# A Emergency

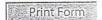
Additional

McHerial-CK 4587

PrintEdinal

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

EMC.	. (			0,70 0,00 0		. (	1151	I WO.				$\neg$
Date of Notification (1)		Na Ka	me of Bui aron Mil	liding Owne Ier Privat	r/Operator e Home		C IIIA KIO					
Agencies Notified Type Notificat	ion		reet Addre 2 Illinois	ess :: Avenue	)		1 の計画	14 PM 8: 1:	3			
EPA Initial Amende Amende Amende Amende	nent #	Cit	ty, State, i	Zip Code mouth No	07758	24.0	e e le	Failes Ro			1	
DOH justificat Cancella		1 500	ame of Co	ntact		62	١	Telephone Numb	er			
2. 4			FACILIT	Y INFORM	ATION	Type of F	solity (A)					$\dashv$
Name of Facility Where Abatement is T Karon Miller Private Home Street Address	aking Place (3)		<del></del>			Scho	ool (K-12)	(Other than K-12) rate & commercial	buildin	gs, ho	mes,	
22 Illinois Avenue						etc.) Square F	1 101	# of Floors	Bldg	J. Age		
City (5) Port Monmouth NJ 07758		IC	ounty Co	de (7)		1000+	Jse (Prior	1 if being demolishe	35-l	5.		
County (6)			STATE US	EONLY)	Nam	Home ne of Abatem						
Name of Monitoring Firm Hired by Buil N/A	ding Owner (8)		ASCM N	. · · · · · · · · · · · · · · · · · · ·	Pe	rnaco Inc.						
Street Address						et Address Box 329						
City, State, Zip Code				2	City	, State, Zip ( est Berlin	Code NJ 0809	91				
Project Manager for Monitoring Firm		17	Telephone	e No.		ephone No. 6-753-980	00	License No 00727	0.			
Start Date (10)	Scheduled	Com	pletion D	ate (11)		ne of OSHA	Monitor				-	
1/7/15 Occupancy Status During Abatement	7.00-10-10-10-10-10-10-10-10-10-10-10-10-1				Stre	eet Address						
Facility Closed/Vacated During B Abatement Performed Outside of Other – Describe:  Scope of Work (Check All That Apply	Entire Period of Ab of Normal Facility F	atem	•		City	y, State, Zip	Containme	ent with Negative F	Pressur	e		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		emoli				Clav	Enclosure ebag Prod Exempted	e cedure d (*) and Non-Frial	ble Pro	cedur	e	
			. 1							Abat	emen	Ĺ
Location of Asbestos-Containing Material (A: TO BE ABATED In Facility (13)	CM) N Used Mai Cust	ntena odial (12)	ally ely by ance/ Staff?	(i.e. ti	s Containi nermal sys surfacing	otion of ng Material ( stems insulat g, VAT, or sellaneous)	(ACM) ion,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Eliciosdie
	Yes	No	N/A		Floo	r Tile		128 SF	x			T
Kitchen		_	+-	-		r Tile		96 SF	x			
Porch			-	Edei		dina		1200 5 F	X			
Exterior Siding		-				()					1	
Name of Registered Waste Hauler		T	NJDEP V		Cubic Ya of Waste			f Registered Land	1111			
United Containers			Hauler ID 22459	J INU.	3		G.R.C					_
City, State						Date	Morris	ville PA 19067	Date			_
Completed by Anthony T Perna	Title Pres	ider	nt		Sig	nature			1/6/15	5		



- CX 4580

Title

President

Emegenel		NO			OF ASBES				CK	R	包含色	1/2	· 65		
Date of Notification (1) 1/11/15					Building O			2)							
	e Notification		1 7	treet Add						#13 E		# 8	}: i	2	
EPA DEP DOL	Initial Amended Amendment	#			e, Zip Cod Haven N		8		P.	<u> </u>	LICENS		rì (B)		
	Emergency ( justification) Cancellation	including	0.000	ame of 0	Contact						enhone Numi	A			
				FACII	ITY INFO	RMATIO	N			-					
Name of Facility Where Abate Jeff Seddon Private Ow		g Place (3)				7		Пѕ	f Facility (4 chool (K-12	2)					
Street Address 101 4th St								× c	ther (i.e. pr	ivate 8	er than K-12) & commercia	buildi	10000		s,
City (5) Beach Haven NJ 08008	3							Square 1000-	+	2	Floors	35	dg. Aq 5+	je	
County (6) Ocean				County C	ode (7) SE ONLY)		_		nt Use (Prio e & Shec		ng demolishe	ed)			
Name of Monitoring Firm Hire N/A	ed by Building	Owner (8)		ASCM	No.			of Abate aco In	ement Conf	ractor	(9)		٠		
Street Address								Addressox 32							
City, State, Zip Code									Code	91					
Project Manager for Monitorin	ng Firm		T	elephon	e No.			one No 753-98			License No	).			
Start Date (10) 1/12/15		Scheduled	d Com	pletion D	Date (11)		Name Same		A Monitor				30,500		
Occupancy Status During Ab	stament (Char							Addres	\$						
Facility Closed/Vacated Abatement Performed C	During Entire	Period of Al	oatem	ent					p Code						
	(4.1)														
Scope of Work (Check All Th ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	at Apply)		enovat emoliti				×	Min	i-Enclosure	e edure	h Negative P			e	
								1101	LXGIIIpto	1)			Abate		i
		0.703	_ocation	00000		Don	cription	of					Ту	pe	
Location of Asbestos-Containing Mat TO BE ABATE In Facility (13)		Mair	Solel ntenar odial S (12)	ice/	Asbest (i.e.	tos Conta	aining N system ing, VA	//aterial s insula \T, or	(ACM) ation,	(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Exterior Sidir	na			X		Fyter	rior Si	dina		2	600 SF	x			
Exterior Sidir	ng			^		LATO	101 01	ug							
												-			
Name of Dogistered Mests 1	Jaular		N	JDEP W	laste	Cubic '	Yards		Name of	Regis	tered Landfill				
Name of Registered Waste H United Containers	naulei		H	auler ID 2459		of Was			G.R.O.						
City, State Elm NJ						Dispos 1/15/1	al Date		City, Stat Morrisv		A 19067				

Signature

Date

1/11/15

Completed by

Anthony T Perna

CK# 2548

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

Date of Notification (1)		l l	Name of I	Building Ow	mer/Operal	or (2)	ملید، ما	72~991	5 CM H	11.	PM	0.	1.0
Agencies Notified Type No	tification	- 5	Street Ad	dress	1 J Cat	174	W. C.	~ 15H	u roman	14	IT	Ð.	12
			487	Swith	1 37H	Lee		AS	&FA-	# ·			ai
EPA Init	ial ended		City, State	e, Zip Code	2-1/	5	4		211	T h	54		OL
ZI DOL Am	endment # ergency (includ	ling _	Hiu	hland	tun	Nec	w X	Sel	· · · · ·				
DOH jus	tification)	9	Name of					Těleph	one Numb	er -			
☐ DCA ☐ Ca	ncellation		EACH	UTY INFOR	MATION							-	
Name of Facility Where Abatemer	nt is Taking Place	ce (3)	FAOIL	LITT NAT OIL	MID-ITTOTAL	Туре	of Facility (	(4)					
("ontabury 60	mes A	loc-tr	rept.	>			School (K-1		L/ 40)				
Street Address	- L	1				IA)	Subchapter Other (i.e. p	r 8 (Other ti orivate & co	nan K-12) mmercial	buildi	ngs, t	nome	s,
39 POUT 777	street						etc.) re Feet	# of Flo	nore	Blo	dg. Ag	16	
City (5) Worth Arling.	ton					3	رسر	2		ز	37		
County (6)			County C (STATE U	Code (7) ISE ONLY)		1 4	ent Use (Pri	26 3000 3000	demolishe	d)			
Name of Monitoring Firm Hired by	Building Owne	r (8)	ASCM	No.	10		atement Co						
							ation Co.	, Inc.					
Street Address				ŧ.	95		ose Road	d					
City, State, Zip Code						, State, Z	ip Code k, N.J. 0	7722					
Desirab Manager for Manitoria - Fit	770		Telephor	re No		ephone N			cense No				
Project Manager for Monitoring Fi	iiii		relephor	16 140.	73	2-294-	1757	0	0029				
Start Date (10)		eduled Con	npletion [	Date (11)	1 1	ne of OSI	HA Monitor	12-	(2)	4:-	1-1	/ (	
Occupancy Status During Abatem	nent (Check Onl		J			eet Addre	iss .				1		_
Facility Closed/Vacated Duri			nent			7 mi		) vto	A				
Abatement Performed Outside		cility Hours			1 7	y, State, Z		K II	アハー	7 (	73.	5	
Scope of Work (Check All That Ap	112				10	n Col	11 Iti	11, N.	3 127	_			
D ≥3 sf or ≥3 if	) )		tion			☐ Fu	ill Containm	nent with No	egative Pr	essur	е		
≥160 sf or ≥260 lf	É	Demolit				Mi	ni-Enclosur	re	29447011	0000			
							ovebag Pro on-Exempte		lon-Friable	e Proc	edure	1	
		Is Locati	ion								Abate Ty		
Location of	(4.004)	Normal Used Sole		Ashasia	Descrip		I (ACAA)	Amo	wint		. ,		
Asbestos-Containing Material TO BE ABATED	(ACM)	Maintena Custodial S	nce/		s Containir nermal syst	ems insul		(Spe	cify	Rei	R	Encapsulate	Enc
In Facility (13)	, , ,	(12)	J.un;		surfacing, other misce		)	SF or	LF)	Remova	Repair	psut	Enclosure
(10)	V	es No	N/A				T.			<u>a</u>	1.48	ate	Гe
barren Coakhi			V	001-	stros p.	rd is	TCO	2000	ILE	X			
become ne sapetos	13. 17		-	400	у Эр.	yet ou	243	OK C C		/-			
		-											
Name of Registered Waste Haule	r I		JDEP W		Cubic Yard	is	Name of	l f Registere	d Landfill				
Ace Insulation Co., Inc.			lauler ID 2086	No.	of Waste	C	IESI						
City, State	www.ku				Disposal D		City, Sta		J				
Colts Neck, New Jersey						15/	Bethle	hem, PA					
Completed by Bree McGuire		itle Secretary	Treasi	ırer	Signa	ture 1	_		Dat	90	1,		
Diee McGaile		olotary.	110000	., 01		4			1	17	11)		
ASB-41 (R-06-08)					* D	not use	this form fo	r asbestos	licensure	exem	pted a	activit	ies.

CK# 2548

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

Date of Notification (1)	Nam	e of Building Own	ner/Operator	(2) L LN (2)	+001-1	-	Same (		
119115	Street	et Address	M.	1 -1100	+2015 JAN 11	+ P	1 8:	12	
		13BJY 5	741		ASeri			13,500	
DEPA Initial Amended	City.	State, Zip Code	1 1 )-	517763	1 & I ke	u - Vil	A	OL.	
DOL Amendment Emergence	Lingluding	ne of Contact	0,10.	10100	Talanhi	har	-	<u> </u>	
DOH justification	1)	Nan 4							
J DON L	F	ACILITY INFOR	MATION		4)			-	
lame of Facility Where Abatement is Tak		7		Type of Facility (					
Sph. 1x Property In	noting cu			School (K-1 Subchapter	8 (Other than K-12)	)			
Street Address	2			Other (i.e. p	rivate & commercia	il buildir	ngs, n	omes	i,
13(4+4)+++++				Square Feet	# of Floors		g. Ag		
Summit				Current Use (Bri	or if being demolish	-	1)1		
ounty (6)	Cou	inty Code (7) ATE USE ONLY)		Pas Chi	DI	007			
Name of Monitoring Firm Hired by Buildir	ng Owner (8)	ASCM No.	Name	of Abatement Cor				3455	
lame of Monitoring Fifth Filed by Bulleti	ig CWilo. (o)		Ace	Insulation Co.	, Inc.				
Street Address				t Address Viontrose Road	4				
			40	State, Zip Code					
City, State, Zip Code				s Neck, N.J. 0	7722				
Project Manager for Monitoring Firm	Tel	ephone No.		hone No.	License N	0.			
				-294-1757	00029		-		
Start Date (10)	Scheduled Comple	atien Date (11)	Name	e of OSHA Monitor					
Occupancy Status During Abatement (C	heck Only One)		Stree	t Address					
Tacility Closed/Vacated During Ent	ire Period of Abatemen	nt					VII.		
Abatement Performed Outside of N	formal Facility Hours		City,	State, Zip Code					
Scope of Work (Check All That Apply)	TPITS								_
	☐. Renovation	n		Full Containn	nent with Negative F	ressur	е		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Demolition			Mini-Enclosur  Glovebag Pro	cedure				
9				Non-Exempte	ed (*) and Non-Friat				
	Is Location						Abate Ty		e e e e e e e e e e e e e e e e e e e
Location of	Normally Used Solely	by Asbesto	Descriptions Containing	on of Material (ACM)	Amount			Ф	
Asbestos-Containing Material (ACM TO BE ABATED	Maintenance Custodial Sta	e/ (i.e. t		ms insulation,	(Specify SF or LF)	Remova	Repair	псар	Litorocaro
In Facility (13)	(12)		other miscell		,	ova	pair	Encapsulate	000
50 OF 1	Yes No	N/A						e	L
Addr		& Sidi	2r		15001	X		5-172	
USTEDS		W Chima	utoni	~1,_	1019	V			
induckithm		1/1/1-01	2100	1	1:35 1/2	4			
		DORN	overing+	bulercon	10LF /301				
Name of Registered Waste Hauler		DEP Waste '	Cubic Yards of Waste	Name (	Registered Landfi	TI .			V. C.
Ace Insulation Co., Inc.	17.555.53	uler ID No. 086	OI MAGSIE	/ IESI					
City, State			Disposal Da	ite City, St				(CV (CV )	A.P.
Colts Neck, New Jersey			1111		ehem, PA	ate/	1		_
Completed by	Title Secretary T	reasurer	Signat	SULL SULL		119	1/5	)	
Bree McGuire	Georgially 1	1000101	*(	<u> </u>		11			
ASB-41 (R-06-08)			* Do	not use this form t	or asbestos licensu	re exer	npted	activ	itie

MOCK

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

			(-		(D 111	0 10	1.1				111		
Date of Notification (1)	2 . 15					Owner/Operator (2 es Investo		I C IAM	i 1 20	115			
1 / 1	3 / 15					es investor	IS 5200, L	LC JAN	14.20	113	1		
Agencies Notified  EPA	Type Notification Initial		1.3		<sub>Address</sub> Blair Mi	II Road			and the second		الْـــ		
DOLWD DHSS	Amended Amendment #	2			ate, Zip Co		2 2 3 3 5 6		CENSING		ľ.		
□ DCA	☐ Emergency (in		1.0		of Contact	A 19044		Telephone Nur	mher				
(NJAC 5:23-8)	justification)  Cancellation				y Webt	)		Telephone ria					
				FAC	ILITY IN	FORMATION							
Name of Facility Where A	Abatement is Takin	g Place	(3)				Type of Facility	(4)					
Bank of America							School (K-12	) 3 (Other than K-1	(2)				
Street Address 367 Springfield A	venue						Other (i.e., po	rivate and comm	ercial buildi	ngs,			
City (5)	.,0.,40						Square Feet	# of Floors	Bldg.				
Summit					0		100,000	2	+08	/-			
County (6) Union				Count	y Code (7)	(STATE USE ONLY)	Current Use (Pr Bank	ior if being demo	ilisnea)				
Name of Monitoring Firm	Hired by Building	Owner (	3) [4	ASCM N	No.	Name of Abateme		g <del></del>					
Hillmann Consult		Owner (	"	100111		Prism Resp							
Street Address						Street Address							
1600 Route 22 E	ast					102 Techno							
City, State, Zip Code						City, State, Zip Control Export, PA							
Union, NJ 07083			Tolor	ohone N	lo.	Telephone No.	10002	License No.					
Project Manager for Mon Craig Abrams	itoring Firm		1		3-7800	724-325-33	30	01121					
Start Date (10)	Sche	duled Co				Name of OSHA N		m 4- 000					
12 / 29 /	14 0	1 /	31	_ / _	15	Hillmann C	Consulting,	LLC					
Occupancy Status During						Street Address 1600 Route	22 East						
■ Facility Closed/Vacate □ Abatement Performed					cribe	City, State, Zip C					_		
Time of Abatement: _	AMF	M/	_PM-	/	AM	Union, NJ 0							
Scope of Work (Check a	Il that apply)												
		■ Re	novati	nn.		■ Full Con Mini-End	tainment with Ne	gative Pressure					
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			molitio			☐ Gloveba	ig Procedure empted (*) and No	an Eriable Brace	dure				
		T .	1 4			☐ Non-Exe	empled ( ) and No	TI-FIIable Froce		ement T	vne		
Lastina	of.	1117232	Locat Vorma			Description	of				-		
Location Asbestos-Containing			d Sole		Asbe	stos Containing Ma	aterial (ACM)	Amount	Remova	Encapsulate Repair	Enclosure		
TO BE AB		1,000,000	intena todial S		(i.e	., thermal systems surfacing, VAT	insulation, L. or	(Specify SF or LF)	oval	ir	sure		
(13)	nty.		(12)			other miscellane				ate	(0		
100 At 10		Yes	No	N/A						_			
Basement - Mech	nanical Room			x		Pipe Insula	tion	25 LF	x [				
				х									
				×					X   [				
	62												
Name of Registered Wa	ste Hauler			JDEP Y		Cubic Yards of		istered Landfill	I C II				
Waste Manage	ement			lauler II W1724	ال No.	Waste		North Land	ITIII				
City, State	141					Disposal Date	City, State	IIo DA					
Morrisville, PA		,				1/31/15/	Morrisvi						
Completed By (Print or 7	Гуре) Т		090 96		_	Signature	1.00	12160	Date 1/13/1:	5			
Jessica Wolfe	A	dmir	istr	ative	lile Olgitatare								

ASB-41 MAY 11 \* Do not use this form for appealosylicensure exempled activities.

Prism will be off-site until further notice.

NOCK

JAN 13

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

[B									117	J. 1777 . S. 27	II.	19	15.	IN
Date of Notification (1)		9252			10000000			/ner/Operator (					1	11 11
1 /_	14 /	15	<u> </u>		Sta	ite of Nev	v Je	rsey, Depart	ment of Corre	ctions JAN 1.	1 2	015		111
Agencies Notified	Type Notific	cation			Stree	t Address			- A	i OAN I.	4 /	nio_	11	9
⊠ EPA	☐ Initial				Wh	ittlesev F	Road	d, PO Box 86	3	- L			1	-
□ DOLWD		ed				State, Zip C			1	ASBESTUS C	7	DOL	2	-1
☑ DOH	Amenda		-			enton, NJ				LICENS	ING	JUL	Čt.	- 1
DCA	☐ Emerge justificat		cluding	3		of Contac				Telephone Numb	0.5	_		
(NJAC 5:23-8)	☐ Cancella				100000000000000000000000000000000000000		:D-			releptione Multip	E!			
	Cancella	20011			1	seph May				1				
					FA	CILITY IN	IFOI	RMATION						
Name of Facility Where A									Type of Facility	(4)				
Garden State Youth	n Correctio	nal Fa	acility						School (K-12					
Street Address										8 (Other than K-12) private and commerce	rial hi	ilding	19	
98 Highbridge Rd									homes, etc.		AGI DI	anding	,3,	
City (5)		10111111					-		Square Feet	# of Floors	B	dg. A	ge	
Chesterfield									282,000	2	14 6	50+		
County (6)					Cou	nty Code (7	)(STA	ATE USE ONLY)	Current Use (Pr	rior if being demolish	ned)			
Burlington							,,		Corrections		S-3000			
Name of Monitoring Firm	Hired by Bui	ildina C	wner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)					
USA Environmenta	1 557	1000		(-/	001		900		nvironmental					
Street Address						1 40		eet Address	Tril Offine Tital (	bysteins .				
344 West State			1121 N. Bethlehem Pike - Suite 60											
													Service	
City, State, Zip Code			City, State, Zip Code Spring House, PA 19477											
Trenton, NJ 08618				1-			-	37 0774	e, PA 19477					
Project Manager for Moni				1000	ephone		1135	lephone No.		License No.				
William Weisgarber	2000				09 656		2	215 542 7000		00847				
Start Date (10)						ite (11)	Na	me of OSHA N	lonitor			27		
10 /20 /	_14_		2_ /	_2	8_/	15_	(	CES						
Occupancy Status During	Abatement	(Check	only	one)			Str	eet Address						
☐ Facility Closed/Vacate							1	121 N. Bethl	ehem Pike - S	uite 60				
Abatement Performed							City	y, State, Zip Co	ode					_
Time of Abatement: S	un-Fri AM-	9:00PN	Λ/	_PM-	5:00A	VI.	S	Spring House	e. PA 19477					
Scope of Work (Check all	that apply)								,					
	11 37		CONTRACTOR OF						ainment with Neg	gative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			Re	novat	ion			Mini-Enc						
△ ≥ 100 SI 01 ≥200 II	271		☐ De	monu	on			☐ Gloveba		n-Friable Procedure	2			
			Is	Loca	tion				p.tou ( ) une 110		T -	atem	ant T	VDO
Location	of			Norma				Description o	f		-	1		· -
Asbestos-Containing I		VI)			ely by			Containing Ma	terial (ACM)	Amount	Removal	Repair	Enc	Enclosure
TO BE ABA IN Facilit		*			ance/ Staff?	(i.e		emal systems i		(Specify	Non	a.	aps	losi
(13)	.y			(12)				surfacing, VAT, her miscellane		SF or LF)	<u>a</u>		Encapsulate	ле
7.7			Yes	No	N/A	7							e e	
E-Wing (Approximate	Quantities	(2	П		ÌП	Acousti	ral	Plaeter		13,654 SF				
E-Wing (Approximate														
E-Wing (Approximate		-	П			Fitting/s				353 LF				
L-Wing (Approximate	Quantities	>)	П			Fittings	JOIL	L IIIS.		353 LF				
Name of Decistered Mr.	to Harris		Ц		L	N/a-t-		la Vanta	TN	4	Ш	Ш	Ш	
Name of Registered Wast	e Hauler			1000	JDEP I lauler II		Cut	oic Yards of	Name of Regis					
STG				,	20900			40 Yards	Minerva La	andfill				
City, State						G		posal Date	City, State					
New Castle, DE							1	/20/2015	Waynesbu	rg, OH 44688				
Completed By (Print or Ty	rpe)	Title						Signature	1	Date	9			
Patricia Visco	51 B	50000	fice I	llana	aer			1/17	7)	142	1	1		
100.44					3	Pature Usco 1/14/15								

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

CKF247/8
RECEIVED

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

Date of Notification (1)	/12/14	-		Name	e of Buildin	g Owner/Operato	Tedeschi	5 JAN 14 PI	411:	al.		
Agencies Notified	Type Notific	cation		Stree	et Address		45	6. I				
EPA DEP	initial -						102 Spruce Št	reet	2 0	QĮ.		_
☑ DOL	Amenda Amenda	nent #	_	City,	State, Zip C		-4 NI 005	42 2014	Tig.			
₩ DOH	☐ Emerge justifica	ncy (includin	9	Nome	e of Contac		eton, NJ 085					
DCA DCA	Cancella			Ivaille		i Marco Tedes	chi	Telephone Num	ber		0	
				FA		ORMATION					200,000	5-4-5-00
Name of Facility Where	Abatement is	Taking Plac	e (3)				Type of Facility	(4)				
		Resident	ial				School (K-1	2)				
Street Address	102	Spruce S	Stree	t			Other (i.e., phomes, etc.	8 (Other than K-12 private & commerci )	2) al buil	dings	1	
City (5)	р	rinceton,	NI				Square Feet 1500	# of Floors	В	ldg. A	ige +/-	
County (6)		iniccion,	113			7) (STATE		rior if being demoli	shed)	00	Τ/-	=
	Mercer				EONLY)							
Name of Monitoring Firm (8)	n Hired by Bui MECS	lding Owner		ASCM	No.	57.0	nent Contractor (9		т			
Street Address	MECS		<u>—</u> L			Street Address		mental Service	es, li	1C.		_
officer Address	PO Box	341				Street Address		30x 322				
City, State, Zip Code						City, State, Zip (	Code					_
	osswicks,	NJ 0851					Allentow	n, NJ 08501				
Project Manager for Mo	nitoring Firm eisgarber			phone	No. 98-4070	Telephone No.	59-9688	License No.	049	2		
Start Date (10)		Scheduled (	-			Name of OSHA			1049.	3		_
1/21/15			1/23/		,	114110 01 001 21		ECS				
Occupancy Status Duri	-			- 22		Street Address						
☐ Facility Closed/Vaca ☐ Abatement Performe								341				_
Other - Describe:			ту поц	rs .		City, State, Zip 0		cs, NJ 08515				
Scope of Work (Check	all that apply)					□ Full Co	ntainment with Ne	native Pressure	1100000			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitio			☐ Mini-En	closure ag Procedure	on-Friable Procedu	re.			
15		ls	Location	on			omptod ( ) drid 140	m-i nabie i recedu	1	Abate	ment	
Location	of		iormally d Solei			Description o	f			Тур	е	
Asbestos-Containing I TO BE ABA	Material (ACM		ntenar ustodia			os Containing Ma thermal systems	terial (ACM)	Amount (Specify			Е	Е.
IN Facility			Staff?	41	(1.e.,	surfacing, VAT	or	(Specify SF or LF)	Remova	Repair	ıcap	nclo
(13)		-	(12)	Г	-	other miscellane	ous)		oval	air	Encapsulate	Enclosure
		Yes	No	N/A							е	
Baseme	ent	_	×		Th	ermal Pipe In	sulation	160 lf	×			
Name of Registered Wa	ste Hauler			JDEP \	Waste I	Cubic Yards	Name of Regis	stered Landfill				
Stevens Environmental Services, Inc.					0 No. 292	of Waste 2 CU		GROWS Lan	dfill			
City, State Allentown, NJ						Disposal Date 1/23/15 /	City, State					
Completed By   Title						Signature/	17/	Morrisville,	ГА		_	_
Mahlon E. Ste	evens	P1	ojec	Mar	nager	_/////			1/12	2/15		

CK005784

D&S Proj. #: 2015-16

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

						RE	CEL	VE	13		
Date of Notification (1)	Name of B	uilding Owne	er/Operator (2)								
0 1 / 0 9 / 1 5	T. Travi	S				2015 JAI	4141	MII	: 31		
Agencies Notified   Type Notificati	Street Add	ress									
DEP Amended		OFIELD S	TREET			ASE C		-1	n.Al	9.	
DOL Amendment #:		12				L.	IN EME				
□ DOH     □ Emergency (including	NAME OF TAXABLE PARTY.	c, NJ 0710	)4							H	
justification)	Name of Co	ontact				Telephone	e Numbei	r.			
DCA Cancellation	T. Trav	/is					_				
		FACI	LITY INFORM	ATION							
Name of facility where abatement is	s taking place (3)					Type of Facility (4	4) I (K - 12)				
T. TraviS							apter 8 (C	)ther th	nan K	-12)	
Street Address							Private/C			/	
24 SCHOFIELD STREET							Homes, e		Bl	dg. A	ae .
City (5)	County (6)			Cou	nty Code (7)	Square reet	# 01 1 1001		D.,	ag. A	gc
200 E					te use only)	Current Use (Pr	ior if bein	g dem	olishe	ed)	
Newark	ESSEX										
Name of Monitoring Firm Hired by E	Bldg. Owner (8)	-	ASCM No.		Name of Abatement						
Street Address				_	D & S RESTOR Street Address	ATION, INC.				-	
Street Address					20 California A	VP.					
City, State, Zip Code					City, State, Zip Code	YC.				10-17-0-19	
**************************************					Paterson, NJ 07	503					
Project Manager for Monitoring Firm	F	hone Numbe	er		Telephone Number		License	Numb	er		
					973-345-8020		0	1169			
Start Date (10)	Sched. Comple	tion Date (11	)		Name of OSHA Mon D & S Restorati						
01/10/15	01/26/15				Street Address	on, nic.					
Occupancy Status During Abatemen			ANGEL CHINE AND AND AND		20 California Av	/enue					
Facility closed/vacated during Abatement performed outside					City, State, Zip Code						
Describe:		urs-		_	D . NILOS	1500					
Other-Describe: NORMAL H				$- \square$	Paterson, NJ 07						
Scope of Work (check all that apply 3 sf or >3 lf	Renovation				님	Full Containment w Mini-enclosure	/negative	press	ure		
≥ 160 sf or ≥260 lf	Demolition				☒	Glovebag procedur					
	Is location normally	used solely	r			Non-Exempted (*)	and Non-	friable I R	proce	edure E	1
Location of asbestos-containing	by maintenance/cu			on of a	sbestos-containing	Amount		е	е	n	E
material (acm) to be abated in facility (13)	staff(12)	т—	material (		sbestes containing	(Specify S LF)	F or	m o	p a	c	c
abated in facility (13)	Yes No	N/A				Li ,		v e	i	р	-
BASEMENT	X		PIPE INSU	LATI	ON	15 L FT		X			
									<u> </u>		
		_						님	ᆜ	부	뷰
Registered Waste Hauler	NJDEP Hauler		ubic Yards of V	Naste	Name of Registered	L andfill		]	Ш	Ш	لال
D & S RESTORATION, INC.	13506		yd.			RESOURCE RE	COVER	RY			
City, State		Disposal D			City, State						
PATERSON, NJ 07503	Tina	01/00/1			TULLYTOWN	, PA	T Data				
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT		Signature			$\widetilde{V}$	Date 01/09/	2015			
	Do not use this form	n for asbesto	s licensure ex	empted	d activities.		1-27/07/				

(K005785

D&S Proj. #: 2015-20

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

Date of Notification (1)	Name of Building	Owner/Operator (2)		2015 g	AN 14 PM			
10 11 1/10 19 1/11 15	daniel steinhag	en			17 17	11:	35	
Agencies Notified Type Notific	Street Address			AUD :	2	-	_	
	53 oak avenue			er.	LICEN	i di	11	
DEP Amended		de			- 60 1 8 1 2 1 2 1			
DOL ☐ Emergence								
DOH (including	Name of Contact	070		Telephone	Number		#0175	
DCA justification	28 11 12 100 100 100 100 100							
Cancellati	on daniel steinha	gen						
	F	FACILITY INFORM	ATION					
Name of facility where abatemen	nt is taking place (3)			Type of Facility (4				
daniel steinhagen					(K - 12)			
Street Address					ipter 8 (Other t Private/Comme		12)	
Officer Address				Bldgs./F	Homes, etc.	ercial		
53 oak avenue					# of Floors	Blo	ig. A	ge
City (5)	County (6)		County Code (7)	_				
CI.	• *************************************		(State use only)	Current Use (Pri	or if being dem	nolishe	ed)	
tenafly  Name of Monitoring Firm Hired b	bergen		Name of Abateme	at Contractor (0)				
Name of Monitoring Firm Hired b	y blug. Owner (8)	ASCM No.						
21				RATION, INC.				
Street Address			Street Address	P				
City State Tie Code			20 California					THE SHEET
City, State, Zip Code			City, State, Zip Coo					
Project Manager for Manitoria - Fi	I Disease		Paterson, NJ		Tite No			
Project Manager for Monitoring Fir	rm Phone N	umber	Telephone Numbe 973-345-802		License Numb 01169			
			Name of OSHA Me		01107		_	
Start Date (10)	Sched. Completion Date	e (11)	D & S Restora					
01/20/15	01/30/15		Street Address				_	
Occupancy Status During Abatem	ent (Check only one)		20 California	Avenue				
Facility closed/vacated during			City, State, Zip Coo	de				
Abatement performed outsic Describe:	de of normal facility hours-							
Other-Describe: NORMAL	HOURS		Paterson, NJ	07503				
Scope of Work (check all that app	ply)			Full Containment w/	negative press	sure		
	Renovation			Mini-enclosure				
≥160 sf or ≥260 lf	Demolition		2	Glovebag procedure Non-Exempted (*) a		nroce	dure	2
Location of	Is location normally used s	olely			] R	R	E	7
asbestos-containing	by maintenance/custodial staff(12)	Description	on of asbestos-containing	Amount	e m	e p	n	n
material (acm) to be abated in facility (13)		material (		(Specify SF LF)	F or o	a	ca	C
abated in radiity (10)	Yes No N/	'A		1 ,	v e	i	р	L
BASEMENT	X	PIPE INSU	LATION	120 l ft				10
								TO
*								
Registered Waste Hauler	NJDEP Hauler ID#	Cubic Yards of \					_	
D & S RESTORATION, INC		2 yds	CONTRACTOR OF THE PARTY OF THE	N, RESOURCE RE	COVERY	100	-	ithic is comme.
City, State PATERSON, NJ 07503		sal Date 11/15	City, State	NI DA				
Completed by (Print or Type)		Signature	TULLYTOW	IN, PA	Date			
BOGDAN JOLDZIC	Title PRESIDENT	Oignature			Date 01/09/2015	5		
ASR-41	* Do not use this form for ask	estos licensure ex	empted activities.		01/07/2015			

CKUU5783

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

D&S Proj. #: 2015-19

						7 1		
Date of Notification (1)	Name of Building O	wner/Operator (2	)	201.	5 JAR 14	PMII		7
Agencies Notified   Type Notific	george pucchio					CHILA	. 9	F
EPA Initial	Street Address			45			3.7	,
□ DEP □ Amended					& LIEFH	Lah A	MU)	<u>L</u>
	t #: City, State, Zip Cod	е				-4		*;
Emergence		07506						1
DOH (including justification				Telephone	e Number			
DCA Cancellat		en .		3				
Carloellat			LATION					
		ACILITY INFORM	IATION	· · · · · · · · · · · · · · · · · · ·				
Name of facility where abatemer	nt is taking place (3)			Type of Facility (4	<sup>1)</sup> (K - 12)			
gregg van orden					apter 8 (Other t	han K-	12)	
Street Address				Other (	Private/Comme Homes, etc.		,	
46 kussoth street					# of Floors	Bld	g. Ag	ge
City (5)	County (6)		County Code (7)		anner alt 144 februarie		MEN EL CHARLE	000-0
			(State use only)	Current Use (Pr	ior if being dem	nolishe	d)	
hawthorne	PASSAIC							
Name of Monitoring Firm Hired b	by Bldg. Owner (8)	ASCM No.	Name of Abatemer	nt Contractor (9)				
			D & S RESTO	RATION, INC.				
Street Address			Street Address					
			20 California A	COMPANY DESCRIPTION OF A STREET WHEN DE			on and a	NAME OF STREET
City, State, Zip Code			City, State, Zip Cod	е				
			Paterson, NJ (					
Project Manager for Monitoring Fi	irm Phone Nu	mber	Telephone Number		License Numb			
<u> </u>			973-345-802 Name of OSHA Mo		01169		_	
Start Date (10)	Sched. Completion Date	(11)	D & S Restora					
01/10/15	01/30/15		Street Address	uion, mc.			_	
Occupancy Status During Abatem	The state of the s		20 California A	Venue				
	ng entire period of abatement.		City, State, Zip Cod					
Abatement performed outside Describe:	de of normal facility hours-		100					
Other-Describe: NORMAL	HOURS		Paterson, NJ (	7503				
Scope of Work (check all that ap	(ylqu			Full Containment w	/negative press	ure		
$\boxtimes > \underline{3} \text{ sf or } > \underline{3} \text{ If}$			Ē	Mini-enclosure	nogative press			
□ ≥160 sf or ≥260 lf	Demolition		<u> </u>					
	Is location normally used so	lelv	L	Non-Exempted (*)	and Non-friable	Proce		_
Location of asbestos-containing	by maintenance/custodial	- 1	on of asbestos-containing	Amount	е	e	E n	E
material (acm) to be	staff(12)	material		(Specify Si	F or m	p a	С	n
abated in facility (13)	Yes No N/A	4	and the second s	LF)	V	i	a p	L
BASEMENT		PIPE INSU	LATION	60 l ft	e			1
THE RESIDENCE OF THE PARTY OF T		111111111111111111111111111111111111111	********	00111			$\exists$	H
		-					片	片
						-	屵	H
-		=					+	H
Registered Waste Hauler	NJDEP Hauler ID#	Cubic Yards of	Waste Name of Registere	ed Landfill				1-7
D & S RESTORATION, INC	C. 13506	1 yd.		I, RESOURCE RE	COVERY			
City, State	Disposa		City, State					MARKET OF SERVER
PATERSON, NJ 07503	01/10		TULLYTOWN	N, PA				
Completed by (Print or Type) BOGDAN JOLDZIC	Title	Signature			Date			
ASB-41	PRESIDENT  * Do not use this form for asbe	estos licensura ex	empted activities		01/09/15			
A017*41	בס ווסג עסט נוווס וטוווו וטו מטטפ	Jorganica isang ex	cripted activities.					

CK005782

D&S Proj. #: 2015-18

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

									250					
Date of Notification		1	lame of Bu	ilding Own	er/Operator (2	2)			cula,	MN 14	PM	11.		
0 11 1/10 19			stanley b		CZ				<i>*</i> .		1.11	11.	16	
Agencies Notified EPA	Type Notificat	ion S	Street Addre	ess					7 U (g)		4.5.	37	: )	
☐ DEP	Amended			ook terrac	e				EL.	LIBEN	h ldi	1/10	L	
	Amendment #:	[	City, State, 2	Zip Code									7	
DOL			MAPLE	WOOD,	NJ 07040									
☑ DOH	(including justification)	N	ame of Cor	ntact					Telepho	ne Numbe				
☐ DCA	Cancellation		stanley l	orzuzkiew	ricz				1				L	
				FAC	LITY INFORM	MOITAN	1				_			
Name of facility w	here abatement i	s taking pla	ace (3)					T	ype of Facility					
stanley brzuzki	iovioz									ol (K - 12)			( 0 )	
Street Address	iewicz					-		-		hapter 8 (C (Private/C			-12)	
Officer Address										./Homes, e		roiai		
21 overlook te	rrace							_  [7	Square Feet	# of Floo	rs	Bi	dg. A	ge
City (5)		Cou	nty (6)			100000000000000000000000000000000000000	inty Code (7)							
MA DI PINO C		For				(Sta	ite use only)		Current Use (I	Prior if bein	g dem	olish	ed)	
MAPLEWOC Name of Monitorin			SEX er (8)		ASCM No.		Name of Abaten	ment Co	ntractor (Q)					
rvarie of Monitorii	ig i iiii i iiied by	blug. Own	51 (0)		ASCIVI NO.				At 50%					
Otes et A deleses						_	D & S REST Street Address	ORAI	ION, INC.					
Street Address								:						
City, State, Zip Coo							20 Californi City, State, Zip C							-0,410,000
City, State, Zip Cot	ue								2					
Project Manager fo	y Monitoring Firm		Ipi	none Numb	or		Paterson, N Telephone Numl		3	License	Numb	er		
r roject wanager ic	n wontoning i iiii		151	ione ivanic	GI.		973-345-8				1169	701		
0. 15 1 (10)		10-1-		D-1- /1			Name of OSHA							
Start Date (10)		Sched	d. Completi	on Date (1	1)		D & S Resto	oration.	, Inc.					
01/09/15		01/3					Street Address							
Occupancy Status							20 California	a Aven	ue					
100	ed/vacated during erformed outside	100					City, State, Zip C	Code						
Docoribo:			racility flou						_					
Other-Descr	ibe: NORMAL H	OURS					Paterson, N	IJ 0750	3					
Scope of Work (cl		/)						=	l Containment	w/negative	press	ure		
$\boxtimes$ >3 sf or >3 lf		Renovation	nc						ni-enclosure ovebag proced	uro				
≥160 sf or ≥2	260 If	Demolitio	n						n-Exempted (		friable	proc	edure	)
Location of			n normally		/						R	R	E	E
asbestos-co		staff(12)	enance/cus	todial			sbestos-containir	ng	Amount (Specify	SEor	m	e p	n	n
material (acr abated in fac		Yes	No	N/A	material	(ACM)			LF)	SF 01	0	a	а	C
	55 8V 10511.	163	INU	N/A					37		e	r	р	
BASEMENT			L X		PIPE INSU	ULAT	ION		121ft					
											10			
													Ш	
Registered Waste I D & S RESTOR			EP Hauler 506		Cubic Yards of	Waste	Name of Regist TULLYTOV			FCOVE	o v			
City, State	CITION, INC.		,00	Disposal I	l yd. Date	No Page Street	City, State	YY IN, INI	JOUNCE R	LICO V E.	Λ.1	S-100	(COLUMN 2011)	
PATERSON, N	NJ 07503			01/10/1			TULLYTO'	WN. P.	A					
Completed by (Prir		Title			Signature		1			Date				
BOGDAN JOL		PRESID	ENT							01/09	/2015	5		
`-41		* Do not us	e this form	for asbest	os licensure e	xempte	d activities.							

(K 005781

D&S Proj. #: 2015-17

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

243110,	2015-17			(1 010	Jan 10 1407 11	0.00	o and 12.120) ;		Sand"				
Data of Nation II	- /45		Name of Ri	ilding Own	ner/Operator (2	0\	2015	AN IL PHII					
Date of Notification				<del></del>		AS		WILL FILL	: 38				
Agencies Notified	Type Notificat	ion	STATCO Street Addr		HOUSE CO.	, INC.			301				
EPA	Initial Amended		301 16T	H STRE	FT		E.l	LIEENSING	TOL				
☐ DEP	Amended #:	1	City, State,										
☑ DOL			JERSE	Y CITY, I	NJ 07306				6.52				
□ DOH	(including iustification)	1	lame of Co	ntact				Teleph	one Numbe	r			
☐ DCA	Cancellation	- 11	JAMES	MARZA	NO			l					V allesia (la constante de la c
				FAC	CILITY INFORM	MATION	N						
Name of facility w	here abatement i	s taking pl	ace (3)				Т	Type of Facility					
STATOO WA	DEHOUSE CO	INIC	NA A INI IZI	OOR					ool (K - 12)			0.22	
STATCO WAI	REHOUSE CO	., INC	MAIN FI	LOOK				1.0 (CO.) (CO.) (CO.)	chapter 8 (0 er (Private/C			12)	
								Bldg	s./Homes,	etc.			
301 16TH STE	REET	I 0	-t · (0)			T 0		Square Feet	# of Floo	rs	Blo	dg. A	ge
City (5)		Cou	nty (6)			3 10 30 30 30 30 30 30 30 30 30 30 30 30 30	unty Code (7) ate use only)	Current Use	Prior if heir	ng dem	olisha	ed)	
JERSEY CITY	Y	н	JDSON					Odirent ose	i nor ii boii	ig dein	Olionic	)	
Name of Monitorin	ng Firm Hired by	Bldg. Own	er (8)		ASCM No.	1	Name of Abatement	t Contractor (9)					
							D & S RESTOR	RATION, INC.					
Street Address							Street Address						
City, State, Zip Coo	ła.						20 California A City, State, Zip Code	The second secon	William Control		CORNECTED	en andres	-
Oity, State, Zip Coc	16						Paterson, NJ 0						
Project Manager fo	r Monitoring Firm	1 -	P	hone Num	ber	_	Telephone Number	1303	License	Numb	er		
							973-345-8020			)1169			
Start Date (10)		Sche	d. Complet	ion Date (1	1)		Name of OSHA Mor						
01/12/15		01/3	0/15				D & S Restorat	lon, mc.	_				-
Occupancy Status	During Abatemer						20 California A	venue					
	d/vacated during						City, State, Zip Code	9					
Describe:	erformed outside		Tacility flot	112-			D	7500					
3), 319	ibe: NORMAL H						Paterson, NJ 0						
Scope of Work (ch							. 4	Full Containmen Mini-enclosure	t w/negative	e press	ure		
≥160 sf or ≥2		Renovation					$\boxtimes$	Glovebag proced					
	200 11		n normally	used sole	iv			Non-Exempted	(*) and Non	-friable	proc	edure	3
Location of asbestos-cor	ntaining	by maint	enance/cu		8.1	ion of a	asbestos-containing	Amount		e m	е	n	E n
material (acr abated in fac		staff(12)	Ι	Т	material			(Specify LF)	SF or	0	p a	c a	C
abatoa III iac	,y (10)	Yes	No	N/A						v e	i r	р	
main warehouse floo	or 2 locations		X		PIPE INSU	ULAT	ION	30 l ft					
										#	ᆜ	무	부
				+	-					#		片	14
				-	+					#	片	H	岩
Registered Waste F		NJD	EP Hauler	ID#	Cubic Yards of	Waste	Name of Registere	d Landfill		-1			
D & S RESTOR	RATION, INC.		506		1 yd		TULLYTOWN		RECOVE	RY	-	NAME OF STREET	mental production of the last
City, State PATERSON, N	JI 07503			Disposal 01/13/			City, State TULLYTOWN	Ј РА					
Completed by (Prin		Title		311131	Signature		TOLLTOWN	1, 1 / 1	Date				
BOGDAN JOL		PRESII	DENT				01/08	/15					
ASB-41		* Do not u	se this form	for asbes	tos licensure e	xempte	ed activities.						