Date of Notification (1) 1/13/12			1000		Building Ov aird / Re			?)		1	-/=					
Agencies Notified EPA DEP	Type Notification X		1		dress n 2nd St e, Zip Code			2	012 JAN	117	21 5	::00				
X DOL	Amendment Emergency (_ [5		y NJ 080				11.00	Tele	phone Nu	ımber	_			-
☑ DOH ☐ DCA	justification) Cancellation		(Claire	ITY INFOR	PMATIO	N.		- 1		_					
Name of Facility Where A Claire Laird / Resid		g Place (3)		TAGIL		THE STATE OF THE S		J Sc	Facility (4) hool (K-12) bchapter 8)	er than K-	12)				
Street Address 19 North 2nd Street	t		e,				-	Otl etc	her (i.e. pri	vate 8	Floors	cial bui		gs, h		
City (5) Surf City NJ 08008								Square 1000+		1			35-			
County (6) ccean		*		County C STATE U	ode (7) SE ONLY)		-	Garag	Use (Prior je Only			snea)				
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCM	No.		Name o Perna		ment Contr	ractor	(9)					
Street Address							Street A									
City, State, Zip Code							City, Sta West		Code NJ 0809	91						
Project Manager for Mon	nitoring Firm			Telephon	e No.		Telepho 856-7				License 00727	No.				
Start Date (10) 1/24/12		Schedule		pletion D	Date (11)		Name o		A Monitor			ı				
Occupancy Status Durin				over a			Street A	Address ox 329							÷	
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Norr	nal Facility	Hours	ient		_	City, St West		Code NJ 080	91						
Scope of Work (Check	All That Apply)					•		1 5.11	Containme	nt wit	h Negativ	o Press	ure	2		
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		Is	Locati	ion				11011		<i>\frac{1}{2}</i>					ment	
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Exterior	Siding	163	140	×		Exte	erior Sid	ding		6	00 SF	x				
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Name of Registered W United Containers	aste Hauler		1	NJDEP V Hauler ID 2459		Cubic of Wa 2	Yards aste		G.R.O.	W.S.	tered Lan	dfill				
City, State Elm NJ		1		the Control		Dispo 1/25/	sal Date /12		City, Stat Morrisv		A 1906	7				
Completed by Anthony T Perna		Title Pres	sident			1	Signature	e				Date 1/13	/12	2		

State of New Jersey

Agencies Notified Ty EPA DEP DOL DOL DOA Name of Facility Where Abar Ted Fleuhr / residence Street Address 289 North 13th Street City (5)	Amended Amendment # Emergency (ir justification) Cancellation	ncluding		City, State Surf City Jame of C	th 13th S , Zip Code / NJ 080	-		2012 JA	117	AN 5:	- 10 C L - 1 C L			
DOH DCA Name of Facility Where Abar Ted Fleuhr / residence Street Address 289 North 13th Street	Amended Amendment # Emergency (ir justification) Cancellation	ncluding	. 5	Surf City lame of C TJ	/ NJ 080									
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Name of Facility Where Abar Ted Fleuhr / residence Street Address 289 North 13th Street		Place (3)						i.e.	Tele	phone Numb	er			
Ted Fleuhr / residence Street Address 289 North 13th Street		Place (3)		FACILI	TY INFOR	MATION								
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					-		Square	c.) Feet	# of	Floors	Bld	g. Ag		
Surf City NJ 08008			- [County Co	nde (7)		1000+		2 r if beir	ng dernolishe	35. d)	+		
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Name of Monitoring Firm His N/A	red by Building C	wner (8)		ASCM	No.	1 200000	me of Abate ernaco Ind		ractor	(9)				
Street Address						1	eet Address D Box 329							
City, State, Zip Code							y, State, Zip est Berlin		91					
Project Manager for Monitor	ring Firm		T	Telephon	e No.		lephone No 56-753-98			License No 00727				
Start Date (10) 1/23/12		Scheduled 1/27/12	Con	npletion D	ate (11)		me of OSH. ernaco In							
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Facility Closed/Vacate Abatement Performed Other – Describe:	d During Entire F Outside of Norm	Period of Abnal Facility I	dours	nent			y, State, Zip /est Berlii		91					
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Futorior Ci	ding	Yes	No	N/A X		Exterio	r Siding		2	400 SF	×			1
Exterior Signature	unig						-3							
											-	-	_	+
Name of Registered Waste	e Hauler			NJDEP V		Cubic Ya				tered Landfil	1			
United Containers				Hauler ID 22459	NO.	of Waste 3 Disposal		G.R.O						

Signature

Title

President

Date

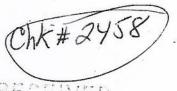
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Anthony T Perna

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Date of Notification (1)	SECTION OF PERSONS ASSESSED.		Alama	of Davids	Owner/Oper	ator (2)		-11		-		
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Agencies Notified	n	- Villand			WARK	Service Control	ZUIZ JAH	17 AH	3.02				_
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DOH justification Cancellation	1)	-	Name o	of Contac	irphy	SUPER NEW YORK		Telesta	41				
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Name of Facility Where Abatement is Tal	ding Place	(3)		******	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	T	Type of Facility						
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585 NEWARK AU	<u> </u>					_	Other (i.e., phomes, etc.		ommercial	buildi	ngs,		
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Name of Monitoring Firm Hired by Buildin	g Owner		ASCM N				ent Contractor (V Gir	=	==	==	=
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1)					Nar	me of	f Building	Ow	ner/Operator ((2)	DOWNERS -		8-21				
/	/ _	12			N	lorfo	olk Sout	her	n Railroad (Con	Pany) E	CEI	WI	5	La land	7	
Agencies Notified EPA	Type Notifica				5.45.200		ddress Deer Pa	th	Rd., Suite 10	06	IKI	0 15 (<u>u </u>	7			
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□ DCA	☐ Emergen	_	cluding	1	Н	larris	sburg, F	A '	17110				20000777	-	**************************************	100	i
(NJAC 5:23-8)	justification	on)					f Contact				AS	Telephone N	umber			-	ide.
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					F	ACII	LITY INF	FOF	RMATION		metablication .			_	-	j	i i
Name of Facility Where	Abatement is T	Taking	Place	(3)					. (Ty	ne of Facility (4	1)		n voca	Non-		- ARR
TBT Facility											School (K-12)		12)		> 700	**Luip	ę
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County (6)					Co	ounty	Code (7)	STA	TE USE ONLY)	Cu	rrent Use (Prio	r if being dem	olished	d)			
Union										(Office Trailer	s					
Name of Monitoring Firm	Hired by Build	ding O	wner	(8)	ASC	M No	0.	Nar	me of Abateme	ent (Contractor (9)						
N/A								Е	RISTOL EN	VIR	ONMENTAL	, INC.					
Street Address								Stre	eet Address		Martin III						
	State Zin Code							1	123 BEAVE	R S	TREET						
City, State, Zip Code								1000	, State, Zip Co BRISTOL, PA		007						
Project Manager for Mon	oject Manager for Monitoring Firm								ephone No. 15-788-6040)		License No.					
Start Date (10)		Schedu	uled C	omp	letion l	Date	(11)	Nar	me of OSHA M	/lonit	or						
1/23/	_12_	1	/	_ 2	26_ /	1	12	В	RISTOL EN	VIR	ONMENTAL	, INC.					
Occupancy Status During	g Abatement (Check	only o	one)				Stre	eet Address								
☐ Facility Closed/Vacate	ed During Entir	re Peri	iod of	Abat	ement			1	123 BEAVE	R S	TREET						
Abatement Performed Time of Abatement: 7							ibe		, State, Zip Co		007						
Scope of Work (Check al	Il that apply)	-															-
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			□ Re 図 De	Simeriole					☐ Mini-Enc ☐ Glovebag	losu g Pr		w					
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City, State NEW CASTLE, DE	19720							Disp	oosal Date	1 10	ity, State WAYNESBU	IRG, OH 446	888				100
Completed By (Print or T	ype)	Title							Signature		0 .		Date/		/		
Brian Scafiro		Es	tima	tor					Brian	- }	Scafirio		1/1	//	12		

MAY 11 BS11157

12/16 Jan 11 2012 02:18pm P001/001 State of NJ Notification of Asbestos Abatement APPROVED D&S Proj. #: MS 12-17 (Pursuant to NJAC 8:60 and 12:120) NJ Dept. of Health & Senior Services Date of Notification (1) Name of Building Owner/Operator (2) Time: 1:12 f 10 11 /11 1/12 WING HOM Agencies Notified Type Notification Street Address ☐ EPA Initial 341 KEARNY AVENUE Amended DEP City, State, Zip Code Amendment #: JAN DOL. **Emergency** KEARNY, NJ 07032 X DOH (including Telephone Number Name of Contact justification) ASBESTOS CONTROL . ☐ DCA WING HOM LI Cancellation FACILITY INFORMATION Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) WING HOM Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bidgs./Homes, etc. 341 KEARNY AVENUE Bidg. Age Square Feet # of Floors City (5) County (6) County Code (7) (State use only) Current Use (Prior If being demolished) KEARNY HUDSON Name of Monitoring Firm Hired by Bidg. Owner (8) ASCM No. Name of Abatement Contractor (0) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zlp Code Paterson, NJ 07303 Project Manager for Monitoring Firm Telephone Number License Number Phone Number 973-345-8020 00159 Name of OSHA Monitor Start Date (10) Sched, Completion Date (11) D & S Restoration, Inc. 01/12/12 01/20/12 Street Address Occupancy Status During Abstement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure >3 st or >3 if Mini-enclosure X Renovation Glovebag procedure _ ≥160 of or ≥260 If Demolition Non-Exempted (*) and Non-friable procedure is location normally used solely R Location of E E by maintenance/custodial e asbestos-containing n Description of asbestos-containing Amount staff(12) п material (acm) to be m p ¢ (Specify SF or material (ACM) C 0 2 abated in facility (13) 3 No N/A V L e BASEMENT PIPE INSULATION 20 L FT X Registered Waste Hauler NUDEP Haulor ID# Cubic Yards of Waste Name of Registered Landfill D& S RESTORATION, INC. 13506 -1 YD TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 01/13/12 TULLYTOWN, PA Completed by (Print or Type) Signature Tifle Date **BOGDAN JOLDZIC** PRESIDENT 01/11/12 ASB-41 Do not use this form for asbestos licensure exempted activities.

State of NJ Notification of Asbestos Abatement D&S Proj. #: MS 12-17 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) |0|1|/|1|1|/|1|2|JAN 17 2012 WING HOM Agencies Notified Type Notification Street Address EPA Initial 341 KEARNY AVENUE Amended ASBESTOS CONTROL & DEP Amendment #: City, State, Zip Code LICENSING DOL M Emergency KEARNY, NJ 07032 (including DOH. Name of Contact Telephone Number justification) DCA WING HOM Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) WING HOM Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 341 KEARNY AVENUE Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) KEARNY HUDSON Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 00159 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 01/12/12 01/20/12 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure ≥ 3 sf or >3 If Renovation Mini-enclosure Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of R E E by maintenance/custodial е asbestos-containing е n Description of asbestos-containing Amount staff(12) n material (acm) to be m p C material (ACM) (Specify SF or 0 C abated in facility (13) a a Yes No N/A BASEMENT PIPE INSULATION 20 L FT M Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 TULLYTOWN, RESOURCE RECOVERY 1 YD Disposal Date City, State City, State PATERSON, NJ 07503 01/13/12 TULLYTOWN, PA Completed by (Print or Type) Signature Title Date **BOGDAN JOLDZIC** PRESIDENT 01/11/12

Do not use this form for asbestos licensure exempted activities

ASR-41

DOH 68 Proj. #: MS 12-14

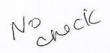
State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

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Name of facility where abatem	nent is takin	g place (3)					Type of Facility (4) I (K - 12	١			
CAROLYN SWIFT JON	ES						=	apter 8 (0		hon l	(10)	
Street Address		The verse				-		Private/0			(-12)	
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Name of Monitoring Firm Hire	d by Bldg. C)wner (8)		ASCM No.	Name of Abate	ment Co	ontractor (9)	2 XV4 (IDI-881).	19.70002-024			
					D & S RES		ΓΙΟΝ, INC.					
Street Address					Street Address			.10				
					20 Californ							
City, State, Zip Code					City, State, Zip							
Project Manager for Monitoring	Circo		Phone Numb		Paterson, 7 Telephone Nur)3	License	Misses			
Project Manager for Monitoring	ratti		Phone Numb	er	973-345-				0159			
Ctat Data (10)	Ic	shad Cample	etion Date (1	1)	Name of OSH		r					
Start Date (10)	13	cried. Compi	ellon Dale (1	1)	D & S Res	toration	ı, Inc.			I kensasa termina		
01/21/12		1/31/12			Street Address							
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Facility closed/vacated do Abatement performed ou					City, State, Zip	Code						
Describe:		- 5			Paterson, 1	NT 0750	12					
Other-Describe: NORM					- Faterson, I				-		50 1775	-
Scope of Work (check all that 3 sf or >3 lf							Il Containment wand in	negative	press	sure		
	Reno						ovebag procedur	е				
≥160 sf or ≥260 lf	☐ Demo	19145043111			***************************************	☐ No	on-Exempted (*)	and Non-		_	_	_
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egistered Waste Hauler	IL	JDEP Haule	er ID# C	ubic Yards of W	aste Name of Regis	stered La	Indfill		.] [1_	
D & S RESTORATION, II		13506	2	YDS			ESOURCE RE	COVE	RY			
City, State			Disposal D 01/23/1		City, State	MAL D		Self Over 10				2-05/15
PATERSON, NJ 07503 Completed by (Print or Type)	Title		- 01/23/1	Signature	TULLYTO	WN, PA	A	Date				
BOGDAN JOLDZIC	1. 1703/93/6	SIDENT		- 3				01/11/	/12			

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State of NJ

ON DES DESIGNATION						os Abatement			40.44			
O N D&S Proj. #: MS 12-20			(Pursi	ant to NJA	C 8:6	30 and 12:120)	Major man of Transaction	Physical Colombia	A Prince	Albert Albertal	MARINDON.	
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Date of Notification (1)				ner/Operator (2	()	The second secon	MERCHIE	ten Ilwa	BIT	1		
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Cancellation	on II	ED DO				1.400	Section of Makes Steps - The contract	and the same of th		-	ALE:	<u> </u>
Name of facility where the last			FAC	ILITY INFORM	IATIO	N			THE PARTY OF THE P	g y		
Name of facility where abatement	is taking pla	ice (3)					Type of Fac	lity (4) chool (K - 1	2)			
ESTATE OF DOUGHERY								bchapter 8		than	K-12)	
Street Address					57		☐ ☑ Ot	her (Private	/Comm			Ñ.
25 SQUINCY AVENUE							Square Fee	igs./Homes	110000000000000000000000000000000000000	1 6	Bldg. A	^~~
City (5)	Cour	ty (6)		(A)	Co	unty Code (7)	Oquare r ee	# 01 110	0015		nug. /	age
WE A DAIN	,,,,	0001			(St	ate use only)	Current Us	e (Prior if be	ing der	nolis	ned)	
KEARNY Name of Monitoring Firm Hired by		DSON r (8)		ASCM No.	L_,	Name of Abatemer	ot Contractor (0)					
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Street Address					=	D & S RESTO	RATION, INC	 				
						20 California A	A ve					
City, State, Zip Code					-	City, State, Zip Code			-		-	
						Paterson, NJ 0	7503	-				
Project Manager for Monitoring Fire	n	Ph	none Numb	er	_	Telephone Number		Licens	e Num	ber		
						973-345-8020			00159			
Start Date (10)	Sched.	Completi	on Date (11)		Name of OSHA Mo						
01/24/12	01/31	/12				D & S Restora	tion, Inc.			_		
Occupancy Status During Abateme	ent (Check or	nly one)		- MAN - MO-19-3 (MO-19-3)		20 California A	venue					
Facility closed/vacated during	entire perio	d of abate	ment.			City, State, Zip Code		-		-	_	
Abatement performed outside Describe:		acility hour	rs-									
Other-Describe: NORMAL 1						Paterson, NJ 0	7503					
Scope of Work (check all that app	ly)		V=====================================				Full Containme	nt w/negativ	e press	ure		
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PATERSON, NJ 07503			01/25/12			TULLYTOWN	, PA					
Completed by (Print or Type)	Title			Signature				Date				
BOGDAN JOLDZIC	PRESIDE		a activity	licansura avai		1 - 45 %		01/11	/12			
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

									000000000000000000000000000000000000000	
Date of Notification (1) 11 JANUARY 2012	1.					ng Owner/Operator (2) HALT REFINING, LLC) E (BEIV	E	M
Agencies Notified		Notification	Туре		Street Address PAULSBORO	REFINERY, 4 PARADIS	ROAP	VM 1 7 201		
(X) EPA () DEP (X) DOL (X) DOH () DCA		() Initial No (x) Amend () Cancelle	ed Certifica	ation	City, State, Zip PAULSBORO, Name of Conta GILBERTO DIA	NJ 08066	ASBI Tel. Nu	N 1 7 201 ESTOS CONTROL MORENSING		
				FACILITY	INFORMATION		L.	THE CANADA		
Name of Facility Where All NUSTAR ASPHALT REFI	oatement is T NING, LLC -	aking Place (PAULSBORC	3)	TAGICITY	Type of Facility () School (K-1 () Subchapter	2) 8 (other than K-12)	var strongstrong			
Street Address 4 PARADISE ROAD						orivate & commercial bld A # of Floors_		es, etc.		
City (5) PAULSBORO	County (6) GLOUCEST	ER	County C (State Us		Bldg. Age~ Current Use (p	50 YEARS rior if being demolished)	TANKS			
Name of Monitoring Firm H N/A	Hired by Bldg.	Owner (8)	ASCM No N/A	<u>o.</u>	Name of Contra BRANDENBUR	<u>actor (9)</u> RG INDUSTRIAL SERVI	CE COM	PANY		
Street Address N/A					Street Address 2217 SPILLMA					
City, State, Zip Code N/A					City State, Zip BETHLEHEM,					
Project Manager for Monito N/A	oring Firm	Telephone I N/A	Number		Telephone Nun (610) 691-1800		License 00721	Number		
Scheduled Start Date (10) 3 JANUARY 2012		Scheduled (Date (11)	Name of OSHA N/A	Monitor				
Occupancy Status During () Facility Closed/Vacated () Abatement Performed	d During Entir Outside of No	e Period of A ormal Facility	batement Hours -		Street Address N/A					
() Describe - DEMOLITIC () Other - Describe - WOR	N OF ABANI	DONED TANK	KS AND PIF	PING	City, State, Zip N/A	Code				
Source of Work (Check all	that apply)							***************************************		
(x) Demolition () Reno () Large Proj. (>160 SF of () Full Containment with	or >260 LF A0	CM)()SMP	roj. (>25<16 Mini-Enclos	60 SF or >10 sure ()	<260 LF ACM) Glovebag Proce	aure		LF ACM)		
Location of Asbestos- Containing Material (ACM) Facility (13)	Is Loca	tion Normally by Maint./Cus	/ Used	Description thermal sys insulation,		Amount (Specify SF or	· LF)	Abatement Typ Rem. Rep.	<u>Encap</u> E	Enclose
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	ME.									
Name of Reg. Waste Hauler N/A NJDEP Waste Hauler ID # N/A					Cubic Yards of N/A	Waste	Name o N/A	f Reg. Landfill		
City, State N/A		The state of the s			Disp. Date N/A		City, Sta N/A	ate .		
Completed by (Print or Type	oe)	<u>Title</u>	-		Signature M		Date			
Jennifer Strobel		Contract Ad	ministrator		I C) Th	Harr	11 JAN	UARY 2012		

Mail to: NJDEP-DSHW-BRRTP

401 E. State St., PO 414 Trenton, NJ 08625-0414 Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00

Job #: 1201-1615 Check #: 2551

Date of Notification 1/13/12		tion	1	<. Ho	vnai	nian H	Owner / Operator omes	(2)	ECEI	VE		1	
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			10		CILIT	Y INF	ORMATION	Pane.	manager made in substituted at any of the				
Name of Facility Williams Vacant Buildings		ent is Taking Pi	ace (3)			Type of Facili	(-12)	- K 12\				ن-دن
Street Address								ter 8 (Other tha	nmercial buildings	hom		۱۵)	
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Name of Monitoring		y Building Own	er (8)		AS	CM No.		ement Contract					
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16 West Elizabet	h Avenue						3859 Sylon						
City, State & Zip Co							City, State & 2						
Linden, NJ 07036							Hainesport,						
Project Manager for		irm	Telep	hone	Num	ber	Telephone Nu		License Nu	mber		S-11-1	
Kelly Walton	•	100000	908-				609-702-040	0		0086	2		
Scheduled Start Da	ite (10)	Scheduled Con	npletic	n Da	te (11)	Name of OSH	IA Monitor					
1/23/12		1/25/12					EMSL Analy						
	sed/Vacated	ment (Check or During Entire P utside of Norma	eriod	of Ab	ateme	ent	Street Addres 107 Haddor City, State & 2	Ave.					-
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	(13)			(12)			or other miscell	aneous)		l a	=	llate	Ē
			Yes	No	N/A								
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Basement							r tile and mast	ic	200 SF				Ц
Kitchen						Floo	r tile		150 SF		Ц	Ц	Ш
Shed #1						Roof	fing		120 SF	\boxtimes	Ц	Ц	Ц
Shed #2							fing		300 SF	\boxtimes	Ц		
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Throughout							estos Debris		50 SF				Ш
±	ame of Registered Waste Hauler						Cubic Yards of Waste		stered Landfill				
Horizon Disposa	ll .				226	14	4	GROWS					_
City, State							Disposal Date 1/26/12	City, State Morrisville,	PΔ				
Trenton, NJ				17.	la .			INIOITISVIIIE,	IA	Data		-	
Completed By (Prin				Tit		_	Signature			Date 1/13	140		
Kim Trumbett				A	dmi	. (RVII.			1/13	112		

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

Print Form

Date of Notification (1)			- '	Name	of Building	Owne	r/Operato		400	#	JAN-	17	2012		
01/03/2012 Agencies Notified	Type Notificatio	n	-	Street	Fargo E Address ast Main				1	AS	BESTOS	Centra		7	
X DEP X DOL	Initial Amended Amendmer			City, St	tate, Zip C estown,	ode		1	a to the second	741	BESTOS 1 LICE	SING	10L &	A STATE OF	1
DOH DCA	justification Cancellation	1)	3	Josep	of Contact oh Otto			1	L	A Tele	phone N	amber	20	to rea	1-
Name of Facility Where All Wells Fargo Bank N		ng Place (3)	FAC	ILITY INF	ORMA	TION	Тур	e of Facility School (K-	NEGER SONS		William Street	THE PERSON NAMED IN	-	
Street Address 201 Philadelphia Ave	enue							×	Subchapte Other (i.e. etc.)	r 8 (Othe	r than K- commer	12) cial bu	ilding	s, hon	nes,
City (5) Egg Harbor City				100				Squ 300	are Feet 00	# of I	Floors		Bldg. 85 ye		
County (6) Atlantic				(STATE	Code (7) USE ONLY)		Bai				shed)			
Name of Monitoring Firm F Abe Environmental	fired by Building	Owner (8)	356°			Name Faith	of Ab Env	atement Co vironment	ntractor (s	9)				
Street Address 84 Vermont Av								Stan	ley St						
City, State, Zip Code Franklin Park, NJ 088 Project Manager for Monito						East	Ruth	Zip Code nerford, N	J 07073	3					
Don Anigbogu Start Date (10)	oring Firm	1000		22-0733		Teleph 201-4	138-	1188	(License 1 00854	No.				
1/14/2012 Occupancy Status During A	Abstoment (Ch-	01/21/	2011	npietion	Date (11)		Boro	Atar	HA Monitor nasoski						
Facility Closed/Vacate Abatement Performed	ed During Entire	Period of	Abaten	nent				Pater	ess son Plank Zip Code	k Rd					
Other – Describe: Scope of Work (Check All 1	That Apply)								NJ 07072	2					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×	Mi Gl	II Containme ni-Enclosure ovebag Proc on-Exempted	e cedure				'A	
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City, State Newark, NJ						Dispos 1/21/	sal Date 12		City, State Bethlehe					-	
Completed by Boro Atanasoski		Title Projec	ct Ma	nager		S	ignature	7	W		Da: 01	e /03/2	012		

21445

Date of Notification (1)					Nam	e of Buildi	ng Owner/Operator	(2)	D 1C 11 AV 10		111		
/	13 /	12	_		67	Whippa	ny Investors, ĽL	* G # P 5 3					
	Type Notifi ☑ Initial	cation			1100000000000	et Address	eld Avenue	THE JA	N 1 7 2012	la de la constante de la const		- In-St	
DEP	Amende	ed			1	State, Zip		-			_		
☐ DCA (NJAC 5:16) ☐ DHSS	Amendr						akes, NJ 07046	. ASBI	STOS CONTROL &				
□ DCA	☐ Emerge justifica		luding			e of Conta		We state the	LICENSING		!		
(NJAC 5:23-8)	☐ Cancella				Section 1	ss Chon		· · · · · · · · · · · · · · · · · · ·	Telephone Num	ber			
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Name of Facility Where Ab	-t	Taldes	01	(0)	FA	CILITY	NFORMATION		1.00 m			1	
						cord		Type of Facility	(4)				
67 Whippany Road - Street Address	Quad Du	liaing :	secti	ons	3 & 4	(3 Floo	r & Attic)	School (K-12					
									8 (Other than K-12 private & commerci		ldinas		
67 Whippany Road								homes, etc.		a. co.	umge	,	
City (5)								Square Feet	# of Floors	В	Bldg. A	Age	
Whippany								500,000	3		54 y	ears/	5
County (6)					Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	shed)			
Morris								Vacant					
Name of Monitoring Firm H		lding Ow	mer (8	3)	ASCM	No.	Name of Abatem	ent Contractor (9)					
Health & Safety Servi	ces Inc.				001	17	Superior Aba	atement Inc.					
Street Address		***************************************					Street Address			-			
318 12th Street							2 Henderson	Drive, Ste A					
City, State, Zip Code							City, State, Zip Co	ode	3				
Hammonton, NJ 080							West Caldwe	ell, NJ 07006					
Project Manager for Monitor	ring Firm			Tele	ephone	No.	Telephone No.		License No.				
Jim Proctor				6	09-704	-8850	(973) 808-161	16	00411				
Start Date (10)		Schedul		77.5		100	Name of OSHA M	Monitor					
01 /23 /	12	05	_ /	_ 23	<u> </u>	12	Superior Aba	itement, Inc.					
Occupancy Status During A				•			Street Address				-		
☐ Facility Closed/Vacated							2 Henderson	Drive, Ste A					
Abatement Performed O	utside of N	ormal Fa	acility	Hou	s - Des	scribe	City, State, Zip Co	ode			-		
Time of Abatement:	AM	PM/_	-	_PM		_AM	West Caldwe	II, NJ 07006					
Scope of Work (Check all th	at apply)		-										-
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Ren Dem				Mini-Enc Glovebag	Procedure	ative Pressure n-Friable Procedur				
			ls L	ocat	ion			impled () and Noi	II-I Hable Flocedur	1	atem	ont T	
Location of				orma			Description of	f				T	1
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TO BE ABATE IN Facility	D		Custo	dial	Staff?	(i.e., the	rmal systems insula VAT, or	ition, surfacing,	(Specify SF or LF)	Nov	air	aps	dos
(13)				(12)			other miscellaned	ous)	31 01 11)	<u>a</u>		Encapsulate	ure
71		Y	'es	No	N/A							6	
3 rd Floor and Attic					\boxtimes	Pipe/Fit	tings		7,800 LF	\boxtimes	П	П	
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Name of Registered Waste H	laular		7 [N 1					Ш		
Service Transport Gro				A Contract of	JDEP V auler ID		Cubic Yards of Waste	Name of Regist					22-000
110 1 CT 1	սբ, ուշ				SW21	A CONTRACTOR OF THE PROPERTY O	600	Minerva La	natill				
City, State							Disposal Date	City, State					
New Castle, DE							5/23/2012	Waynesbur	gh OH				
Completed By (Print or Type)		Title			7.5		Signature	11	// Dat	e			-
Nick Petrovski		Pres	iden	t			- ////	1/1//	Bran 1.	-/	₹	-/	5

00			60 0	State	of NJ					
D&S Proj. #: MS 12-25	•	**	Noti (Purs	fication of Assuant to NJAC	hestos Abatement C 8:60 and 12:120)	NJ B	APPRO eqt. of Health 8	MED Senio	r Serv	rices
Date of Notification (1)		Name of	Building Cy	mer/Operator (2			(zignat	(0)	_	\dashv
10 11 1/1 12 1/11 12			EVALE		BECE	I M Barel		Time!	410	2
Agencies Notified Type Notifi	cation	Street Ad			THREE	- W E-				
DEP Amended		1087 1	ST AVEN	II IIF						
Amendmen		The second second second	, Zip Code		JAN T	7 2000				-
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DOH I (Including	1 1 17	Varne of C		70009						
DCA justification	on) .] [E VALE		ASBESTOS LICEN	COMINOLIS .	one Number			
				CILITY INFORM	ATION	trans de la constant	· · · · · · · · · · · · · · · · · · ·	-		
Name of facility where abatement	nt is taking p	ace (3)	· · · · · · · · · · · · · · · · · · ·		The read of the state of the st	Type of Facility	7745			
MARIE VALE						Sch	ool (K - 12)			
Street Address		Charles Stores	-	-		A Committee of the Comm	chapter 8 (Othe r (Private/Com		C. C. S. S. S. S. S.	
1007 10T 110NT	20		ī			Bidge	s./Homes, etc.	IMICIA		7.87
1087 IST AVENUE	-					Square Feet	# of Floore	T	3ldg. A	ge
City (5)	Gou	nty (6)			County Code (7)			_ _		
RARITAN		MERSE	Γ.		(State use only)	Current Use (Prior if being de	ailome	ned)	
Name of Monitoring Firm Hired b	y Bldg. Own	er (8)		ASCM NO.	Name of Absternent	Contractor (9)				
					D & S RESTOR	ATTON, INC.				
Street Address	:	and the second second second		!. 	Street Address					
					20 California A	ve.				
City, State, Zip Code					City, State, Zip Code					
		*			Paterson, NJ 07	503				
Project Manager for Monitoring Fir	m	F	hone Numb	er	Telephone Number		License Nur	nber		
			*		973-345-8020		0015			
Start Date (10)	Sched	. Complet	ion Date (1	1)	Name of OSHA Moni	tor		-	***************************************	-00
01/16/12					D & S Restorati	on, Inc.				
Occupancy Status During Abatem	01/2'	rhi ana	-		Street Address					
Facility closed/versited durin	a antira assi	nily One) ad of abab			20 California Av	enue				
Abatement performed outsid	e of normal	ecility hou	ement. 173-		City, State, Zip Code			100		
Describe: NORMAL					_					
Scope of Work (check all that app		·			Paterson, NJ 07	503				
V			t			full Containment	w/negative pres	sure	-	
☐ 5180 Rt 0x 5580 R		96 C*				Viini-encloeure Slovebag procedu	in a			
	Demolition	Carlo Car	L			Von-Exempted (*)		e proc	edure	
Location of asbestos-containing	by mainte	normaliy nanca/cus	used solely	ì			R	R	E	E
material (acm) to be	staff(12)		-	Description	of asbestos-containing	Amount	n e	e	n	.n
abated in facility (13)	Yes	No	N/A	material (A	CM)	(Specify 8	o o	2	8	C
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JAKE BUILD BEAUTY		Δ		BOILER INS	OLATION	54 SQ FT	X X			
		WALES THE								
										
egistered Waste Hauler	IN IO	P Hauler I		ible Yards of Vys	ale III					
D & S RESTORATION, INC.	1350		CARLO MAN TO SERVICE	YDS	TULLYTOWN, R		CONTRACT	10 (10)		
ity, State			Disposal Da	ite	Gity, State	EBOUNCE KE	COVERY			
PATERSON, NJ 07503			01/17/12		TULLYTOWN, I	A.				
ompleted by (Print or Type)	Title			Signature		WIRELESS CONTRACTOR	1 Date	200	(616)	-
BOGDAN JOLDZIC	PRESIDE						01/12/12			
NSB-41	Do not use	thia form	for asbestos	licensure exam	pfed activities,		1	-		

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D&S Proj. #: MS 12-25 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) 10 11 1/11 12 1/11 12 1 MARIE VALE Agencies Notified Type Notification Street Address Initial ☐ EPA Amended 1087 1ST AVENUE JAN 17 2012 ☐ DEP Amendment #: City, State, Zip Code X DOL M Emergency RARITAN, NJ 08869 (including DOH. Name of Contact Telephone Number justification) ☐ DCA MARIE VALE Cancellation Commence of the second **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) MARIE VALE Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 1087 1ST AVENUE Square Feet # of Floors Bldg. Age County (6) County Code (7) (State use only) Current Use (Prior if being demolished) RARITAN SOMERSET Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 00159 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 01/16/12 01/27/12 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure >3 sf or >3 If Mini-enclosure Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely R E Location of E by maintenance/custodial е e asbestos-containing n Description of asbestos-containing Amount staff(12) n m p material (acm) to be (Specify SF or C material (ACM) C 0 a abated in facility (13) a Yes No N/A ٧ e BASEMENT PIPE INSULATION 20 L FT \boxtimes BASEMENT BOILER **BOILER INSULATION** 54 SO FT Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 2 YDS TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 01/17/12 TULLYTOWN, PA Completed by (Print or Type) Signature Title Date **BOGDAN JOLDZIC** PRESIDENT 01/12/12

Do not use this form for asbestos licensure exempted activities.

ASB-41

D&S Proj. #: MS 12-22

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

								Town In	The second State of the State o	W G		-		
Date of Notification	1/1/2			uilding Owr H MONA	ner/Operator (2)	e service		3 6 E-H	W C				
Agencies Notified EPA DEP	Type Notificat Initial Amended			OSPECT	STREET		D-72 (AVA) - 174	And the second	JAN 17	<u> </u>	1			
☑ DOL	Amendment #:	'	- 3	, Zip Code EFIELD, N	ſΪ		And Section		ASBESTOS CON'	rrol &	escri.	ì		
□ DOH	(including justification)	1	lame of C		13			Les essertants		e Numbe	Γ		-	
☐ DCA	Cancellation	- 11	EILEE	N MEEH	AN .		þ	· · · · · · · · · · · · · · · · · · ·					N.T	
				FAC	ILITY INFORM	OITA	V							
Name of facility wh	nere abatement i	s taking pl	ace (3)						Type of Facility (4) I (K - 12)				
JOSEPH MON	ACO								=	apter 8 (C		han K	C-12\	
Street Address									Other ((Private/C	omme		-12)	
829 PROSPEC	T AVENUE									Homes, e		В	ldg. A	\ae
City (5)		Cou	nty (6)				unty Code (7						20000	
RIDGEFIELD		BE	RGEN			(Sta	ate use only)		Current Use (P	rior if bein	g den	olish	ed)	
Name of Monitorin					ASCM No.	1	Name of Al	patement C	ontractor (9)					
									TION, INC.					
Street Address							Street Addr							
City, State, Zip Cod			-			_	20 Cali:	fornia Ave	e					
City, State, Zip Cod	е							n, NJ 075	0.2					
Project Manager for	Monitoring Firm		I F	hone Numb	per	_	Telephone		03	License	Numb	er		
,								45-8020	.ti		0159	450		
Start Date (10)		Sched	d. Comple	tion Date (1	1)	-	Name of O							
01/23/12		01/3	1/12				D & S I	Restoration	n, Inc.					
Occupancy Status I	Ouring Abatemer				-		TOWN TOWN	ornia Ave	nue					
Abatement pe	d/vacated during erformed outside	of normal					City, State,							
Other-Descrit	be: NORMAL H	OURS					Paterso	n, NJ 075	03		-			
Scope of Work (ch	\boxtimes	Renovation Demolition						⊠ M ⊠ G	ull Containment w ini-enclosure lovebag procedur on-Exempted (*)	e			edure)
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							28-84/16							
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City, State PATERSON, N	J 07503			Disposal Dis			City, State	TOWN, P	'A					
Completed by (Print BOGDAN JOLI	t or Type)	Title PRESID	ENT		Signature					Date 01/12/	12			
ASB-41		Do not us	e this forn	for asbest	os licensure ex	empte	d activities.			1				_

D&S Proj. #: MS	12-26					esto	s Abatement and 12: 20)		GETV	EI				
Date of Notification (1)		IIN	ame of B	uilding Owne	er/Operator (2)					- 11	N	17		
0 1 1/1 2 /1	<u> 2</u>		STATC	O INCORE	ORATED			ļ	JAN 17 2012	2]]]	11		
	e Notificati		treet Add					İ		1	1	1		
☐ EPA ☑ Ini	tiai nended		301 167	TH STREE	Т			1	ASBESTOS CONTROL	<u></u>	-			
DEP L	ndment #:			Zip Code	<u> </u>		1	-	LIGERATEG		\forall	11		
☑ DOI ☐	mergency	11	1500	Y CITY, N	JI 07310		A Company	rende	The same of the sa	i toda	—J Mari√aa			
DOH (in	cluding	Na	ame of Co		10 07510		the property of the second	1986	Telephone			wer		-
D DCA	stification)		TIMANAS	7 N 1 A D 7 A 1	NIO :									
L BOX C	ancellation		JIMM	Y MARZA	NO							_		
				FACI	LITY INFORM	ATION	ı							
Name of facility where ab	atement is	taking pla	ce (3)						Type of Facility (4		00.2007 (1990)			
WAREHOUSE									1 =	(K - 12)				
Street Address								-	The second second	pter 8 (C Private/C			-12)	
Sileet Address					*1					Homes, e		ii Ciai		
301 16TH STREET					- Allendary (Control of the Control			_	Square Feet #	of Floo	rs	BI	dg. A	ge
City (5)		Coun	ty (6)				inty Code (7)							
JERSEY CITY		LITT.	DSON			(Sta	ite use only)		Current Use (Pri	or if bein	g den	olish	ed)	
Name of Monitoring Firm	Hired by F				ASCM No.	-	Name of Abatem	nent	Contractor (9)					
rumo or mormoring rum		Jiag. Oillio	. (0)	-	ACCIVITIO.		D & S REST							
Street Address						-	Street Address	OIC	ATION, INC.					
odeet Address							20 California	a A	ve.	25				
City, State, Zip Code		-	-			_	City, State, Zip Co							
							Paterson, N.		503					
Project Manager for Monit	oring Firm		IF	hone Numb	er	_	Telephone Numb			License	Numl	per		
							973-345-80	020		0	0159			
Start Date (10)	Sessilla de	ISched	Comple	tion Date (11)	_	Name of OSHA	Mon	itor				De 111.0.0	
			700		,		D & S Resto	orati	on, Inc.					
01/24/12	A1 - 1	01/31					Street Address							
Occupancy Status During Facility closed/vacat		Part America Science (1970)	25.400.000.0000.00	rement			20 California		renue					
Abatement performe							City, State, Zip C	oae						
Describe: No Other-Describe: No							Paterson, N.	1 07	503					
Scope of Work (check all						=_	2 41025011, 1 1		Full Containment w/	nogativo	proce	uro	14.01	_
>3 sf or >3 lf		Renovatio	n						Mini-enclosure	negative	piesa	u.c		
									Glovebag procedure					
≥160 sf or ≥260 lf		Demolition						Ц	Non-Exempted (*) a	and Non-	friable TR			
Location of		ls location by mainte		y used solely istodial	7.54 97.535				Amount		е	R	E n	E
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abated in facility (13		Yes	No	N/A	l				ĹF)		V	i	a p	L
WADELLOUIGE					PIPE INSU	ΙΔΤ	ION		20 L FT		e	<u></u>		
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D & S RESTORATIO	N, INC.	135			YD				RESOURCE RE	COVER	Y			
City, State				Disposal D			City, State							
PATERSON, NJ 07:				01/25/1			TULLYTOV	WN,	PA					
Completed by (Print or Typ		Title	ISN ION		Signature	arma Ma				Date	12			
BOGDAN JOLDZIC		PRESID		n for ashest	os licensure exe	amata	d activities			01/12/	12	_		
ASR-41		DO NOT US	E LITIS TOIT	ii ioi aspesto	is ilcelisure exe	inple	d activities.							

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

B & G proj. #: 2012-21

Check # 5020

Date of Notification	(1)				10 : (0)	1	sale and a		(management)	- 76			
		N	ame of Bu	ilding Own	er/Operator (2)	•	লভানী বিশ্বস্থা প্রস্থান কর্ম	v i					
10 11 1/1 16	Type Notificat		Steven H				FRE			-			
Agencies Notified EPA			reet Addre	ess									
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_	☐ Amendr		ity, State,	Zip Code			JAN	1 7 2012	出力				
⊠ DOL	Amendi			Ridge, N.	J 07920		(1)						
☑ DOH			ame of Co	ntact	*******		ACRECTO	Telephone S CONTROL &	Number				
☐ DCA	L Cancella	ation	Chris D	auuno			LIC	CENSI					
				FAC	LITY INFORM	ATION	and the state of t			~!			
Name of facility wh	nere abatement i	s taking pla	ce (3)					Type of Facility (4	4) (K - 12)				
Steven Hantz								☐ Subcha	apter 8 (Oth	er th	an K-	12)	
Street Address									Private/Cor		cial		
130 Culberson	Road								Homes, etc # of Floors	$\overline{}$	Blo	ig. Ag	je
City (5)		Cour	ty (6)			Cour	nty Code (7)						
J., (J)								Current Use (Pr	ior if being	demo	olishe	ed)	
Basking Ridge		200000000	nerset					residential					
Name of Monitorin	g Firm Hired by	Bldg. Owne	r (8)		ASCM No.		Name of Abatement Co	ntractor (9)					
n/a							B & G Restoration,	Inc.					
Street Address				·			Street Address			Alexant a			9
	*						105 Ryerson Road						
City, State, Zip Coo	le						City, State, Zip Code						
				WARE TO SERVICE THE			Lincoln Park, NJ 0	7035					
Project Manager fo	r Monitoring Firm	1	P	none Numb	er		Telephone Number		License N	lumb	er		
							973-696-6869		0378				
Scheduled Start Da	ite (10)	Sched	. Completi	on Date (1	1)		Name of OSHA Monitor						
	3	1/07/	2012				B & G Restoration, Street Address	, Inc.	0.000				-
1/27/2012 Occupancy Status	During Abatama	1/27/		-									
Facility close				ment			105 Ryerson Road						
	erformed outside						City, State, Zip Code						
Other-Descri	be:					- 11	Lincoln Park, NJ 0	7035					
Scope of Work (ch	neck all that appl	y)			14.79								
Demolition	\boxtimes	Renovatio	n			F	ull Containment w/negat	ive pressure	Gloveba	g pro	cedu	ire	
\boxtimes >3 sf or >3 If	П	>160 sf or	>260 If			⊠ N	lini-enclosure		Non-fria	ble p	roceo	dure	
				used solely	/			1		R	R	E	Γ-
Location of asbestos-cor	ntaining	by mainte	nance/cus		- 02 0 m	on of as	bestos-containing	Amount	1	e m	e	n	E n
material to be	е	staff(12)		Τ	material (bootoo oomaniig	(Specify S	For	0	p a	c a	c
abated in fac	ility (13)	Yes	No	N/A				LF)	1	٧	į	р	L
Dining & Living	Room Study				pipe (wrap	& cut		54 lf		e		П	
Dilling & Living	, Room, Study			#	pipe (vitup	- var,				Ħ	F	Ħ	Ħ
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				#		- A BOOK III SA				計	H	H	H
Registered Waste H	lauler	INIDE	P Hauler	ID# I C	ubic Yards of V	Naste	Name of Registered La	andfill					
B & G Restorati		195			yard		Tullytown Resourc		Center				
City, State				Disposal D		-	City, State				Wy See		
Lincoln Park, N	IJ 07035			1/20/12			Tullytown, PA	4000		100000			
Completed by (Prin	it or Type)	Title			Signature	(Gordana Luna		Date				
Gordana Luna		Treasure	r				Jordana Luna		1/16/20	12			

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

B & G proj. #: 2012-08

Check # 5015

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Date of Notification	1 (1)	Name	e of Buildi	ng Owner	/Operator (2)		* PANELPERA		and the second section of the second				
0 11 1/1 16	$1/[\frac{1}{2}]$	Est	ate of Jo	an Dadd	io		INE!	PEIN	7 F= (-2000)	Day 1			- dupar
Agencies Notified	Type Notification	on Stree	t Address						_5				
☐ EPA	☑ Initial	61	McKinle	ey Street						Ш			
☐ DEP			State, Zip	Code			10 U U	AN 17 201	2 11	111			
☑ DOL	Amendn	nent Ni	ıtley, NJ	07110					1	1			
□ DOH	_		of Conta	ct			ASE	Telephone	Number	APORth -v			
☐ DCA	Cancella Cancella	tion D	eborah V	/erdi			L description to the same of t	LI		1			
				FACIL	ITY INFORM	ATION		- Newmonder Teel is an amount	most and a		å		
Name of facility w	here ahatement is	taking place	(3)		· · · · · · · · · · · · · · · · · · ·		T	ype of Facility (4		DEBALCZ.	-		
		, talming preser	(- /					=	(K - 12)		.,	40)	
Estate of Joan	Daddio							The state of the s	pter 8 (Oth Private/Cor			12)	
Street Address									Homes, etc				-
61 McKinley S	Street							Square Feet	# of Floors		Blo	lg. Ag	је
City (5)		County	(6)			100000	nty Code (7)						
						(Sta		Current Use (Pri residential	ior if being	dem	olishe	d)	
Nutley, NJ 07 Name of Monitoria	110	Essex	2)	T	ASCM No.	L	Name of Abatement Cor					_	
Name of Monitorii	ng Firm Hired by i	siag. Owner (d	9)		ASCIVI NO.		B & G Restoration,						
n/a						-	Street Address	IIIC.					
Street Address							105 Ryerson Road						
City, State, Zip Co	de					-	City, State, Zip Code						
City, Otate, Zip Co	40						Lincoln Park, NJ 0	7035					
Project Manager fo	or Monitoring Firm	/ 	Pho	ne Numbe	er		Telephone Number		License N	lumb	er		
,							973-696-6869		0378				
Scheduled Start D	ate (10)	Sched. C	ompletion	Date (11)		Name of OSHA Monitor						
	410 (10)	0.000000		13			B & G Restoration, Street Address	Inc.		-	-	-	
1/26/2012 Occupancy Status	During Abatama	1/26/20					105 Ryerson Road						
	ed/vacated during			nent.			City, State, Zip Code			-25		_	
Abatement	performed outside	of normal fac	ility hours	-			ony, onato, in o o o o						
Describe: Other-Desc	riha:					-	Lincoln Park, NJ 0	7035					
Comment of the Commen	check all that appl	v)											
Demolition	Mark and that app.	Renovation					ull Containment w/negat	ive pressure	Gloveba	ag pr	ocedu	re	
>3 sf or >3		≥160 sf or ≥2	60 If			Ø 1	Mini-enclosure		Non-fria	able p	roce	dure	
		Is location n		sed solely	Γ			T T		R	R	E	E
Location of asbestos-co		by maintena			1	ion of a	sbestos-containing	Amount	_	e m	e p	n c	n
material to	be	staff(12)			material	(ACM)		(Specify S LF)	- or	0 V	a	а	C
abated in fa	acility (13)	Yes	No	N/A						e	r	р	
boiler room				X	pipe insula	tion		43 lf		\boxtimes			
Kitchen area				X	pipe insula	tion		36 lf					
main room area	1				pipe insula	tion		6 lf		\boxtimes			띧
3										ᆜ		브	닏
						V61	10 - 15 - 1 - 1 · ·	360		Ш	Ш	Ш	
Registered Waste B & G Restora		NJDEP 1956	Hauler ID	1000	ubic Yards of yard	vvaste	Name of Registered La Tullytown Resource	e & Recovery	Center				
City, State	cion, me.			Disposal D			City, State					77-	
Lincoln Park,	NJ 07035			1/27/12			Tullytown, PA						
Completed by (Pr		Title			Signature		Gordana Luna		Date	10			
Gordana Luna	1	Treasurer					Zordana Luna		1/16/20	112			

State of NJ
Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7) 2012-06 B & G proj. #: Check # 5018 Date of Notification (1) Name of Building Owner/Operator (2) 0 11 1/1 6 1/1 12 1 Charles Walter Agencies Notified Street Address JAN 17 2012 ☐ EPA Initial 13 Orchard Terrace ☐ DEP City, State, Zip Code Amendment DOL ASBESTOS CONTROL & West Orange, NJ 07052 Telephone-Number-**⋈** DOH Name of Contact Cancellation ☐ DCA Charles Walter **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) Charles Walter Other (Private/Commercia! Street Address Bldgs./Homes, etc. Bldg. Age # of Floors Square Feet 13 Orchard Terrace County (6) County Code (7) (State use only) Current Use (Prior if being demolished) residential Essex West Orange, NJ 07052 Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. . B & G Restoration, Inc. n/a Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Project Manager for Monitoring Firm Phone Number 973-696-6869 0378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. Street Address 1/27/2012 1/27/2012 Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement.

Abatement performed outside of normal facility hours-City, State, Zip Code Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) ☐ Demolition ☐ Full Containment w/negative pressure Renovation Non-friable procedure Mini-enclosure >3 sf or >3 If ≥160 sf or ≥260 lf Is location normally used solely E E Location of e e by maintenance/custodial n Amount asbestos-containing n Description of asbestos-containing m p staff(12) C (Specify SF or material to be material (ACM) 0 C a a LF) abated in facility (13) Yes No N/A p 84 lf \boxtimes pipe insulation basement Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill Tullytown Resource & Recovery Center B & G Restoration, Inc. 19563 1 yard Disposal Date City, State City, State 1/30/12 Tullytown, PA Lincoln Park, NJ 07035 Completed by (Print or Type) Signature Date Title Gordana Luna 1/16/2012 Gordana Luna Treasurer

Date of Notification (1) 1/12/12			Name Ferro (of Buil	ding Owner/Opera	tor (2)	FIETE		1777	*7*	idai.	****
	otification Type		Street Rt 130	Addres	SS		THE	6 6 1 W	尼	T	Canada San	
DEP DOL	Amended Amendment#		City, S Bridge	tate, Z	ip Code J 08014	tion of	11111	JAN 17 201				
□ DOH	Emergency (Includir Justification) Cancellation		Name John		tact	1	ASE	Telephone N		ار r i	1	
s 1			FAG	CILITY	INFORMATION	. 5	•	edinizina.			j	3
Name of Facility Where Abat Ferro Corporation	ement is Taking Place	(3)					1	lity (4)	Sinday to the second se		24.24	- A
Street Address Rt 130 South					2			ter 8 (other than K private & comme		uild	ings	3,
City (5) Bridgeport							Square Feet		В	lldg.	Ag	е
County (6) Gloucester					County Code (7) (S JSE ONLY)	TATE	Current Use	(prior if being den	nolishe	d)		
Name of Monitoring Firm Hire	ed by Bldg. Owner (8)		ASCM	No.	Name of Contr		ntal .			-		
Street Address PO Box 160			-		Street Address 461 New Ch							
City, State, Zip Code Kirkwood, De					City State, Zip New Castle,		720					7.70
Project Manager for Monitorin Lew Morrison			ne No. 19-000)4	Telephone Nun (302) 322-89	nber 946		License Num 00578	ber	***************************************		
Scheduled Start Date (10) 1-16-12	Scheduled Comp 1-16-12	oletion	Date (1	1)	Name of OSHA County Envi		tal ((12-018A)				
Occupancy Status During Aba	atement (Check only o	300000			Street Address 461 New Ch			(12-010A)				
☐ Facility Closed/Vacated Do ☐ Abatement Performed Out ☐ Other – Describe: Unoccup	side of Normal Facility	Abaten / Hours	nent s -		City, State, Zip New Castle,	Code						
Scope of Work (Check all that $\boxtimes \ge 3$ sf or ≥ 3 If $\square \ge 160$ sf or ≥ 260 If					novation	ull Contai lini-Enclo Blovebag I	inment with Ne sure Procedure	gative Pressure				
					T	Ion-Exem	pted (*) and No	on-Friable Proced		bate	eme	ent
Location of Asbestos-Containing M TO BE ABAT IN Facility (1	aterial (ACM) ED	Use Ma	S Location Normall Solution Solution Staff?	y y by ice/	Asbestos Con (i.e. thermal surfa		aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Γ	e Encapsulate	Enclosure
Pipe rack system over the con	trol room	Yes	No	N/A				45.00.15			Ф	
Tipe rack system over the con	aloi 100iii		×		Insulation is a t an outside stea	m line	oplication on	15-20 If	X			
Name of Reg. Waste Hauler Service Transport Group, Inc.		IDN	DEP Wa No. -0947	ste Ha	uler Cubic Y Waste <20	ards of	Name of Re Minerva					
City, State New Castle De					Disposa T	al Date BD	City, State Waynesbur	g, OH				
	Title Project Manager				Signatu	re (Date 1/1	e 2/12			7.0

Date of Notification (1) 1/12/12			Name First E	of Build Baptist C	ding Ow Church o	ner/Operator (2)	DEC	EINE	J Pane		Pills Pills	
Agencies Notified	Notification Type			Addres	10-10		K			$\ $		
DEP DOL	Amended Amendment #		City, S Elmer	tate, Zi NJ 083	p Code 18		U U JAI	V 1 7 2012		廾		
□ DOH □ DCA	☐ Emergency (Includ Justification) ☐ Cancellation	ing		of Cont Richa	act rd Jon	# 7	ASBES	Telephone N TOS LICENSTNG	umber			
			FA	CILITY	INFORI	MATION ,	Ser Salamenta Stranson	rocholis ()	Total Control		- 257	
Name of Facility Where A Baptist Church of Elmer	Abatement is Taking Place Basement	ce (3)				***	Type of Faci	6. 500				
Street Address 209 Broad Street							☐ School (k☐ Subchapt ☐ Subchapt ☐ Other (i.e homes, e	er 8 (other than Kan private & comme	12) rcial b	uildi	ngs	i,
City (5) Elmer							Square Feet 4500		B	ldg. O	Age	е
County (6) Glouchester				C	ounty C SE ONI	ode (7) (STATE .Y)	Current Use	(prior if being dem	olished	i)		
Name of Monitoring Firm ESI	Hired by Bldg. Owner (8		ASCM	No.		e of Contractor (9) nty Environme						
Street Address PO Box 160					Stree	t Address New Churchm						
City, State, Zip Code Kirkwood, De					New	State, Zip Code Castle, DE 19	720					
Project Manager for Moni Lew Morrison		800-3	one No. 19-00	04	(302	hone Number) 322-8946		License Num 00578	oer	12		
Scheduled Start Date (10 1/30/12	Scheduled Con 2/1/12	pletion	Date (1	11)	1.45000000000000000000000000000000000000	of OSHA Monitor nty Environme						
Occupancy Status During					Stree	Address New Churchma						
☐ Facility Closed/Vacate ☐ Abatement Performed ☐ Other – Describe:	d During Entire Period of Outside of Normal Facili	Abater ty Hour	ment s -		City,	State, Zip Code Castle, DE 19						
Scope of Work (Check all	that apply)			The second secon	ovation		ainment with Ne osure Procedure	gative Pressure	re			
			s Locati						Al	bate Ty		nt
Locatio Asbestos-Containin <u>TO BE Al</u> IN Facilit	g Material (ACM) BATED	Use Ma	Normal ed Sole aintenar Custodi Staff? (12)	ly by nce/ al		Description estos Containing N e. thermal systems surfacing, VA other miscellan	faterial (ACM) insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								
Basement of facility			X		VAT			1200 SF	X			
N		T										
Name of Reg. Waste Haul Service Transport Group	er	ID I	DEP Wa No. 1-0947	aste Ha	uler	Cubic Yards of Waste <20	Name of Re Minerva I					
City, State New Castle, DE		ıl				Disposal Date TBD	City, State Waynesbur	g, OH				
Completed by Greg Godwin	Title Project Manager					Signature 6	SP	Date 1/1:	2/12			
ASB-41	* Do not use this form for asbest	os licensi	ire evemn	ted activiti	ioe		1		1 600		-	

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			Pursuan	it to NJAC 8:60	and 12:1:	20)		Pro			
Date of Novincetlon (1)			Name	of Building Owr.	e:/Operato	or (2)	N Dept of Hea	un Al	Sanio	r Ser	vice
1/11/12				RS SM				4		121	
Agencies Notified Type Notificatio	n			Address	,	f more		gnatur		0 .1	7.4
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EPA Initial DEP Amended				tate, Zip Code			They Till [1]	10			1 1
DOL je Amendman	nt #				NIT	07603				N	
Emergency	(includin	g		COTA	70)	07600	11				11
DOH Justification	1)	T		of Contact		1111	Telephone			- 1	1
DCA Cancellatio	ın			as sm			1			-10	
Name of Equilibrium (Above 1971)	~		, FAC	ILITY INFORM	ATION	-0			37.33 N		9
Name of Facility Where Abatement is Taki	ng Place	(3)				Type of Facility	(4) ASEESTES C	CAIN	ui t		
SMYTH						School (K-	12) LICEN	11.3			Control (MC)
Street Address				W. C. C. W. C.			r 8 (Other than K-	12)	*15	e 1.	-
276 CRESTURE PU	ACZ						privata & commen	cial tu	iiding:	shon	ſ <u>23</u> ,
City (5)						etc.)					
BUGUTA						Square Feet	# of Flocra		8ldg.		
County (6)						1550	1 2	L	.50	2	121111-121
BARUS			County	Code (7) USE ONLY)		" Tames Them	iar if beîng demalis	hed)			
			SIMIE	USE UNCT	-	RA					
Name of Monitoring Firm Hired by Building	Owner (3)	ASC	M No.		of Abatement Co					
-			1		A. N	Mac Contracting	g Inc.				
Street Address					Streat	Address					-
					A 500 500	Lowell Road					
City, State, Zlp Code					City	71-12 7's C. 42					
any order cap occas					City.	State, Zip Code n Rock, N.J. 01	7450	4 :			
5					Glei	ROCK, N.J. J	452				
Project Manager for Mchitoring Firm			Telepho	na No.		none No.	Licanse	lo.			
					201-	-262-5841	00156				
Start Date (10) /	Schedu	led Ca	nolation	Date (11)	Name	al OSHA Monitor					~~~
1/11/12			2/11			aga Environme	ntal Services !	nc.			
Ccoupancy Status During Abatement (Che	ck Onb. O		- /-			Address					
The second of th						Huyler Street					
Facility Closed/Vacated During Entire	Period of	Abate	nect								
Abatement Parformed Outside of Non Other – Describe:	nsi Facili	y Hour	s			itate, Zip Code	Maria Service				
					Hac	kensack, NJ 0	7606				
Scope of Work (Chack Ail That Apply)											
DF ≥3 sf or ≥3 lf	FC:	Renovi	otion		r	7 6.00	ant with blanching t	20000	***		
≥160 sf or ≥260 If	printers.	Demali			2	Mini-Endosun	ant with Negative I	16221	116		
			March.			4 Glovebag Prod	sedure				
	-					J Non-Example	(*) and Non-Frlat	le Pro	ocedur	3	
	15	s Locat	ion							ATHEA	t
l_ocation of		Noma		-	Description	of		-	1)	pe	
Asbestos-Containing Material (ACM)		ed Sak				laterial (ACM)	Amount			m	!
TO BE ABATED		aintena todial				s insulation.	(Specify	R	: 20	Encapsulate	Endosure
In Facility (13)	000	(12)			tecing, VA		SF or LF)	Removal	Repair	Sq	X DS
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		i						-			
Name of Registered Waste Hauler		N	DEP W	aste Cubi	ic Yards	Name of I	Registered Landfill	-			
Rovic Transport	180		lauler ID I	No. 1 of W	aste T	IESI PA	Bethlehem La	ndill	Con	٥.	
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City. State				Disp	osal Cate	City, State			es-eless		
Riverdale, New Jersey 07457				. 1	(194:7	Bethlen	em, PA 18015	:	i		
Completed by	Title			<u>, , , , , , , , , , , , , , , , , , , </u>	Signalyr	5/11/11	/ Da	ie/	1.		
R. McDonaid	Pres	ident		1	116	M ALSI	1	111	112	_	

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State of New Jersey

	2			HCATIO	tate of New Jer N OF ASBESTO t to NJAC 8:60	SABATE			CH #	78		3	
Date of Novincetlon (1)			(,	Name o	of Building Owne	:/Operato			N.Spept.pt		/Sani		vices
Agencies Notified	Type Notification	1		Street A	Address 6 CRES	YTIF TVIË	N F	1.2CE	Date:	(signatu	Time	8:10	Ho
DEP DOL	Amended Amendmen Emergency Justification Cancellation	(including	,	City: Str Social Name of	ate, Zio Code	NT		603E	- Telephone	W. Des			7
Name of Facility Where SMY71+ Street Address 2-7 (CAA)7			3)	FAC	IUTY INFORMA	TION	S	of Facility (school (K-1 subonapter other (i.e., p	2000	/())/ K-12) ercial b	ŭii di n	gs. hor	and the thermal state of the st
City (5)									# of Flocra	residence.		. A∈c	ant of
County (6)			;		Code (7) USE ONLY)		Curren	inS) eeU in	ar if being dem	olished)	.5	6	
Name of Monitoring Fire	1 Hired by Building	Owner (8)	,	AŞCN				ntracting	ntractor (9)		-		
Street Address			•			Streat	Address Lowell						
City, State, Zip Code	•	*			····	City, S	State, Zip		452	•			
Project Manager for Mor	itoring Firm	-1915	T	Telepho	na No.		hons No.		Licens 0015				
Start Daje (10) /		Schedul	ed Car	mpletion.	Date (11)			A Monitor vironme	ntal Service	s Inc.			~~~
Coupancy Status Durin	g Abatement (Checated During Entire		ne)		2 2		Address Huyler	Street					
Pacility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Nom	nel Pacifity	Hours Hours) }			iate, Zip kensac	Code k, NJ 07	7606	~		***************************************	
Scope of Work (Chack A	ill That Apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renove Renove				Mini- Glov	Endosure				100	
l.ocajiei	a of		Locati			esprietion		ZAGNIDICO) () and Nemma		Aba	tanie:	it
Asbestos-Containing TO BE AB In Fed (13)	Malerial (ACM) ATED	Ma	d Sole intenal odial (12)	nce/	Asbestos Col (i.e. therma surf	ntaining N	daterial (s insulati r, er		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Endostire
DAYTHUGEN [Yes	No	N/A	0	1.56			400	- Y	+	0	-
(AD 55 A 6 2 to 1				_									
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Name of Registered Was Rovic Transport	ite Hauler		Н	JDEP Wasuler ID I		Yards aste	-	IESI PA	Registered Land Bethlehem		II Co	rρ.	
City, State Riverdate, New Jers	ey 07457				Dispo	real Date	- Em	City, State Bethleh	em, PA 180	15 ;	1		
Completed by R. McDonald		Title Presi	ident			Signature	ME	1611		Date /	1	2_	



Date of Notification (1) January 09/2012					of Building (Trinity Int				***********		4			
Agencies Notified	Type Notification				Address irst Stree	et .		U III JAI	v i j	2012]		
DEP X DOL	Initial Amended Amendment		_		ate, Zip Co field, N.J.		0	Lations	763.00			- Statistical		
DOH DCA	Emergency justification) Cancellation				of Contact Gibbons		\$		Tele	ephone Ni	imhor	- 5		
Name of Facility Management		DI (0	econo d	FAC	ILITY INFO	RMATI								
Name of Facility Where Holy Trinity Interpo	arochial School	ig Place (3)					Type of Facility	(4)					
Street Address 336 First Street	arosmar ochool						- Indiana	School (K- Subchapter Other (i.e. p	8 (Othe			ldings	, hom	es,
City (5) Westfield, NJ 0709	00						1/18	Square Feet 60,000	# of 2	Floors	100	3ldg. <i>i</i> 30+	Age	
County (6) Union					Code (7) USE ONLY)			Current Use (Pri Private Scho		ng demolis	hed)			
Name of Monitoring Firm McCabe Environme		Owner (8)		ASCI	M No.		Parameter Control	f Abatement Cor ervices Corpo		(9)				(4
Street Address 464 Valley Brook A	venue		- 440.00				Street A 426 69	ddress 9th Street		R. House				
City, State, Zip Code Lyndhurst, NJ 0707	71						The property of the second second	nte, Zip Code nberg, NJ 070	093					
Project Manager for Mor Jim Ruff	nitoring Firm			Telepho	one No. 38-4839		Telepho 201-29	ne No. 95-1700		License 1 01074	No.			1880
Start Date (10) 1/13/2012		Schedule 1/16/20		mpletion	Date (11)			OSHA Monitor	ration					
Occupancy Status Durin	g Abatement (Chec	k Only One	e)	-			Street A							
				ment			426-69	9th Street						
Abatement Perform Other – Describe:	ned Outside of Norm	nal Facility	Hour			<u> </u>	1	ite, Zip Code nberg, NJ 070	93	1			3	
Scope of Work (Check A	II That Apply)	Tata and an analysis of the same and an analysis of the sa							7					
≥3 sf or ≥3 if ≥160 sf or ≥260 if		-	enova emoli				×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure	•			·0	
	_ She = 500000	le l	ocat	ion				THOIT Exclinated	1 / / 4/10	11011111101	1	AND ADDRESS	emen	t
Location	n of	N	orma	lly		Des	cription o	f				Ту	ре	
Asbestos-Containing TO BE AB. In Facil (13)	Material (ACM) ATED	Mair Custo	itena idial ((12)		(i.e. t	os Conta hermal surfac	aining Ma	terial (ACM) nsulation, or	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Gymnas	sium	Yes	No X	N/A	Wood fl	oor w	/associa	ted mastic	1,20	00 SF	x		***	
Name of Registered Was	te Hauler		N	JDEP W	/aste	Cubic \	Yards	Name of F	Register	ed Landfil				
Atlantic Carting			10.00000	lauler ID 6085		of Was tbd		IESI-Be		m Landf	ill Co	rpora	ation	
City, State Wayne, NJ						Dispos tbd	al Date	City, State Bethleh		Α				
Completed by Luz Guzman		Title Office	Mar	nager		Si	gnature	dieson	(2)	Da 01	ite 1/09/2	2012		

- sekelekkilissusgan



Date of Notification (1) 01-06-11				Owner/Operato dical Center		nceton	CE!	W	E		- Transmitter
Agencies Notified Type Notification X EPA X Initial		Stre	eet Address 3 Witherspo				JAN 1 7	2012			Control Control
DEP Amended Amendment:		_ Pri	y, State, Zip Ci inceton, NJ		Ş.		JAN ! /	_ (0)/		ALTERNATIVE P	
X DOH justification) DCA ☐ Cancellation			me of Contact chael Antor	niades		- Constant	Telephone	Number	S		
		F	FACILITY INF	ORMATION				(re-r) established	ainko St	(al-1)	June
Name of Facility Where Abatement is Taking University Medical Center at Prince		ing#	7			of Facility (4) School (K-12		- steriliza a city	Alba grain i	* - **	
Street Address 3850 U.S. RT. 1				- 1		Subchapter 8) 3 (Other than I ivate & comm		ildings	s, hom	nes,
City (5) Plainsboro, NJ 08536					Squar 178,	re Feet 000	# of Floors		Bldg. 29 yı		
County (6) Middlesex			inty Code (7) ATE USE ONLY)	Curre		if being demo	olished)			
Name of Monitoring Firm Hired by Building C McCabe Environmental Services	wner (8)	111	SCM No. 0118			tement Contr					
Street Address		10	0110		Addres		ntai Corp.		_		
464 Valley Brook Avenue				200	Broad	Street					
City, State, Zip Code Lyndhurst, NJ 07071				Carl	•	NJ 07072					
Project Manager for Monitoring Firm John Chiaviello		201	ephone No. 1-438-4839	201-	939-6	565	Licens 00756				
	Scheduled (04-31-12		tion Date (11)			IA Monitor Invironmer	ntal			1111-20-	
Occupancy Status During Abatement (Check	Only One)			27/12/76/71/9	Addres					-	
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma					9 Gree State, Zi	enpoint Av	enue				
Other – Describe:	ar r domey r re					d City, NY	11104				
Scope of Work (Check All That Apply)	_			-	7						F 100 1000
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Name of the last o	ovation nolition			Min Glo	i-Enclosure vebag Proce	t with Negativ dure *) and Non-Fr			re	
	ls I o	cation		-	1401	I-Exempted () and Hon-i i	lable i it	NAME OF GROOM	emen	t
Location of	Non	mally Solely by		Description	of				T	уре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainte Custodi	enance/ al Staff?	Asbes	tos Containing N thermal system surfacing, VA other miscellar	s insulat T, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes N	lo N	//A							e e	
Throughout Building Walls		>		ywall Joint C			16,000SF	х			
Room 7-23 (B-Bay)		>	x T	ransite Hood	Lining	3	75SF	х			
Throughout Building		,	×	Mastic			3,200SF	x			
Room 7-33; Kitchen		and the WE	<	Mastic			200SF	x			
Name of Registered Waste Hauler ATC, Inc. / TriState Transfer (50071)		Haule	P Waste r ID No.	Cubic Yards of Waste			gistered Land Enterprises				
City, State		24310	U	TBD Disposal Date		City, State					
Shirley, NY / Bronx, NY				TBD /	2		urg, OH 44	688			
Completed by Richard Doran	Title Project	Manag	ger	Signature	1.1	NA		Date 01-06-	12		

Date of Notification (1) 01/09/2012					of Buildin	g Owner/	Operator	(2)	lin) E		E I I	A II	-	57	- 1
Agencies Notified	Type Notification	1		Street A	Address VY STI	DEET			in in in in in in in in in in in in in i	1997			7/1		
EPA DEP DOL	Initial Amended Amendmen Emergency			City, St. KEAR	ate, Zip (Code J. 0703	2			JAN	1 7 20	12	1		
DOH DCA	justification Cancellation)			of Contact	_	ĺ	· · · · · · · · · · · · · · · · · · ·	A	SBI Tel	lephone N	umbor	•	and an inches	
None of Facility 188				FAC	ILITY IN	FORMAT	ION		**************************************				******		
Name of Facility Where PRIVATE HOUSE	Abatement is Takii	ng Place (3)				1/4	Тур	e of Facility	(4)	wagement paragraphy	main.	Gelge		i.
Street Address 304- IVY ST.									School (K- Subchapte Other (i.e.	er 8 (Oth	er than K- & commer	12) cial bu	ildings	s, hon	nes,
City (5) KEARNY N.J.									etc.) are Feet 58	# 01	f Floors	T	Bldg. 95		
County (6)					Code (7) USE ONL	n		Curr	ent Use (Pi	rior if bei	ng demoli	shed)			
Name of Monitoring Firm N/A	m Hired by Building	Owner (8)		ASCN	/I No.				atement Co			MOIT	J LL(C.	
Street Address							Street 22 \		ess ORDEN	PL.	6.4				
City, State, Zip Code									Zip Code SACK N	.J. 076	01				
Project Manager for Mor	nitoring Firm			Telepho	ne No.		Teleph 201 -		√o. - 4270		License I	Vo.			
Start Date (10) 01/10/2012		01/11/2	2012	mpletion I	Date (11)	-			HA Monitor		LABORA	ATOR	IES	LLC	
Occupancy Status Durin		- 5					Street /		ss UTE 22	SOUT	ru				
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire I	Period of Anal Facility	Abater Hour	nent s				ate, Z	Zip Code	300					
Scope of Work (Check A	Il That Apply)						ONIC		4.5.						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		property.	Renova Demoli				×	Gle	II Containm ni-Enclosur ovebag Pro	e cedure					
		Is	Locat	ion	1150			140	n-Exempte	u () and	Non-Fna	Die Pro	Abate		t
Locatior Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED	Use Ma	lorma d Sole intena odial s (12)	ely by nce/		tos Cont thermal surfac		ateria insula , or		(S	nount pecify or LF)	Remova	Repair	e Encapsulate	Enclosure
		Yes	No	N/A								=		ate	9
BASEMA	ANT		X		F	PIPE I	NSULA	TIO	N -	158	B LF.	Х			
Name of Registered Was			H	JDEP Wa lauler ID N 29681		Cubic Yof Was					ed Landfill D COUN		LANI	DFIL	.L
City, State KEARNY N.J.						Dispos 01/ 13	al Date 3/2012		City, State NEWBL		A. 17242	2			
Completed by CARLOS ESQUIVEL		Title MANA	AGE	?		Si	gnature	Jr	uff	00	Da 01	te /10/2	012		
ASB-41 (R-06-08)				VII. 200		/	* Dø not	use ti	his form for	asbesto	s licensure	exem	pted a	activit	ies.

NOTIFICATION OF ASBESTOS ABATEMENT

	(Pursua	nt to	NJAC 8	3:60-7	and 12:120-7)	Trest the fi	i= \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	- 1	1	0.2	
Date of Notification	on (1)	1			2	Owner/Operator	(2)			1	10%	
1/9/12			Nan	cy T	rewh	nella	HD.i		1/ 3	4		
Agencies Notified	Type Notificati	on S		Addre			JAI JAI	V 1 / 2012	2	IJ		
[]EPA	[X]Initial		380	Gro	ve S	Street			-			
[]DEP	Notificat	ion	City,	State,	Zip (Code	1555	S soAUL	1			
William Stranger	[]Amended					NJ 07043		LICENSING	3			
[X] DOL	Notificat	S100016-10101		of Cont			Telephon	e Number				
[X] DOH	[]EMERGENCY					ewhella				4.00	i. Lucia	
[]DCA	[]Cancellati	on	· ·									
				FACII	ITY I	NFORMATION						
Name of Facility Wh	nere Abatement is	Takin	g Pla	ce (3)			Type of Facil:	ity (4)				
Private							[]School	(K-12)	m +han	K-	121	
Street Address							[x]Other (ter 8 (Othe: i.e., priva	te & c	ommo	er-	
380 Grove S	treet						cial b	uildings, h	omes,	etc	.)	
500 020.0 2							Square Feet	# of Floo			Age	
City (5)	Co	unty (nty Code (7)	2600	3		52		31
Montclair		Esse	ex		(31		Current Use (ing de	шОТ.	rsuec	1)
			1.00	26 27-		Name of Abato	ment Contracto					
Name of Monitoring Owner (8)	Firm hired by Bu	iilding	The second	M No.			IANAGEMENT					
N/A			67	() 		Street Addres						
Street Address							topher St					
						City, State,						-
City, State, Zip C	ode					Montclai	r, NJ 070	42				
	No. it wise This	- mol	onhon	e Numbe	ar	Telephone Num			icense	Nu	mber	
Project Manager for	r Monitoring Fill	N/		e numb		(973) 744			003	71		
Scheduled Start Da	te (10) Sched	Compl	etion	Date	(11)	Name of OSHA	Monitor	-Wents				
1/23/12		4/12				N/A						
Month Day	Year Mont		ay	Year		Street Addres						
Occupancy Status D	uring Abatement Losed/Vacated Dur	ing En	tire	Period		Screet Addres						
of Abateme	ent				-37	City, State,	Zin Code					
Hours - Des	Performed Outside scribe: «OffHours	Descri	pt»		-Y	CILY, State,	alp code					
[]other - Des	scribe: «Other Occ	upancy	Desc	ript»						_		
Scope of Work (Che	ck all that apply	A)	- (LIP)/(Q-			[Full	Containment wi	th Negative	Press	sure	E	
[X]>3 sf o	or >3 lf	[2	K]Reno	vation	ı	[]Mini-	-Enclosure					
[]≥160 sf	or >260 lf	ι]Demo	olition	Č.	[X]Glove	ebag Procedure Friable Procedu	ire				
			Is						Ab	ate	ment	Type
Locati			ocati ormal	ly		Description Asbestos-Con		Amount	R	1 3	N	N
Asbestos-C Material			Used Solel			Material	(ACM)	(Specify	Y M		A	L
TO BE A			y Mai enanc			(i.e., thermal sulation, surf		SF or LF)	V	1	P S	S
In Fac	3		istodi aff (111	or other misce	ellaneous)		I.		I U	R
,,,,,		Yes	No	N/A			•	18 lf	X		+	E
Basement				X	Pır	e Insulat	lon	10 11		+	+	+
								-	-	+		-
									-	+		+-
								stand Iss	16:11	1.		1
Name of Registered			DEP W	Maste ID No.	100	bic Yards Waste .5	Name of Regi		*****			
AZTECH MANA	GEMENT, INC	1	7040) No.				· .				
City, State					1000000	sposal Date	City, State	11c D%	100	67		
Montclair, N	J 07042					1/25/12	Morrisvi	.ile, PA	. тэ0	3 /		
a - 1 1 2 p /p /	t or Type) Titl	Α				Signatúr	6		Date	9		
Completed By (Print Constantine		side	ent			1/1			1/9	/12		

D. 11.05 0.7	45		(F		to NJAC			£* ~4	Trade Three		抬中。	34	5(0	
Date of Notification (01-10-2012	1)				of Building		Operator	r (2):	n) B	尼 尼	1 1.7	F	Paca.	7	۶
Agencies Notified	Type Notification			Street A							1 17	B		1	
EPA DEP	Initial Amended		-		ox 1024 ate, Zip C	S. Carlotte	1 5		Lii J.	AN 1	7 0000	/I			
⊠ DOL	Amendmen Emergency				stown, N		32		<u> </u>	uria 1	7 2012	1	3		
DOH DCA	justification) Cancellation		'		f Contact			1	450		ephone Nu	nber			
L BCA	Cancellation	1		100000000000000000000000000000000000000	iannett		ON	<u> </u>		tal	อมเน		-1		
Name of Facility Whe	ere Abatement is Takir slition	ng Place (3)			OKWATI	1		of Facility School (K-	(4)	- Annual Control	Al year of the late of the lat		7- 	
Street Address 96 Ridgedale Av	re.		8					×	Subchapte	er 8 (Oth	er than K-1: & commerci	2) al bui	ldings	, hom	ies,
City (5) Morristown									are Feet SF	# or 2	f Floors		3ldg. 50+	Age	
County (6) Morris					Code (7) USE ONLY)			ent Use (Pr use for D		ng demolist on	ned)			
Name of Monitoring F n/a	irm Hired by Building	Owner (8))	ASCN n/a	И No.				atement Co		(9)				
Street Address n/a	Λ.	2					Street 22 T	Addre	7.5						
City, State, Zip Code									Zip Code ark, NJ 0	7035					
Project Manager for N	Nonitoring Firm			Telepho	ne No.		Teleph			7000	License N	0.	-	-	
n/a				n/a				706-7			01088		88		
Start Date (10) 01-23-2012		Schedule 01-31-			Date (11)				HA Monitor vironmen						
Occupancy Status Du		S1111 0 E. C. 00 TX 10 CCC	33.00				Street					71	-		
	acated During Entire or or or or or or or or or or or or or						City, S	tate, Z	22 West			7 135 14		20	
Scope of Work (Chec							Unio	in, N.	J 07083					-:108	
≥3 sf or ≥3 lf ≥160 sf or ≥260 l		-	Renova Demolit				×	Mir Glo	ni-Enclosur ovebag Pro	e cedure	Negative P			'e	
		Is	Locati	on			·					Ī	Abat	emen	t
	tion of ing Material (ACM)		Normal d Sole		Ashaa	Des tos Conta	cription	1000	(ACM)	۸.	mount		13	/ре	
TO BE /	ABATED acility 3)	Cust	intenar todial S (12)	79-57-57-56-5 E-1		thermal s	systems ing, VA	insula T, or		(S	pecify or LF)	Removal	Repair	Encapsulate	Enclosure
F.Ai	FI-	Yes	No	N/A		145 1				45.14				Ф.	
	Facade			X		Windo					/indows	X			
Base	ment			X	Ası	bestos l	Pipe ir	nsulat	tion	60	0 LF	Х			
Name of Registered V	JDEP W	aste Cubic Yards				Name of	Register	red Landfill							
Jadar Contracting	, LLC		0.000000	auler ID 033137		of Wast	te		G.R.O.						
City, State 22 Troy Lane	2000					Disposa TBD	al Date		City, Stat		19067				
Completed by		Title					gnature		7)		Dat				
Lillie Lazarevich		Secr	etary			义	100	e O	X4200	recou	· 9 01	-10-	2012	2	

Check No. No Fee

			(1 013			8:60 and 12-1	1	entition and being	r to test reco			42		
Date of Notification (1)						NJ, Newark Li		tional Airpor	tu P	Tures	1			
January 11, 2012	T Natificat			Street A		NJ, Newark L	iberty interna	tional Ampor	WE	100	1			
Agency Notified	Type Notificat	ЮП				2nd Floor	1153		No State and the Spirit and	7				
□ EPA	☑ Initial			100000000000000000000000000000000000000	ate, Zip (JAN 1 7 2012							
Material or State Roy 10 2004 DOL	☐ Amended Amendmer	nt#			rk, NJ		D 1/ 2012							
M DOL	☐ Emergency	(including		Mark Control	of Contac		+	Telephone Number						
☑ DOH ☐ DCA	justification Cancellatio			Ralph	n Camp	oione	ĺ	AP		3	derite seek			
				-		ORMATION		Effet Fortiti		-annealy is		55-75		
Name of Facility Where	Abatement is Ta	aking Place	(3)				Type of Facility	(4)	Consum.	10000				
Terminal B	A Datomont To Te		(-)				☐ School (K-12)	1	400	**		170		
Street Address			_				☐ Subchapter 8	(Other than K-1	2)					
Terminal B, Newa	rk Liberty In	ternation	nal Air	nort			Other (i.e. pri homes, etc.)	vate & commerci	al building	gs,				
	IK Liberty III	TCTTIQUO.		Port			Square Feet	# of Floors	Bldg.	Age				
City (5)							320,000	4	40 +	/-				
Newark				County	Code (7) (STATE USE		or if being demo	lished)	1.00	-			
County (6)				ONLY)	/		Terminal							
Essex Name of Monitoring Fire	n Hired by Ruild	ing Owner	ASC	M No.		Name of Abatem	nent Contractor (9)						
A of NY & NJ	ii i iii eu by builu	ig Office	N/A				storation Co.,							
Street Address			1477			Street Address								
241 Erie Street, R	00m 236						andolph Avenue							
City, State, Zip Code	00III 230					City, State, Zip ((4					
	7310					Clifton, NJ	7011							
	Jersey City, NJ 07310 Project Manager for Monitoring Firm Telephone No.					Telephone No.		License No.	24					
Ralph Campione			973-	624-689	98	973-478-468	31	00120						
Start Date (10)	Sch	eduled Com	pletion	Date (11)		Name of OSHA			_					
January 22, 2012	Jai	nuary 20,	, 2013	>>			vironmental S	Services, L.L	.C.	1000				
Occupancy Status Duri	ng Abatement (0	Check only	one)			Street Address								
☐ Facility Closed/Vaca	ted During Entir	e Period of	Abateme	ent			Brook Avenue)		-				
☐ Abatement Performe ☐ Other - Describe:	d Outside of No	rmal Facility	y Hours			City, State, Zip C Lyndhurst,	Code NJ 07071-199	8				-		
Scope of Work (Check	all that apply)					M cII	Containment with	Negative Pressu	ıre					
≥ 3 sf or ≥ 3 lf				⊠ Ren	ovation	☐ Mini	-Enclosure	i negative i resec						
				☐ Dem	nolition	☐ Glov	rebag Procedure -Exempted (*) and	d Non-Friable Pro	cedure					
					1				A		emer			
11				cation nally		7025 93 932				-	Ty	pe		
	tion of	'AA'	Used S	olely by	Ashe	Description estos Containing N	of Naterial (ACM)	Amount				m		
Asbestos-Contain TO BE	ang waterial (AC	,141)		enance/ odial	(i.e	e., thermal systems	s insulation,	(Specify		Removal	Re	Encapsulate		
IN F	acility			aff?		surfacing, VA other miscellan		SF or LF)	Von	Repair	sula		
(13)		(1	2)		Othor micronan				a	7	ate		
			Yes N	lo N/A							_			
Mechanical Equipme	nt Room Numb	per 2	X		Fire	proofing		7	50 sq ff	X				
					-					-				
					-					\vdash				
Name of Registered W	aste Hauler		NJDE	P Waste I	Hauler	Cubic Yards of	Name of Regis	stered Landfill		1	-			
Jimmy Byrne Tri			ID No.			Waste 150	Minerva E	nterprises, Ir	ıc.					
			.55			Disposal Date	City, State							
City, State						01/24/12 - 02/28/12		ırg, OH						
Bronx, NY Completed by	Titl	е					m		Date					
- Completed DV	110	-				1 //	111		1/11/					

Data of Natification (4)		''			5 6.00 and	1 -	in street	一片本	+3	45	58	n i sa jaraja prima	ils:
Date of Notification (1) 01-10-2012				of Building idgedale	g Owner/C e LLC	perator (2) FYE (0//	2		1	mot.
Agencies Notified Type Notifica	ation			Address Sox 1024	4		Political Control of the Control of		V/ 1	5./			
EPA X Initial Amende	ed	-		ate, Zip C			H JA	N 17	2010	1			
X DOL Amenda	nent # ncy (including	-1	Morri	stown, l	NJ 0796	2	i on	14 1 / .	2012	,1	2		
DOH justifica	tion)	' [of Contact	3	į	1	eres 1	one Nu	mber			
DCA Cancell	ation			Siannett			ASEE				-		
Name of Facility Where Abatement is T	aking Place (3)	FAC	ILITY INF	FORMATIO		ype of Facility (- 11- to a major o			
House for Demolition	- J (-,				-	-			northbur.			
Street Address							School (K-1 Subchapter	8 (Other th	nan K-1	2)			
94 Ridgedale Ave.						×	Other (i.e. p	orivate & co	mmerci	al bui	ldings	, horr	ies,
City (5)						S	quare Feet	# of Flo	ors	E	3ldg.	Age	
Morristown						7	40 SF	2			50+		
County (6) Morris				Code (7) USE ONLY			urrent Use (Pri		demolish	ned)			
Name of Monitoring Firm Hired by Build	lin = (0			23-03-13-74-12-23	.,		louse for De						
n/a	ling Owner (8)	n/a	M No.			Abatement Cor Contracting,						
Street Address			III/a			Street Ad		LLU					
n/a						22 Tro							
City, State, Zip Code							e, Zip Code				1000	-	
n/a							Park, NJ 07	7035					
Project Manager for Monitoring Firm	***************************************		Telepho	ne No.		Telephon	e No.	Lic	ense N	0.			
n/a			n/a	The Control of the Co		973-70	6-7950	01	8801				
Start Date (10) 01-23-2012				Date (11))		OSHA Monitor						
Occupancy Status During Abatement (C	01-31					AMERICAN SIN	nvironment	al ———					
						Street Add	t. 22 West						
Facility Closed/Vacated During En Abatement Performed Outside of N	tire Period of . Normal Facility	Abaten / Hours	nent s		-		e, Zip Code	7000			_		
X Other – Describe: 9 am - 5 pm							NJ 07083						
Scope of Work (Check All That Apply)						•							-
≥3 sf or ≥3 lf		Renova	ition			×	Full Containme	ent with Neo	ative P	ressu	re		
≥160 sf or ≥260 lf	×	Demolit	tion				Mini-Enclosure Glovebag Proc						
			4				Non-Exempted		n-Friabl	le Pro	cedur	e	
	Locati										emen	t	
Location of	1100	Normal d Sole				cription of				-	13	/ре Г	
Asbestos-Containing Material (ACM TO BE ABATED	, Ma	intena	nce/		stos Conta . thermal s		rial (ACM)	Amou (Speci	10-57	70	_	En	Ш
In Facility (13)	Cus	todial 9 (12)	statt?	,	surfaci	ng, VAT, c	r	SF or L		Removal	Repair	aps	nclos
(13)			Т		otner mi	iscellaneou	is)			Va.	¥.	Encapsulate	
	Yes	No	N/A						la de la constante de la const			w	
Dining Room			X		Remnant			50 SI		X			
Basement			X	As	bestos F	Pipe Insu	lation	45 LF	=	X			

Name of Registered Waste Hauler		The second	JDEP W auler ID		Cubic Y of Wast	47530700700	100000000000000000000000000000000000000	Registered L					
Jadar Contracting, LLC		223	033137		TBD		G.R.O.\	W.S. Land	dfill				
City, State		,			Disposa	l Date	City, State						
22 Troy Lane					TBD		Morrisvi	lle PA 19	0067				
Completed by Lillie Lazarevich	Title Secr	etary			Sig	nature	\mathcal{L}	ā	Dat	e -10-1	2012		

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

B & G proj. #: 2012-14 Check # 5009 *** Emergency *** APPROVED Date of Notification (1) Name of Building Owner/Operator.(2) N Dept of Health & Senior Services 10 11 1/10 19 1/11 12 1 Maria Chaffart Agencies Notified Street Address T EPA Initial 214 Stephens Street DEP City, State, Zip Code 2012 Amendment X DOL Belleville, NJ 07109 Telephone Number NOQ IX Name of Contact Cancellation T DCA Maria Chaffart FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K-12) Subchapter 6 (Other than K-12) Meria Chaffart Other (Private/Commercial Street Address Bldgs./Homes, etc. Square Feet | # of Floors Bldg. Age 214 Stephens Street City (5) County (5) County Code (7) (State use only) Current Usa (Prior if being demolished) residential Belleville, NJ 07109 Essex Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bidg. Owner (8) ASCM No. B & G Restoration, Inc. n/a Street Address Street Address 105 Ryerson Road City, State, Zip Gode City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number License Number Project Manager for Monitoring Firm Phone Number 0378 973-696-6869 Name of OSHA Monitor Sched, Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. Street Address 1/10/2012 1/10/2012 Occupancy Status During Abassment (Chack only one) 105 Rycrson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe:_ Lincoln Park, NJ 07035 Other-Describe; Scope of Work (check all that apply) Demolition Glovebag procedure Full Containment w/negative pressure Renovation Non-frieble procedure Mini-enclosure >3 sf or >3 lf ≥160 sf or ≥260 if is location normally used solely E Location of e by maintenance/custodial n Amount asbestos-containing Description of asbestos-containing m P staff(12) C (Specify SF or material to be G material (ACM) ٥ a a abated in facility (13) L Yes No NA P pipe insulation 65 lf basement 10 Lf X pipe basement Name of Registered Landfill Cubic Yards of Waste Registered Waste Hauler NUDEP Hauler ID# 19563 B & G Restoration, Inc. Tullytown Resource & Recovery Center 1 yard Disposal Date City, State City, State 1/11/12 Tullytown, PA Lincoln Park, NJ 07035 Signature Completed by (Print or Type) Title Date Cardana La 1/9/2012 Gordana Luna

Treasurer

B & G proj. #: 2012-14

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

Check # 5009

					Emei	rgen	cy ***	Check	- 3009			_
Date of Notification	(1)	- 11	Name of E	Building Own	ner/Operator (2))	2	- Marie II in Production of the second of th	To A to the second seco			
0 11 1/10 19]/ <u> 1 2 </u>		Maria C	'haffa rt			1 - 1 - 1 - 1 -	1 17 13				
Agencies Notified	Type Notifica	ition	Street Add						1 11			
☐ EPA ☐ DEP	Initial		214 Ste	phens Stre	eet			-				
_	☐ Amend	tmont	City, State	, Zip Code			10 5 VAIN 1	/ 2012	9]			
	LI Amend	inent	Bellevi	lle, NJ 07	109	6	Ì					
M DOH			Name of Co	ontact			Abaceros C	Acres de la constante de la co	ne Number			
☐ DCA	L Cancel	lation	Maria (Chaffart		1	- Contract of the second					
				FAC	ILITY INFORM	ATION	- MARIN					
Name of facility wh	ere abatement	is taking p	lace (3)	COMMIRCO SCIENCE				Type of Facility	(4) ol (K - 12)			
Maria Chaffart								=	napter 8 (Othe	r than	K 12\	
Street Address				***				Alexander Control of the Control of	(Private/Com			
214 Stephens St	treet								/Homes, etc. # of Floors		Bldg. A	100
City (5)		Cou	unty (6)			Cour	nty Code (7)	Oquale 1 cet	# 011 10015		Diag. A	igo
			,				te use only)	Current Use (F	Prior if being de	molis	shed)	
Belleville, NJ 0	MY TRANSPORT		sex					residential		N 1613 (N - 1703)		
Name of Monitoring	Firm Hired by	Bldg. Owr	ner (8)		ASCM No.		Name of Abatement C	ontractor (9)				
n/a							B & G Restoration	, Inc.				
Street Address	2010						Street Address			100-//		
							105 Ryerson Road					
City, State, Zip Code	3						City, State, Zip Code					
							Lincoln Park, NJ	07035				
Project Manager for	Monitoring Firn	n	P	hone Numb	er		Telephone Number		License Nur	nber		
							973-696-6869		0378			
Scheduled Start Date	e (10)	Sche	d. Complet	ion Date (1	1)		Name of OSHA Monito					
1/10/2012		1/10	/2012			11	B & G Restoration Street Address	i, inc.				
Occupancy Status D	uring Abateme					-		1				
Facility closed				ement.		11	105 Ryerson Road City, State, Zip Code					
Abatement per	rformed outside						ony, otate, zip oode					
Describe: Other-Describe	e:					-	Lincoln Park, NJ (07035				
Scope of Work (che		v)										
☐ Demolition	\boxtimes	Renovati	on .			Пы	ıll Containment w/nega	tive pressure	Glovebag	oroco	dure	
>3 sf or >3 If		≥160 sf or				10-1-10	ini-enclosure	ivo prossuro	Non-friable			
			n normally	used solely		Z		1	I R	R		_
Location of asbestos-conta	aining	by maint	enance/cus				h	Amount	e	e	E n	E
material to be	ŭ	staff(12)			material (A		bestos-containing	(Specify S	F or o	p	С	n c
abated in facili	ity (13)	Yes	No	N/A				LF)	V	i	a p	L
basement					pipe insulati	ion		65 lf	e Ø	1	+	\vdash
basement					pipe			10 lf		+		#
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										+	H	H
								_		뉴	╫	ዙ
Registered Waste Ha	uler	NJD	EP Hauler	ID# C	ubic Yards of W	/aste	Name of Registered La	andfill			ТП	1
B & G Restoration			563		yard		Tullytown Resource		Center			
City, State Lincoln Park, NJ	07035			Disposal D 1/11/12	ate		City, State Tullytown, PA					
Completed by (Print of		Title			Signature		el controle		Date		-	
Gordana Luna	,,,,	Treasure	r			9	Jordana Luna		1/9/2012			

Date of Notification (1)			Name	of Buildin	ng Owner/Operate	or (2)	3 /2 E	$\frac{(1-V)^2}{V}$	15.	1	41			
Agency Notified	. 12-, 2011			1	EVI.		GEMENT	CORP		1	-11				
				Stree	t Address		4 11 7 1		7 0010	· · · ·	71				
MEPA MEP	Initial Amended			City 5	175 State, Zip	Score Score	22 WES	7 JAN I	/ 2012		11125				
g DOF	Amendment #	30 28					_ \	17 07	00		1				
⊠ DOH	☐ Emergency (includ justification)	ing		Name	of Conta	CH ICACK	SFIELD A	Telephone N	umber -	<u>.</u>					
Ø DCA	☐ Cancellation					EN TRA		1		_					
			Na Selected		were the second second	ORMATION		1	The state of the section	-State of East		_			
Name of Facility When	e Abatement is Taking Pla	ace (3))				Type of Facility	(4)			part for	LA DEN			
CLIFTON	PLAZA (SHO	PPIR	Vr. c	TA)			☐ School (K-1)	2)							
5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -							Subchapter	8 (Other than K-	12)						
100 RT	. 46@ WANHO	178	W				homes, etc.	rivate & commer)	cial build	lings					
City (5)							Square Feet	# of Floors	Bld	g. Ag	e				
CLIFTO County (6)	3 M						1500	1		2	のも	_			
				Count) (STATE USE	Current Use (P	rior if being dem	nolished)						
BERGE.	rm Hired by Building Owne		ASC		,		METAIL Ment Contractor (L SPACE	5						
(8)	TAL TACTICS , IN	10									9905-3-1-				
Street Address	TAL PACTICS, IN	C.		004	3	UNIPR	O INC.								
64 RP0	47 ST.														
City, State, Zip Code						173 KARKUS AVE.									
MATAWA	N NJ 07	24	7				BRIDGE		07	0	75	-			
											17	7.0			
THOMAS Y	GEIGER Scheduled Co	7	52.	290.	2217	132-7	726-3111	000	615						
	The second secon			ate (11)		Name of OSHA									
Occupancy Status Duri	ng Abatement (Check only	v one)	~			Street Address	BUHENTAL	TACTIOS	100						
•	•						0000	,_							
Abatement Performe	ted During Entire Period of d Outside of Normal Facil	ity Hou	urs urs			City, State, Zip (ROAD S	*)			2000	-			
Other - Describe:						MATA	JAN, N.	T 12	727						
Scope of Work (Check	all that apply)							•		-					
② ≥ 3 sf or ≥ 3 lf ② ≥ 160 sf or ≥ 260 lf				Ren		☐ Mini-	Containment with Enclosure	Negative Pressi	ure						
× 2 160 SI 01 2 260 II	8			Dem Dem	olition	Ø Glov S€Non-	ebag Procedure Exempted (*) and	Non-Friable Pro	ncadura						
		Is	Locat	ion				· ·	occoure	A		emen			
Locati		User	ormal Sole	ly ly by		Description of	of			-	Ту	pe			
Asbestos-Containii TO BE A		Maii	ntena	nce/	Asbest	os Containing Ma	aterial (ACM)	Amount		_		g			
IN Fa	cility		ustodi Staff?		(i.e.,	thermal systems surfacing, VAT	insulation,	(Specify SF or LF		Removal	Repair	ncapsulate			
(13	3)		(12)			other miscellane				oval	air	sula			
		Yes	No	N/A								6			
FORMER MARDI	GRAS CLEAUTE			×		VAT		960 5	SF.	×		+			
SPACE					TH	ERMAL PI	25 (1)5			×		+			
				×	-			30 1				+			
					-							+			
Name of Registered Wa	ste Hauler	NJC		aste Ha		Cubic Yards of	Name of Registr	ered Landfill							
MISTALADY (CARTING, INC	-	45	00		Waste	CRAINE								
City, State			7)	07		Disposal Date	City, State	INC.							
MEWARK	, NJ,				ales.	02.03-12	MADRICI	11.15 D	Z						
Completed by	Title			32-28-50		Signature	GROWS. City. State MORRISU T. Tolo	11000 //	Date	-		-			
DAVIDT. TOU	CHIN PRES.	-				David	T.Tolo	ili	01-1	2.	20	12			
\SB-41	* Do not u	se this	form	for ash	estos lice	Sure exempled	activities								

CK 33-13

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

Date of Notification (1)		T	Name	of Building Owner		(SUSOT		W		Para	M			
Agencies Notified Type Notification	٠.			Address			7		Maraka and					
□ EPA ☑ Initial		-	292 EDGEWOOD AUG 7 2012 City, State, Zip Code											
DEP Amended Amendment	£		City, Si	rate, Zip Code			i introduce							
☐ Emergency (including	-	Nama	of Contact	Telephone Number									
DOH justification)			Name	MR. TO	= 140	4		noer	હે	0.4	.			
L DOA L Carloellauori			EAC	ILITY INFORMAT		1		-		-				
Name of Facility Where Abatement is Taking	Place (3)	FAC	ALIIT INFORMA		Type of Facility (4	- ananochiadas	artemat est		-,				
MR. TOSNEY		,					5 40							
Street Address		-				School (K-12 Subchapter l	:) 8 (Other than K-1:	2)						
292 EDGEWOOD		۸.,	5			Other (i.e. pr	ivate & commerci		dings	, hom	es,			
City (5)	2 4	بب	0			etc.) Square Feet	# of Floors		3ldg. A	\ 				
TEANECL						S200	P OI FIOOIS	1,	J S	41	0			
County (6)			County	Code (7)			r if being demolish	(bor	L 8	-,				
BERGEN				USE ONLY)			OGN OF	ieu)			- 1			
Name of Monitoring Firm Hired by Building (Twner (8)		LASC	M No.	Name of	Abatement Cont					-			
or morning i am i mod by building (- Willer (U)		7.00			Remova1		3.5						
Street Address					Street A		1110							
·						South R	irran Ct							
City, State, Zip Code							TAGE 20				-			
City, State, Zip Code					City, State, Zip Code									
Project Manager for Monitoring Firm			Telepho	ano No	Hackensack , N.J. 07601 Telephone No. License No.									
Project Manager for Monitoring Film		retepric	one No.		329-7444									
Start Date (10) 4/23/12			npletion	Date (11)	Name of Omeg	OSHA Monitor a Enviro	nmentál :	Ser	vic	es				
Occupancy Status During Abatement (Chec	k Only Or	ne)			Street Ac	idress				-				
☐ Facility Closed/Vacated During Entire F	Period of	Abaten	nent	51	280	Huyler	St _							
Abatement Performed Outside of Norm Other – Describe:	al Facility	Hours	3		City, Stat	te, Zip Code					\neg			
Other - Describe: / A 10 3	4-1				Sout	h Hacken	sack ,N.	J.	076	06				
Scope of Work (Check All That Apply)														
☑ ≥3 sf or ≥3 lf	B F	Renova	tion		o o	Full Containmer	nt with Negative F	ressu	re					
. □ ≥160 sf or ≥260 lf		Demolit			Mini-Enclosure									
54 W		**			10	Glovebag Proce	edure (*) and Non-Friab	la Dm	codi in	_				
	1			T:		Non-Exempted	() and Non-rhab	T	Abate		-			
		Locati		_				Туре						
Location of Asbestos-Containing Material (ACM)		d Sole		Asbestos Con	escription of		Amount		П	_				
TO BE ABATED	110	intena: todial S		(i.e. therma			(Specify	2	20	8	m			
In Facility	Cus	(12)	otan r		acing, VAT,		SF or LF)	Remova	Repair	aps	Enclosure			
(13)	-			ouler	miscellaneo	ous)		8	=	Encapsulate	ure			
	Yes	No.	N/A	Company of the Compan										
BASEMENT				THOUMAN ,	NSULAT	CION	70 LF	×						
			1	,										
Name of Registered Waste Hauler	لبا	IN	JDEP V	Vaste Cubic	Yards	Name of R	egistered Landfill	1		-	Н			
DJM Transport ,Inc	No. of Wa	N/9/03/03/04		rland Cou	ınt	y L	ano	lfi]1						
City, State	-	14	2393		sal Date	City, State		-						
South Kearny N.J. (7032				124/1		urgh PA,	17	242					
Completed by	Title		4225		Signature	71	De	te ·			\dashv			
J. MAIORANO	Est	ima	tor	4.7	Vr	Paioron	9	0)	10	112	3			