 194 - 1955 - 1956 - 1956 - 1956 - 1956 - 1956 - 1956 - 1956 - 1956 - 1956 - 1956 - 1956 - 1956 - 1956 - 1956 - 1956					
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Name of Registered Waste Hauler	100000	JDEP W		Cubic Y	'ards	Name of	Registe	red Landfil			V		
GL Group, Inc	Hauler ID No. of Waste TBD			GROW						8			
City, State Bloomingdale, NJ	Disposal Date City, State TBD Morrisville, PA			PA									
Completed by Elena Solakov	ident Signature Clarus Stulling Date 2/19/20					013							

	State of Ne FICATION OF ASE Pursuant to NJA	BESTOS ÁBATEN		CKA	20	P		(***	
Date of Notification (1)	Name of Buildin	ng Owner/Operator	(2) Tom Houst	ton	4/3	EB	20	•	
Agencies Notified Type Notification	Street Address		61 N. Bridge			7	25	P	
	City, State, Zip (Code		14	4	it.	W.		
☐ Emergency (including justification)	Name of Contac	ct	ed Bank, NJ	7 Telephone Numl	ber		_	. (?)	
DCA Cancellation	1	Com Houston		l 			_	_	
Name of Facility Where Abatement is Taking Place (3)	FACILITY INF	FORMATION	Type of Facility	v (4)	-				
Residence Street Address			School (K-1	1. 31. 34		dings	,		
59-61 N. Bridge S	treet		homes, etc Square Feet	# of Floors	ТВ	ldg. A	\ae		
Red Bank, NJ 07			3000	2	_ _		00		
County (6) Mercer	County Code (USE ONLY)	(7) (STATE	Current Use (F	Prior if being demolis Residence		5			
Name of Monitoring Firm Hired by Building Owner (8) MECS	ASCM No.		nent Contractor (sens Environ	9) mental Service	es, Ir	ıc.			
Street Address PO Box 341		Street Address	PO	Box 322					
City, State, Zip Code Crosswicks, NJ 08515	4,000 10	City, State, Zip C	ode	n, NJ 08501				_	
Project Manager for Monitoring Firm	elephone No.	Telephone No.		License No.					
	609) 298-4070	(609) 259-9688 00493 Name of OSHA Monitor							
Start Date (10) Scheduled Comp 3/4/13 3/7		Name of OSHAT		MECS				1	
Occupancy Status During Abatement (Check only one		Street Address	PO 1	Box 341					
☐ Facility Closed/Vacated During Entire Period of Aba ☐ Abatement Performed Outside of Normal Facility He ☑ Other - Describe: 8AM - 4:30PM		City, State, Zip C	ode	ks. NJ 08515					
Scope of Work (Check all that apply)		<u> </u>	Crosswic	KS, NJ 00313			-	_	
		☐ Mini-End ☐ Gloveba	ag Procedure						
Is Loca Norma		INON-EX	empted (") and iv	on-Friable Procedu	T	bate	ment	-11-5-5	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility Used So Mainten Custo	lely by ance/ Asbes dial (i.e.,	Description of tos Containing Mat , thermal systems i surfacing, VAT,	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
(13) (12 Yes N		other miscellaned	ous)	0	val	•	sulate	ure	
Basement	× Th	ermal Pipe Ins	sulation	190 lf	×				
2 10 10 10 10 10 10 10 10 10 10 10 10 10									
Name of Registered Waste Hauler Stevens Environmental Services Inc.	NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 3 CU	Name of Reg	istered Landfill T.R.R.F., Ir	nc.		i i	150	
City, State Allentown, NJ		Disposal Date 3/7/13 1/	City, State	Tullytown,	PA			l.	
Completed By Mahlon E. Stevens Title Proje	ct Manager	Signature	1	Date	2/20)/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 (1)	Name	of Buildi	ng Owner/	Operator (2)				2013 FEB 2	25	40			
0 2 /1 19	_1/1_13_1		YLLIS (GERBER				97 12	2.	PH.				
Agencies Notified	Type Notification	Stree	Address		ŧ	***	į.		& Lice	,	1.8			
☐ EPA	Initial Amended	35	ROSE A	VENUE			70		- 4/6°E	A GOVERN				
DEP	Amendment #:	City,	State, Zip	Code						MAG	· 7.			
DOL	Emergency	_ SF	RINGF	ELD, NJ										
□ DOH	(including	Name	of Conta	ct			7. X		Telepho	ne Number				
DCA	justification) Cancellation	PI	HYLLIS	GERBE	R				•		_			
				FACIL	ITY INFORMA	TION								
Name of facility w	here abatement is	taking place	(3)	77			3 11 2	Тур	e of Facility	(4) ol (K - 12)	76 76			
DANALI G CE	DDED									hapter 8 (O	her tha	an K-	12)	
PHYLLIS GE	RBER							1	Other	(Private/Co	mmer		-,	
Street Address									Bldgs	./Homes, et	C.			
35 ROSE AV	ENUE							Sc	quare Feet	# of Floor	S	Bld	g. Ag	e
City (5)		County (6)				ty Code (7)	-		Data of bala	dom	licho	47	
		IBUO	NT.			(State	e use only)	C	urrent Use (rior if being	y demo	nistie	4)	
SPRINGFIEI	.D ng Firm Hired by B	UNIO			ASCM No.	-11	Name of Abateme	nt Conti	ractor (9)					
Name of Monitori	ng Firm Hired by b	idg. Owner (c	"		ASCIVITIO.		D & S RESTORATION, INC.							
							Street Address	-	011, 11101	1114				
Street Address						20 California Ave.								
City, State, Zip Co	ide					-	City, State, Zip Coo							
City, State, Zip Co	i i			10			Paterson, NJ	07503		1				
Project Manager f	or Monitoring Firm		Pho	ne Numbe	er		Telephone Number			License		er		
Project Manager i	or morning .						973-345-8020 01169							
01-+ D-+- (10)		ISched C	ompletion	n Date (11		[Name of OSHA M		-					
Start Date (10)							D & S Restor	ration,	Inc.			_		
02/20/13		02/28/1						A						
	During Abatement			oont			20 California City, State, Zip Co							
Abatement	ed/vacated during operformed outside	of normal fac	ility hours	ient. i-										
Describe:	cribe: NORMAL H	OURS				-	Paterson, NJ					_	=	
Scope of Work (check all that apply	′)							Containmen	t w/negative	press	ure		
≥ 3 sf or ≥ 3	If 🛛	Renovation	64 64				a la la com		-enclosure rebag proce	dure				
☐ >160 sf or	≥260 If	Demolition						Non	-Exempted	(*) and Non				}
Location o	,	Is location r	normally u	sed solely				*			R	R	E n	Е
asbestos-0	containing	by maintena staff(12)	ance/cust	odial			sbestos-containing	9	Amoun (Specif		m	p a	С	n
material (a abated in f			No	N/A	material	(ACIVI)		a	ĹF)		V	i	a p	L
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											믐	H	計	市
					ubic Yards of	Waste	Name of Registe	ered I ar	ndfill		-1-	<u> </u>	1-	
Registered Wast	e Hauler ORATION, INC.	NJDEF 1350	Hauler I		UDIC Yards of	vasie	TULLYTOW	/N, RE	SOURCE	RECOVE	RY		range.	
	MATION, INC.			Disposal D			City, State		6	9.				
City, State PATERSON,	NJ 07503			02/21/1			TULLYTOV	VN, PA	1					
Completed by (Print or Type) Title Signature						Date 02/19/13								
BOGDAN JO		estos licensure exempted activities.												
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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	n (1)				er/Operator (2)							0	9	
Agencies Notified		-			PA FUCCLI	<u>, 1</u>				100	17			
EPA	Initial	110"	eet Addr					1		~		4	- 1	
☐ DEP	Amended			REAM A	VE.									
☑ DOL	Amendment #:		3889	Zip Code										
	Emergency			Y CITY, N	J 07306	a see de								
□ DOH	(including justification)	Nai	me of Co	ntact				T	elephor	ne Number				
☐ DCA	Cancellation		ROSEA	NN SCAI	RPA FUCCL	LI						1.0		
	El P			FACI	LITY INFORM	ATION								
Name of facility w	here abatement is	s taking plac	e (3)					Type of			Ţ.,	100	9	
ROSEANN SO	CARPA FUCCI	11						1 4		ol (K - 12)		.,	401	
Street Address	oma mrecei									napter 8 (O (Private/Co			-12)	
Street Address										/Homes, e		rciai		
95 BOOREAN	M AVE.			- 2				Square	Feet	# of Floor	s	BI	dg. A	ge
City (5)	16	Count	y (6)				nty Code (7)					34	100	l and
					7,2 11 11	(Sta	te use only)	Curren	t Use (F	rior if being	g dem	olish	ed)	
JERSEY CIT			DSON	12.		L,			(6)					
Name of Monitori	ng Firm Hired by I	Blag. Owner	(8)	The second	ASCM No.	20	Name of Abatement			700 TE 110				
<u> </u>							D & S RESTOR	ATION, I	NC.			ROASS		
Street Address							Street Address							
07							20 California A							
City, State, Zip Co	de						City, State, Zip Code							
							Paterson, NJ 07	7503				_ i_		
Project Manager for	or Monitoring Firm		P	hone Numb	er		Telephone Number		1	License		er		
		- to the fact of the same					973-345-8020				1169			
Start Date (10)		Sched.	Complet	tion Date (11)		Name of OSHA Mor D & S Restorat							
02/20/13		02/28/	/13				Street Address	ion, mc.						
Occupancy Status	During Abatemer						20 California A	venue						
	ed/vacated during			ement.			City, State, Zip Code					-		7
	performed outside	of normal fa	acility hou	urs-			ony, orano, alp oran							
Describe: Other-Desc	ribe: NORMAL F	HOURS				-	Paterson, NJ 07	7503						
Scope of Work (c								Full Conta	inment v	w/negative	press	ure		
>3 sf or >3		Renovation	,					Mini-enclo		ogao	p. 000			
		Demolition						Glovebag						
≥160 sf or ≥	200 17		-		100			Non-Exem	npted (*)	and Non-f	riable R		_	1
Location of		by mainter		used solely		. House					e	R	E	E
asbestos-co material (ad		staff(12)			Description material		sbestos-containing		mount Specify	SF or	m	р	С	n
abated in fa		Yes	No	N/A	material	(/ (01/1)		Ù	F)		0	i	a p	Ľ
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	** 15													
Registered Waste D & S RESTO		NJDE 1350	P Hauler		ubic Yards of \	Waste	Name of Registered TULLYTOWN,	Landfill RESOUF	RCE RI	ECOVER	Y			
City, State				Disposal D		-	City, State		177			+		(3)
PATERSON, NJ 07503 02/21/13							TULLYTOWN	, PA	and the	1		1		į.
Completed by (Print or Type) Title Signature									- 7	Date	777		7.5	
BOGDAN JOI		PRESIDI	ENT	4						02/19/	13			
*Do not use this form for asbestos licensure exe							activities.							

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) 10 2 / 1 9 / 1 3	Name of Building Owner/Opera	itor (2) - 49/3 FFD	NJ Dept. of Health & Senior Services
Agencies Notified Type Notification	ROSEANN SCARPA FUI	Conti	25 PM 2 (SINIESTO)
L EPA Initial	Street Address		
DEP Amanded	95 BOORBAM AVE.		The first
DOL Amendment#:	City, State, Zip Code	& Lie	The state of the s
R Francisco	The Code		
	JERSEY CITY, NJ 07306		- 1
DCA Justification)	Name of Confect		
Cancellation.	ROSEANN SCARPA FU	OC17 T T	Telephone Number
		The state of the s	
larns of facility where abetement is taking	FACILITY INFO	ORMATION	. 47 - 1 - pays
ROSFANN SCARPA FUCCILI	a rimae (o)	the second section with	Type of Facility (4)
reet Address	1.62		School (K - 12)
o oct Address			Subchapter 8 (Other than K-12)
95 BOOREAM AVB.			Other (Private/Commercial
He CO	e e e e e e e e e e e e e e e e e e e		Programomes, etc.
0	Jounty (6)	72	Square Feet # of Floors Bldg. Age
ERSBY CITY		County Code (7)	
me of Maniforms Firm Filled by Blog. On	HUDSON	(State use only)	Gurrent Use (Frior if being demplished)
Seam Hilled by Bidg. Or	Amer(8) ASCM No		
	1 1 100	A Adatamen	nt Contractor (9)
el Address		D& S RESTO	RATION, INC.
- 41 - W W 1		Street Address	The party of the p
State, Zip Grote	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20 California A	Area (A)
1. (1.1)	2 10 - 2004	City, State, Zip Code	ive.
ot Manager for Monitoring Firm	The state of the s		74, 74
The incomposing Firm	Phone Number	Paterson, NJ 0	7503
h		Telephone Number	License Number
(Date ((p)) 10,1 (c) ISGN	of Completion Date (11)	973-345-8020	Atten
0/13		Mante of OSHA Mon	litor
Status District	28/13	D & S Restorati	ion, Inc.
Bancy Status Digitig Abstamont (Check:	only one)	Street Address	The state of the s
		20 California A.	/enue
Describe: Administration of normal	facility hours-	City, State, 7ip Code	the state of the state of the state of
			1.5
A CONTRACT TO THE PROPERTY OF			
of Work (check all that apply)		Pateraon, NI 07	503
of Work (chack all that apply)		Pateraon, NJ 07	
of Work (chack all that apply) 3 of or >3 if Removato	NI .	1 1 1	ull Containment whereathe process
or Work (chack all that apply) 3 of or >3 if Removatio 160 of or ≥260 (f) Demoiltion			ull Containment whegative pressure
or Work (chack all that apply) 3 of or >3 if Removation 160 of or ≥260 of Demoition is location)	I A	ull Containment whegative pressure
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of Work (chack all that apply) 3 of or >3 if Removatio 160 of or >260 of Demoition ocation of sbestos-containing laterial (acro) in the	n.normally used solely marice/custodial	in of asheethe count	Amount
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or Work (chack all that apply) 3 sf or >3 if	n normally used solely manner of the material (and the material (a	on of asbestos-containing ACM) ATION	Amount (Specify SF or LF) 20 LFT
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or Work (chack all that apply) 3 of or >3 if	n normally used solely mance/custodial No N/A PPE-INSUITED Boiler Insula Hauler ID# Cubic Yards of Walf	in of asbestos-containing ACM) ATION Histo Name of Registoring	Amount R P P P P P P P P P P P P P P P P P P
or Work (chack all that apply) 3 of or >3 if	n normally used solely mance/custodial No N/A PPE INSUITABLE Manual Ma	an of asbestos-containing ACM) ATION Bion Name of Registered La TULLYTOWN, RE	Amount Procedure (Specify SF or C.
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e of Work (chack all that apply) 3 sf or >3 if	normally used solely manon/custodial No N/A PUPE INSUITABLE Boiler Insuita Hauler ID# Cubic Yards of Water Color Col	an of asbestos-containing ACM) ATION Bion Name of Registered La TULLYTOWN, RE	Amount R R E E N R R R R R R R R R R R R R R R

D&S Proj. #: 2013

State of NJ

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

D&S Proj. #: 2013	4					Abatement and 12:120)		RCC 2013 FEB 25 & LICEN					
2013		,						2012					
Date of Notification (1)	I I Nam	e of Buildir	na Owne	/Operator (2)			- (UIJFEB 2	_	-			
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Agencies Notified Type Notificatio		t Address		п				2			<u> </u>		
☐ EPA ☐ Initial	-			г				CE LICEN					
DEP Amended	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	0 FERN : State, Zip		<u> </u>				-71	1/AG	VI_			
M DOL Amendment #:_	- 11			IOTON NI									
DOH Emergency (including		of Contac		NGTON, NJ				Telephone	Number				
justification)													
DCA Cancellation	<u>R</u>	ICH MA								_			_
			FACIL	ITY INFORMA	NOITA		1-						
Name of facility where abatement is	taking place	(3)					Тур	e of Facility (4) (K - 12)				
RICH MATTISSICH									pter 8 (O	ther th	an K-	12)	
Street Address								Other (F	rivate/Co	ommer		-,	
						6.20 E.S.			lomes, e		DI	I= A=	
570 FERN STREET							Sq	uare Feet	f of Floor	S .	BIG	lg. Ag	е
City (5)	County	6)		5		ty Code (7) e use only)	-	urrent Use (Pri	or if boin		liehe	d)	
TWP. OF WASHINGTON	BERG	EN			(Otal	c dae only)	C	inent ose (Fi	or it being	y uerik	JIISITIC	u)	
Name of Monitoring Firm Hired by B	_		T	ASCM No.	П	Name of Abatement	t Contr	actor (9)					
			33.54			D & S RESTOR	RATIO	ON, INC.					
Street Address						Street Address							
						20 California A	Ave.						
City, State, Zip Code						City, State, Zip Code	е						
4						Paterson, NJ 0	7503	10					
Project Manager for Monitoring Firm		Phor	ne Numbe	er		Telephone Number			License		er		8 ,18
						973-345-8020			0	1169	_		
Start Date (10)	Sched. C	ompletion	Date (11)		Name of OSHA Mo							
03/05/13	05/18/1	3			-	D & S Restorated Street Address	tion, i	iic.					
Occupancy Status During Abatement					-	20 California A	venue						
Facility closed/vacated during e	- C - C - C - C - C - C - C - C - C - C		ent.		- 11	City, State, Zip Code							_
Abatement performed outside	of normal fac	lity hours-			2.1	,							
Describe:NORMAL HO	OURS				-11	Paterson, NJ 0	7503		181.57			1	
Scope of Work (check all that apply)							Full C	Containment w	negative	press	ure		
	Renovation					×	-	enclosure					
	Demolition					F		ebag procedur Exempted (*)		friable	proce	edure	
	Is location n	ormally us	ed solely				1,10			R	R	E	Е
Location of asbestos-containing	by maintena	nce/custo	dial		on of as	sbestos-containing		Amount	_	e m	e	n C	n
material (acm) to be	staff(12)			material (ACM)		32	(Specify S LF)	F or	o v	а	а	C
abated in facility (13)	Yes	No	N/A							е	r	р	
BASEMENT 5 LOCATIONS			DUCT WO	ORK			20 L FT		X	H	H	붜	
										ዙ	片	무	片
										#	님	片	H
								2.7 5- 11:4	-5409	片	片	片	H
			" 0	ubic Yards of \	Maste	Name of Registere	ed Land	Hill		<u>. 니</u>	Ц.	ш.	
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP 13506	Hauler ID	100	YD	* # # # # # # # # # # # # # # # # # # #	TULLYTOWN	I, RES	OURCE RE	COVE	RY			
City, State			isposal D			City, State			74	0.00		30	
PATERSON, NJ 07503			03/06/1			TULLYTOWN	N, PA		To :				
Completed by (Print or Type)	Title PRESIDE			Signature	Date 02/19/13								
BOGDAN JOLDZIC	ustos licensure exempted activities.												

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

1208-4536

Date of Notification	(1) 2/14/13						Owner / Operato New Jersey	or (2)	13 ECD 0 =				92	
Agencies Notified	Type Notifica	ation		Street	t Addre	ess	New Jersey		13 FEB 25 PH	2:0	8			
⊠ EPA	☐ Initia				State 9	(18 2 Zip (ada.	**						
☐ DEP ☐ DOL	│	nded #45				0862			& Licensin	KRE	i.			
□ DOH	THE STATE OF THE S	rgency			of Co		0		IT.	<u>ls</u> elepho	ne N	umb	er	
DCA		ellation				lados	ti			sieprio	HE IV	unib	Ci	
					2011/02/02/02/02/02/02	Account account	ORMATION		<u> </u>					
Name of Facility Wi	nere Ahatem	ent is Taking P	lace (CILII	1 1141	Type of Facil	ity (4)						
The College of N		chit is raking r	iacc (-)			School (
Street Address	,		- 4					oter 8 (Other th	an K-12)					
2000 Pennington	Road						-	11.72	mmercial building	s, hom	es, e	tc.)		
		1.4					Square Feet			dg. Ag		T in		
City (5)		County (6)	Co	unty (Code ((7)	- 1							
Ewing		Mercer					Current Use	(Prior if being	demolished)					
9							Manhole	,						
Name of Monitoring	Firm Hired b	y Building Ow	ner (8)		ASC	CM No	. Name of Aba	tement Contra	ctor (9)					
TTI Environment				i v			AbateTech,						-	
Street Address		Y		11			Street Addres							
1253 North Chur	MARKET ATTECHNIC CONTINUES AND CONTINUES	adent Maria an		21.1	restrict.	Access	30 Maple A		No years for		- 4			
City, State & Zip Co							City, State & Zip Code							
Moorestown, NJ		Tirms	Tolor	hono	Aluma	201	License Number License Number							
Project Manager for Jim Guilardi			856-	840-8800 609-265-2107 00529									12	
Scheduled Start Da 11/8/12		Scheduled Co	mpletic		No. 1 (1) 1									
Occupancy Status I		ment (Check o			-	-	Street Addres							
		During Entire F			ateme	nt	107 Haddoi	n Ave.		. 8			8	
Abatement	Performed O	utside of Norm	al Ho	urs			City, State &	Zip Code			4000	11/6534		
Describe:							Westmont,	NJ 08108						
	upied During	Abatement												
Scope of Work (Ch	eck all that a	oply)	×	1200							D	8		
				_					ntainment with Ne	gative	Pres	ssure	3	
≥3 sf or ≥3			\bowtie		novatio				nclosure					
≥160 sf ≥26	50 IT	s P v an	ш	Der	nolitio	n		Account .	Bag Procedures cempted and Non-	Erioble	. Dro	codi	ıro	
1	eastion of		Lo	Locat	ion		Description		Amount					
	ocation of tos-Containin	ia	5,015	nally			Asbestos-Con		(Specify	700	I	-	ype	
	terial (ACM)	.9		olely			Material (A		SF or LF)	_		四四	m	
TO	BE ABATED		Main	tenar	nce or		(i.e., thermal s			Ren	Re	car	100	
n jama se i	n Facility		Cust		Staff?		insulation, surfac			Remova	Repair	Encapsula	Enclosure	
10.00	(13)		Yes	(12) No	N/A		or other miscell	aneous)		<u>m</u>		ate	9	
Manhalaa #2 9 #	14		Tes	IVO		-	Pipe Insula	ation	160 LF			П		
Manholes #3 & #	4		H	H					84 LF	18	H	H	卄	
Exterior Trench							Pipe Insulation 84 LF					H	胎	
			H	H	H					卄Η	H	H	ㅐ	
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				H	H	-				ᆂ	H	H	怈	
Name of Registered	d Waste Hau	ler .		IN.	IDEP V	Waste	Cubic Yards	Name of Rec	istered Landfill	-1-	ш			
Name of Registered	a vvaste i lau			- 1 OD S	auler II		of Waste	Traine or reg	Jiotorou Zarrami					
AbateTech, Inc.			4	100003	750		15 T.R.R.F. Landfill				11 11			
City, State Lumberton, NJ	1 1 1 Vis		24.5		1 12	1 4	Disposal Date City, State 2/28/13 Tullytown, PA							
Completed By (Prin	t or Type)	1 14 14		7734	le	Signature Date								
Gwen Trumbe				11.00.000	ops. C	oord.								

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

1302-4603 Check #4946

Completed By (Print or Type) Gwen Trumbetti		Title Offi	e ice C	oord.	Signature Date 2/14/13							
City, State Camden, NJ			Disposal Date City, State Morrisville, PA					· 5.				
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 1125 Cubic Yards of Waste GROWS North Landfill										
Name of Registered Wests Hauter		NUT)ED 1	Mosts	Cubia Varda	Name of Daris	torod I cadell			Ц		
	(100 100 (10 S) 1 CL		H	3,711.4	SP PART CALL TO SERVE			Щ	Ц			
			Ц	100	21.4.3 TE // 35/10		The state of the state of					
				Y.c. (41)	Marine and		- 2012 11.09					
				1144								
Exterior					doned pipe end		400 LF					
TO BE ABATED in Facility (13)		Maintenance or sustodial Staff? (12)			(i.e., thermal s insulation, surfa- or other miscel	cing, VAT		Removal	Repair	Encapsulate	Enclosure	
Asbestos-Containing Material (ACM)	S	mally U Solely b	у		Asbestos-Cor Material (A	CM)	(Specify SF or LF)	77		Ē	E	
Location of		Location			Descriptio	n of	Amount	Aba				
Scope of Work (Check all that app ≥3 sf or ≥3 lf ≥160 sf ≥260 lf	ly) □		ovatio nolition			Mini-Enc Glove Ba	tainment with No losure ag Procedures mpted and Non					
Abatement Performed Out Describe: Facility Occupied During A	side of Normal Ho				City, State & Westmont,	Zip Code						
Occupancy Status During Abatem Facility Closed/Vacated During	ent (Check only on uring Entire Period	ne) of Aba	ateme	nt	Street Addre	SS					*	
Scheduled Start Date (10) Scheduled Start Date (10) Scheduled Start Date (10)	cheduled Completi 3/1	on Dat	e (11))	Name of OS EMSL Ana							
William Weisgarber Jr.	609-	-915-1	140		609-265-21	07		00529				
Trenton, NJ 08629 Project Manager for Monitoring Fir	m Tele	phone	Numl	ber	Lumberton Telephone N	, NJ 08048 lumber	License N	umber				
1224 Hamilton Ave. PO Box 3 City, State & Zip Code	33004		- 140		PO Box 25 City, State & Zip Code							
Street Address	2004			2	Street Address							
Name of Monitoring Firm Hired by M.E.C.S.	Building Owner (8) .	ASC	CM No	AbateTech, Inc.							
i dilibuardi	Juniuch				Substation		anonanau)					
	County (6) Co	ounty C	ode	(/)	Current Llea	(Prior if being de	amolished)					
Route 130					Other (i	e. private & com # of Floo		gs, hom Ildg. Ag		etc.)		
Street Address	1011		. 1			pter 8 (Other tha	n K-12)					
Name of Facility Where Abatemer PSE&G Pennsauken Substat		(3)			Type of Faci							
-			CILIT	Y INF	ORMATION			-				
DCA Cance		Drew					, I	- · -]		
DOH Emerg	19-T-1781 (B.C.)	Newa Name			01		-11,1/183 -01.	Telepho	ne N	lumi	her	
□ DEP ☑ Initial □ Amend	ted #			& Zip (& LIC	In Ing Pal					
⊠ EPA	i							8				
Agencies Notified Type Notificat	ion	Street	Addr	ess		EB	25 PH 2.5		- 0-	#1:		
Date of Notification (1)		Name of Building Owner / Operator (2)20/3 FEB 25 Street Address 80 Park Plaza										

CK 2274

Date of Notification (1)	22 /	13		1		ng Owner/Operator ((2)	MI3FEB 25				
Agencies Notified EPA DOLWD	Type Notificati			Stree	t Address	cy Drive	, q	- 10 25 F	y 2;	ି ଦିନ		
☑ DHSS ☑ DCA	Amendmen	1.77		1,000	ano, TX			KN.	L .			
(NJAC 5:23-8)	☐ Emergency justification		ig		e of Conta			Telephone Num	hor		_	
	☐ Cancellatio			So	y Thoma	ıs		, receptione real	inei			
4	-	-				NFORMATION		<u> </u>	-			_
Name of Facility Where A	Abatement is Ta	king Plac	A (3)	FA	CILITT	NFORWATION	T	78				
Wayne Town Center		ing i iac			5/4 1		Type of Facility School (K-12	7,07.0				
260 Wayne Town C	enter						Other (i.e., p	rivate and comme	rcial b	uildin	gs,	
City (5)	1						Square Feet	# of Floors	В	ldg. A	ge	
Wayne			3.496 = 17				150000	2		75		
County (6) Passaic				Cou	nty Code	(7)(STATE USE ONLY)	Current Use (Pr	ior if being demoli	shed)			
Name of Monitoring Firm	Hired by Buildin	g Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)			-		
Hillmann Consultin	g LLC			622	52	JVN Restorat		sugarly and	100			
Street Address						Street Address						_
1600 Route 22 East						47 Foster Ro	ad	er og en gjelde en gjelde fram				
City, State, Zip Code		We - 1				City, State, Zip Co	ode				1000	
Union NJ 07083						Staten Island	Diff. the life					
Project Manager for Moni	toring Firm		Te	lephone	No.	Telephone No.	-	License No.		- 10.00	_	_
Tom Rubino			1000	08-956		718-605-6256		00774				
Start Date (10)	Scl	neduled (Name of OSHA Monitor						
_ 2 / _ 11 /				1 /	62 60	Testor Tech	3-1					
Occupancy Status During Facility Closed/Vacate				ement		Street Address 10 59 Jackson	- Augus					
Abatement Performed Time of Abatement:	Outside of Norn	nal Facili	ty Hou	ırs - Des	scribe MAM	City, State, Zip Co	ode	i was an			-	
				3.23.1		LIC, NY 11101	1					
Scope of Work (Check all ≥3 sf or ≥3 If ≥160 sf or ≥260 If	tnat apply)	100000000000000000000000000000000000000	enova emolit			☐ Mini-Encl	Procedure	ative Pressure	re			
			Loca		1 -1-1			V	Ab	atem	ent T	vpe
Location of Asbestos-Containing Machine TO BE ABA IN Facilit (13)	Material (ACM) TED	Use Ma	ainten	lely by ance/ Staff?	Asbe (i.e	Description of estos Containing Mat e., thermal systems i surfacing, VAT, other miscellaneo	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
and		Yes	No					er og er er de kullar			ē	
2 nd Level Home Street					VAT/M			3755				
1 st Level Marchese De	ept.				VAT/M	ASTIC		850				
	Janes Anna Carlo				1,000	alt and a second		1. 1. 1. 1. 1. 1.				
4					Carr	harden in the						
				NJDEP V		Cubic Yards of Waste	Name of Regist	and the second second				
Name of Registered Waste Express Waste Serv			1	lauler II NJ-80		1775 (1977) 177	Global Was	te Industries, I	nc.			
Name of Registered Waste Express Waste Serv City, State Newark NJ				NJ-80		40 Disposal Date 3/11/13	City, State		nc. \		1	
Express Waste Serv	ices LLC	itle Senior		NJ-80	4	40 Disposal Date			1	ファ	12	2 .

D&S Proj. #: MS 13-54

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

D&S Proj. #: MS 13-54	-			nt to NJAC				Pi		} r 50	* 10.		70
Date of Notification (1)	Nai	me of Build	ing Owner	Operator (2)				2013 FF.		1000	1.31		
Date of Notification (1)		ANY KA	0.70				34	2013 FEB	25 pi	· .	W 12		
Agencies Notified Type Notificatio		et Address						10000		15:	68	ī	
☐ EPA ☐ Initial		60 OTTA	W/A A W/I	ENLIE				& 1 /c		The y	•		
DEP Amended	11 -	, State, Zir		SNOE					1467.41	3/10	l.		
Amendment #: _				ICUTE NI		3 45				3			
☐ DOH ☐ Emergency (including	_	ne of Conta		IGHTS, NJ				Telephone	Number				
justification)													
DCA Cancellation		HANY K	ALDAS										
	<u>.</u> - 7 8		FACIL	ITY INFORM	ATION			(E 10) (A)				i i	
Name of facility where abatement is	taking plac	e (3)					Ty	pe of Facility (4)					
HANY KALDAS								Subchap	ter 8 (Oth	ner tha	n K-1	2)	
Street Address	950							Other (P	rivate/Co	mmer	cial		
									omes, etc		Bld	g. Ag	
260 OTTAWA AVENUE	Count	v (6)			Count	y Code (7)	= "	quale reet #	01110013			55	
City (5)	Count	y (O)				use only)		Current Use (Price	or if being	demo	lishe	d)	
HASBROUCK HEIGHTS	BER	GEN								16			
Name of Monitoring Firm Hired by B				ASCM No.	1	lame of Abatem	ent Con	tractor (9)			10)	2	
						D & S REST	ORAT	ION, INC.					
Street Address		,				Street Address							-
				4201		20 Californi	a Ave.						
City, State, Zip Code						ity, State, Zip C	ode						
	.4			4		Paterson, N	J 07503	3			ī		
Project Manager for Monitoring Firm		Pho	one Numbe	er	7	elephone Numb			License		er		
						973-345-8			- 01	169	_	_	
Start Date (10)	Sched.	Completio	n Date (11)		Name of OSHA							
		14-		* (2)		D & S Resto	oration,	inc.		_			
02/21/13	02/28						a A man						
Occupancy Status During Abatement			ment			20 Californi City, State, Zip C		ue					
Abatement performed outside	of normal f	acility hour	S-			oity, State, Zip C	,oue						
Describe: NORMAL H					-	Paterson, N	J 0750	3					
					$= \coprod$			Containment w	/negative	press	ure		
Scope of Work (check all that apply >3 sf or >3 lf								ni-enclosure	9				
	Renovatio				. 0-4			vebag procedur					
≥160 sf or ≥260 lf	Demolition						∐ No	n-Exempted (*)	and Non-	riable	Proce	E	1
Location of	Is location	normally unance/cus	used solely todial				(9)	Amount		е	е	n	E n
asbestos-containing material (acm) to be	staff(12)			Descrip		bestos-containi	ng	(Specify S	F or	m o	p a	c	C
abated in facility (13)	Yes	No	N/A					LF)	. 1 - 1	V	i	p	L
D 1 CON COVID	2.41		1	PIPE INS	III ATIO)N		120 L FT		e	ń	П	T
BASEMENT			-	THEMO	OLATI	5 - 1 - 2 - 2 - 2	Fried.			F	Ħ	Ħ	愩
			╬══					39100		Ħ	Ħ	ī	In
			#		-					Ħ	Ħ	Ī	古
			#							Ħ	Ħ	盲	10
Registered Waste Hauler	INJIDI	EP Hauler	ID# I C	ubic Yards of	fWaste	Name of Regis	tered La	andfill		1-		_	1
D & S RESTORATION, INC.	135			2 YDS		TULLYTO	WN, RI	ESOURCE RE	COVER	Y	10.0		
City, State	74		Disposal I			City, State		٦.			75		
PATERSON, NJ 07503	- 25.		02/22/1			TULLYTO	WN, P.	A	T Data				-
Completed by (Print or Type)	Title PRESID	CNIT		Signature					Date 02/20/	13			
BOGDAN JOLDZIC	sbestos licensure exempted activities.												

Fax:

State of NJ

Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: MS 13-54 APPROMED of Health & Sepine Service 2013 FEB 25 P Name of Bu Iring Owner/Operator (2) Date of Notification (1) (stanature) 10 12 1/12 10 1/11 13 1 HANY KALDAS Type Notification Agencies Notified Street Address Initial I EPA 260 OTTAWA AVENUE Amended DEP City, State, Z'o Code Amendment #: X DOL HASBR UCK HEIGHTS, NJ **Emergency** Telephone Number (Including Name of Co fact 図 DOH ustification) 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. Alomes, etc. Bldg. Age # of Floors Square Feet 260 OTTAWA AVENUE County (6) County Code (7) (Stato use only) Current Uso (Prior if being demolished) BERGEN HASBROUCK HEIGHTS Name of Absternant Contractor (9) Name of Monitoring Pirm Hired by Bldg. Owner (5) ASCM NO. D&SRESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Telephone Number none 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 02/28/13 02/21/13 Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abiliment. City, State, Zip Code Abatement performed outside of normal facility his irs-Describe: Other Describe: NORMAL HOURS Paterson, NJ 07503 Full Containment winegative pressure Goope of Work (check all that apply) Mini-enclosure X >3 sf or >3 H Renovation Glovebag procedure >160 of or >260 if Demolition Non-Exempted (*) and Non-triable procedure is location normally used solely Location of by maintenance/custodial 8 'n Amount n asbestos-containing Description of asbestos-containing m. p C staff(12) (Specify SF or material (acm) to be C material (ACM) O 3 abated in facility (13) V Yes No N/A M PIPE INSULATION 120 L F7 BASEMENT Name of Registered Landfill Registered Waste Hauler NULL Haver IDA Cubic Yards of Waste 13506 TULLYTOWN, RESOURCE RECOVERY D & S RESTORATION, INC. 2 YDS Disposal Date City, State 02/22/13 PATERSON, NJ 07503 TULLYTOWN, PA Signature Date Completed by (Print or Type) THE 02/20/13 --BOGDAN JOLDŽIC PRESIDENT Do not use this farm for asbestos licensure exempted activities. ASB-41

OK OHY94 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			(Pursu	ant to NJAC	8:60	and 12:120)	30		Para,				
									7-14	1	i L		
Date of Notification (1)	.	ame of Bi TOM M	17/	er/Operator (2)				2013 FEB ;	25 PI	12.	^^		
Agencies Notified Type Notific	ation Si	reet Addr	ess								0	_	
EPA Initial Amended		17 FAIR	RFIELD T	FRRACE		& LIBE JE TIEL							
DEP Amendment	- I		Zip Code	EIGGICE			7-47/11	<u>a L/II</u>	1716	14	!	_	
☑ DOL I—			CHILLS, N	II 07070					., •	Q			11 2
DOH Emergenc		ame of Co		NJ 0/0/8				Telephon	o Numbe				
justification	n) '''							releption	e Numbe				
DCA Cancellation	on	TOM N	MINDEN							_		_	
	4		FAC	ILITY INFORM	IATION								
Name of facility where abatemen	t is taking pla	ce (3)					T	ype of Facility (
TOM MINDEN								=	I (K - 12		-	0.237	
Street Address							-		apter 8 (0			-12)	
									Private/0 Homes,		rciai		
17 FAIRFIELD TERRACE							_ 5	Square Feet	# of Floo	ors	В	dg. A	\ge
City (5)	Coun	ity (6)				nty Code (7)	_		-				
SHORT HILLS	ESS	EX			(Sta	te use only)		Current Use (Pr	rior if beir	ng dem	olish	ed)	
Name of Monitoring Firm Hired by	y Bldg. Owne	r (8)		ASCM No.		Name of Abatem	nent Con	tractor (9)					
						D & S REST	ORAT	ION, INC.					
Street Address	· Property	Co.				Street Address			- 4				
						20 Californi	a Ave.						
City, State, Zip Code						City, State, Zip C	ode	7.00		10. 10			
4			ı			Paterson, N	J 07503	3					
Project Manager for Monitoring Fin	rm	P	hone Numb	er		Telephone Numb			License	Numl	er		33.55 to
		27				973-345-8	020		()1169			
Start Date (10)	Sched	. Complet	tion Date (1	1)	_	Name of OSHA			***************************************				
-		2/5				D & S Resto	oration,	Inc.					
03/06/13	03/22				_	Street Address	#						
Occupancy Status During Abatem		100 T			: - -	20 California	a Avenu	ıe '	May 1	122			=9
Facility closed/vacated during Abatement performed outside						City, State, Zip C	ode						
Describe: NORMAL Other-Describe: NORMAL	HOURS					Paterson, N	J 07503	3					
Scope of Work (check all that ap	ply)						Full	Containment w	/negative	press	ure		
\boxtimes >3 sf or >3 lf	Renovatio	n						i-enclosure					
≥160 sf or ≥260 lf	Demolition	1						vebag procedur n-Exempted (*)		-friable	proc	edure	9
Location of	Is location	normally	used solely					i ,		R	R	Е	
asbestos-containing	by mainte	nance/cu	stodial	Description	on of a	sbestos-containin	g	Amount		e m	e	n	l E
material (acm) to be abated in facility (13)	staff(12)		\top	material				(Specify S LF)	For	0	a	a	С
abated in facility (15)	Yes	No	N/A	Lagrany						v e	i	р	L
BASEMENT		X		DUCT IN	SULA	TION		60 SQ FT					
		7.											
					7/8/1								
Registered Waste Hauler D & S RESTORATION, INC		P Hauler	(1) To (1)	ubic Yards of \	Naste	Name of Registe		ndfill SOURCE RE	COVE	RY	- V		
City, State	. 133	30	Disposal D			City, State	11, 100	O O I I I I I	JUILI	-	184		_
PATERSON, NJ 07503	31,		03/07/1			TULLYTOV	VN, PA						
Completed by (Print or Type)	Title		1	Signature		<u> </u>			Date				
BOGDAN JOLDZIC	PRESID	ENT			-24				02/20	/13			
ASB-41	* Do not use	e this form	n for asbesto	s licensure ex	empted	l activities.	1607.9						

No check

Date of Notification (1) 2-21-13			Name o		Owner/Operat	or (2) 20	IBFEB 2	5 PM 2		-				
Agencies Notified Type Notification EPA Initial			4000	Address Hadley R		2.3	& Lice,		(.8		2			
DEP Amended Amendment				ate, Zip Coo Plainfield	^{de} d New Jers	sey 07080	2000	inig"	υ <u>ι</u> .					
▼ DOH			Name of Contact Rich Hoarle Telephone Number											
Name of Facility Where Abatement is Takir	g Place (3	3)	FAC	ILITY INFO	RMATION	Type of Fa	ecility (4)							
McCarter Switching Station							ol (K-12)	1						
Street Address 33 Littleton Avenue			37 3 H 38			Subcl Subcl Other etc.)	hapter 8 (Ot (i.e. private	her than K-1 & commerc	2) ial bu	ildings	s, hon	nes,		
City (5) Newark, New Jersey 07107		Square Feet # of Floors 100,000 5						Bldg. Age 55 years						
County (6) Essex		-	County (STATE	Code (7) USE ONLY)	1 :		Current Use (Prior if being demolished) Not in use				-			
Name of Monitoring Firm Hired by Building CNS Management	Owner (8)		ASC	/ No.		e of Abatement mercy Gro		r (9)		a .				
Street Address 208 Newtown Road					Stree 300	venue								
City, State, Zip Code Plainview, NY 11803						City, State, Zip Code Wantagh NY 11793								
Project Manager for Monitoring Firm Michael Nolan					hone No. License No. 876-0020 01085									
Start Date (10) 1-14-13	Schedule 12-31-1		npletion I	Date (11)		of OSHA Mo								
Occupancy Status During Abatement (Chec	k Only On	e)		1	Stree	Address								
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	al Facility	Hours	3			D Burns Av State, Zip Coo								
Other – Describe: Facility scheduled fo	r demolition	n. No	occupan	су		ntagh, NY 1								
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	Process.	enova			0,000	Mini-Encl	losure Procedure	n Negative F			re			
Location of	N	Locati ormal	ly		Description	n of				Abate Ty	emen vpe	t .		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Maii Custo	Sole ntena odial S (12)	nce/ Staff?	(i.e. th	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF)				Removal	Repair	Encapsulate	Enclosure		
Please see attached	Yes	NO	N/A X	Company of the	See Attac	hed	See	Attached	X	1	(b)			
					1	100		ttaorioa	A.					
			4 1 5	11	i A. S. G. S.				- 1					
Name of Registered Waste Hauler		LN	JDEP Wa		0.15.14	T						+		
Gramercy Group Inc.		Н	auler ID 1 2981	No.	Cubic Yards of Waste 100	25	e of Registe OWS Nor	red Landfill th Landfill		2				
City, State Wantagh New York		1	177.63	1	Disposal Pate	11	State	100						
Completed by Robert Lewin	Title Enviro	nme	ntal Co	ordinator	Signature			Dat	e 21-13	3		3-1		

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

& LICENSING

CHECK # 231



Date of Notification (1) 2/14/12									
1.11.0.	Name o	of Building Owner/ R. BRAIN	Operator 20	UheK	<	20/30	· t	0	٠.,
Agencies Notified Type Notification		Address			4 p	7	8,		
EPA Initial Amended	City St	ate, Zip Code	Hin	JCHMAN AL	VE S	\$	S	· A	
DOL Amendment #		IdonField	NJ	7	*	100	1	14	ج. ـ
DOH Emergency (including justification)	Name o	of Contact			Telenhanahlı	mbor	4.00	2	
☐ DCA ☐ Cancellation		ILITY INFORMAT		EK				4	
Name of Facility Where Abatement is Taking Place (3)			ION	Type of Facility (4)				-
6	RESid	ENCE		School (K-1		10)			
104 MIHINCHMAN AVE				Other (i.e. p etc.)	8 (Other than K- rivate & commerc	cial buil			es,
City (5) HADDONFEILD NEW JE	RSEV			Square Feet 2800	# of Floors	100	60°	-	
County (6)	County	Code (7)		Current Use (Price	or if being demolis		00,		
CANCEN Name of Monitoring Firm Hired by Building Owner (8)	100000000	M No.		RESIDEN					
ENVIRONMENTAL MANAGEMENT INTO	ASCI	W NO.		of Abatement Con		1 00	· wice	-11	,
1 STEPT ANTIPES			Street	Address	compression survivation and the second	1200	3720	~^	<u> </u>
34E GERMAUTOWN PIKE #2 City, State, Zip Code	-04			READ DK	\VE				
EAST NORRITON PA. 19401				KLERVITE A	5 0808	1			
Project Manager for Monitoring Firm	Telepho		Telepi	none No.	License I	No.	egallic:		
Start Date (10) Scheduled	Completion	77-0405	1	318-1341 of OSHA Monitor	0//5	8			
	118/13	Date (11)		HAMTECH ENU	ik AND ME. TAI	460	UNE	11	,
Occupancy Status During Abatement (Check Only One)			Street	Address		2000	// (hh	
Facility Closed/Vacated During Entire Period of Ab Abatement Performed Outside of Normal Facility F	atement			REACT DRIVE State, Zip Code					
Other – Describe:			-	KLEAVILLE P	5 08081				201
Scope of Work (Check All That Apply)			10.						
	novation molition		-	Full Containme					
			17	Mini-Enclosure	ent with Negative	Pressu	re		
1 Del			12 42	Mini-Enclosure Glovebag Prod	edure				
			2 2 2	Mini-Enclosure Glovebag Prod	Ki i		cedur	e ement	ı
ls L Location of	ocation mally		escription	Mini-Enclosure Glovebag Prod Non-Exempted	edure		cedur		1
Location of Used Asbestos-Containing Material (ACM) TO BE ABATED	ocation mally Solely by tenance/	Asbestos Con	scription	Mini-Enclosure Glovebag Prod Non-Exempted	edure (*) and Non-Fria Amount	ble Pro	cedur Abate Ty	ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility In Facilit	ocation rmally Solely by	Asbestos Con (i.e. therma surfa	escription taining M systemicing, VA	Mini-Enclosure Glovebag Prod Non-Exempted of Material (ACM) s insulation,	edure (*) and Non-Fria	ble Pro	cedur Abate Ty	ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	ocation mally Solely by tenance/ dial Staff?	Asbestos Con (i.e. therma surfa	escription taining M	Mini-Enclosure Glovebag Prod Non-Exempted of Material (ACM) s insulation,	edure (*) and Non-Fria Amount (Specify		cedur	ement	Enclosure
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Is L No Used Main Custor Yes	ocation mally Solely by tenance/ dial Staff? (12)	Asbestos Con (i.e. therma surfa other i	escription taining M I system cing, VA miscellar	Mini-Enclosure Glovebag Prod Non-Exempted of Material (ACM) s insulation, IT, or neous)	edure (*) and Non-Fria Amount (Specify	ble Pro	cedur Abate Ty	ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes Is L No Used Main! Custor Yes	ocation mally Solely by tenance/ dial Staff? (12) No N/A	Asbestos Con (i.e. therma surfa other i	escription taining M I system cing, VA miscellar	Mini-Enclosure Glovebag Prod Non-Exempted of Material (ACM) s insulation, IT, or neous)	edure (*) and Non-Fria Amount (Specify SF or LF)	ble Pro	cedur Abate Ty	ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes FIRST FLOOR BASE MENT	ocation mally Solely by tenance/ dial Staff? (12) No N/A	Asbestos Con (i.e. therma surfa other i	escription taining N system cing, VA miscellar	Mini-Enclosure Glovebag Prod Non-Exempted of Material (ACM) s insulation, T, or neous) The Affine WLAPP; wy	Amount (Specify SF or LF)	ble Pro	cedur Abate Ty	ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes FIRST FIOOR BASE MENT	ocation mally Solely by tenance/ dial Staff? (12) No N/A	Asbestos Con (i.e. therma surfa other i ASBESTOS ASBESTOS ASBESTOS ASBESTOS	escription taining N system cing, VA miscellar	Mini-Enclosure Glovebag Prod Non-Exempted n of Material (ACM) s insulation, it, or neous) The Appiny Schalicy	Amount (Specify SF or LF)	Removal V	cedur Abate Ty	ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes FIRST FIOUR BASE MENT Name of Registered Waste Hauler	ocation imally Solely by tenance/ dial Staff? (12) No N/A	Asbestos Con (i.e. thermal surfa other i ASBESTOS ASBESTOS ASBESTOS ASBESTOS OF III	escription taining N system cing, VA miscellar	Mini-Enclosure Glovebag Prod Non-Exempted of Material (ACM) s insulation, NT, or neous) TO PAPP; WAPP; WAPP; WY SCLATION Name of F	Amount (Specify SF or LF) / 05F / 05F / 2 LF	Removal V	Abate Ty	ement /pe Encapsulate	Enclosure
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes FIRST FIOUR BASE MENT Name of Registered Waste Hauler	ocation mally Solely by tenance/ dial Staff? (12) No N/A	Asbestos Con (i.e. therma surfa other r ASBESTOS ASBESTOS ASBESTOS Vaste No. Cubic of Wa	escription taining N system cing, VA miscellar Duct Per In	Mini-Enclosure Glovebag Prod Non-Exempted of Material (ACM) s insulation, NT, or neous) TO PAPP; WAPP; WAPP; WY SCLATION Name of F	Amount (Specify SF or LF) / 05F / 05F / 2 LF	Removal V	Abate Ty	ement /pe Encapsulate	Enclosure
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes FIRST FIOOR BASE MENT	ocation mally Solely by tenance/ dial Staff? (12) No N/A	Asbestos Con (i.e. therma surfa other i ASBESTOS ASBESTOS ASBESTOS Pi Vaste No. Dispo	Secription taining Management of the systems of the	Mini-Enclosure Glovebag Prod Non-Exempted of Material (ACM) s insulation, NT, or neous) TO PAPP; WAPP; WAPP; WY SCLATION Name of F	Amount (Specify SF or LF) / 05F / 05F / 2 LF Registered Landfi	Removal V	Abate Ty	ement /pe Encapsulate	Enclosure

M8-53- NA NP: 31 - FROM-

Date of Notification (1	2-18-13	·			ing Owner/Operato		atteo/r	1 _{PID}	Les Z	S
Agency Notified	Type Notification			eet Addres		5 Centr	1 A.	-	79	-
D EPA D DEP D DOL	initial Amended Amendment#		City	y, State, Zij	n 1.	ean City			6	
DOH DCA	iustification) Cancellation	luding	Na	me of Cont	Matteo		Telephone Nun	nber	-	7
	_!		F	ACILITY IN	FORMATION					POSE
25/2	re Abatement is Taking RESIDEV;	<u></u>	Aug	-		Other (i.e. pr	2) 8 (Other than K-12 ivate & commercis	i) al building	s	
CH . 103			777			Square Feet	# of Floors	Bldg. A		14
0	sean GA	1				2400	12	1 '	0	
	lantic			inty Code (LY)	7) (STATE USE	12	rior is being demoli es iclent	shed)		1
Name of Monitoring F	irm Hired by Building C	wner /	ASCM No.	•	Name of Abate	ment Contractor (S				*
Street Address					Street Address	212 Bur	lington Au 08075	re		
City, State, Zip Code					City, State, Zip	reo. NJ	08075	-		
Project Manager for M	lonitoring Firm	Tel	lephone N	lo.	Telephone No.		License No.	•		
Start Date (10) 2-28-13		Complete		11)	Name of OSHA		SIT	54	•	-
	ring Abatement (Check				Street Address		<i>yei,</i>	. .		-
☐ Facility Closed/Vac ☐ Abatement Perform ☐ Other — Describe:	ated During Entire Peri and Outside of Normal I	od of Abate Facility Hou	rment .		City, State, Zip	Code				
Scope of Work (Check 3 3 sf or 2 3 lf 2 160 sf or 2 260 lf				tonovation ternolition	☐ Mini ☐ Glov	-Endosure obag Procedure	Negative Pressure			
		Is I	ocation	T					Abat	
Asbestos-Contair TO BE IN F	ation of sing Material (ACM) ABATED scility 13)	Used Main Co	ormally I Solety by Itenance/ Istodial Staff? (12)	Asbe	Description stos Containing M to thermal systems surfacing, VAT other miscelland	aterial (ACM) insulation, f, or	Amount (Specify SF or LF)	Removal		& Encapsulate
		Yes	No N/		·				\sqcup	L
outsi	de .	+++		LAC	M Siding		1700 5	24 V	1	H
1	· · · · · · · · · · · · · · · · · · ·	1		1		1.7			П	
Name of Registered W			EP Waste o. 8368	TOWN ON COURT OF STREET	Cubic Yarda of Waste	Name of Registe	ered Landill A of I	PA.		
City, State	Robinson Cellmawn 1	UT			Disposal Data	City, State Tul	lytowa Pa	2		
Completed by Hill	Title ·				Signatur)		I D	ata 2-15-1	っ	
188.41		- A M-1-	F #	mbantas F	1	diuliae				

Date of Notification (1) 2-18-13			Name	of Building Owner/Operato	or (2) FIRSI	- Commerce	2 1	54	nž	80
Agency Notified Type Notification	produced to	./n.in.54:	NAME OF THE OWNER.	The Committee of the Co			7		1	7
DEPA Initial DEP DAMENDED DOL Amendment# DEmargancy (inclusion)	Iding		Name	of Contact	****	Telephone Number			6	
DCA Cancellation				DATUT HOU			-		-	
Name of Facility Where Abatement is Taking F FRST Commence Street Address 40 North Mi	e !	SAN			Other (i.e. p homes, etc.	2) 8 (Other than K-12) rivate & commercial bu)				
City (5) Allentown &				•	Square Feet	# of Floors B	dg. A	Bé	¥.	
County (6)			Count	Code (7) (STATE USE	Current Use (P	riot if being demollshed)			
Name of Monitoring Firm Hired by Building Ow	ner	ASC	M No.		nent Contractor (-
Street Address			<u> </u>	Die - A Salahaman	Bushing					
City, State, Zip Code				City, State, Zip C	Bunkings Delpne	a NJ				
Project Manager for Monitoring Firm	1	elepho	one No.	Telephone No.		License No.	•			
Start Date (10) Scheduled (ate (11)	Name of OSHA	Monitor	Te/L		•	-	
2-28-13 3- Occupancy Status During Abatament (Check or		1000	· · · · · · · · · · · · · · · · · · ·	Street Address	<u></u>	, e/- ,			-	
Pacifity Closed/Vecated During Entire Period Abatement Performed Outside of Normal Fac Other - Describe:			ŧ	City, State, Zip C	ode	-				_
Scope of Work (Check all that apply) Q ≥ 3 sf or ≥ 3 if Q ≥ 160 sf or ≥ 260 if		•	Rom	vention I Mini-I	Enclosure bag Procedure	Negative Pressure			-	-
·		Locat		•			-	beto	ma De	nt
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Use Ma	Vormel id Sole intens iustodi Staff? (12)	ly by nce/ ial	Description of Asbestos Containing Mai (i.e., thermal systems is surfacing, VAT, other miscellance	terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	Ropair		Enclosure
First Floor	Yes	No	N/A	CAUL TI		200.01	+-1	1	4	\dashv
BASEMENT			-	(ACM) Floor	LTILE	3015g 25g	1,7	1	+	\dashv
					7			7	7	
Name of Registered Waste Hauder J Robinson City, State Bellmann N	IDI		faste Ha	Cubic Yards of Waste 3 Disposal Data 780	Name of Registe WM 0 (City, State /v//y/ta	red Landfill L. Pa				
Completed by Joe Hill ASPLAS				Signature	ALL	Date 2-1	8-1	13		1

7 83) 18-53- AL AD: 27 FHOLI-

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		3	MINISTER CHARTEST CO.	والماست بالمحمد المتعاددة المحدد المح		chi/MMN/	NB .	de Ottomisch	0
Agency Notified	Type Notification		Street Addr	ess	3432 We	+ 40	-62	7	1
DEPA	☑ Initial ☐ Amended		City. State,	77. /2. 1.					_
DOL	Amendment#			Oces	in City	,			
DOH	D Emergency (me justification)	duding	Name of Co	intact		Telephone Nue	obse		Ź
DCA	☐ Cancellation			information				_	
lame of Facility Where	Abatement is Taking	Place (3)	PACILIT	INFORMATION	Type of Facility	(4)			
	Reside		- 15				85 B		
treet Address					School (K-1)	8 (Other than K-12)		
343	2 West 1	Ane			homes, etc.	rivate & commercia	il buildin	gs.	
16.4 1623					Square Feet	# of Floors	Bldg.	Age	-
	Deen Ci	ty		N	2400	2		70	
ounty (6)	ntic		County Code ONLY)	(7) (STATE USE	Current Use (Pr	nor if being demolls	shed)		
0 . 1						Kusichent		1000-80000000	200
i me of Monit oring Film	n Hired by Building O	wner AS	CM No.	Name of Abater	ment Contractor (9	7.0			-
reet Address				Strand Add	3 JOE (+30
				Street Address	Bualma	ton Aug			
y, State, Zip Code				City State Zin C	Code		-		
			2	Del	anco NJ	01075			
ject Manager for Mor	iltoring Firm	Teleph	ione No.	Telephone No.		License No.			
A Carlo Colonia		<u>: </u>			6 0916	010	76		
art Date (10) 2-18-13	Scheduled	Completion I	Date (11) : '	Name of OSHA	Monitor :	ik.	· ·	,	
cupancy Status During		-		Street Address	. se	· .			
				Onder Wooleas		E			
Facility Closed/Vacate Abatement Performed	Outside of Normal F	o or Absterne scility Hours	·	City, State, Zip C	ode				
Other - Describe:		- 1	\$	1					
and of 165 -1-161	lab		-						
	I that apply)			" · O Fulc	ontainment with N	legative Pressure			-
≥3 sfor≥3 ¥	I that apply)	•	☐ Renovation ☑ Demolition	CI Mini-E	ontainment with N	egative Pressure			-
3 sfor≥3 ¥f	I that apply)		D Renovation	☐ Mini-E	indosure Dad Procedure		ure		
:3sfor≥3¥f	I that apply)	Is Loca	Demolition	☐ Mini-E	indosure Dad Procedure	legative Pressure Non-Friable Proced		Abator	
2 3 sf or 2 3 lf 2 160 sf or 2 260 lf Locatio	naf	Is Loca Norma Used Sol	tion	Description of	hag Procedure Exempled (*) and ?			Typ)a
2 3 sf or ≥ 3 lf 2 160 sf or ≥ 260 lf Location Asbestos-Containing TO BE AB	n of Material (ACM) ATEO	Vasd Sol Maintena	tion by ancel Asbe	Description of estos Containing Mate	indesure bag Procedure Exempted (*) and it	Non-Friable Proced Amount		Typ)a
3 sf or ≥ 3 lf 160 sf or ≥ 260 lf Location Asbestos-Containing TO BE AB IN Faci	n of Material (ACM) ATED lity	Vasd Sol Maintens Custod Staff	tion	Description of pestos Containing Mate surfacing, VAT,	arial (ACM)	Non-Friable Proced		Typ)a
3 sf or ≥ 3 lf 160 sf or ≥ 260 lf Location Asbestos-Containing TO BE A8	n of Material (ACM) ATED lity	Norma Used Sol Maintena Custod	tion	Description of estos Containing Materials, thermal systems in	arial (ACM)	Non-Friable Proced Amount (Specify		Typ)a
23 sf or ≥ 3 lf 160 sf or ≥ 260 lf Location Asbestos-Containing TO BE AB IN Faci (13)	n of Material (ACM) <u>ATED</u> lity	Vasd Sol Maintens Custod Staff	tion lity sly by unce/ likal (i.e.	Description of Descri	arial (ACM)	Non-Friable Proced Amount (Specify		Typ)a
3 sf or ≥ 3 lf 160 sf or ≥ 260 lf Location Asbestos-Containing TO BE AB IN Faci	n of Material (ACM) <u>ATED</u> lity	Norma Used Sol Maintens Custod Staff (12)	tion lity sly by unce/ (i.e.	Description of Descri	indosure bag Procedure ixempted (*) and i erist (ACM) sufation, or us)	Amount (Specify SF or LF)	Remova	Typ)a
23 sf or 23 if 160 sf or 2260 if Location Asbestos-Containing TO BE AB IN Faci (13)	n of Material (ACM) <u>ATED</u> lity	Norma Used Sol Maintens Custod Staff (12)	tion lity sly by unce/ likal (i.e.	Description of Descri	indosure bag Procedure ixempted (*) and i erist (ACM) sufation, or us)	Non-Friable Proced Amount (Specify	Remova	Typ)a
2 3 sf or 2 3 lf 2 160 sf or 2 260 lf Location Asbestos-Containing TO BE AB IN Faci (13)	n of Material (ACM) <u>ATED</u> lity	Norma Used Sol Maintens Custod Staff (12)	tion lity sly by unce/ likal (i.e.	Description of Descri	indosure bag Procedure ixempted (*) and i erist (ACM) sufation, or us)	Amount (Specify SF or LF)	Remova	Typ)a
2 3 sf or ≥ 3 lf 2 160 sf or ≥ 260 lf Location Asbestos-Containing TO BE AB IN Faci (13)	n of Material (ACM) ATED lity	Norma Used Sol Maintens Custoc Staff (12) Yes No	tion tity sity by unce/ (i.e.	Description of Stocker Miscellance	enal (ACM) suffering to a control of the control of	Amount (Specify SF or LF)	Remova	Тур)a
2 3 sf or ≥ 3 lf 2 160 sf or ≥ 260 lf Location Asbestos-Containing TO BE AS IN Faci (13) OUTSIDE O of Registered Waste	n of Material (ACM) ATED lifty	Norma Used Sol Maintens Custoo Staff (12) Yes No	tion tily sity by unce/ (i.e. N/A (Adv.	Description of Stocker Miscellance	name of Registere	Arnount (Specify SF or LF)	Remova	Тур)a
Asbestos Containing TO BE AB IN Faci (13) OUTSIDE TO BE AB IN Faci (13) OUTSIDE TO BE AB IN Faci (13)	n of Material (ACM) ATED lifty	Norma Used Sol Maintens Custoo Staff (12) Yes No	tion tily sity by unce/ (i.e. N/A (Adv.	Description of Stock	enal (ACM) suffering to a control of the control of	Arnount (Specify SF or LF)	Remova	Тур)a
Location Asbestos Containing TO BE AB IN Faci (13) OUTSIDE Outside To Registered Waste To Registered Waste	n of p Material (ACM) ATEO lity	Norma Used Sol Maintens Custor Staff (12) Yes No NJDEP V ID No. 283	tion tily sity by unce/ (i.e. N/A (Adv.	Description of Stock	enal (ACM) anal (ACM) asulation, or us) Namo of Registers W.M. of	Arnount (Specify SF or LF)	Remova	Тур)a
2 3 sf or ≥ 3 lf 2 160 sf or ≥ 260 lf Location Asbestos Containing TO BE AB IN Faci (13) OUTSIDE C of Registered Waste J Roman	n of Material (ACM) ATED lifty	Norma Used Sol Maintens Custoo Staff (12) Yes No	tion tily sity by unce/ (i.e. N/A (Adv.	Description of Stock	erial (ACM) surfaction, or us) Name of Registers W.M. of	Arnount (Specify SF or LF)	Remova	Тур)a

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ETS JOB # 3915/13			AMENDM	ERT#		
Date of Notification (1) 2/13/2013		ng Owner / Operator (2) y of New York & New Jerse	v	6		
Agencies Notified Type Notification EPA DEP DOL DOL DOH Cancellation	Street Address 241 Erie Street City, State & Zip New Jersey, I Name of Contact	et, Room 236 o Code NJ 07310		elephone Number		
DCA .	Mr. Ralph Car	mpione NFORMATION		<u>'''</u> '		
Name of Facility Where Abatement is Taking P	TOTAL CONTROL OF THE					
Terminal B, B-2 Connector Departures L Street Address Newark International Airport, Newark, N	evel	Type of Facility (4) School (K-12) Subchapter 8 (Other to the control of the cont	commercial building			
0.5 (2)	10	Square Feet # of F	loors	dg. Age		
City (5) County (6) Newark Essex	County Code (7)	1.2 Mil Current Use (Prior if being Airport	demolished)	50+		
Name of Monitoring Firm Hired by Building Own THE PORT AUTHORITY OF NY & NJ	ner (8) ASCM N	ETS Contracting, Inc.	actor (9)			
Street Address 241 ERIE STREET, ROOM 236		Street Address 160 Clay Street				
City, State & Zip Code JERSEY CITY, NJ 073100		City, State & Zip Code Brooklyn, NY 11222		9		
Project Manager for Monitoring Firm MR. RALPH CAMPIONE	Telephone Number 973-624-6898	Telephone Number 718-706-6300	License No	umber 00511		
	npletion Date (11) 7/31/2013	Name of OSHA Monitor TESTOR TECH, INC.				
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Entire PAbatement Performed Outside of Norm Describe: MONDAY - FRIDAY 7:00 Other - Describe:	eriod of Abatement al Facility Hours -	Street Address 10 59 JACKSON AVEN City, State & Zip Code L.I.C., NY 11101	UE			
Scope of Work (Check all that apply) ☐ Demolition ☐ Renovat ☐ Large Project ☐ Quantity is ≥ 3 SF or ≥ 3 LF ACM ☐ Quantity is ≥ 160 SF or ≥ 260 LF ACM	ion	Full Containme Mini-Enclosure Glovebag Proc	nt with Negative P	ressure		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)		
Terminal B- B-2 Connector, Dept. Level	NO	FIREPROOFING	5,800 SF	Removal		
Terminal B- B-2 Connector, Dept. Level	NO	PIPE	1,200 LF	Removal		
Name of Registered Waste Hauler TRI-STATE TRANSFER	NJDEP Waste Haule 2A-456	120	Name of Registe			
City, State Bronx, NY		Disposal Date TBD	City, State Waynesburg, OH			
Completed By (Print or Type) Title	Executive	Signature	Tho	Date 2/13/2013		