CK 3614

# HOTHECATION OF ASBESTOS ABATEMENT TO E E W

<i>I</i> .	× ×	(Pu	ursuan	1 10 NJAC	8:60 and 12:120		15 6 1	W FIN
Date of Houfication (1	16/15		Nam	e of Buildin	o Owner Operator	(2) HINES		
Agencies Notified	Type Holification		Stre	2 Z S	FREM	ONT AU	₩ 4 1.20 €.	15   1/1
0 80 0 84 0 84	Amended Amendment #_	1.3.22	City.	\$1210. Zip 1	OSP GINE	= , N. J.	68270	10L 2
□ 00 t □ 554	Carcellation	1W11 Q	Nam	e of Contact	1		Telephone Himo	e.
	1		F.A	או צתשום.	ORULA TION			
Name of Facility When	PENCE					Type of Facility  School (K-1)  Subcrepter	2) 8 (Other than K-12	)
Sireer Address	6 CINDNE	LR	Ó 4, 5	5		Doner (I.e., p homes, etc., Square Feet	nyale & commercial	Blog Age
	VACOW M					1000_	. 2_	40+
County (6) - A A	DE MAY		Cou	nty Code ( E CYLY)	7) (STATE	VA	nor it being demois	ined)
Name of Maritoning Fi	m Hired by Building O	4T) 8 (	ASCA	I Ho	KLEM	neni Convegor (9	10,	* 1
Street Adoress	7//1				Sueel Address 369	S. SPRU	CE AUE.	
City State Zp C∞e					Cry. State, Zip (	000 013 SHB	DE, NJ.	08:56
Project Manager los N	Horitaning Firm	1.16	المرحواة	: 140	Telephone No.	79-042	License No	
Stan Date (10)		160 Comp	delion C	)ale (11)	Hame of OSHA	MONROS PKALEN	9 M	
Designancy Status Du	inco Analement (Chec	k only one	1)					
Facility Closed Ya	caled During Entire Per thed Ourside of Normal	100 01 400	STOTING II					03052
2004 of Mour (Chec	ck all mai apply)		.450730054		Mn.E	onlanment with N	eçative Pressure	
23 51 01 23 11		Renov Dema	ison Joon			remoted (,) and possible to	Non-Friable Proced	~ 0,
	-	15 Loca North	uty		Descapton	01		· &
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- (1)		YES 1	NO N		. 1		1560 \$	X
SIDIM	`C		-	SII	AN SIT	Ų.		
							-	
Name of Registered	Waste Hauler		700	P Waste	Cubic Yards of Waste	Name of R	epistered Landfill	U, B:
KLEM	co Inc.		12	917	Osposi Dali	CIN State	DS/NE,	N.J.
Compeleo By	LADE, NI	5,08			Signalu		Dair	1/16/15
10 SEPH K	LEMM -	00					5	
4 S-5 - 1		00 001 036	e inis lo	m 101 830	estos licensure e	rempled activitie		



Date of Notification (1)	-	-	Na	me of Bu	uilding Ow	ner/Op	perator (	2)	$\sim$	C.	14.64	A 4	201	7.7		111	
Jan 15th 2015					WY, LL							JAN	4	EUI	9	11-	3/
	Type Notific	ation		St	reet Addr	ress											
1.	<b>7</b> 1 1=141=1			1	00 Wat	ter Stree	t			T.	KOT					-l'	
EPA   DEP	Initial Ameno	ied		100		Zip Code						LICE	NSI	(G			-#
DEP M DOL	Amend	iment #_	cluding			City, NJ					T-1-	-basa Ni	umbar		- CONTRACTOR OF		
	iustific	ency (in ation)	cluding		ame of C	ontact					I ele	phone N	umbei				
DOH DCA	Cance	llation		I	Vellie			511			_		_				-
	L-t-mast in	Toking	Diace (3)		FACILI	TY INFOR	MAII	ON	Type of	Facility (4)	)		_				
Name of Facility Where A Abandoned Comme	patement is	ding fo	r Demo							chool (K-12							
Street Address	TCIAI DUIII	airig io							SI	shchanter 8	(Othe	r than K-	-12)		2000		
151-155 Clark Ave										ther (i.e. pri	ivate 8	comme	rcial b	uildin	gs, n	omes	,
				V					Square		# of	Floors		Bld	g. Ag	3	
City (5) Jersey City											1			50	+		
County (6)				To	County Co	ode (7)			Curren	t Use (Prio	r if bei	ng demol	lished)	)			
Hudson				6	STATE US	SE ONLY)		-		ndoned							
Name of Monitoring Firm	Hired by Bu	uilding O	wner (8)		ASCM I	No.				ement Cont							
n/a					n/a			Lozr	nica Ma	anageme	ent Co	orp					
Street Address									Address								
n/a								0.000	roy La						ec.		
City, State, Zip Code									State, Zip								
n/a								622271777		rk NJ 07	035						
Project Manager for Mon	ager for Monitoring Firm					e No.			none No			License					
n/a	2				n/a				70679			01193	3				_
Start Date (10)			Schedule		pletion D	ate (11)				A Monitor	nt C	orn					
1-26-2015			2-26-2	70,00000					Addres	anageme	ent O	υp					
Occupancy Status Durin									Troy La								
Facility Closed/Vac	ated During	Entire F	Period of A	batem	ent			NAME OF THE REST.	State, Zi								
Abatement Perform Other – Describe:		of Norm	al Facility	Hours				Sec. 10.00		ark NJ 07	n35						
		14)						Line									
Scope of Work (Check A	и ттаг Аррі	у)						Essua	7 5	ee be I Containme	ont wit	b Negativ	ve Pre	SSUF	9		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Business	enova					Min	i-Enclosure	€						
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Asbestos-Containing TO BE AB		(CIVI)	100000	intenai todial S	(0.000)		therma	al systen	ns insula			Specify		Re	교	nca	Enc
In Faci			Cus	(12)	otali:			acing, V miscella			5	F or LF)		Remova	Repair	Encapsulate	Enclosure
(13)					T		Outor	THIOOOIII						<u>a</u>	7	ate	10
			Yes	No	N/A								-	-			
*See Desc	cription				X	The	com	plete r	oof wil	l be							
						seper	ated	from th	ne mas	sonary							
•						and	will b	e disp	osed o	of as							
							ashe	stos m	aterial								
Name of Pagistared Wa	ame of Registered Waste Hauler				JDEP W			ic Yards		Name of	Regis	tered Lai	ndfill				
					lauler ID		of W	/aste		GROV							
Rovic Transport							TBI				2006-20-0	A TOTAL					
City, State				2			1 2 2 2 2 2 2	osal Da	te	City, Sta		DA 100	67				
Riverdale, NJ							TBI	700		IVIORTIS	ville	PA 190	Date	9			
Completed by			Title					Signatu	ıre				350000	3	ith 2	015	
E. Cirovic	Jiou Dj												Jua				



			1	NOTIFI (Pu	CATION Irsuant	OF ASBI to NJAC		61	/ 生	n n	0	3	0=	7-1			
Date of Notification (1) Jan 15th 2015			14		Name of	Building	Owner/C	perator	(2)			7-11	1	6.4	1229		
Agencies Notified	Type Notif	fication			Street A	ddress			1120-0	1.1 4.1	J/	11/2	1	2015	-		-
□ EPA	X Initia	ř.			100 W	ater Str	reet			1			7	-0.0			1
DED	☐ Ame	nded			City, Sta	ite, Zip Co	de			-		mark or you					+
X DOL		ndment	# including	_	Jersey	y City, N	IJ			<i>F</i>	4SBES	TOST ICENS		FRO	1.8		
DOH DCA		ication)	including		Name of	Contact					Tele	ephone-	Num	ber-			1
DCA		ellation			Nellie											in-li-	_
					FACI	LITY INFO	ORMATI	ON			-	-					
Name of Facility Where A									Туре	e of Facility	(4)						
Abandoned Comme	ercial Bui	liding f	or Dem	0						School (K-	12)						
Street Address										Subchapte	r 8 (Oth	er than k	<-12)	)			
100 Water Street									×	Other (i.e.   etc.)	private &	& comme	ercia	l build	lings,	home	es,
City (5)									Squ	are Feet	# of	Floors		В	ldg. A	ge	-
Jersey City								1			1				0+		
County (6)						Code (7)			Curr	rent Use (Pri	or if bei	ng demo	olishe	ed)			
Hudson					(STATE I	JSE ONLY)			Ab	andoned		- <del>-</del>					
Name of Monitoring Firm	Hired by B	uilding (	Owner (8)		ASCN	l No.		Name	of Ab	atement Co	ntractor	(9)					
n/a					n/a					Managem							
Street Address							_	Street				•					
n/a								22 T	roy l	Lane							
City, State, Zip Code								City, S	tate, 2	Zip Code	2000 Table						
n/a										Park NJ 07	7035						
Project Manager for Moni	toring Firm				Telephone No. Telephone					Vo.		Licens	e No		- Control		
n/a					n/a			9737	067	950		0119	3				
Start Date (10)			Schedul	ed Corr	pletion	Date (11)		THE PARTY OF THE		SHA Monitor							
1-26-2015			2-26-2					Lozn	ica I	Managem	ent Co	orp					
Occupancy Status During	Abatemer	nt (Chec	k Only Or	ne)				Street	Addre	ess							
Facility Closed/Vaca	ted During	Entire P	eriod of	Abatem	ent			22 T	roy l	_ane							
Abatement Performe  Other – Describe: 9	ed Outside	of Norm	al Facility	/ Hours				City, S	tate, 2	Zip Code	III. S. III. S. S. S.						
							- 1	Linco	oln F	Park NJ 07	7035						
Scope of Work (Check Al	That Appl	у)							5	See be	elou	1					
≥3 sf or ≥3 lf				Renovat					Fi	ull Containm	ent with	Negativ	e Pr	essu	e		
≥160 sf or ≥260 lf			×	Demoliti	ion			-	M	ini-Enclosur lovebag Pro	е						
				-ym-e-						on-Exempte		d Non-Fi	riable	e Prod	cedur	е	
			Is	Location	on				====:::						Abate	ment	
Location	of		1	Vormall	у		Des	scription	of						Ту	pe	
Asbestos-Containing I		CM)		ed Solel intenar		Asbest	tos Cont	aining M	ateria	al (ACM)	A	mount				m	
TO BE ABA			0.00	todial S	1.5	(i.e.		systems		lation,		pecify		Re	Z.	Encapsulate	Enclosure
(13)	,			(12)				cing, VA		)	SF	or LF)		Remova	Repair	ıpsu	lsok
			Yes	No	N/A									a	7	late	ıre
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*See Descr	ipuon		-		X	The	comp	lete ro	of Wi	ill be							
+						seper	ated fr	om the	ma	sonary							
						and	will be	dispos	sed	of as							
								tos mat	57.75								
Name of Registered Wast	e Hauler			N.	JDEP W				ond	Name of	Registo	red Lan	dfill				
Rovic Transport				1879	NJDEP Waste Cubic Yards Hauler ID No. of Waste					1 100000	57.5		Jilli				
					TBD					GROW	15 Lan	Idtill					
City, State				THE PARTY OF THE P	Disposal Date					City, Stat							
Riverdale, NJ			,				TBD		Morris	ville PA	1906	7					
Completed by			Title		Signature					41		1	Date			253/45/	
E. Cirovic			Secr	etary									Ja	n 15	th 20	)15	

CK 2201

Jan 16 15 01:40p

Resource Management

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DEGEL	NOTIFIC (Pur	ATION	of New OF ASB N.J.A.C	W Jersey ESTOS ABA 8:60 and 12	TEMENT 2:120)	/GL - 10 B	AY	]		
Date of Notification (1)		Name	of Building O	wner / Operator (	(2)	1 0/1/11				
D1-16-2015   Agencies Notified   Type Notifica     EPA   ASB   STOS   Company     DEP   ME Initial     DOL	IRDL& G	Street / 150-17 City, Si Hackes Name	Address D Main Stres Interest Zip Conseck NJ, 07 of Contect of Africani	it ide	10106	VER APPR	()/[	12	mber	Г
		FA	CILITY INFO							
Name of Facility Where Abateme Retail Building Street Address 154 Main Street		e (3)		Type of Facility School (K- Subchapte Other (Le. Square Feet	12) F8 (Other than private & common of Floor	nercial buildings, Bld	g, Age		2.)	
City (5) Hackenaack NJ, 07801	County (6) Bergen	Connide	oge (r)	Current Use (P		nolished)		iva_		
Name of Monitoring Firm Hired b Criterion Laboratories, Inc.		(8)	ASCM No.	Name of Absta Resource Man	agamant Group	(9) p, LLC				
Street Address 3370 Progress Drive, Suite City, State & Zip Code Bensalem, Pa. 19020	J			Street Address 2115 Hamilton City, State & Z Trenton, NJ 06	Ave, Suite 202					
Project Manager for Monkoring F Mr. Mike Panepresso		elaphone 215-244-		Telephone Nur 609-977-8159		License Nu	mber 01165	5		
Scheduled Start Date (10) 01-19-2016	Scheduled Comp	pletion Dat 2-19-2015		Name of OSH	A Monitor ental Laborator	ins Inc.				
Occupancy Status During Abate Facility Closed/Vecated Abatement Performed D Facility Occupied During	ment (Check only During Entire Per uring 1st Shift De Abatement	y one) riod of Aba	stement	Street Address 2333 Route 22 City, State & Z Union, NJ 070	West Dode					
Scope of Work (Check all that a)  □ ≥3 of or ≥3 ff  ≥160 of ≥260 if	objA)		novation molitica		☐ Mini-Enc ☑ Glove Ba	sinment with Ne losure ag Procedures mpted and Non-	Frieble	Proc	<b>Səd</b> ul	ne
Location of Asbestos-Contains		le Locat Normally		Description Asbestoe-Cont		Amount (Specify	Aba	teme	ant T	уре
Meterial (ACM) TO BE ABATED in Facility (13)		Solely Maintenar Custodial (12) Yes No	by ice of Staff?	Material (AC (i.e., thermal sy insulation, surfact or other miscells	(M) estems ing, VAT	SF or LF)	Removal	Repair	Encapsulate	Endsoure
		口一図		Pipe Wra		26LF	X		П	U
			++-	Floor tile & M	BEIC	1,735 SF 1,680 SF	X		H	
			H	Grey Floor t		32 SF 32 SF	X	-		F
Name of Registered Waste Heu	ler	IN.	JDEP Waste			stered Landfill				
Resource Management Group,	LLC		35218	TBD	Grows Landfil		1000			
City, State Trenton, NJ				Disposal Date	City, State Morrisville, PA			V		
Completed By (Print or Type) Nr. Brian J. Haney		100.00	tle resident	Signature	nNe	) Le	Date 01/16	/201	5	
\$50.0				11		1/				

CHECK # 3 1 13

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

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JAN	2	7	2015	
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						- VA	4 2 1 2015	11	111		-
Date of Notification (1	1.5/1		٨		ing Owner/Operato		C		4.		
					INNSFOR	MATTON-	CNTORPI	215	015		=
Agencies Notified	Type Notifica	ation	S	treet Addres	w. CLDn		DENSING THOUSE				
<b>☑</b> <del>P</del> A	[2] Initial		L-			KS LAB	TWA ICC	DA.D	1	-	_
₩ DEP	Amended Amendme		0	ity, State, Zip							
LA DOC	☐ Emergeno				ic lyong	ion, To					_
DOH	justification  Cancellati		N	ame of Cont			Telephone Num	ber			
□ DCA	Cancellati	Ori	-	15	ARBARA		1 /				
11 2		. 4		FACILITY IN	IFORMATION .						
Name of Facility Where	e Abatement is T	aking Place	e (3)			Type of Facilit	y (4)				
	I DEN.CC		•			School (K-	12)				
Street Address							r 8 (Other than K-1)		-		
109	- CARE	ELD	145	-		homes, etc	private & commerci	al bulk	aings		
0:+ 75)						Square Feet	# of Floors	B	dg. A	ge	
Sity (5)	IN WO O	0				1500	1		40	) ÷	
County (6)				County Code	(7) (STATE		rior if being demoli	-			_
county (o)	TLIWT.	1 ( .		JSE ONLY)	NA MODERNICE		OCANT				
Name of Monitoring Fin			TAS	CM No.	Name of Abatem	ent Contractor (					_
(8) Name of Montgoring First		ng Office	,~	- III 1194	The second secon	EMCO I					
	/-		=		Street Address	- 1700 1	70 (,				
Street Address					36	95,5	Pruce Au	*_			
					City, State, Zip C		.0000			_	
City, State, Zip Code	4						ADE, NIJ.	08			
			F = 1 = 1		Telephone No.	CC 214	License No.	. 00	كعب		=
Project Manager for Mo	nitoring Firm		Telephx	one No.		7 5-1145	2 40.00	10			
N/	/3						2 004	7 7			
Start Date (10)	_ Sc	cheduled C			Name of OSHA	Monitor / } A					
		2/3	-		^	1/1					_
Occupancy Status Duri					Street Address						
☐ Facility Closed/Vaca	ted During Entire	Period of	Abateme	nt							_
Abatement Performe	d Outside of Nor	mal Facility	y Hours		City, State, Zip C	ode					
Other - Describe:											_
Scope of Work (Check	all that apply)			12	□ Full Cor	ntainment with Ne	agative Pressure				
□-2-42#	5% 6%	□ Re	novation		☐ Mini-En		sgative Flessure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			motition		Gloveba	g Procedure		22.2			
U					□ Non-Exe	empted (*) and N	on-Friable Procedu	100	L - 1 -		-
		12000	ocation					1 '	bate Tvt		
Location	of	(1) (Automotive Control (1))	ormality Solely by	,	Description of			-			
Asbestos-Containing I		Main	itenance/	Asbe:	stos Containing Mat		Amount	1_		En	п
TO BE ABA	TED	17.07	istodial staff?	(i.e	, thermal systems in surfacing, VAT,		(Specify SF or LF)	₹en	Repair	cap	ncic
IN Facility (13)	y		(12)		other miscellaned		01 6 2 7	Remova	pair	Encapsulate	Enclosure
(13)		-		-				B.		ate	9
SIDIN	/.	Yes	No N	/A							_
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51DIN			-	-				T		1.1	
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Name of Registered Wa	ste Haufer			P Waste	Cubic Yards	Name of Reg	istered Landfill				
KLEMCO				r 10 No.	of Waste	1	4.601	7			
			-   -	107	Disposal Date	City, State					2541825
City, State	45.7 4 7	-, x ~ 1	ラン			PLEAS	### WI LIE Date	70.1	V,-	5-	
MAPLE SH	404 101	1040			Signature		I Date		1	_	
Completed By		otte O Wir	451		\ / /	4 Kucas	17	115	13		
JOSE-PH14	U & nam _		r y ro								-



Date of Notification (1) January 15, 2015			T	Name of Mary K	Building (	Owner/O		(2) neck #	1800			0.011	_			
5	otification		-	Street A	ddress			,00K IT		۱۵۱.	2 1	201	)			
DOL An	nended nendment :			City, Sta	gh Streete, Zip Co gton City	de	3016		AS	BEST	OS CO	JAMB SING	ÜL	&		The state of the s
DOH jus	nergency (i tification) ncellation	ncluding		Name of Mary K	Contact Cern					Tele	phone	Numbe	r			
Name of Facility Where Abatement Vacant Building	nt is Taking	Place (3	3)	FACI	LITY INFO	ORMATIO	ON	1.2.2	of Facility (4							
Street Address 665 High Street									School (K-12 Subchapter 8 Other (i.e. protec.)	(Othe			uild	ings,	home	BS,
City (5) Burlington City									e Feet	# of	Floors			dg. A	ge	
County (6) Burlington				County C	Code (7) JSE ONLY)	)			nt Use (Prior Int Office	r if bei	ng demo	olished	)			
Name of Monitoring Firm Hired by Management & Enviro. Co				ASCN	No.				ement Cont vironmenta		75-150	5, 7,3				
Street Address PO Box 341								Addres Cutler	s Avenue							
City, State, Zip Code Chesterfield, NJ 08515	sterfield, NJ 08515							State, Zip le Sha	p Code de, NJ 08	052						
Project Manager for Monitoring Fi Bill Weisgarber								hone No 755-00			Licens 00842					
Start Date (10) January 26, 2015		mpletion ( 2015	Date (11)				A Monitor lytical, Inc	D.								
Occupancy Status During Abatem  Facility Closed/Vacated Duri				ment				Addres Route	s 130 North	٦						
Abatement Performed Outside Other – Describe:						_		State, Zip amins	o Code on, NJ 08	8077	11					
Scope of Work (Check All That Ap	ply)							7								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Transportation of the last of	Renova Demoli				>	Mini Glov	Containmer i-Enclosure vebag Proce i-Exempted	edure						
4/		ls	Locat	tion			E	NOI	-Exempled	( ) air	1 NOII-F	Hable F		Abate	ment	
Location of Asbestos-Containing Material	(A C M)		Norma ed Sole		Ashas	Des tos Conta	scription		(A C NA)	Δ.	mount	-		Ty	pe	
TO BE ABATED In Facility (13)	(ACIVI)	0.000	intena todial ( (12)	Staff?		thermal	system sing, VA	s insula: AT, or		(8	pecify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A											le l	
Heater Room	XXX			Cem	ent Bo	oard		4	O SF	2	2					
Name of Registered Waste Haule	8		10000	NJDEP W		Cubic '			Name of R	egiste	red Lan	dfill				
Freehold Cartage						of Was	ie		Western	Berk	s Con	nmuni	ty I	anc	lfill	
City, State Freehold, NJ						Dispos 1/27/2	al Date 2015		City, State Birdsbor	o, PA	\					
Completed by Christina Lynch		ation	s Mana	ger	Si	ignature	arc	Pe			Date 1/15	20	15			

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)  January 16, 20	.5	Name of Building	Owner/Oper Torbil	rator (2) t Construction	2	60	89	
	al Notification	Street Address	NPAINWAY CON	outh Street	JAIX Z	1 1010		
[X] DOL Ame	ended Notification endment # ergency (including	City, State, Zip Co	ie New F	Providence, NJ 079		5113		
	fication) cellation		men Tors		elephone Number			
	FA	CILITY INFORM	IATION	,				
Name of Facility Where Abatement is Taking Residence	g Place (3)	= 1		Type of Facility (4)	School (k-12) Subchapter 8 (other	er than k-l	2)	
Street Address 400 Central Aver	nue .			[x]	Other (i.e., private homes, etc.)	& comme	ercial build	lings,
City	County (6)	County Code (7) (STATE USE ONL	Y)	Square feet 1200 sf	# of Floors	Bldg. Ag	ge 60	
New Providence	Union			Current Use (Prior if Resider				
Name of Monitoring Firm Hired by Building	Owner (8)	ASCM No.	Name of	f Abatement Contractor		Inc.		
Street Address			Street A		oute 9, Unit 61			
City, State, Zip Code			City, Sta	nte, Zip Code Toms F	River, New Jerse		-1271	
Project Manager for Monitoring Firm	Telephone Numb		732-34	ne Number 49-9932	License No 00624	ımber		
Scheduled Start Date (10) 1/26/15	Scheduled Compl 1/28/15	letion Date (11)			L. Analytical			
	ed During Entire Period of A d Outside of Normal Facility	Hours	Street A	1056 S ate, Zip Code	telton Road	00054		
			<u> </u>		way, New Jerse			
Scope of Work (Check all that apply)	[ ] Dam	ovation	[	Mini-Enclosure Glovebag Proced				
[ ] >3 sf or ≥3 lf [ x ] ≥160 sf or ≥260 lf	L J	nolition	[ x		*) and Non-Friable I	rocedure		
						Abatem	ent Type	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custod Staff (12)  YES NO N/	ial (i.	Descripti sbestos-Co Material ( e., therma sulation, s VAT, ther misce	ontaining ACM) I systems surfacing, or	Amount (Specify SF or LF)	E H H H H H	C A A	E N C L O S U R E
Exterior	X	Asbestos sid	ing	0	1000 sf	X		
Name of Registered Waste Hauler Guardian Contracting, Inc.		3 3	Yards of Wa	T.R.R.F.	ered Landfill			
City, State Toms River, New Jersey	1/	sposal Date 29/15	City,	state ytown, Pennsylvani	a,	Date		
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	icho	1 tel		1/16/2	2015	

<sup>\*</sup>Do not use this form for asbestos licensure exempted activities.

Check# 2552	NOTIF!	CATION ursuant	OF A	New Jersey SBESTOS AE AC 8:60 and 1			ECEI	$\mathbb{V}$		n	
ite of Notification (1)		Name	of Build	ing Owner/Op	HS. A.	(120)	4:001	2015		Ш	and the same
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gencies Notifield Type Notification		31	1 12	Foot	4:11 8	121					-
D ERA Initial	}		tate. Z		11:1		ASBESTOS CO	NTRO	)L&		
DEP Amended Amendmen	nt #	3	ride	selvat	en, Ne	(1) J	The Supplement	NG r	-		4
Emergency	(including	Name	of Cor	ntact			Telephone Numbe	4			-
DOH justification		P	tiu I				±				
] DCA   Caribellatio		FA	CILITY	INFORMATION	Type (	of Facility (4)					
lame of Facility Where Abatement is Tak	ing Place (3)					cabon! (K-12)	2				
Hamamatsu Corp. 1	rope th	•					(Other than K-12) vate & commercial b	oullding	is, ho	mes,	
Street Address (100) Bl	,d				1367	etc.)					
					Squar	re Feet	# of Floors		Age OF		
Dity (5)							if being demolished	1 900	<i></i>		
County (6)		Cour	nty Cod	ie (7) E ONLY)	Curre	bre hu		-,			
middlasox					Name of Aba	tement Cont	ractor (9)				
Name of Monitoring Firm Hired by Buildin	ng Owner (8)	A	SCM N	10.	Ace Insula	ation Co.,	Inc.				
					Street Addre						
Street Address						ose Road					_
au corea Zin Code					City, State, Z	Zip Code ck, N.J. 07	722				
City, State, Zip Code					Telephone N	The second secon	License No.				
Project Manager for Monitoring Firm		Tele	phone	No.	732-294-		00029				
110,00				- 1445	Name of OS						
Start Date (10)	Scheduled	Comple	tion Da	ate (11)	) Maine or or						
1127117	Shook Only One)	111			Street Addr	ess					
Occupancy Status During Abatement (C	Meck Only One)	atement									
Facility Closed/Vacated During En  Abatement Performed Outside of I  Other – Describe:	Thillian madellity i	lours			City, State,	Zip Code					
Scope of Work (Check All That Apply)	200				П	ull Containm	ent with Negative P	ressure	3		
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≥160 sf or ≥260 lf	AN DE	HOMOH			X	lovebag Pro	cedure d (*) and Non-Friabl	e Proc	edure	)	
					Manual 11	IOIT-EXCITIFIED			Abate	ment	
		ocation ormally	1		Description of			-	Ту	μe	Г
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TO BE ABATED	Custo	idial Stat		SH	nal systems ins rfacing, VAT, or	ř .	SF or LF)	Remova	Repair	Encapsulate	
In Facility (13)		(12)		othe	er miscellaneou	s)		val	=	late	
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Name of Registered Waste Hauler		Hat	uler ID		Waste	Chrins	3				
Ace Insulation Co., Inc.		120	086	Dis	sposal Date	City, Sta	ate				
City, State				16	12/15	Easto	n,, PA	- 1			
Colts Neck, New Jersey				10	10111		10	2001			-

Completed by

Bree McGuire

Colts Neck, New Jersey

Signature

Secretary Treasurer

Date

### State of New Jersey

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Date of Notification (1) 1/15/15						Building on's Spe						JAN	2 .	2	015		ر ا
Agencies Notified	Type Notific	cation			Street Ad 150 No	ddress ew Prov	idence	Road		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	i						
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DOH DCA	Emerg justific Cance		luding			Contact	<u> </u>			7/2/2	Tel	ephone I	Numb	er			
	Cance	mation				LITY INFO		ION									
Name of Facility Where	Abatement is	Taking P	Place (3	)					Тур	e of Facility ( School (K-1	2)						
Street Address 150 New Providence	ce Road								×	Subchapter Other (i.e. p etc.)				build	ings,	home	es,
City (5) Mountainside								9	Squ 22	Jare Feet	# 0	f Floors		BI 55	dg. A	ge	
County (6) Union					County (	Code (7) JSE ONLY,			Cur	rent Use (Prid	or if bei	ing demo	olishe	d)			
Name of Monitoring Firn	n Hired by Bu	ilding Ow	ner (8)		ASCM	1 No.				oatement Con vironmental			LC	CX 11111			
Street Address	2							Street PO E		ress 483, 4 E G	ate D	rive					
City, State, Zip Code	*** ** **									Zip Code od, NJ 074	18				S. 885		
Project Manager for Mor	roject Manager for Monitoring Firm							Teleph 973-		No. -8500		Licens 703	e No.				
Start Date (10) 1/24/15			chedule /19/15		mpletion (	Date (11)		Name	of O	SHA Monitor				<u> </u>			
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Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside o							City, S	state,	Zip Code							
Scope of Work (Check A	VII That Apply)	)		A STATE OF THE STA												-	
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housekeeping/storage room					×		pipe	insula	tion		3	30 LF		×			
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Name of Registered Waste Hauler Freehold Cartage					JDEP W lauler ID 5939		of Wa	Yards iste		Name of I	Registe	ered Lan	dfill		tij		
City, State Freehold, NJ							Dispo TBD	sal Date		City, State	e						
Completed by A. Scott Higgins	ompleted by Title							Signature	//	11	_		Date 1/15				

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			(P	ursuant t	to NJAC	8:60 and	12:120	)	7	E (	e e	1	П	F	10	7
Date of Notification (1) 1/12/15				Name of Pat Iss		Owner/Op	perator	(2)			i verene i r					
Agencies Notified	Type Notification			Street Ad 284 Wi	ddress inthrop	Road			1	J	AN 2	1 20	IJ,			7
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DOH DCA	Emergency (i justification) Cancellation	ncluding		Name of Pat Iss					L.,	Tele	phone N	lumber				
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Name of Facility Where House	Abatement is Taking	Place (3	i)					_	f Facility (4 chool (K-12	.5						
Street Address 284 Winthrop Road	t			=				X O	ubchapter ther (i.e. pr c.)				lding	js, t	nome	s,
City (5) Teaneck								Square N/A	Feet	# of N/A	Floors		Bldg N/A	700 D	je	
County (6) Bergen				County C	Code (7) JSE ONLY	)		Curren	t Use (Prio e	r if bein	ng demol	ished)				
Name of Monitoring Firm	n Hired by Building C	wner (8)		ASCM	l No.				ment Con		(9)			-115-2		
Street Address							Street	Address								
City, State, Zip Code							City, S	tate, Zip		NA 11 18 12 1						
Project Manager for Mor	nitoring Firm			Telephor	ne No.		Teleph	none No.			License					
Start Date (10)		Cabadula	24 0		D=4= /44\			345-86	A Monitor		#0067	5				
1/30/15	×	1/31/15	5	mpletion (	Date (11)				ment, Inc	C.						
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Name of Registered Wa	Name of Registered Waste Hauler					Cubic \	Yards		Name of I	Registe	red Land	ifill				
D&S Abatement, Inc	c.		Hauler ID 20996	No.	of Was	te		Waste N		gement	of PA					
City, State Totowa, NJ	Totowa, NJ						al Date	2	City, State Tullytov							
Completed by Deanna Brkusanin		Title Proje	ect M	anager		Si	ignatur	lear	werle	ull	en	Date 1/12/	15			

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Date of Notification (1) 1/12/15		The state of the s			Building O		perator	(2)	13.		- /-	7	E		
Agencies Notified	Type Notification			Street Add						JA	N.21	2015			
× EPA × DEP × DOL	Initial Amended Amendment			City, State	e, Zip Cod et, NJ 0	e				ASBES	TOS CO	NTBr	1! 2.	MANUAL PROPERTY AND ADDRESS OF THE PARTY AND A	
× DOH DCA	Emergency ( justification) Cancellation	including		Name of 0 Brendar	Contact n Conhe	eney			L	Telep	hone Nun	nber			
				FACIL	ITY INFO	RMATIC	N								
Name of Facility Where House	Abatement is Takin	g Place (3)							of Facility (4) School (K-12 Subchapter 8	)	than K-12	2)			
Street Address 45 Broadway					27			X	Other (i.e. pri	ivate &	commerci	al build	908 (0)		s,
City (5) Bayonne					•			Squar N/A	e Feet	# of F N/A	loors		dg. Aq /A	ge	
County (6) Hudson				County C (STATE U	ode (7) SE ONLY)			Curre	nt Use (Prior Se	r if being	g demolish	ned)		is.	
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.				ement Cont ement, Inc		9)				
Street Address								Addres	ren Aven	ue	::::::::::::::::::::::::::::::::::::::				
City, State, Zip Code							-	State, Zi wa, N	p Code J 07512						
Project Manager for Mo	nitoring Firm	-		Telephon	ie No.		11/16/20/20/20	hone No -345-8		- 4	License N #00675	lo.			
Start Date (10) 1/28/15		Schedule 1/31/15		npletion D	Date (11)		200000000000000000000000000000000000000		HA Monitor ement, Inc	o					
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Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Non Occupied	Period of A mal Facility	baten Hours	nent s		_	City, S	State, Z	ip Code IJ 07512			110		- 10 m	
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Name of Registered W D&S Abatement, Ir			1	NJDEP W Hauler ID \$20996		of Wa	Yards aste		Name of Waste I	<del>-</del>					
City, State Totowa, NJ						TBD	sal Dat		City, State Tullytov	vn. PA	\				
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) Marcella Vitaletti 1-16-14 Street Address Agencies Notified Type Notification 33 Snyder Avenue [ ]EPA [X] Initial Notification City, State, Zip Code [ ]DEP LICENSING [ ]Amended Denville, NJ, 07834 [X]DOL Notification Telephone Number Name of Contact [X] DOH [ ] EMERGENCY Marcella Vitaletti [ ]DCA [ ]Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Same as above [ ]School (K-12) [ ]Subchapter 8 (Other than K-12) Street Addres [X]Other (i.e., private & commercial buildings, homes, etc.) Square Feet Bldg. Age # of Floors City (5 County (6) Essex County Code (7) 75 1800 2 (STATE USE ONLY) Current Use (Prior if being demolished) Name of Monitoring Firm hired by Building Name of Abatement Contractor (9) Owner (8) AZTECH MANAGEMENT, Inc. N/A Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 00371 N/A (973)744-8800Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor 1-27-15 1-28-15 N/A Year Month Day Year Month Day Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period of Abatement [ ]Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» [ ]other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) [ ]Full Containment with Negative Pressure [X]>3 sf or >3 lf [X] Renovation [X ]Mini-Enclosure [ ]>160 sf or >260 lf [ ]Demolition [X]Glovebag Procedure [ ]Non-Friable Procedure Is Abatement Location Normally E Description of Location of NCAPSU NCLOSU Asbestos-Containing Asbestos-Containing Amount Used E (Specify EP Solely Material (ACM) Material (ACM) By Main-SF or (i.e., thermal systems TO BE ABATED O AIR tenance/ In Facility insulation, surfacing, VAT, LF) Custodial A (13)Staff (12) or other miscellaneous) R Yes No N/A Pipe Insulation 100 lf Basement X 2x2x4Boiler (metal jacket) Name of Registered Landfill

Name of Registered Waste Hauler NJDEP Waste Cubic Yards Hauler ID No. of Waste 1.5 G.R.O.W.S. AZTECH MANAGEMENT, INC. 17040 City, State Disposal Date City, State Morrisville, PA 19067 Montclair, NJ 07042 1-29-15

Completed By (Print or Type) Title Signature Date Constantine Vivian Bresident 1-16-15

□ EPA □ DEP □ Amended Amendment # □ DOL □ Cancellation □ DCA □ DCA □ Cancellation □ Cancellatio	mes,
Agencies Notified  Type Notification  Street Address  461 FROM ROAD  City State, Zip Code  Amendment #  Emergency (including Justification)  DCA  DCA  Cancellation  Name of Contact  FAGILITY INFORMATION  Name of Facility Where Abatement is Taking Place (3)  SARGENT ARCHITECTS  Street Address  461 FROM ROAD  City State, Zip Code  //ARAMUJ NJ 07650_  Name of Contact  POBERT SARGENTI  School (K-12)  Subchapter 8 (Other than K-12)  Street Address  45 F (RST ST)  City (5)  LORI  Square Feet # of Floors Bldg, Age  1650 A 60	
Separation   Sep	
□ DEP □ Amended □ Amendment # □ DOL □ Emergency (including   Name of Contact □ DCA □ Cancellation □ Cancellation □ POBERT SARCENT □ School (K-12) □ School (K-12) □ School (K-12) □ School (K-12) □ Subchapter 8 (Other than K-12) □ Street Address □ Subchapter 8 (Other than K-12) □ Subchapter 8 (Other (I.e. private & commarcial buildings, ho etc.) □ Square Feet □ # of Floors □ Bldg. Age □ LOP1 □ Square Feet □ # of Floors □ Bldg. Age □ LOP1	
□ DOH □ Cancellation □ POBERT & BREENT!  FACILITY INFORMATION  Name of Facility Where Abatement is Taking Place (3)  SARBENT   ARCHITECTS □ School (K-12)  Street Address  #5 Firest ST.  City (5)  LORI    Ustification   POBERT & BREENT!    SARBENT   ARCHITECTS □ School (K-12)   Subshapter 8 (Other than K-12)   Subshapter 8 (Other (i.e. private & commercial buildings, ho etc.)    Square Feet	
Name of Facility Where Abatement is Taking Place (3)  SARPBUT   ARCHITECTS  Street Address  45 F (1657 57)  City (5)  LORI  Type of Pacility (4)  School (K-12)  Subchapter 8 (Other than K-12)  Subchapter 8 (Other than K-12)  Other (I.e. private 8 commarcial buildings, hoeto.)  Square Feet # of Floors Bldg. Age  1650 → 60	
Street Address  #5 Fixs 57  City (5)  LORI  School (K-12) Subchapter 8 (Other than K-12) Sub	
City (5)  LOGI  Square Feet # of Floors Bldg, Age 1650 - 60	
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5 and the Management of the last of an allegations of the last of	
County (6)  County Code (7)	
Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Abatement Contractor (9)  A, MAC Contracting Inc.	
Street Address Street Address 185 Vreeland Ave.	
City, State, Zip Code  City, State, Zip Code  Midland Park, NJ 07432	
Project Manager for Monitaring Firm Telephone No. Telephone No. License No. 201-262-5841 License No. 00156	
Start Date (10)//17/15	
Occupency Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement 280 Huyer Street  Abatement Performed Outside of Normal Facility Hours  Other - Describe:  Street Address 280 Huyer Street City, State, Zip Code Hackensack, NJ 07606	
Scope of Work (Check All That Apply)	till the street and
Start of ≥3 ti	
Abate	
Location of Normally Description of	$\neg$
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Osed Solely by Maintenance/ Custodial Staff? (12)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Encapsulate Encapsulate
Yes No N/A	
BASEMENT X PIPE 130CR X	_
	1
Name of Registered Waste Hauler  NJDEP Waste Hauler ID No. O4509  Name of Registered Landfill	
City, State, Zip Code  Disposal Date  City, State, Zip Code	
Newark, NJ 07105  Completed by Title Signature Date President	15

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

Date of Notification	1 (1)		Na	ame o	f Buil	lding	Owner/Oper	ator	(2)	1 15 7			1 -	_			
12-15-14				William Gruning executor Christine lembree											2/5		
Agencies Notified	Type Notif:	icatio	n S	treet	Addre	ess			- C C GC - CC	1 1				*****	111		
[ ]EPA	[X]Initia	1		24	Free	eman	Street	:		JAN	2	1 :	ME	i			
[ ]DEP	Notif	icatio	on c	ity,	State	, Zip	Code			i		-	251		1		
[X]DOL	[ ]Amende			Ros	elar	nd, No	J,07068	3	į	ACCO					PEREN		
[X]DOH	Notif	icatio	22.000	2700 0	of Cont	taat	*		To lophon	ASSES T	10 0			i di			
	[ ]EMERGE	NCY	1 1				uning		Iterebitori	e (accountage (a st	4_ A,			-7	1		
[ ]DCA	[ ]Cancel	lation	11	8.6		ı Gı	aniig		ż						- 1		
					FACI	LITY I	NFORMATION	N	<u> </u>								
Name of Facility Who	ere Abatemer	nt is	Taking	r Pla	ce (3)				Type of Facili	ty (4)							
Same as above									[ ]School								
Street Addres								-	[ ]Subchapt [X]Other (i								
										ildings, h							
									Square Feet	# of Floo	rs	Blo	ig. 1	Age			
City (5		Cou	nty (6	) Ess	эx		nty Code (		1400	2		7	75				
						(ST	ATE USE ON	ILY)	Current Use (F	Prior if be	ing	dem	olis	hed)			
Personal designation of the control														.55000			
Name of Monitoring P Owner (8)	Firm hired h	y Bui	lding	ASC	M No.				ment Contractor								
N/A							AZTEC	H M	ANAGEMENT	Inc.							
Street Address							Street Ad								30		
							86 Ch	ris	topher St.								
City, State, Zip Coo	de		77. 12.72				City, Sta		7								
							Monto	lai	r, NJ 0704	12							
Project Manager for	Monitoring	Firm	Tele	phon	e Numb	er	Telephone	Numb	per	Ī	ice	nse	Numb	er			
			N/I	Ā			(973)	744	-8800		00	37	1				
Scheduled Start Date	e (10) Sc	ched.	Comple	tion	Date	(11)	Name of C	SHA 1	Monitor								
1-26-15		1	-27-	-15			N/A										
		Month	Table 1	-	Year												
Occupancy Status Dur [X]Facility Clo							Street Ad	ldress	3								
of Abatemen		2 2		2 2													
[ ]Abatement Pe Hours - Desc					acili	ty	City, Sta	te, 2	Zip Code								
[ ]other - Desc					cipt»												
Scope of Work (Check	k all that a	apply)					11.										
F**1 > 2 - C	. 2 1 5		F = = 2						Containment wit	th Negative	Pr	essu	re				
[X]≥3 sf or []>160 sf			- T		vatior litior		17 1170		Enclosure bag Procedure								
							[ ]	Non-F	riable Procedu	re							
Location	o of		Lo	Is catio	on		Dosar	intio	n of			Aba	teme	nt I	Ype E		
Asbestos-Con				rmall Used	-y		Descr. Asbestos			Amount		R	R	N	N		
Material			S	olely			Mater		(I) (70)	(Specify	7	E	E	CA	C		
TO BE AB				Mair nance		23	(i.e., the			SF or		0	PA	PS	os		
In Facil	3000		Cus	todi	al		sulation, or other m		acing, VAT,	LF)		A	I R	U	U		
(13)			Yes	No	N/A		or ouner n	11306.	Lianeous)			L		L ·	R E		
Basement					X	Pip	e Insu	lat	ion	95 lf		X					
										-							
Name of Registered V	Waste Hauler	=	NJD	EP W	aste	Cul	oic Yards		Name of Regis	stered Land	fil	1					
AZTECH MANAG					ID No.	of	Waste 1.	5	G.R.O.W.								
City, State			1 /	040		Die	sposal Dat	e	City, State				27				
Montclair, NJ	07042						1-28-15		Morrisvi	lle. PA	1	906	7				
						-					-						
Completed By (Print		Title					Signa	ature	- t-		Da	ate		200			
Constantine V	ivian	Pres	ider	ıt							1	2-15	5-14				

State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7) 2015-10 B & G proi. #: Check # 7048 \*\*\* EMERGENCY \*\*\* Date of Notification (1) Name of Building Owner/Operator (2) JAN 21 2015 0 11 1/1 14 1/11 15 1 Maria Galioto Agencies Notified Type Notification Street Address EPA 20 Glen Road ASBESTON CONTROL & Initial DEP City, State, Zip Code Amendment DOL West Orange, NJ 07052 Telephone Number X DOH Name of Contact Cancellation Maria Galioto DCA FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Maria Galioto Subchapter 8 (Other than K-12) X Other (Private/Commercial Street Address Bldgs./Homes, etc 20 Glen Road Bldg. Age # of Floors Square Feet County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) Essex West Orange, NJ 07052 residential Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. B & G Restoration, Inc. 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 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 01/15/2015 01/16/2015 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) X Glovebag procedure Full Containment w/negative pressure Demolition |X Renovation Non-friable procedure Mini-enclosure >3 sf or >3 If >160 sf or >260 lf E Is location normally used solely E Location of е e n by maintenance/custodial Amount Description of asbestos-containing Π asbestos-containing m p C staff(12) (Specify SF or C material to be material (ACM) 0 a abated in facility (13) V Yes No N/A D X X 14 If pipe insulaton basement main room 3 If X boiler room/laundry room pipe insulation Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# Tullytown Resource & Recovery Center 19563 B & G Restoration, Inc. 1/2 Disposal Date City, State Tullytown, PA 01/16/2015 Lincoln Park, NJ

Signature

Gordana Luna

Completed by (Print or Type)

Gordana Luna

Title

Secretary/Treasurer

Date

01/14/2015

Notification of Asbestos Abatement

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

В & G ргој. »: 2015-10	3 E 1 W	— (Pursuan	t to NJAC 8		and 12:120-7)	Check	# 7048				20
Date of Notification (1)  [0   1   /   1   4   /   1   15   ]  Agencies Notified   Type Notifical	Maria	f Building Owner a Galloto	er/Operator (2)	F- 477-	N.i Dept. of Health &	Senior our norm			d skirtness		
DEP MILITIAL ACCES	City. Sta	ien Road	WITH THE PARTY OF		Date: Liuli	Time:			<del></del>		
X DOL Amend	4.900	t Orange, N	J 07052					-			
DCA Cancel	etion	Contact la Galioto				Telephon	è Number				
		FACI	LITY INFORM	ATION							
Name of facility where abatement Maria Galioto	is taking place (3)	, , , , , , , , , , , , , , , , , , , ,	n a second				(K = 12)			****	
Street Address 20 Glen Road			enter to Ambiferration .		, ,	Other (Bldgs./	apter 8 (Othe Private/Com Homes, etc.		clal		adaran ianan
City (5)	County (6)		- Van	Cou	nty Code (7)	Square Feet	# of Floors		Bld	ig, Ag	le
West Orange, NJ 07052	Essex				e use only)	Current Use (Pr	ior If being d	emo	lishe	d)	
Name of Monitoring Firm Hired by	Bidg, Owner (8)	1	ASCM No.	. 1	Name of Apatement	Contractor (9)					
n/a Street Address					B & G Restorat	ion, Inc.					
otteat Virolass					105 Ryerson F	Road		F2			
City, State, Zip Code			-		City, State, Zip Code Lincoln Park,		***	munitr'i-			Modelet
Project Manager for Monitoring Fire	n	Phone Numb	ег		Telephone Number (973)696-686	9	License Nu 0037		16		
Scheduled Start Date (10)	Sched. Com	pletion Date (11	1)		Name of OSHA Mon B & G Restoral	707.00					
01/15/2015	01/16/20	15			Street Address	(Or, 116).					-1-10
Occupancy Status During Abateme	managed and the second state of the second		Mind of the Part o		105 Ryerson R						
Facility closed/vacated during Abatement performed outside Describe:					City, State, Zip Code LincoInPark, N					*	-
Other-Describe: Scope of Work (check all that app	M			- 1	Entcome ark, N	3 07 035		_		·	1
Demolition	Renovation				ull Containment w/ne lini-enclosure	gative pressure	Glovebag	200			
	≥160 sf or ≥260 l		7	10	inn-enclosure	1	Non-frieb		R	E '	
Location of asbestos-containing material to be abated in facility (13)	by maintenance staff(12) Yes No	/custodial	1		sbestos-containing	Amount (Specify S LF)	For c	n	e p. w	4803	MEGL
basement main room			pipe insula	aton	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	14 lf		-		$\Box$	
boiler room/laundry room		X	pipe insul	ation	200	3 lf		1	9		
								#	H	井	H
A STATE OF THE STA				- ugur	**************************************				計		5
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hav 19563		ubic Yards of V	Vaste	Name of Registered	Landfill Resource & Re	course Ca	-4-			
City, State Lincoln Park, NJ		Disposal D			City, State Tullytown,		overy ce	:1100	1(		******
Completed by (Print or Type) Gordana Luna	Title Secretary/Tre		Signature	. (	Gordana Luna	180	Date 01/14/2	015	5	<del>- Y</del>	<del></del>

Print Porm

			(F		to NJAC			111	Δ١,	N 2	1 2015	(	Kel	84	53
Date of Notification (1) January 13, 2015				Mame a	of Building	Owner/	Operator	(2)	tion of Borg	OF REAL PROPERTY.			المالحا	10 1	22
CONTRACTOR OF THE PARTY OF THE	pe Notification			atroot A	ddreas	DESCRIPTIONS	***	i	ACRES	10		in in in	pronunanted	Separate Parket	
EPA DEP	Initial				lergen (		Plaza-	and	Floor I	心心	Dept. DI H	galth	8 Se	nior S	ervio
IK DOL	Amonded Amendment	#			ole, Zip č nesok,		5D4	-((= 5))		77	1 1.	(Bigna	Additional States		-
E DOH	Emergency Justification)	(including	-		Contact		301		White case -	TI-PS	113/15		- Tin	160	50
D DCA	Cancellation	1			n S. Co		ahlteat I	P,C		1-10	HOME NO	mper-			
Name of Facility Where Abel	oment la Tekin	a Place P	1	FAOI	LITY INF	PRMAT	ION	-	4 = 38			-700			-
St Anthony Church Pro	perty	A Linna (c	"					LAb	e of Facility (4						
Street Address 187 Walnut Street								X	School (K-1; Subchapter Other (I.e. p)	B (Oth	or than K-t S comman	2) Ist bul	dinge	, hom	G\$,
City (5) Northvale	-							BqU	eto.) are Feet	# 0	Floore		3jap. /	Ago	
County (6) Bergen				County (	Codo (7) USE ONL)	)		Cun	rent Use (Prio	r If bal	ng damolla	100			~
Name of Monitoring Firm Hire CSA Consulting Servi	ed by Building ( ob America	Owner (8)	- Common in	ASCN	No.		Nama o Slavo	of Ab	element Cont onstruction	raotor Inc.	(8)		riên rawan	-	mand Montput
Street Address 26 Lorenzo Court		- consult	- Light Nises				Stroat	Addr					-	~~~	
City, State, Zip Code Matawan, New Jersey	07747						City, Bt	ale,	Zip Code						
Project Manager for Monitodi				Tolephoi	na Na				ew Jersey	0701	-	-	-		
Michael Chain							Telephi 973-4				License N 00724	α,			
Start Date (10) Jenuary 15, 2015		Februa	ry 13	732-921-9223 973-476-4848  Complotion Date (11) Namo of OSHA Monito (13, 2015 Slavoo Construction (13, 2015)						Ino.					
Dooupancy Status During Abo				بتوملوسس		Thus.	Street A	udre	368			-	and the same		
Facility Closed/Vacated Abatement Performed O Other - Describe: 7:00s	ublde of Norm	al Facility	HALLING	nont		150	City, st	ale, Z	AVO.		<del>,</del>		_		
Scope of Work (Check All Tho				-			Clifton	1, N	ew Jersey	0701	1-1802				
≥3 of or ≥3 if ≥150 of or ≥250 if			enova shoilt		3 4 II		KKKK	GI	Ill Containmu Ini-Erologure Iovebag Proce on-Exempted	dure					
			Logati							12010	THOUS THAT	1	Abase	men	
Lection of Asbasics—Conbining Mate	rdel (AOM)	Unn	iormal d Sole	y by	Anhau	Dat	soription	of		1020		-	T)	Þa	
TO BE ARATED In Faulity (13)	2	Mal	ntenar odial S (12)	itaff?	(1,0,	thermal	oining Me eyetoma ping, VAT nispaliane	insul , or	ation	(8)	nount poolfy or LF)	Remova	Repair	Encapsuleie	Enclosure
4		Yes	No	N/A				ā				<u> 105</u>	-	100	are
Classroom Hallways				X	-		VAT			9,4	80sf	x			
Boller Room				X		Flue	Packir	ng		8	SF	x			
Boller Room				X		FI	re Door	-		20	BSF	x		-	
Boller Room				х		Pipe	insulați	on		1	BLF	x			
Name of Registered Whote He Slavoo Construction Inc.		#	H	JDEF Wa nuler ID I 1508		of Was			Name of R				Lonnan		
Cily, State Cilfton, New Jersey 0701	11-1802			100	-		al Date		Olty, State Morriavill		-				
Completed by VIvian D, Jurcevic		Office	Mar	eger			Ignaturo	-c	20	2,16	Da	le nuar	v 19	204	5
				_			Ции	20	Dary	TOW	10	iival	y IO	201	J.

		, r			to NJAC 8							C	(4F.	84	153
Date of Notification (1) January 13, 2015				Name of Housir	f Building C	wner/C	perator nt Corp	(2) oorat	ion of Berg	gen C	ounty J 🛭			2015	
Agencies Notified Type Not	ification			Street A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		51	ā	=	1	i				1
EPA Initia					ergen Co		Plaza-	2nd I	Floor	1	AULIO				
	ended endment #	#			ite, Zip Cod insack, N		01			Ĺ		LIČEN	Salv	<u>.</u>	
IXI Eme	ergency (i fication)	ncluding	-		f Contact					Tele	ephone Nu	mber			
	cellation				1 S. Cohe	•		P.C.		1					
Name of Facility Where Abatement	is Takino	Place (3	3)	FACI	LITY INFO	RMATI	ON	Type	of Facility (4	4)		- Terminal and the second	and the same		
St Anthony Church Property		1 1000 (0	9					П	School (K-1						
Street Address 187 Walnut Street								×	Subchapter Other (i.e. p etc.)	8 (Othe	er than K-1 Loommero	2) ial buil	dings	, hor	nės,
City (5) Northvale								Squa	are Feet	# of	Floors		ldg. /	Age	
County (6) Bergen					Code (7) USE ONLY)	DAMES AND SOLD OF SOLD			ent Use (Pric ant buildin		ng demolis	hed)			
Name of Monitoring Firm Hired by t C S A Consulting Service A		wner (8)		ASCN	/ No.				atement Con onstruction		(9)				
Street Address 26 Lorenzo Court							Street 164		ess Ave.					-	
City, State, Zip Code Matawan, New Jersey 0774	7	er Antonio e e e e e e e e e e e e e e e e e e e				-			Zip Code ew Jersey	0701	1-1802				
Project Manager for Monitoring Firm Michael Chain	n			Telepho 732-92	ne No. 21-9223		Teleph 973-		No. 4848		License 1 00724	No.			
Start Date (10) January 15, 2015		Schedule Februa			Date (11)		3000000000		HA Monitor onstruction	n Inc.					
Occupancy Status During Abateme	nt (Check	Only Or	ne)	***********			Street			ar to her or as					- home
Facility Closed/Vacated During Abatement Performed Outside Other – Describe: 7:00am-3:3	of Norm	al Facility	Hours				City, S	state, 2	/ Ave. Zip Code ew Jersey	. 0704	4 4000				
Scope of Work (Check All That App							Cint	JII, IN	ew Jersey	0701	1-1002				
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf			Renova Demolit				×	M G	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure				ro	
		Is	Locati	ion	I	***************************************			on Exemples	( ) 411	2 11011 1 114	1	Aba	eme	nt
Location of			Normal ed Sole	ly			scription					-	Т	уре	T
Asbestos-Containing Material (/ <u>TO BE ABATED</u> In Facility (13)	ACM)	Ma	intena todial 8 (12)	nce/		hermal surfa	taining N system cing, VA miscellar	s insu T, or		(S	mount Specify For LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									_	(0	-
Classroom Hallways & of	fices			X			VAT				480sf	X		_	-
Boiler Room				X			e Pack				8SF	X		-	
Boiler Room				X			ire Doo				8SF	х		_	
Boiler Room				X			Insula	ation			3LF	×			
Name of Registered Waste Hauler Slavco Construction Inc.				IJDEP W lauler ID 8508		of Wa	Yards ste	28	G.R.O.		ered Landfi andfill	11.			
City, State Clifton, New Jersey 07011-1	802	-		•		Dispo TBD	sal Date	•	City, State Morrisv		a				
Completed by Vivian D. Jurcevic		Title Offic	e Mai	nager		8	Signatur		n DC	Licu	1 1	ate anua	ry 1:	3, 20	015

#### CONTINUATION SHEET

CA# 8453

_							Page 2	of 2
						Abater	nent Typ	oe .
Is Location Normally Used Solely by Maintenance /Custodial Staff (12) Yes No N/A		nce ial 2)	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R E M O V A	R E P A	E N C A P S U	E N C L O S U R
Yes	No	N/A			L	R	L	E
		х	Pipe Insulation	24LF	Х			
		x	Pipe Insulation	12LF	х			
		х	Pipe Insulation	10LF	х			
se		x	Pipe Insulation	104LF	x			
			11					
		х	Caulk (Seven Doors)	126LF	x			
		х	Cauld (54 Windows)	1,152LF	х			
		х	Exterior Overhang Plaster	775SF	х			0-1111-2
		X	Flashing	1,360SF	х			
		x	Exterior Duct Tar Coating	224SF	х			
			*					
							7	
							1	
	Yes	Used Solely to Maintena /Custod Staff (1: Yes No	Used Solely by Maintenance /Custodial Staff (12)  Yes No N/A  x  x  x  x  x  x  x  x	Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)  Yes No N/A  X Pipe Insulation  X Caulk (Seven Doors)  X Cauld (54 Windows)  X Exterior Overhang Plaster  X Flashing	Asbestos-Containing Material (ACM) Solely by Maintenance /Custodial Staff (12)  Yes No N/A	Asbestos-Containing Material (ACM) Solely by Maintenance /Custodial Staff (12) Yes No N/A	Is Location Normally Used Solely by Maintenance /Custodial Staff (12)   Yes   No   N/A   X   Pipe Insulation   Pipe Insulation   10LF   x   X   Pipe Insulation   10LF   x   X   Pipe Insulation   104LF   x   X   X   X   Pipe Insulation   104LF   x   X   X   X   Pipe Insulation   104LF   X   X   X   Pipe Insulation   104LF   X   Pipe Insulation	Second Normally Used Solely by Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)   Amount (Specify R R C C P)

Vinian D. Juciuc 1/13/15

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	=/	11	3.5	11	114	
11	nho	010	4	1.	561	)
6	che	CK	11	1.0	000	

Date of Notification (1)						Building C					1700				001	-		
01/09/15					Geo Te	echnolog	gy As	ssociate	s,	Inc.	2	τ	IAN 2	. 1	201	0		-11
Agencies Notified	Type No	otification			Street Ad						1							1
П ЕРА	☐ Init	rial			24 B W	Vorld's F	air D	rive, Su	uite	е В			A COLUMN		a		j	-
DEP		nended			City, Stat	e, Zip Coo	ie		OX 3300		1	ASBI	5705	CO	15.	100	Ý	1
▼ DOL		nendment #		-	Somer	set, NJ	0887	3			Location		LICE	1/51	VU	-		
☑ DOH		nergency (ir stification)	iciuaing		Name of	Contact						Tele	phone N	Numb	er			
DCA		incellation			Randy	Staley												
					FACIL	ITY INFO	RMAT	TION										
Name of Facility Where		nt is Taking	Place (3)						T	ype o	f Facility (4	.)						
Residential Propert	ty										chool (K-12		0.000					
Street Address									L	_	ubchapter ther (i.e. p				build	inas	home	20
406 Forest Avenue	)								×		c.)	ivate o	COMMINE	roidi	Duna	ii iga,	HOME	٥,
City (5)				- FUCK IS						170	Feet	# of	Floors			dg. A	ge	
Paramus										3,500			2			0+-		
County (6)					County C						t Use (Pric			olishe	d)			
Bergen					(STATE U	SE ONLY)			1 3		dential P							
Name of Monitoring Firm	Hired by	Building O	wner (8)		ASCM	No.		100000000000000000000000000000000000000			ement Con							
N/A								1000000		525,420	Contract	ors, L	LC					
Street Address								Street										
					-					sall [								
City, State, Zip Code											Code							
											J 07461							
Project Manager for Mor	nitoring Fi	rm			Telephor	ne No.		Teleph					Licens					
									-	64-20			0113	7				
Start Date (10)				d Completion Date (11) Name				1-323000			A Monitor							
01/12/15			01/16/1	7-1				Ame		700 P. C.								
Occupancy Status Durin	g Abaten	nent (Check	Only One	)				Street										
▼ Facility Closed/Vac	ated Duri	ng Entire Pe	eriod of Ab	aten	nent					and the same of th	0th Stree	et						
Abatement Perform Other – Describe:		de of Norma	al Facility I	Hours	3						Code							
							=-20	Nev	V Y	York,	NY 100	16						
Scope of Work (Check A	II That A	oply)	11					_	_									
≥3 sf or ≥3 lf				nova				5	2		Containme		Negativ	ve Pr	essur	е		
≥160 sf or ≥260 lf			□ Deli	molit	ion			Ž	X		-Enclosure rebag Prod							
										Non	-Exempted	(*) an	d Non-F	riable	Pro	edur	9	
			ls L	.ocati	ion												ment	É
Location	n of			ormal				escription								ı y	pe	
Asbestos-Containing		(ACM)	Used Mair	itena		Asbest	os Co	ntaining N	Mat	terial i	(ACM)		mount Specify		77		En	m
TO BE AB			Custo		Staff?	(i.e.		al system facing, VA			JOH,		or LF)		èm	Repair	сар	nclo
(13)				(12)			othe	r miscella	nec	ous)					Remova	air	Encapsulate	Enclosure
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Basem	ant	7	x				nin	e insula	atio	on		Ω	L.F.		x			
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						8.5												
Name of Registered Wa	ste Haule	er	1	N	JDEP W	aste	Cub	ic Yards	-		Name of	Registe	ered Lan	dfill				
Atlantic Carting				H	lauler ID		100000000000000000000000000000000000000	/aste			G.R.O.							
				1	90713			2			701.14101H:701							
-City, State							A 10000000	osal Date		_	City, Stat		ο Λ					
Wayne, NJ			1					Morris	ille, F	A	_							
Completed by			Title	da t				Signatur		·	5/2		_	Dat		1.1		
Marko Stankovic			Presid	ient				Mai	1/2	0	1100	111		10	/31/	14		

	Contract to the contract of th			201				
Date of Notification (1) /-/6-1	5 Name of	Building Owner/Opera	2ton, I	nc N	J			
Agencies Notified Type Notification	Street Ad		East Gate	Daile	4.7	ć	110	)
□ EPA Initial □ Amended	City, Stat	e, Zip Code	1 710	4.0	2.1	À		
DOL Amendment #_  Emergency (inc		MIT Lau	rel, NJ	OSOS		_		_
DOH justification DCA Cancellation	Gar	11. 1 7/	Contractor	)   Joseph Jan				-
N CE TO MA A A CONTRACT TO THE PARTY OF THE		TY INFORMATION	Type of Facility (	1)		_		-
Narpe of Facility Where Abatement is Taking F	Dwelling	3	☐ School (K-1					
Street Address	1 0 1	J	Subchapter	8 (Other than K-12 private & commercia		inas	home	es l
25 Wester	Lly KOI	*	etc.)	# of Floors		dg. A		
City (5) Princeton 1	- IV		Square Feet	# of Figors		50	) -{ ·	,
County (6) Mercer	County C (STATE U	ode (7) SE ONLY)	Current Use (Pri	or if buing dimolish	1 D	كند	lice	٠.
Name of Monitoring Firm Hired by Building Ow	vner (8) ASCM	No. Na	me of Abatement Con	A	9 0	, ,		_
Street Address	lies	Str	EPC TE	thnolog	163	9	ln	16
P.O. Box 33	7		P.O. Box	337				
City, State, Zip Code	NJ 08	533	y State, Zip Code	D+ NJ	0	85	13	3
Project Manager for Monitoring Firm	Telephor		lephone No. <b>3</b> 4	License N	53	19	4	
	Scheduled Completion I	, de	me of OSHA Monitor	1		8	- 8	
Occupancy Status During Abatement (Check	Only One)	^ 15-	eet Address	hnologies	1	nc		
Facility Closed/Vacated During Entire Pe			P.O. Box	337				
☐ Abatement Performed Outside of Normal ☐ Other – Describe:	Facility Hours		y, State, Zip Code		500	- 7	_	
Scope of Work (Check All That Apply)			New Egypt	NJC	18-	53	2	
≥3 sf or ≥3 lf	☐ Renovation			ent with Negative P	ressu	re		
≥160 sf or ≥260 lf	Demolition		☐ Mini-Enclosur ☐ Glovebag Pro	cedure				
			Non-Exempte	d (*) and Non-Friab		cedure Abate		
	ls Location Normally	5				Ту		
Location of Asbestos-Containing Material (ACM)	Used Solely by Maintenance/	Descrip Asbestos Containi	ng Material (ACM)	Amount	_		Ē	Е.
TO BE ABATED In Facility	Custodial Staff?	(i.e. thermal sys surfacing	tems insulation, , VAT, or	(Specify SF or LF)	Remova	Repair	cape	Enclosure
(13)	(12)	other misc	ellaneous)		oval	air	Encapsulate	sure
	Yes No N/A			000 ==	<u> </u>		ω	
Kitchen	$\sim$	Flooring	Linoleum	220 SF	X			
		3			-			
					-			
Name of Registered Waste Hauler	NJDEP W		ds Name of	Registered Landfill				1
EPC Technologies	Hauler ID	S. 1992	Was	te Manage	non	60	E f	A
City, State	VJ.	Disposal I	Date City, Sta	te	A			
City, State  New Egypt  Completed by  Steve Schenker	Title		ature			16	. )	5
Chair Schenker	President	S	Lesso DOCK	ske	1	10	- 1	)

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July 3 / 2019		(Pterst	ism to mil	iC 8:80 and 12	:129)	1	7 15-	-
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	Appropriate of	cie tellen en		ORNG	€. NJ	. 070	15	
□ DCA	MEmergency (in justification)	- Andrews Market	Norma of Cas	世界	- 1	Telephone M		
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Name of Facility Vines			· · · · · · · · · · · · · · · · · · ·	(CACON) TOE	Type of Packay	160		
Street Address	5.6. W	REH			D School SC-11	P5		
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Access of Montening Pr			OWEAL		1 / CES	SIDEN OF	ent .	
(8)	and a second of	Milhor ABOM	ee 2.		nest Contractor (S	1)		a distance of the last of the
Original Address	. Haddenia			Etreel Address	emoval In			operation.
City, State, Zip Gode			-	450 Sout	h River	St		
Project Manager for Ma	<u> </u>				ck N.J	07401		in Care
PTOMETE MARRIED TOWNS ON P. MAY	PROPERTY MANAGEMENT	1 7.6.			- L . LV . LI	. 0/801		
The state of the s	- Trans	Telephoni	n Mo.	I dispinate No.		License No.		Windy and
Start Date (30)		Completion Date		Telephone No. 201-3:29- Name of OBHA	7444 .	License No.	388	
Start Date (90)	Sche delec	Completion Date		201-329- Name of COHAI Omega En	7444 .	License No.	388	
Shart Date (30)	Schedeled	Completion Date 1/17/15		Name of OBHA I Omega En	7444 . World: Vironmen	License No.	388	
Start Date (30)  1/16/15  Occupancy Status Durit  Facility Cosessivacet	Otheristed	Completion Date 1 1 7 1 5 only one) of of Abelement		201-329- Name of CSHAI Omega En Street Address 280 Huy1 Oty, State, Zp C	7444 . Monimor Vironmen er St	License No. 003 tai Inc	388	
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#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

RECEIVED

Date of Notification (1)					Name	of Buildin	g Owner/Operator (	2)	ilia e e mas	0 00			
1/6	5 /	15				E&G	/ Job #150	1-4861 Check	#H 21 CC	URTE	SY		
	ype Notific	cation				Address	Dood	A58	ESTOS CO	4TRO			
	Amende	d				0 Hadley			LICENSII	4G	-	C-500000	
⊠ DHSS	Amendn					State, Zip (							
	] Emerger		cluding	]			field, NJ 07080		T= 1				
(NJAC 5:23-8)	justificat	76			1200A = 11000A	of Contac			Telephone Nur	nber			
L L	] Cancella	ation			IVIIC	hael Luc	iani					_	
			-96-31		FAG	CILITY IN	IFORMATION						
Name of Facility Where Aba		Taking	Place	(3)				Type of Facility	8.0.40				
PSE&G Control House	е							School (K-12	?) 3 (Other than K-1	2)			
Street Address									rivate and comm		ildina	S.	
Front Street								homes, etc.)					
City (5)							-	Square Feet	# of Floors	BI	dg. A	ge	
Scotch Plains					>								
County (6)					Cour	ty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being demo	lished)			
Union								Control Hou	ise				
Name of Monitoring Firm His	red by Bui	lding C	wner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Health & Safety Service	ces						AbateTech, I	nc.					
Street Address							Street Address					710580	
PO Box 365							30 Maple Ave	e. PO Box 25					
City, State, Zip Code							City, State, Zip Co						
Berlin, NJ 08009							Lumberton, I						
Project Manager for Monitor	ing Firm			Tele	phone	No	Telephone No.		License No.				
Jim Proctor	9				09-704		609-265-2107	•	00529				
Start Date (10)		Sched	ulad C			te (11)	Name of OSHA N		00020				-
_1_ / _19_ / _	CHARLE III					15	EMSL Analyt						
Occupancy Status During Al	batement	(Check	only	one)			Street Address						
☐ Facility Closed/Vacated [	During Ent	tire Per	iod of	Abate	ment		200 Route 13	0 North					
☐ Abatement Performed O							City, State, Zip Co	ode					
Time of Abatement:	AM	PN	Λ/	PM		AM	Cinnaminsor						
Scope of Work (Check all th	at apply)	+											
					<b>2</b> 700 0000			tainment with Neg	gative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>				enovat emolitic			☐ Mini-End	losure g Procedure					
△ = 100 01 01 = 200 11			Z 00	, rronti	511			mpted (*) and No	n-Friable Proced	iure			
			ls	Loca	tion					Ab	atem	ent T	ype
Location of		200		Norma			Description of			R	R	т	т
Asbestos-Containing Ma		M)		ed Sole intens			estos Containing Ma		Amount	Remova	Repair	Encapsulate	Enclosure
TO BE ABATE IN Facility	: <u>U</u>		The second		Staff?	(1.6	e., thermal systems surfacing, VAT		(Specify SF or LF)	ova	=	psu	nsc
(13)				(12)		1	other miscellane		/	_		late	œ.
70			Yes	No	N/A								
Exterior of Control Hou	se				$\boxtimes$	excava	ted pipe		400 LF	$\boxtimes$			
H			П	-						П	П	П	П
			П		H								
Name of Registered Waste	Hauler				JDEP 1	Maste	Cubic Yards of	Name of Regis	stered Landfill				
Waste Management	iadici			7.1	łauler II		Waste	G.R.O.W.S					
City, State		+	174		1125		Disposal Date	City, State					
Camden, NJ							1/23/15	Tullytown	PA:				
Completed By (Print or Type	e)	Title	1				Signature		]	Date			
Gwendolyn Trumbetti		0	perat	ions	Coord	inator		111					
ASB-41		L		, excepted			1 / /	VW					
MAY 11		* [	Do not	use ti	his form	for asbes	tos licensure exemp	oted activities.					

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

				(I ui si	IAIIL IO NOAC	. 0.00 and	12.120)	CK#24690 F 1 V	I~ 90.			
Date of Notification (1)					Name of Buil	ding Owne	er/Operator (2)		1			-
1/14/2015					James Hill			Mis On 21 BA				
Agencies Notified	Type Notific	cation			Street Addre	SS		12 may 2   18	8: 8	io.		
EPA .	Initial				21 Wesley A	venue		Acres	an G	PO		
□ DEP	Amen	ded Ame	ndment	#	City, State, Z			TO PER CAM	Tur	1.6		
DOL	☐ Emerg				Bernardsvil		924	A LIKENSHE	TIME	L.		
□ DOH	justific				Name of Cor				Telep	hone	Numb	er
DCA	☐ Cance				DAVID J. D	'ANDRE	A					
				F	ACILITY IN	FORMAT	TION					_
Name of Facility Where Al	patement is	Taking Pl	ace (3)					Type of Facility (4)				
PRIVATE RESIDENCE								School (K-12)				
Street Address	-							Subchapter 8 (Othe	er than	K-12	()	
21 Wesley Avenue								Other (i.e., private &	& com	merci	al buil	dings
City (5)			- Table 1								Bldg.	
DOSS - COMP. COMP.	r i											
Bernardsville, NJ 07924 County					County Code	(7) (STA	TE USE ONLY)	Current Use (Prior if bei	ng dei	molish	ned)	
157					200, 0000	(.)	/	emonths to the second of the s			2000 TEM	
Somerset Name of Monitoring Firm I	lired by Ruil	dina Owr	er (8)		ASCM No.	Name of	Abatement Cont	ractor (9)				
Ivanie or Monitoring i IIII i	med by bull	unig Own	.5. (0)			A Commence of the Commence of		RONMENTAL INC.				
Street Address					l	Street A		ACTURE TO BE TO				
Olicel Addiess							CK FOREST R	OAD				
							te, Zip Code	OAD				
**							- November (1996)	1				
Project Manager for Monit	oring Eirm	Tolon	hone N	0		Telepho	TON, NJ 0869		Licen	se No	).	
Project Manager for Monit	oring Finn	Leieh	none iv	0.		609-890			0067			
Start Data (10)		School	tuled C	ompleti	ion Date (11)		OSHA Monitor		0007			-
Start Date (10)		A Secretary of the		ompieu	ion Date (11)	AMERI						
1/15/2015 Qcupancy Status During	Abatamant	1/15/2		\		Street A						_
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O SINII- (Obselval)	that annive					BRICK	, NJ 08723	Full Containment w	ith Ne	native	Pres	sure
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≥ 3 sf or ≥ 3 lf					Demolit	20		Glovebag Procedu	re			
≥ 160 sf or ≥ 260 lf					_ Dellion	LIOIT		Non-Exempted (*)		-Friah	le Pro	cedi
		1 1	Locati	on	1						t Type	
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Location of Asbestos-		222530	Solely b				hermal systems	Amount (Specify SF or	Re	R	nca	Enclosure
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racility (13)			Staff?			miscellane	eous)		Val	<del>=</del> ,	Encapsulate	ure
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									-	-	-	-
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Name of Registered Wast	e Hauler				Hauler ID No.		Waste	Inamie of Registered La	nann			
TIMSTER TRUCKING					21079		3 yds	TULLYTOWN				
					210/5		Disposal Date	City, State				
City, State	000						1/16/2015	TULLYTOWN, PA.				
WEST CREEK, NJ 080	192	Title				Signatur	1	TULLTTOWN, FA.	Date		7	
Completed By			יאוז בחור	ne.		Signatur //	Marilla.	Man Din	100000	/2015		
DAVID D'ANDREA		PRE	SIDEN	1		1/190	rug.	1 De recer	11114	2013		
ASB-41												

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities

CK 005787

D&S Proj. #: 2015-21

ASB-41

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

RECEIVED

2013 JAN 21 BM 8: 58 Name of Building Owner/Operator (2) Date of Notification (1) 0 1 /1 2 /1 5 penolope britt Agencies Notified Type Notification & LICENSING Street Address ☐ EPA Initial 89 lindsley avenue Amended DEP City, State, Zip Code Amendment #: DOL M Emergency Newark, NJ 07104 M DOH (including Name of Contact Telephone Number justification) ☐ DCA penolope britt Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) penolope britt Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 89 lindsley avenue Bldg. Age Square Feet # of Floors County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Newark **ESSEX** 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 Telephone Number License Number Phone Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 01/13/15 01/30/15 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 E Location of E е by maintenance/custodial 0 asbestos-containing Amount Description of asbestos-containing n m staff(12) p C material (acm) to be (Specify SF or material (ACM) C 0 a a abated in facility (13) L Yes No N/A V p e PIPE INSULATION 160 I ft X BASEMENT Registered Waste Hauler Cubic Yards of Waste NJDEP Hauler ID# Name of Registered Landfill D & S RESTORATION, INC. 13506 TULLYTOWN, RESOURCE RECOVERY 2 vds Disposal Date City, State City, State 01/14/15 PATERSON, NJ 07503 TULLYTOWN, PA Signature Completed by (Print or Type) Date BOGDAN JOLDZIC PRESIDENT 01/12/15

Do not use this form for asbestos licensure exempted activities.

2 1 D&S Proj. #: 2015-23 State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

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Date of Notification (1)		Н	lame of E karen k	- 23 =	vne	er/Operator (2)			Ĺ	2015 月到 21	BH 8:	58			
Agencies Notified   Type Noti	ification		treet Add	dress					A	SHESTES C & LICENT	QH/F	ROL			- Comments
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Amendme	nt #:	_    0	city, State	e, Zip Code											
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DOH (includir justificat		N	ame of C	Contact			a firez a minis			Telephone	e Numbe	er			
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<				FA	CII	LITY INFORM	ATIO	N							
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Street Address					_				7		Private/0				
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89 westview avenue									_	Square Feet	# of Floo	ors	Bl	dg. A	.ge
City (5)		Cour	nty (6)					unty Code (7)							
							(Sta	ate use only)		Current Use (Pr	ior if bei	ng dem	olishe	ed)	
paramus		berg			_										
Name of Monitoring Firm Hired	by Bldg	. Owne	er (8)			ASCM No.		Name of Abatem	ent	Contractor (9)					
E						5		D & S REST	ORA	ATION, INC.					
Street Address					-			Street Address							
								20 California	a Av	ve.					
City, State, Zip Code		_			-		-	City, State, Zip Co	ode		e la maria	The state of			NAME AND ADDRESS OF THE PARTY O
								Paterson, NJ	107	503					
Project Manager for Monitoring	Firm			Phone Nun	nhe	er	_	Telephone Numb		303	Licens	e Numb	er		
r reject manager for mornioring				110110114411		210		973-345-80				01169			
								Name of OSHA N		itor				_	
Start Date (10)		Sched	I. Comple	etion Date (	(11	)		D & S Resto							
01/14/15	1	01/30	)/15					Street Address	Tues	on, me.					
Occupancy Status During Abate	ement (C	-		CONSTITUTE OF			_	20 California	Δυ	/Aniie					
Facility closed/vacated du			50	atement.			- 1	City, State, Zip Co		Chuc					
Abatement performed out							- 1	Oity, Otato, Zip O	ouc						
Describe: NORMA  Other-Describe: NORMA	AL HOUE	25			_			Paterson, NJ	107	503					
							-	1 aterson, 103							
Scope of Work (check all that a									-	Full Containment w	/negativ	e press	ure		
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≥160 sf or ≥260 lf	☐ Der	molition	n							Non-Exempted (*)		n-friable	proc	edur	е
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material (acm) to be	sta	aff(12)	Т	<u> </u>	_	material (			3	(Specify S	For	0	p a	a	c
abated in facility (13)	)	Yes	No	N/A						LF)		V	i	p	L
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									ally columns to			44	느	닏	14
													Ш	Ш	
Registered Waste Hauler	V.C		EP Haule	er ID#		ubic Yards of	Naste				0001	mx.			
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City, State				Disposa				City, State		D.					
PATERSON, NJ 07503				01/15	/1:			TULLYTOV	٧N,	, PA					
Completed by (Print or Type)	Titl		WW			Signature					Date	100-			
BOGDAN JOLDZIC		ESID			_						01/12	2/2015			
ASB-41	* Do	not us	e this for	m for asbe	stc	s licensure ex	empt	ed activities.							

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D&S Proj. #: 2015-26

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

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Date of Notification (1)		IIN	ame of B	uilding Owr	ner/Operator (2	2)		700 回日 21	Citi -				
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	otification		treet Addr					共るかとなり想象	COWE	BOI	-		
EPA Initial	hah		38 SYL	VANIA A	VENUE			Habeatas & LICE	解の特に	MUL			
Amendm				Zip Code	TTETTOE								
☑ DOL ☐ Emerg		-	AVON.	NJ							4		
DOH (include	ding	Na	ame of Co		Committee of the Commit			Telepho	ne Numbe	er			MARKET 198
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Carice	Hation		1000		ILITY INFORM	MATION							
Name of facility where abate	ment is ta	king pla	ce (3)		ALTT IN OTH	nATIOI.		Type of Facility	(4)				
		9 [	.55 (5)						ol (K - 12	)			
TED BOURKE									napter 8 (			-12)	
Street Address								E-m2	(Private/0./Homes,		rcial		
38 SYLVANIA AVENU	JE							Square Feet	# of Floo		BI	dg. A	ge
City (5)		Coun	ty (6)				nty Code (7)						
AVON		МО	NMOUT	ſΉ		(Sta	te use only)	Current Use (F	Prior if bei	ng dem	olish	ed)	
Name of Monitoring Firm Hire	ed by Bldg	g. Owne	r (8)		ASCM No.	1	Name of Abatemen	t Contractor (9)					
							D & S RESTOR	RATION, INC.					
Street Address							Street Address						
						_	20 California A				400.000.000		
City, State, Zip Code							City, State, Zip Code						
Project Manager for Monitorin	a Firm		Ιp	hone Numi	201	_	Paterson, NJ 0 Telephone Number	7503	License	Alumb	· or		
Tojoot Managor for Montorin	9 1 11111			none Num	Jei		973-345-8020	)		)1169	Jei		
Start Date (10)		School	Complet	ion Date (1	1)	_	Name of OSHA Mo						
The state of the s				IOII Date (1	1)		D & S Restora	tion, Inc.					
02/05/15		02/18			T-500	-	Street Address						
Occupancy Status During Aba				omont			20 California A						
Abatement performed o							City, State, Zip Code	9					
Describe: NORM	AAL HOU	RS					Paterson, NJ 0	7503					
Scope of Work (check all tha							1 atc15011, 113 0	Full Containment	whogative	nrace	uro		
>3 sf or >3 lf		novatio	n					Mini-enclosure	wiiegauv	e press	uie		
≥160 sf or ≥260 lf		molition						0 1					
				used solel	vl			Non-Exempted (*	and Non	-friable	Proce	edure	<u> </u>
Location of asbestos-containing	by	mainte	nance/cus			on of a	sbestos-containing	Amount		e	е	n	E
material (acm) to be abated in facility (13)		aff(12)		T	material		obootoo oomamiig	(Specify LF)	SF or	o	p a	c	С
abated in lability (10)		Yes	No	N/A				1		v e	i	р	L
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					<u> </u>					4			1
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D & S RESTORATION, I	INC.	135	P Hauler 06		Jubic Yards of 1 yd.	vvasle		d Landill , RESOURCE R	ECOVE	RY			
City, State				Disposal [	the same of the sa		City, State						ADDRESS VILLEDA
PATERSON, NJ 07503				02/06/1			TULLYTOWN	I, PA					
Completed by (Print or Type) BOGDAN JOLDZIC	Tit		CATT		Signature				Date	10015			
POODVI JORDVIC	Pr	RESIDI	CINI		1				01/1.	3/2015			

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

(K 605789

D&S Proj. #: 2015-24

State of NJ

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

RECEIVED

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Date of Notification (1)	Nan	ne of Building Ov	vner/Operator	(2)		-	ŽŪIS JAN	21 PA	I n.	~	131	
$\frac{0}{1} \frac{1}{1} \frac{2}{1} \frac{1}{5}$	k.	maykow						- · E-E	1 9: 1	9)		
Agencies Notified Type Notification		et Address					ASSEST & Li	⊕S Cni	d T D r	31		
DEP Amended	5	highland avenu	ie				& LI	CENSIA	ic no	JL.		
Amendment #:	City	, State, Zip Code										
DOL Emergency	-   N	MONTCLAIR,	NJ 07042									
DOH (including	1	ne of Contact	spec-dy-Saumerist				Telephor	ne Numbe				
justification)  DCA  Cancellation	ll k	. maykow					Į.	1.5				
L Cancellation			CILITY INFOR	MATION	I				=			
Name of facility where abotement is	toking place		- IOIEITT INI OI		•	ТТ:	Type of Facility	(4)				
Name of facility where abatement is	taking place	(3)					School	ol (K - 12)				
k. maykow							☐ Subch	napter 8 (C	Other th	an K-	12)	
Street Address								(Private/C		rcial		
5 highland avenue						1	Square Feet	./Homes, e		Blo	ig. A	ae
City (5)	County	(6)		Cou	inty Code (7)	-	Oquare i cot	# 01 1 100			9	3-
O.1.3 (O)	Journey	1-1		E 2019/01/01	ite use only)	1 1	Current Use (F	Prior if bein	g dem	olishe	d)	
MONTCLAIR	ESSE	X					V.				6	
Name of Monitoring Firm Hired by E	3ldg. Owner (	(8)	ASCM No.		Name of Abatem	ent Co	ontractor (9)					
					D & S REST	ORAT	ΓΙΟΝ, INC.					
Street Address					Street Address							
					20 California			T CHE II TO MARKET MAN			al annual land	
City, State, Zip Code					City, State, Zip Co	ode						
					Paterson, N.		)3					
Project Manager for Monitoring Firm		Phone Nur	mber		Telephone Numb			License	Numb 1169	er		
					973-345-80 Name of OSHA	1100000000000			1109		_	
Start Date (10)	Sched. C	Completion Date	(11)		D & S Resto							
01/13/15	01/30/1	5		1	Street Address	natioi	i, iiic.					
Occupancy Status During Abatemen				CONTRACTOR OF THE PARTY OF THE	20 California	Avei	nue					
Facility closed/vacated during					City, State, Zip C							
Abatement performed outside Describe:	of normal fac	cility hours-										
Other-Describe: NORMAL H	OURS				Paterson, N.	J 0750	03		- 4			
Scope of Work (check all that apply	·)						ıll Containment	w/negative	press	ure		
$\boxtimes$ >3 sf or >3 lf	Renovation						ini-enclosure	XXX				
≥160 sf or ≥260 lf	Demolition						ovebag proced on-Exempted (*		-friable	proce	edure	Э
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abated in lading (15)	Yes	No N/A							v e	r	р	
BASEMENT		X	PIPE IN	SULAT	ION		33 1 ft					
BASEMENT BOILER		X	BOILER	INSUL	ATION		78 sq					
								0				
Registered Waste Hauler		Hauler ID#	Cubic Yards	of Waste				ECOVE	QV.			
D & S RESTORATION, INC.	13500	Disposa	2 yds	one from	City, State	VIN, K	ESOURCE R	ECUVE	1.1			MEMORIAL PROPERTY OF
City, State PATERSON, NJ 07503		01/14			TULLYTO\	WN F	PA					
Completed by (Print or Type)	Title		Signature	)	1 2000110			Date				
BOGDAN JOLDZIC	PRESIDE	NT						01/12	/ 2015	5		
ASB-41	Do not use f	this form for asbe	estos licensure	exempte	ed activities.							

CKU (5790

D&S Proj. #: 2015-25

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

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Date of Notification (1)	I N	ame of Bu	ilding Own	er/Operator (2)	)		ZIIS BE O.					
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Agencies Notified Type Notifica	tion	reet Addre		110								
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DEP Amendment #		ity, State, 2					7.0012	71851				
☑ DOL ☐ Emergency		Fair Law	n. NI 074	410					9			
DOH (including	Na	ame of Cor	-				Telephon	e Number		di 390		
justification)  DCA  Cancellation		HARLE	EN NAR	ANG		ř.						
			FAC	ILITY INFORM	MOITA							
Name of facility where abatement	is taking pla	ce (3)			C.C.+E.+H.0.K.		Type of Facility (	4) I (K - 12)				
HARLEEN NARANG								30 50	thar th	oon V	10)	
Street Address								apter 8 (C Private/C			-12)	
28 WILCOX PLACE							Bldgs./	Homes, e	tc.		- A	
City (5)	Coun	ty (6)			L C	-1.0-1-77	Square Feet	# of Floor	S	BI	dg. A	ge
Oity (5)	Court	ty (0)				nty Code (7) te use only)	Current Use (Pr	ior if bein	a dem	olishe	ed)	
Fair Lawn	berg	AND REAL PROPERTY AND ADDRESS OF THE PARTY AND										
Name of Monitoring Firm Hired by	Bldg. Owne	r (8)		ASCM No.		Name of Abatemen						
Street Address						D & S RESTO	RATION, INC.					
Street Address						20 California	A 1/0					
City, State, Zip Code						City, State, Zip Cod		NO PROPERTY ACCOUNTS		-	CONTROL OR	Contraction of the Contraction o
, , , , , , , , , , , , , , , , , , , ,						Paterson, NJ (						
Project Manager for Monitoring Firm	n	Ph	one Numb	er	_	Telephone Number		License	Numb	er		
		-				973-345-802	0	0	1169			
Start Date (10)	Sched.	Completic	on Date (1	1)		Name of OSHA Mo						
01/28/15	02/18	/15				D & S Restora	ition, Inc.					
Occupancy Status During Abateme						20 California A	\					
Facility closed/vacated during			ment.			City, State, Zip Coo						
Abatement performed outside Describe:	of normal fa	acility hour	S-			o.,,, o.a.o, <u>o.</u> p. oo.						
Other-Describe: NORMAL F	HOURS					Paterson, NJ (	7503					
Scope of Work (check all that appl	y)						Full Containment w	/negative	press	ure		
$\boxtimes$ >3 sf or >3 lf	Renovation	1					Mini-enclosure					
≥160 sf or ≥260 lf	Demolition					· <u>P</u>	Glovebag procedur  Non-Exempted (*)		friable	proce	edure	
Location of		normally i		1					I R	R	Е	E
asbestos-containing material (acm) to be	staff(12)	nance/cust	logiai			sbestos-containing	Amount (Specify S	E or	m	e p	n c	n
abated in facility (13)	Yes	No	N/A	material	(ACM)		(Specify S LF)	r oi	0	a	a	C L
			1973						e	r	р	
BASEMENT		_X_		PIPE INSU			20 L FT			ᆜ	Ц.	빝
BASEMENT		X		BARE HEA	ATINO	FIPES	30 L FT		井	屵		님
					San Shankson				井	片	부	님
				1					ዙ	屵	부	1
Registered Waste Hauler	INJDE	P Hauler I	D#   C	ubic Yards of \	Waste	Name of Registere	ed Landfill			<u> </u>	Ц	
D & S RESTORATION, INC.	1350		3-100	yd.			I, RESOURCE RE	COVER	Y			
City, State			Disposal D			City, State						-
PATERSON, NJ 07503			01/29/1			TULLYTOW	N, PA					
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDI	ENT		Signature				Date 01/13/	15			
ASB-41			for asbesto	os licensure ex	empted	activities.		01/13/	13	-		

			(Pur	suant to	NJAC 6.	ou anu 12.	. 120)		P F	- J.	JEF	ì					
	of Notification (1) 5/15							wner/Opera nunities l			n 'g a een	10	9 see. L	*			
	ncies Notified	Type Noti			72	treet Add				,	2015 月18	21	到 9:	82			
X	DEP DOL	Ame Ame	ended endment				e, Zip Code od NJ 08				ASBEST & LT	CFNS	SHIP				
	DOH DCA	justi	rgency ( fication) cellation	(including		lame of 0 nario	Contact					Telep	hone Nu	ımber			
						FACIL	ITY INFOR	RMATION		T	a of Faciliby /A	1					
Va	ne of Facility Where A cant House	Abatement	is Takin	g Place (3)						Тур	e of Facility (4 School (K-12 Subchapter 8	2)	than K	12\			
	et Address 2 12th Street									×	Other (i.e. pr etc.)	ivate &	commer	cial build			s,
City	(5) ewood NJ 08701									100	are Feet 00 +	# of F		3	dg. A 5+ -	ge 	
	ean					County C STATE U	ode (7) SE ONLY)				rent Use (Prio use & Shec		g demoli	shed)			
Nar N/	ne of Monitoring Firm	Hired by I	Building	Owner (8)		ASCM	No.	7103	ame d		natement Cont Inc.	tractor (9	9)	×			
Stre	et Address								reet A								
City	, State, Zip Code					Ti-		5500			Zip Code rlin NJ 0809	91		2 20 20	W.Asse		
Pro	ject Manager for Mor			Γelephor	ne No.		eleph		No. -9800		License	No.					
Sta	rt Date (10)			Schedule	ed Com	nletion F	Date (11)				SHA Monitor		#11/41/20 (15/4E)				-
1/2	26/15	13		1/30/15	5	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		S	Same	е							
Occ	cupancy Status Durin	g Abateme	ent (Che	ck Only Or	ie)			St	treet	Addi	ress						
×	Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside	g Entire e of Norr	Period of Amal Facility	Abatem Hours	ent	)	Ci	ity, S	tate,	Zip Code						
Sco	pe of Work (Check A	All That Ap	ply)						200								
×	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				Renova Demoliti				×		Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure				·e	
			-	1-	1 41					-	VOIT EXCITIPATE	2 ( ) 0.10	,,,,,,,		Abat	emen	t
	Locatio	n of			Locati Normal			Descri	intion	of					T	/pe	_
	Asbestos-Containing TO BE AE In Fac (13)	g Material ( BATED ility	(ACM)	Ma Cus	ed Sole sintenar todial S (12)	nce/ Staff?	Asbest (i.e.	os Contain thermal sys surfacing other miso	ning N stems g, VA	Mater s ins T, o	ulation, r	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
				Yes	No	N/A			01-			0.5	units	x	-	-	
	Hous					X		window		2.000000	_					-	
	Various I					X		Transite	and the	7			SF	X		-	-
	Shed					Х		Roof S	-				5 SF	X	-		-
Shed						Х		window		azin	-	1000	units	X			
Name of Registered Waste Hauler United Containers					H	IJDEP W lauler ID 2459		Cubic Ya of Waste 3			Name of G.R.O.		reo Lano	מווו			
City, State Elm NJ								Disposal 1/30/15		9	City, Stat Morrisv		1906	7 -			
	mpleted by thony T Perna			Title Pres	sident			Sigr	natùr	e/				Date 1/15/1	5		

CK 3098

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

#### RECEIVED

Date of Notification (1) 01/14/15			N P	ame of B	Building Ov ANTVILL	wner/Ope	erator ( JSIN(	(2) G AUTI	HORITY	· III	121 B	H 9: 1			
Agencies Notified	Type Notification		S	treet Add							ras c	CNIR	n)		
DEP  DOL	Initial Amended Amendment	#			e, Zip Cod ANTVILI		0823	2	<del>- 1</del> ,51	& L	ICENS	MG			
DOH DCA	Emergency justification) Cancellation	1000		lame of O	Contact NDRAD	DE .				Tele	ephone Nu	mber			
				FACIL	ITY INFO	RMATIO	N								
Name of Facility Where Street Address 156 N. MAIN STRE		ig Place (3)						Su Su X Ot	her (i.e. pr	?) 3 (Oth	er than K-1 & commerc	2) cial buildi	ngs,	home	s,
City (5) PLEASANTVILLE,								Square		# 0	f Floors	Blo	dg. Ag	ge	
ATLANTIC COUNT				county Co	ode (7) SE ONLY)		_		Use (Prior		ng demolis	hed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.		Name AAA	of Abate LEAD	ment Cont PROFES	ractor SSIO	(9) NALS				
Street Address		*		8				Address HITE D	OVE CO	URT					
City, State, Zip Code								tate, Zip EWOOI	Code D, NJ 08	3701					
Project Manager for Mor	nitoring Firm		T	elephon	e No.		11/15/2012 P. #3/5/20	one No. 668-90	78		License 1200	No.			
Start Date (10) 01/25/15		Scheduled 01/25/15		pletion D	)ate (11)				Monitor PROFE	SSIC	NALS				
Occupancy Status Durin  × Facility Closed/Vac				ent				Address HITE D	OVE CC	URT					
Abatement Perform Other – Describe:	ned Outside of Nor	mal Facility	Hours	GHE .		_		state, Zip EWOO	Code D, NJ 08	3701					
Scope of Work (Check /	All That Apply)		-												
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	enovat emoliti					Mini- Glov	Enclosure	edure	h Negative			e	
									LACITIPICA	1 ( ) (1)	14 140171 11			ement	
Locatic Asbestos-Containin TO BE Al In Fac (13	g Material (ACM) BATED sility	Used Mai	Location or mall disole of Sole of Sol	ly ly by nce/		tos Conta thermal:	system sing, VA	Material on the insulat AT, or		(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
FLOOF	RING				FLO	OR TIL	E AN	ID MAS	STIC	5	500 SF	Х			
								51 				-			
Name of Registered W	aste Hauler		1 23	JDEP W		Cubic			Name of	Regis	tered Land	Ifill	1	-	
NEWARK CARTIN	G		1 33	lauler ID 4509	No.	of Was	RDS		IESI		39				
City, State NEWARK, NJ			Ė			01/25	Marian Company		City, Sta BETHL		M PA	D-4			
Completed by JOSEPH PERLST	EIN	Title OWN	IER			S	Signatu	re				Date 01/14/	15		



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11111	at the f	VER
" and the "	Walter S	W - 1 2 2

Date of Notification (1) 01/14/15	1/14/15					Building Ow N PROF					2	115 .14	月2	1	H	Q, p	7.6
Agencies Notified	Type Notif			1000	treet Add						A	BES & L	E@S		Tal 3		Mg.
DEP  DOL	Ame Ame	nded ndment #_				, Zip Code IJ 07044				7		a L	ICE	NJ	ING	NU	L
DOH DCA	justif	rgency (indication) cellation	cluding	100000	ame of C	Contact WEISS					Tele	phone N	umbe	er			10
					FACILI	TY INFOR	MATIC	NC									
Name of Facility Where	Abatement	is Taking F	Place (3)						Sc	Facility (4 hool (K-12	2)	- th 1/	42)				
Street Address 111 LINCOLN AVE	NUE					10			× Ot etc		ivate 8	comme					3,
City (5) NEWARK, NJ									Square	Feet	# of	Floors		Blo	ig. Ag	е	
County (6) ESSEX COUNTY					County Co	ode (7) SE ONLY)				Use (Prio			lished	i)			
Name of Monitoring Firm	n Hired by E	Building Ov	vner (8)		ASCM	No.				ment Con			200				
Street Address									Address HITE D	OVE CC	URT						
City, State, Zip Code									state, Zip EWOO	Code D, NJ 08	3701						
Project Manager for Mon	ject Manager for Monitoring Firm					e No.	=	100000000000000000000000000000000000000	none No. 668-90			License 1200	e No.				
Start Date (10) 01/26/15	Start Date (10) Sched							100000000000000000000000000000000000000		A Monitor PROFE	SSIO	NALS					
Occupancy Status Durin	ng Abateme	ent (Check	Only One	:)	it.				Address	OVE CC	NIRT						
Facility Closed/Vac Abatement Perform	ned Outside	g Entire Pe e of Norma	eriod of Al I Facility	oatem Hours	ent			City, S	State, Zip	Code							
Other – Describe:							_	LAK	EWOC	D, NJ 0	8701					_	
Scope of Work (Check	All That App	oly)						Г	7	0 1		. N	D				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Parameter Co.	enovat emoliti				2	Mini Glov	Containme -Enclosure rebag Prod -Exempted	e cedure					2	
									NOIT	-Exemple	J ( ) ai	u Non-i	Habic			ment	
1			F 11270	Location or mall			De	escription	n of		18				Ту	ре	
Asbestos-Containin TO BE Af In Fac (13	g Material ( <u>BATED</u> cility	ACM)	Mai	d Solel ntenar odial S (12)	nce/		os Con therma surfa	taining I	Material ns insulat AT, or		(	Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
INTER	RIOR		165	140	1071	F	PIPE	INSUL	ATION		1	00 LF		X			
															222		
													T <sub>a</sub>				
Name of Registered Wa	aste Hauler				JDEP W			c Yards		Name of	Regist	ered Lar	ndfill				
NEWARK CARTIN	NEWARK CARTING					No.	35000	RDS		IESI	10						
City, State NEWARK, NJ	537						01/2	osal Dat 6/15		City, Sta BETHL		МРА			22		
Completed by JOSEPH PERLSTI	EIN	¥e	Title OWN	ER				Signatu	re				Dat 01	e /14/1	15		

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) Name of Building Owner/Operator (2) January 14, 2015 Del Corp. 117 Dollmore Avenue 2 Type of Notification Street Address Agencies Notified X EPA Initial Notification DEP Amended Notification City, State, Zip Code Amendment#\_ 1 DOL X Waretown, NJ 08758 Emergency (including [X] ] DOH justification) 1 DCA Name of Contact Telephone Number Cancellation Al DelPrete FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (k-12) Subchapter 8 (other than k-12) Street Address Other (i.e., private & commercial [x]29 Bayview Drive buildings, homes, etc.) # of Floors County Code (7) Square feet Bldg. Age City County (6) (STATE USE ONLY) Sf 1514 Current Use (Prior if being demolished) Waretown Ocean Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A Guardian Contracting, Inc. Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 License Number Project Manager for Monitoring Firm Telephone Number Telephone Number 732-349-9932 00624 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor E.M.S.L. Analytical 01/15/2015 01/16/2015 Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Road Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe Piscataway, New Jersey 08854 Scope of Work (Check all that apply)] Full Containment with Negative Pressure Mini-Enclosure  $[] \ge 3 \text{ sf or } \ge 3 \text{ lf}$ Renovation Glovebag Procedure [X ] ≥160 sf or ≥260 If [x] Demolition [x ] Non-Exempted (\*) and Non-Friable Procedure Abatement Type Is Location Description of E E Normally used Asbestos-Containing Location of Amount E N E Asbestos-Containing Material (ACM) Solely by (Specify SF Material (ACM) P C C M (i.e., thermal systems or LF) TO BE ABATED Maintenance/Custodial A P A 0 in facility Staff insulation, surfacing, 0 S V (13)(12)VAT, or R U U other miscellaneous) A L YES NO N/A L X Sf 1300 Exterior X Asbestos siding Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste T.R.R.F. Guardian Contracting, Inc. 20223 3 City, State Disposal Date City, State 01/19/2015 Tullytown, Ponnsy Wania Toms River, New Jersey Completed by (Print or Type) Signatura Date Nicholas Fernicola 1/14/15 Project Manager \*Do not use this form for asbestos licensure exempted activities.

CHECK # 1144

									1- Jun 1	7 ( 11	IF =			
Date of Notification (1) 1/15/2015				Building a Miller	Owner/O	perator	70.5	84.135						
Agencies Notified	Type Notification			Street Ad 209 Pa	idress wnee F	Rd.		2013	J.A.N.	21 P	9:1	38		
EPA DEP DOL	Initial Amended Amendmen	t#			te, Zip Co rd, NJ			459	3EST	S CE	HIR	<u> </u>		
☑ DOH DCA	Emergency justification)			Name of				14	Tele	phone N	imber			
□ DCA	Caricellation	1			-,000-000-000-	ORMATIC	IAC						70	
Name of Facility Where A	Abatement is Takir	ng Place (3)	)	FACIL	_1111111111	DRIVIATIO	JN	Type of Facility (						
Street Address 209 Pawnee Rd.								School (K-1 Subchapter Other (i.e. p	8 (Othe			dings	hom	es,
								etc.)						
City (5) Cranford								Square Feet 1,900 +	2	Floors	100	ldg. A O+	\ge	
County (6) Union				County C	ode (7) ISE ONLY	)	_	Current Use (Pri	or if bein	g demoli	shed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.			of Abatement Cor orn Contracting						
Street Address							Street	Address						
City, State, Zip Code							City, S	Pleasant Vall- tate, Zip Code		·				
							West	Orange, NJ (	07052					
Project Manager for Mon	itoring Firm	5		Telephor	ne No.			none No. 333-9176		License 01232	No.			
Start Date (10) 1/24/2015		Schedule		npletion [	Date (11)			of OSHA Monitor	Itants I	nc.				
Occupancy Status During	g Abatement (Che	ck Only On	e)					Address 1 Wagaraw Ro	I - Bld	35E			8	
Facility Closed/Vaca						-			ı Diu	g.00L				
Abatement Perform  Other – Describe:	ed Outside of Norr Normal Working Ho	nal Facility urs	Hours			_		tate, Zip Code Lawn, NJ 074	10					
Scope of Work (Check A	ll That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enova emolit				×	Glovebag Pro	e cedure				23	
							<u> </u>	Non-Exempte	a (*) and	NON-FIIE	Die Pio	Abate		
		160%	Locati	G 1				-3					pe	
Location Asbestos-Containing TO BE AB/ In Facili (13)	Material (ACM) ATED	Use Mai	lormal d Sole ntenar odial S (12)	ly by nce/		tos Conta thermal :	systems ing, VA	Material (ACM) s insulation, T, or	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									O	
Garag	e			х		Pipe	Insula	tion	2	2LF	X			
Name of Decistored Wor	to Haulas		- N	JDEP W	acta	Cubic	Varde	Name of	Register	ed Landf	ill	L		
Name of Registered Was Unicorn Contracting	Н	auler ID 035844	No.	of Was		G.R.O.								
City, State West Orange, New J				Dispos TBD	al Date	City, Stat		ennsylva	ania					
Completed by Dimo Golcev		Title Proje	ct Ma	nager		Si	gnature	118	1		ate 1/15/20	015		
		1		J			4	1///	/			2000-27		
ASB-41 (R-06-08)							*Do no	ot use this form for	asbesto	s licensu	ire exen	npted	activi	ties.

CK 1801

### State of New Jersey

	g	ħ			OF ASBE					Pr	CEN	1	Er.		
Date of Notification (1) January 15, 2015	11		1	Name of Lovez,	Building (	Owner/O	perator	(2) Check	# 1801	4 1 L.	- 3-7 [ 2	al from ?	- P		
Agencies Notified	Type Notification	1		Street Ad 10A Je	ddress ennings	Road			20,		1121 P	H 9:	69		
EPA DEP  DOL	Amended Amendmer	(0.00)			te, Zip Co d, NJ 0				45	BEST	IBS CC	)MTF	ROL	- 2	
DOH DCA	justification Cancellation	)		Name of Chris S	Contact Sarando	ulias				Tel	ephone Nu	mber		3	
				FACI	LITY INFO	DRMATI	ON								
Name of Facility Where A				Buildin	ng)			×	of Facility ( School (K-1	2)					
Street Address Route 70 and Conn	ecticut Avenu	е									er than K-1 & commerci		lings,	home	es,
City (5) Cherry Hill								Squar 7,77	re Feet 7	# 0	f Floors	B 6:	ldg. A 5	ge	
County (6) Camden				County (	Code (7) ISE ONLY			Curre		or if be	ing demolis	hed)			
Name of Monitoring Firm TTI Environmental,		Owner (8)		ASCM	l No.				tement Cor vironmen						
Street Address 1253 N. Church Str	eet							Addres Cutler	ss Avenue						
City, State, Zip Code Moorestown, NJ 08	057								p Code ide, NJ 0	8052					
Project Manager for Mor Jim Guilardi	nitoring Firm			Telephor 856-84	ne No. -0-8800		1.7	hone No 755-0			License N 00842	10.			
Start Date (10) January 28, 2015	.7	Schedule			Date (11)				A Monitor oratories	;					
Occupancy Status Durin	g Abatement (Che	_ C C C C C C C C C C C C C C C C C C C	0.00				Street	Addres	SS						
× Facility Closed/Vac				nent			200	Route	130 Nor	th					
Abatement Perform Other – Describe:									p Code son, NJ 0	8077					
Scope of Work (Check A	II That Apply)														
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			Renova Demolit					Min Glo	i-Enclosure vebag Prod	e cedure	n Negative I			۵	
		Is	Locat	ion									Abate		
Location		1	Vormal	ly		Des	scription	n of					Ту	ре	
Asbestos-Containing <u>TO BE AB</u> In Facil (13)	ATED lity	Ma	ed Sole intena todial ( (12)	nce/		tos Cont thermal surfac	aining A	Material is insula AT, or		(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										Ф	
Basement, Kitcher	n & Restrooms	;	XXX Pla					r		1,4	130 SF	X			
Name of Registered Was	ste Hauler		IN	JDEP W	aste	Cubic	Yards		Name of	Reaiste	ered Landfil	<u> </u>			
Freehold Cartage			H	lauler ID 2253		of Was			40.0000 00	1 = 1.50	ks Comm		Land	dfill	
City, State Freehold, NJ						Dispos 2/11/2	sal Date 2015	9	City, Stat Birdsbo		A				

Completed by

Christina Lynch

Date 1/15/2015

Signature

Operations Manager

CK 1797

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

Date of Notification (1)		f Building Owner	Struction Con	MARAGUI 21	州 9:	āL.	
Agencies Notified Type Notification	Street A	ddress	1.1 (1)	2810 Salt 4			
EPA Initial Amended		1 SOUYN ate, Zip Code	*	行うひというまとい	COMI	RUL	
DOL Amendment #_ Emergency (in	JQ	UhSon,	NJ. 0852				
DOH justification)  Cancellation	Name o	f Contact C Plach	is	Telephone Num	ber .		i
	FAC	ILITY INFORMA	TION	70			
Name of Facility Where Abatement is Taking I			Type of Facility  School (K-	27 20			
Street Address 5307 Rt. 9 NOrth				er 8 (Other than K-12 private & commercia		s, hom	es,
City (5) Howell			Square Feet	# of Floors		. Age	
County (6) MONMOUTH		Code (7) USE ONLY)	- Commerci	rior if being demolish LOI — Stov			
Name of Monitoring Firm Hired by Building Ov	vner (8) ASCI	M No.	Name of Abatement Co	ontractor (9) Stries Inc	v		
Street Address		U U	P.D. Box	915 Baies			
City, State, Zip Code			City, State, Zip Code				
Project Manager for Monitoring Firm	Telepho	one No.	Telephone No. 732-899-745	License No			
Start Pate (10) \S	Scheduled Completion	Date (11)	Name of OSHA Monito	r			
Occupancy Status During Abatement (Check			Street Address				
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:			City, State, Zip Code				
Scope of Work (Check All That Apply)							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition		Mini-Enclosu Glovebag Pr			lure	
	Is Location		NoteExemple	ed ( ) and North hab		atemer	nt
Location of	Normally Used Solely by		Description of			Туре	Т
Asbestos-Containing Material (ACM)  TO BE ABATED	Maintenance/ Custodial Staff?	(i.e. therm	ontaining Material (ACM) nal systems insulation,	Amount (Specify	Re	Enca	Enc
In Facility (13)	(12)		facing, VAT, or r miscellaneous)	SF or LF)	Remova	Encapsulate	Enclosure
i i	Yes No N/A					te	(D
	8	osbest	os siding	2900 SF	X		
	X	osbesto	S Moor tile	325 SF	X		
	8	asbest		50 L+	X	-	1
Name of Registered Waste Hauler	NJDEP	US best		10,000 S F	٥		
B(ith Industries Inc	Haules II	O No. of V	Vaste 100	GROH	?S.		
City, State S(1UK, NT		Dis	posal Date City, St	Y.A.			
Completed by Plautis	Title PRINTE	nt	Signature E	Da	te   141	15	

CK 005794

D&S Proj. #: 2015-15

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

					29 (1)	97785					
Date of Notification (1)	Name of Bu	uilding Own	er/Operator (2)			Wis Ja	121 1	MI	: 5		
Agencies Notified   Type Notificatio		NESMIT	Ή .			A street					
EPA Initial	Street Addr	ess				21	ICÉRC	147	ROL		
DEP Amended		LEY STR	EET				10 LMC	11:3			
Amendment #:_		1150									
☐ DOH ☐ Emergency (including	- CONTRACTOR CONTRACTO	, NJ 0710	04								
justification)	Name of Co	ntact				Lelephon	e Number	Š			
DCA Cancellation	HATTI	E NESMI	TH					8	_		
7		FAC	ILITY INFORM	ATION	1						- 1
Name of facility where abatement is	taking place (3)					Type of Facility (	4) I (K - 12)				
HATTIE NESMITH							apter 8 (O	ther th	nan K	-12)	
Street Address						Other (	Private/Co	omme			
11 SCHLEY STREET							Homes, et # of Floor		Bl	dg. A	ge
City (5)	County (6)				inty Code (7)					0.000	
Newark	ESSEX			(Sta	te use only)	Current Use (Pi	rior if being	g dem	olishe	ed)	
Name of Monitoring Firm Hired by Bl	_		ASCM No.		Name of Abatemen	t Contractor (9)					
		1			D & S RESTOR	RATION, INC.					
Street Address				_	Street Address						
		-			20 California A	THE RESERVE OF THE PARTY OF THE					- STATEMENT VI
City, State, Zip Code					City, State, Zip Code	9					
5 :					Paterson, NJ 0	7503					
Project Manager for Monitoring Firm	P	hone Numb	er		Telephone Number 973-345-8020	`	License	Numb 1169	er		
					Name of OSHA Mo		1	1109			
Start Date (10)	Sched. Completi	on Date (11	1)		D & S Restorat						
01/15/15	01/30/15				Street Address						
Occupancy Status During Abatement		62			20 California A						
Facility closed/vacated during e Abatement performed outside o Describe:					City, State, Zip Code	Э					
Other-Describe: NORMAL HO	URS			_	Paterson, NJ 0	7503					
Scope of Work (check all that apply)						Full Containment w	/negative	press	ure		
$\boxtimes$ >3 sf or >3 lf $\boxtimes$ F	Renovation					Mini-enclosure Glovebag procedu					
≥160 sf or ≥260 lf [	Demolition					Non-Exempted (*)		friable	proc	edure	è
Location of	Is location normally by maintenance/cus		/					R	R	E	E
	staff(12)	stouiai			sbestos-containing	Amount (Specify S	F or	m	p	n	n
abated in facility (13)	Yes No	N/A	material (	ACIVI)		LF)		o v	a	a p	C L
BASEMENT			PIPE INSU	T A T	ON	70 1 FT		e	-		┼
DASEMENT			PIPE INSU	LAII	ION	70 L FT			믐	ዙ	卄
			<u> </u>					H	님	믐	ዙ
		+						H	H	片	卅
						_		H	H	Ħ	情
Registered Waste Hauler	NJDEP Hauler	1	ubic Yards of V	Vaste	Name of Registere			1-1			
D & S RESTORATION, INC.	13506	Disposal D	yd.		ACTION OF THE PERSON NAMED IN COLUMN 1	, RESOURCE RE	COVER	Y.		alese man	
City, State PATERSON, NJ 07503		01/19/1			City, State TULLYTOWN	J PA					
	Title		Signature		1 TOLLETTO WIT	19 4 4 4	Date				
BOGDAN JOLDZIC I	PRESIDENT						01/14/2	2015			
ASB-41 * [	Do not use this form	for asbesto	os licensure ex	empte	d activities.				11.0		

CK U05795

D&S Proj. #: 2015-28

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

										mare of a	-1			
Date of Notification (1)	.1 .5 .	I N	ame of Bu	ilding Own	er/Operator (2)	)			2015 JAN 2	) Du	11 ~			
0 1 /1 4 /		:	MARTH	A COND	ON					- FITI	11:5	5		
	ype Notification	on St	treet Addre	ess				Ţ	SHESTO & LID	COL	TOO			
_	Amended	- 11	541 HAI	MILTON	STREET				& LIC	ENT.	INUL			
_ An	nendment #:	C	ity, State,	Zip Code						*****	ud.			
☑ DOL ☑	Emergency		HARRI	SON, NJ (	7029									
☑ DOH	(including	Na	ame of Co						Telepho	ne Numbe	er	CHOICE.		
D DCA	justification)		MADTI	HA CONI	ON				I					
⊔	Cancellation		WAKII			447101	r.							
				FACI	LITY INFORM	IATION	<b>\</b>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7.45				
Name of facility where	abatement is	taking pla	ce (3)					1 13	pe of Facility	7 (4) ool (K - 12	)			
MARTHA CONDO	NC								=	hapter 8 (		nan K	-12)	
Street Address								7	Othe	r (Private/0	Comme		/	
541 HAMILTON S	STREET								Bldgs Square Feet	# of Floo		BI	dg. A	ge
City (5)	JIKELII	Coun	ity (6)			Cou	inty Code (7)	=  `	iquare i cot	# 011100	,,,,		ug. , .	90
0.13 (0)			3 1-1			0.000	ite use only)		Current Use (	Prior if bei	na dem	olisho	ed)	
HARRISON			DSON						,					
Name of Monitoring Fin	rm Hired by E	ildg. Owne	r (8)		ASCM No.		Name of Abaten	nent Con	tractor (9)					
							D & S REST	ORATI	ON, INC.					
Street Address							Street Address							
<u> </u>							20 Californi	AND DESCRIPTION OF THE PARTY OF				CHICKENIA		emannai m
City, State, Zip Code							City, State, Zip C	Code						
							Paterson, N	IJ 07503						
Project Manager for Mo	nitoring Firm		Ph	none Numb	er		Telephone Numi			License		er		
							973-345-8				01169			
Start Date (10)	***************************************	Sched.	. Completi	on Date (11	)	_	Name of OSHA							
01/15/15		02/10	V15				D & S Resto	oration,	Inc.					
Occupancy Status Durin	ng Abatemen						20 California	o A 21001						
Facility closed/vac				ement.			City, State, Zip C		ie .				-	
Abatement perfor							Oity, State, Zip C	Jode						
Describe:	NORMAL HO	OURS				-	Paterson, N	IJ 07503						
Scope of Work (check									Containment	w/pegativ	a proce	LIFA		
>3 sf or $>3$ If		Renovation	n					=	-enclosure	Willegativ	c press	ui c		
≥160 sf or ≥260 lf									ebag proced					
≥160 St of ≥260 ii		Demolition						☐ Nor	-Exempted (	*) and Non		-	_	1
Location of asbestos-contain	ina		normally nance/cus	used solely stodial		+ -	N en		Amount		R e	R	E	E
material (acm) to		staff(12)			Descripti material		sbestos-containir	ng	(Specify		m	p	С	n
abated in facility		Yes	No	N/A	material	(AOIVI)			ĹĖ) ĺ		o v	a i	a	L
7					DIDE BYCE	П . С	TON!		20 1 27		e	r	_	-
BASEMENT			X		PIPE INSU	JLATI	ION		20 L FT			1	닏	부
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Registered Waste Haule		INUE	DHeide		ubic Yards-of	Masta	INlama of Dagiet	torod I s	dfill			Ш		
D & S RESTORAT		135	EP Hauler 06	1,000	yd.	vvasie	Name of Regist			ECOVE	RY			
City, State				Disposal D	THE RESERVE OF THE PERSON NAMED IN COLUMN 1		City, State	NOTICE STATES						and white one
PATERSON, NJ (	7503			01/16/1	5		TULLYTO	WN, PA		9				
Completed by (Print or	A 2015 02	Title			Signature					Date				
BOGDAN JOLDZI		PRESIDI								01/14	4/15			
ASB-41	*	Do not use	e this form	for asbesto	os licensure ex	cempte	d activities.							

(K 605 79 Z

D&S Proj. #: 2015-27

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

									*(						
Date of Notification			Name of Bu mark mu	0.70	ner/	Operator (2)		20	15 JAH	21 F	3:UH	3	4 N		
Agencies Notified  EPA	Type Notificat	ion	Street Addr	A CONTRACTOR OF THE PARTY OF TH				AS	BES I	703 C	OWINC ING	11			
□ DEP	Amended		5 waver	ly place					& L	ICEN3	ING	-			-0-21-22-24
☐ DEP	Amendment #:	110	City, State,	Zip Code											
DOL	Emergency		madisor	n, nj 0794	10					*					
<b>⋈</b> DOH	(including	11	Name of Co	THE RESERVE OF THE PERSON NAMED IN					T	Telepho	ne Numbe	er			CONTRACTOR OF THE PARTY OF THE
	justification)				2000										
DCA	☐ Cancellation	1	madisor	n, nj 0794	10				!						
				FAC	CILIT	TY INFORMA	TION								
Name of facility wi	here abatement i	s taking pl	ace (3)					-	Type o	of Facility	(4) ool (K - 12	')			
madison, nj 079	940								l F	=	hapter 8 (		nan K	-12)	
Street Address										Other	(Private/ ./Homes,	Comme		/	
5 waverly place	e								Squa	re Feet	# of Floo		Bl	dg. Ag	ge
City (5)		Cou	inty (6)			T	Cour	ity Code (7)							
, , ,								e use only)	Curre	ent Use (	Prior if bei	na dem	olishe	ed)	
madison		mi	orris					***		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				-/	
Name of Monitorin	ng Firm Hired by	Bldg. Own	er (8)		I	ASCM No.	$\Box$	Name of Abatement	Contract	tor (9)					
							- 11	D & S RESTOR.	ATION	, INC.					
Street Address							ᅱᅡ	Street Address							
							- 11	20 California A	ve.						
City, State, Zip Coo	ie				_			City, State, Zip Code		brief of the first service.			<u> </u>	-	THE RESIDENT
51 5 5								Paterson, NJ 07	503						
Project Manager fo	r Monitorina Firm	)	TP	hone Num	her		-  -	Telephone Number			Licens	e Numb	er		
rojoet managor io	. morntoring r in			none ream	501		- 11	973-345-8020				01169			
							<u>_</u>	Name of OSHA Mon	itor				-		
Start Date (10)		Sche	d. Complet	ion Date (1	11)			D & S Restorati							
02/08/15		02/2	6/15				11	Street Address	,				_		
Occupancy Status	During Abatemer	nt (Check	only one)	CONTRACTOR OF STREET	TATE DIE			20 California Av	enue						
Facility close	d/vacated during	entire per	iod of abat	ement.			11	City, State, Zip Code							
	erformed outside	of normal	facility hou	ırs-			- 11								
Describe:	he NORMAL F	IOURS					-11	Paterson, NJ 07	503						
Scope of Work (ch							- 11			tainment	w/negativ	o proce	ure		
>3 sf or >3 lf									Mini-end		Willegativ	e press	uic		
		Renovati						- Instruction		g proced	ure				
≥160 sf or ≥2	260 If	Demolitic	n								*) and Nor	n-friable	proc	edure	
Location of			on normally		ly							R	R	E	E
asbestos-cor		staff(12)	tenance/cu	stodiai				bestos-containing		Amount	05.00	m	p	n	n
material (acn abated in fac			1-	T	-	material (A	CM)			(Specify LF)	SF OF	0	a	а	C
abatos III iac	mity (10)	Yes	No	N/A						TTIOX		v e	l r	р	-
BASEMENT			X		71	PIPE INSUI	ATI	ON	105	5 1 ft					
TO STUDY OF THE PROPERTY OF THE PARTY OF THE				1	╗							П	П	П	
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		-		+	╬	NUMBER OF SHIP OF	int salign	THE RESERVE OF THE PARTY OF THE	-			ᆖ	H	Ħ	Ħ
***************************************			-	#	╬							믐	H	H	H
Registered Waste H	Hauler	INUE	EP Hauler	ID# 1 (	Cub	oic Yards of W	aste	Name of Registered	Landfill			_			1
D & S RESTOR			506		2 y		4516	TULLYTOWN,		JRCE F	ECOVE	RY			
City, State				Disposal		CONTRACTOR OF THE PERSON NAMED IN COLUMN 1		City, State						NATIONAL PROPERTY.	The second second
PATERSON, N	IJ 07503			02/09/				TULLYTOWN	, PA						
Completed by (Prin		Title		1	T	Signature		L			Date				
BOGDAN JOL	10.2	PRESI	DENT								01/14	1/ 2015	5		<u>, compression and a second and</u>
ASB-41		* Do not u	se this forn	for asbes	tos	licensure exe	mptec	activities.			1.5				

REGEREN 1559

Date of Notification (1)			Name of	Building C	)wner/O	perator (2	2)	0.0		Mary Mary Mary Mary Mary Mary Mary Mary				
01/09/15			Geo T	echnolo	gy Ass	sociates	, Inc. 2015 J	HOL	014		_			
Agencies Notified	Type Notification		Street Ad	ddress			20.8 05	11 61	t.Fi	3: 11	)			
□ EPA	☐ Initial			Vorld's F	Attitudes	ive, Suit	e B	·	(D. D.		4			
DEP	Amended	l.	1000	te, Zip Co			ASSES	1199	COM	TRO	1			
⊠ DOL	Amendment #			set, NJ	08873		œ 1	-tuE	KOIM!	ý.	-			
<b>⊠</b> DOH	justification)		Name of					Tele	phone N	Number				
☐ DCA	Cancellation			Staley								-		
Name of Facility Where	Abatament is Taking	Place (3)	FACIL	LITY INFO	RMATI		Type of Facility (	4)			_			_
Residential Proper		Tiace (5)												
Street Address	r.y						School (K-1 Subchapter		er than K	-12)				
396 Forest Avenue	3					Ī	Other (i.e. p				ildi	ngs,	home	es,
City (5)	,						etc.) Square Feet	# of	Floors		Blo	dg. A	ne.	_
Paramus							3.500	<i>"</i> 0.	2			)+-	90	
County (6)			County C	ode (7)			Current Use (Pri	or if being	. <del> </del>	lished)		-		_
Bergen				JSE ONLY)			Residential F			norrow)				
Name of Monitoring Firm	Hired by Building C	)wner (8)	ASCM	l No		Name o	f Abatement Co	1.112.101.01.01.01.01.01.01.01.01.01.01.01.01	-	_				
N/A	Trilled by Ballating C	who (o)	7,000	1110.			nark Contrac							
Street Address						Street A								
						27 Ec	Isall Drive							
City, State, Zip Code						City, Sta	ate, Zip Code							
							ex, NJ 07461							
Project Manager for Mor	nitoring Firm		Telephor	ne No.		Telepho	ne No.		License	e No.				
						973-8	64-2022		01137	7				
Start Date (10)		Scheduled C	completion I	Date (11)		Name o	f OSHA Monitor							
01/10/15		01/15/14				Amer	iSci							
Occupancy Status Durin	g Abatement (Check	(Only One)				Street A	ddress							
▼ Facility Closed/Vac	ated During Entire P	eriod of Abat	ement			117 E	ast 30th Stre	eet						
Abatement Perform	ned Outside of Norm					City, Sta	ate, Zip Code							
Other – Describe:					-	New	York, NY 100	016						
Scope of Work (Check A	All That Apply)			81										
≥3 sf or ≥3 lf		Reno	ovation				Full Containm		Negativ	e Pres	sur	е		
≥160 sf or ≥260 lf		X Dem	olition			$\stackrel{\times}{\times}$	Mini-Enclosur Glovebag Pro							
							Non-Exempte		d Non-Fr	riable P	roc	edur	е	-
		Is Loc	cation								1		ement	t
Locatio	n of	Norr	nally		De	scription	of	2.		-	2000	Ту	pe	
Asbestos-Containing	Material (ACM)		olely by nance/	Asbes	tos Con	taining Ma	aterial (ACM)	1 250	mount				Щ	m
TO BE AB		Custodia	al Staff?	(i.e.		l systems icing, VAT	insulation,		Specify or LF)	1	0	Repair	icap	nck
(13)		(1	2)			miscellane				Vellione		oair	Encapsulate	Enclosure
		N	lo N/A							-	-		te	е
Northwest aisle a	at rear of store	+ + ,	(		fl	oor tiles		15	6 S.F.	×	. 1			
		1	-		20-0		50 000000	11.00			-			
roo		>	(	111	TORS	on metal		-	S.F.	X				-
mechanica	al closet	>	(		flue p	oipe cen	nent	20	0 S.F.	X				
Name of Registered Wa	ste Hauler		NJDEP W Hauler ID		Cubic of Wa	Yards	Name of	Registe	ered Lan	dfill				
Atlantic Carting			190713	NO.	OI Wa	10	G.R.O	.W.S.						
City, State					Dispo	sal Date	City, Sta	ite		-				
Wayne, NJ						ompletio			PA					
Completed by		Title				Signeture	(1			Date				
Marko Stankovic	15	Preside	ent	10		Har	40 // B	in	_	01/0	9/1	5		

CK 134



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

Date of Notification (1)			Name o	f Building	Owner/0	Operator	r (2)	Since								
1/14/15		7 - 5			rkey Pr	operitie	es		2015	MN	21 8	H 9		2		
Agencies Notified	Type Notification	n		Street A	ddress Springfie	eld Ave	)		ASB	EST	QS C(	IHT	RO	) L.		
X EPA X DEP X DOL	Amended Amendmer		_		ate, Zip Co all Rd 0			-	Ô	ELI	CENS	ikū				
DOH     DCA	Emergency justification Cancellation	1)		Name of Harolo	f Contact		34		*	Tel	ephone f	Numbe	ЭГ		8	
Name of Facility Manage	h - 1 1  - T - 1 -	- Di - "		FACI	LITY INF	ORMAT	ION	-								
Name of Facility Where A	batement is Tak	ng Place (	3)		a conservation				of Facility (4 School (K-12	2)						
Street Address 868 Townley Avenue	е							×	Subchapter of Other (i.e. property)				ouilo	lings,	hom	es,
City (5) Union						63		Squa 1800	re Feet )	# o 2	f Floors			ldg. A		ntial
County (6) Union					Code (7) USE ONLY	)			nt Use (Prio idential	r if bei	ng demo	lished	)			
Name of Monitoring Firm Divine Environmenta		Owner (8)		ASCN	No.				tement Contra							
Street Address 358 Broadway	58 Broadway ity, State, Zip Code							Addres	ss ey Terrace	 e						
City, State, Zip Code Newark NJ	ewark NJ								ip Code NJ 07111							
	oject Manager for Monitoring Firm hinenye Oraegbunam						5.500	hone No 372-2			License 44331					
Start Date (10) 1/26/2015		Schedul 1/31/20		mpletion I	Date (11)				HA Monitor	Inc						
Occupancy Status During	Abatement (Che							Addres								
Facility Closed/Vaca Abatement Performe									5th Street							
Other - Describe: _								, NY1								
Scope of Work (Check All	That Apply)			1/			ļ.	-								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demoli				×	Min Glo	Containme ni-Enclosure vebag Proce	edure					_	
		1 10	Locat	ion			<u> </u>	I NOI	n-Exempted	( ) an	d Non-Fr	lable			ement	
Location	of	1	Vorma	lly		De	scription	n of						Ту	pe	
Asbestos-Containing N <u>TO BE ABA</u> In Facilit (13)	TED	Ma	ed Sole intena todial ( (12)	nce/ Staff?				s insula T, or		(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A											te	.u
Baseme	nt		х				Insula	Carrier Carrier	-	3	30LF	2	ζ.			
Baseme	nt		Х			Fl	oor Til	е		3	00SF	2	2			
												4	_			
Name of Registered Waste Hauler				JDEP W	lasta	Gubic	Yarde		Name of R	Penista	red I and	1611				
Nowark Carter Inc				lauler ID 506		of Was			Tullytow							
City, State Newark NJ 07102						Dispos	sal Date		City, State Tully tow		4					
Completed by Emeka Okeke	Dompleted by Title					S	ignaturé	Fay	rese.	i		Date 1/14	/15			

Check # 1557

Date of Notification (1)				Building C								150	William II	r <sub>ec</sub>				
01/09/15					Geo Te	echnolog	gy Ass	ociate	es,	Inc.	2018	f.Br	101	0.	126		- 47 41	1
Agencies Notified	Type No	otification		=  2	Street Ad			_	•	_		A(2)	121	l" f"	9:	-13		
□ EPA	☐ Init	tial				orld's F		ve, Su	lite	e B	Arr	,	2.00					
DEP		nended			A STATE OF THE PARTY OF THE PAR	e, Zip Coo					- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	27	FOS IPFN	CO	YTF	01		
DOL		nendment # nergency (ii		- L	The second second second	set, NJ	J8873					_	OFIL	111	114			
DOH	_ jus	stification)			Name of	- Andrew Contract						lele	phone	Numi	er			
☐ DCA	☐ Ca	ncellation			Randy							<u>.                                    </u>						
Name of Facility Where	Abatomo	et is Taking	Place (3)		FACIL	ITY INFO	RMATI	ON	Т	vne o	of Facility (4	)			1-1			_
Residential Proper		it is raking	1 1800 (0)						-		548 3							
Street Address	Ly					-			H		chool (K-12 ubchapter 8		r than h	(-12)				
398 Forest Avenue	2								×		ther (i.e. pr	ivate 8	comm	ercial	build	ings,	home	s,
City (5)	-			7 31					S		tc.) e Feet	T # of	Floors		Bi	dg. A	ae	
Paramus										3,500			2		1	0+-		
County (6)					County C	ode (7)				. 50	nt Use (Prior	r if beir	na demo	olishe	(d)			_
Bergen						SE ONLY)			1773		dential Pr							
Name of Monitoring Firm	n Hired by	Building C	wner (8)		ASCM	No.		Name			ement Cont		·	-				
N/A	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Danamy o				d.3772 =		Control of the second			Contracto							
Street Address								Street			TOWN SERVICE							
								27 E	Eds	sall [	Drive							
City, State, Zip Code	y, State, Zip Code							City, S	Stat	te, Zip	p Code							
	7, State, Zip Code							Sus	se	x, N	J 07461							
Project Manager for Mo	nitoring Fi	irm			Telephor	ne No.		Teleph	hor	ne No	),		Licens	e No				
								973-	-86	64-2	022		0113	7				
Start Date (10)			Schedule	d Cor	npletion [	Date (11)		Name	of	OSH	A Monitor							
01/10/15			01/15/1	4				Ame	eri	Sci								
Occupancy Status Durin	ng Abaten	nent (Check	k Only One	e)				Street										
▼ Facility Closed/Vac								34.0000	1000		30th Stree	et						
Abatement Perform		de of Norm	al Facility	Hour	S						p Code							
Other – Describe:							-01	Nev	N Y	York,	, NY 1001	16		350				
Scope of Work (Check /	All That A	pply)							_									
≥3 sf or ≥3 lf				enova				5	X		Containme i-Enclosure		Negati	ve Pr	essur	е		
\[ \geq \geq 160 \text{ sf or ≥260 lf}			⊠ D	emoli	uon			Σ	X		vebag Proc							
										Nor	n-Exempted	(*) an	d Non-F	riable		2017 350		
			Is	Locat	ion												ement pe	i
Locatio				orma	lly ely by			scription							_	, ,	pc	
Asbestos-Containing TO BE AB		(ACM)		ntena				taining it system			(ACM)		mount Specify		æ	_	Enc	ш
In Fac			Cust	odial ( (12)	Staff?	(	surfa	cing, VA	AT,	, or			or LF)		Remova	Repair	aps	Enclosure
(13)	)			(12)			other r	miscella	ne	ous)					val	air	Encapsulate	sure
				No	N/A												е	
Basen	nent		x				pipe	insula	atio	on		30	L.F.		х			
Basen			x					fittings	1000000				8		x			
	10170000			-			0.97			ont		-1	S.F.	-	x	_		
Basement X							nue p	ipe ce	3111	ent		- 1	ъ.г.	-	Х			
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Name of Registered Waste Hauler					NJDEP W Hauler ID		of Wa	Yards ste			Name of F		red Lat	iuiiii				
Atlantic Carting					90713			5			G.R.O.	W.S.						
City, State							Contraction of the contraction o	sal Date		1	City, State		Waw.					
Wayne, NJ				The same of the same	omplet		n	Morrisv	ille, F	'A								
Completed by			Title				5	Signatur			0		1	Dat				
Marko Stankovic			Pres	ideni			/	Mai	1/2	0	Haus	1.00	6	01	/09/	15		

REELITES 448

Date of Notification)(	1) , )	-	Name o	f Building Owner/Operato	r (2) Ginge	fact or or	220 200			
#/	14/15	8	HE	R. J. ESP	osmoli.	福田 21 日	9: it			
Agency Notified	Type Notification	1	Street A							
□ EPA	Pinitial			327 ORCH	IA K DATE	YEARS COM	TROL			
D DEP	☐ Amended		City, St	ate, Zip Code  BC GCTA	ما حـ اد	: LIGENSIN	G			
Z DOL	Amendment :				, MJ ,	0/603		,		
JZ DOH	justification)			f Contact		Telephone Num	ber		-	
D DCA	☐ Cancellation		IMI	2. Esposma	0	L				
	ji.	9.	FACIL	ITY INFORMATION	1					
	ere Abatement is Takir				Type of Facility	(4)				
M	R. ESPOS	0.71			☐ School (K-12					
Street Address						3 (Other than K-12) wate & commercia				
327	ORCHARD	TER	RACE	<i>5</i> · · · .	homes, etc.)		, salango			
City (5) .	ORCHARD			*		# of Floors	Bldg. Ag			
· 3	DGOTA				1.1800.	7	7.	57	EI	W2
County (6)			County	Code (7) (STATE USE	Current Use (Pr	ior if being demoli	shed)			
R	ERGEN		ONLY)	17 (a	RE	SIDENCE	5			
Name of Monitoring	Firm Hired by Building	Owner ASC	M No.	Name of Abates	ment Contractor (9	))				
(8)				Best R	emoval Ir	ıc				
Street Address				Street Address						
			220	450 Sou	th River	St				
City, State, Zip Code				City, State, Zip						
*		20		Hackens	ack , N.J	r. 07601				
Project Manager for	Monitoring Firm	Telepi	one No.							
	٠.	į		201-329	-7444 -	003	88			
Start Date (10)	Schedu	led Completion I	Date (11)	Name of OSHA	Monitor					
2/2/	15 2	2/3/15	~		nvironmer	ital Inc				
Occupancy Status D	uring Abatement (Che	ck only one)		Street Address						
□ Facility Closed/Va	cated During Entire Pe	eriod of Abateme	ent	280 Huy					_	_
☐ Abatement Perfor	med Outside of Norma	I Facility Hours		City, State, Zip		07601	53			
	724 TO 581	9		Hackensa	ack , N.J	. 07601			_	-
Scope of Work (Che	ck all that apply)		_	₽ Full	Containment with	Negative Pressure	9			
D2≥3 sfor≥3 lf			A Reno	ovation	-Enclosure		55			
□ ≥ 160 sf or ≥ 260	f		□ Dem		vebag Procedure -Exempted (*) and	l Non-Friable Proc	edure			
		Is Loc	otion	80	1			Abate		nt
		Nom	77.77				-	Ty	pe	
. Lo	cation of	Used S		Description Asbestos Containing N	of faterial (ACM)	Amount	<b>-</b>		m	m
	ining Material (ACM) E ABATED	Mainte	nance/ odial	(i.e., thermal system	s insulation,	- (Specify	Xen	78	lcal	nel
	Facility	Sta		surfacing, VA other miscellar		SF or LF)	Kemoval	Repair	Encapsulate	nso
	(13)	. (1:	2)	ouner misceliar	ieous)	*	150	-	ate	10
		Yes N	o N/A	4		7.				
13.45€	M = n 1		14	TAY		147	SFI	4		
12406	1510		+							
-			-							
		-+-	-					1		
	144-4-11-d	- INTE	P Waste H	auler Cubic Yards of	Name of Regi	stered Landfill			-	-
Name of Registered		ID No.		Waste						
Best Re	moval Inc	171		2 = 4	Minerva	Enterpr	ises.	LL(	3	
City, State		11/1	0)	Disposal Date	City, State					
	sack ,N.J.	07601		2/3/15	Wavnesh	ourg ,Oh	.446.8	8		
Completed by	Title	01001		Signature	Λ		Date /	1		-
	eno Ee	timator		ILM	eis wow	3	+ / /	4/	17	
J.Maior	*	Do not use this t	form for as	bestos licensure exempte	d activities.					

Check # 1558

Date of Notification (1)							Operator (	2)								
01/09/15				Liberty	Terrace	e, LLC			จักรธ	FB	121	mina	0.	* (		
Agencies Notified	Type Notifica	ition		Street Ad		35000 00	30V =3028		LUIU	U.S.	161	l ti	20	# 7.		
⊠ EPA	☐ Initial						ter Drive	е		100 10	· · · · · · · · · · · · · · · · · · ·					
□ DEP	Amende				e, Zip Co				Abt	SES	1779	UU	11	RUL		
DOL	Amenda Emerge	ment # ncy (including	-		ridge, N	NJ 070	)95			Œ l	_ICE	1104	G		3	
□ DOH	justifica			Name of						Tele	ephone N	Vumbe	r		3	
DCA	Cancell	ation		Randy	Staley											
				FACIL	ITY INFO	RMAT		_	6E 30 (4)				9			
Name of Facility Where		Faking Place (3	)					Type o	of Facility (4)	E						
Residential Proper	ty								chool (K-12)		Al IV	101				
Street Address									Subchapter 8 Other (i.e. pri				uild	inas.	home	es.
404 Forest Avenue	9		100				8	e e	tc.)							
City (5)							24		e Feet	# of	Floors		5000	dg. A	ge	
Paramus								3,50			2			0+-		
County (6)				County C	ode (7) SE ONLY)				nt Use (Prior			lished	)			
Bergen						-			dential Pr							
Name of Monitoring Firm	n Hired by Buil	ding Owner (8)	),	ASCM	No.				ement Contr							
N/A		=======================================							Contracto	rs, L	LC					
Street Address							Street A		and the same of th							
								dsall I								
City, State, Zip Code							City, St									
1							40.000000000000000000000000000000000000		J 07461							
Project Manager for Mor	nitoring Firm			Telephor	ne No.		Telepho				Licens					
							973-8	864-2	022		0113	7				
Start Date (10)		Schedule	ed Cor	npletion [	Date (11)		100000000000000000000000000000000000000		A Monitor							
01/11/15		01/15/	15				Amer	riSci								
Occupancy Status Durin	ng Abatement (	Check Only Or	ne)				Street A									
▼ Facility Closed/Vac	ated During E	ntire Period of	Abaten	nent					30th Stree	t						
Abatement Perform		Normal Facility	Hours	S			City, St									
Other - Describe:							New	York	, NY 1001	6						
Scope of Work (Check A	All That Apply)						-									
≥3 sf or ≥3 lf			Renova					Full	Containmer	nt with	Negativ	e Pre	ssur	е		
≥160 sf or ≥260 lf		$\times$	Demoli	tion			X	Min	i-Enclosure vebag Proce	duro						
								2000000	n-Exempted		d Non-F	riable	Prod	edur	е	
		le le	Locat	ion		511-6111							83	Abate	ement	
Locatio	n of		Vorma	5570 (955)		D	escription	of						Ту	ре	
Asbestos-Containing			ed Sole		Asbes		ntaining M		(ACM)	A	mount				m	
TO BE AB	BATED	IVIZ	intena todial	(1) 10 10 10 10 10 10 10 10 10 10 10 10 10		therma	al systems	insula			Specify		Rei	R	nca	Enc
In Faci	0.00		(12)	35000000000000000000000000000000000000			acing, VA <sup>*</sup> miscellan			SI	or LF)		Remova	Repair	Encapsulate	Enclosure
(10)	(	-		1				/					8		ate	re
			No	N/A								-			×107.	
Basem	nent	X				f	loor tiles	3		84	0 S.F.		x		in the same of the	
Rear S	hed	X				roc	of shingl	es		10	0 S.F.		x			3
	Treat Siled															
		+												_		
												1011				
Name of Registered Wa	iste Hauler	100	NJDEP W Hauler ID		Oubic of Wa	c Yards		Name of R		ered Lan	atili					
Atlantic Carting			90713			10		G.R.O.V	N.S.							
City, State	itv. State					Dispo	osal Date		City, State	<u> </u>						
Wayne, NJ					completi		Morrisvi		PA							
Completed by		Title					Signature		1			Date				
Marko Stankovic		Pres	sident	t			Mark	10	Haus	_		01/	09/	15		

Date of Notification (1)					Name	of Buildin	g Owner/Operator (	2) 17 1	ULIVE				
1/	16 /	15			Fe	deral Avi	iation Administra	ation / Job #1	409-4815 Che	eck #69	60		
Agencies Notified	Type Notifi	cation		_	Street	Address		<b>ŽŪ15</b> JA	M21 PM 9	1. 7g			-
⊠ EPA					FAA	A Techni	cal Center		(P1 7	. 00			
☑ DOLWD	☐ Amende				City, S	State, Zip (	Code	ASRES	TOS CONT	DOL			
☑ DHSS	Amendr						/ International A	irport, NJ 0840	510 FUELBLO	NUL			
DCA (NJAC 5:23-8)	☐ Emerge justifica		cluaing	3		of Contac			Telephone Nun				
(110/10 0.20 0)	☐ Cancell	200000000			Bol	Cook							
					FAG	CILITY IN	FORMATION		4		_		
Name of Facility Where A	batement is	Taking	Place	(3)	- 100			Type of Facility (	(4)				
William J. Hughes T		0.3		30.50				School (K-12					
Street Address								☐ Subchapter 8 ☐ Other (i.e., pr			ildings		
Building #162								homes, etc.)	ivate and comme	ercial bu	liulings	5	
City (5)								Square Feet	# of Floors	Blo	dg. Age	е	
Atlantic City								•			7.00		
County (6)					Cour	ntv Code (7	7)(STATE USE ONLY)	Current Use (Pri	or if being demol	lished)			
Atlantic							10 35	Technical C		- 5			
Name of Monitoring Firm	Hired by Bu	ildina C	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)	- 48 (1945-194				
Health & Safety Ser				,,	117		AbateTech. I						
Street Address						-	Street Address						_
318 12 <sup>th</sup> Street							30 Maple Ave	e. PO Box 25					
City, State, Zip Code							City, State, Zip Co						_
Hammonton, NJ 080	37						Lumberton, 1						
Project Manager for Monit				Tele	ephone	No.	Telephone No.		License No.				
Jim Proctor	omg i m			100	09-704		609-265-2107		00529				
Start Date (10)		Sched	luled C	- 2200	tion Da		Name of OSHA M						
_1_/_26_/	15				7 / _		EMSL Analyt		-				
Occupancy Status During	Abatement	(Check	only	one)			Street Address						
☐ Facility Closed/Vacate							200 Route 13	0 North					
Abatement Performed						scribe	City, State, Zip Co	ode					
Time of Abatement:	AIVI	PI	/l/ <u>3:30</u>	PIVI-1	ZAIVI		Cinnaminsor	n, NJ 08077					
Scope of Work (Check all	that apply)												
≥3 sf or ≥3 lf			⊠ Re	enovat	ion		☐ Full Cont	tainment with Neg	ative Pressure				
☐ ≥160 sf or ≥260 lf			-	molitic			☐ Gloveba	g Procedure					
							⊠ Non-Exe	mpted (*) and Nor	n-Friable Proced				
			1	Loca Norma	23/25/3/10		Description			Aba	ateme	190-60	ype
Location of Asbestos-Containing N		M)	Use	ed Sole	ely by	Asbe	Description o estos Containing Ma		Amount	Rer	Repair	Enc	Enc
TO BE ABA	TED		A	intena todial	ince/ Staff?		e., thermal systems	insulation,	(Specify	Remova	air	aps	Enclosure
IN Facility (13)	y		Ous	(12)			surfacing, VAT other miscellane		SF or LF)	<u> </u>		Encapsulate	Гe
(10)			Yes	No	N/A		outer misocharie	-				Ф	
Furnace Room						Floor ti	ile & mastic		40 SF				
Air Handler Room						Floor ti	ile & mastic	20 (	25 SF	. 🗵			
Bathroom						Floor ti	le & mastic		70 SF				
							1						
Name of Registered Wast	e Hauler			1 1 2 2 2	JDEP \		Cubic Yards of	Name of Regis	tered Landfill				
AbateTech, Inc.				1	18750		Waste 16	G.R.O.W.S.	Landfill				
City, State					10/30		Disposal Date	City, State					
Lumberton, NJ							1/27/15	Tullytown,	PA				
Completed By (Print or Ty	pe)	Title	)				Signature	0		Date	1		
Gwendolyn Trumbet		0	perat	ions	Coord	inator		. 1 \$	*	1/11	0/11	5	
ASB-41			-					IVV		110	11		
MAY 11		*	Do not	use th	nis form	for asbes	tos licensure exemp	oted activities.		4			

**MAY 11** 

Date of Notification (1) Name of Building Owner/Operator (2) Trustees of Princeton / Job #1304-4626 Check #6959 14 / 15 1 2015 JAN 21 FM 9: 25 Agencies Notified Type Notification Street Address **⊠** EPA ☑ Initial Trustees of Princeton University E.A. MacMillan Bldg. ☑ DOLWD ☐ Amended City, State, Zip Code ASBESTOS CUNTRUL □ DHSS Amendment # & LICENSING Princeton, NJ 08544 DCA ☐ Emergency (including Name of Contact Telephone Number justification) (NJAC 5:23-8) ☐ Cancellation Robert Ortego, P.E. FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) 20 Washington Road School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 20 Washington Road, Princeton University Main Campus homes, etc.) City (5) Square Feet # of Floors Bldg. Age 1,000,000 Princeton 5 85 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Mercer University Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ATC Associates 00098 AbateTech, Inc. Street Address Street Address 3 Terri Lane 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Burlington, NJ 08016 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Michael R. Keehn 609-386-8800 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_1\_\_/\_\_27\_\_/\_\_15 2 / 13 / 15 **EMSL** Analytical Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_PM/\_\_\_PM-\_\_AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Mini-Enclosure
☐ Glovebag Proce ≥3 sf or ≥3 If □ Renovation ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Removal Encapsulate Enclosure Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) (13)Yes No N/A 1964 Portion X Wall Mastic 335 SF  $\boxtimes$ П NJDEP Waste Name of Registered Waste Hauler Cubic Yards of Name of Registered Landfill Hauler ID No. Waste AbateTech, Inc. G.R.O.W.S. Landfill 18750 12 Disposal Date City, State City, State Lumberton, NJ 2/13/15 Tullytown, PA Completed By (Print or Type) Title Signature, Date Gwendolyn Trumbetti Operations Coordinator

ASB-41 MAY 11

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

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)				Name	of Building	g Owner/Operator (	2)	i. *** ***				
1 / 19	<i>'</i>	15		Par	x Casino		25 121201 1	an.cr				
Agencies Notified Type No	tificatio	on		Street	Address	Sie	15 1-11-21	The co	102			
				299	9 Street	Road						
☑ DOLWD ☐ Amer	12.77			City, S	state, Zip C	Code	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1000				
	dment	(including		Ber	salem, F	PA 19020	≛ Liuli	a H v J				
	cation)			Name	of Contac	t		Telephone Numb	er			
☐ Cano	ellation	n		Dav	e Ziegle	г		,				
				FAG	CILITY IN	FORMATION						
Name of Facility Where Abatement	is Tak	king Place	(3)				Type of Facility	(4)				
Atlantic City Race Course-	Barns	R, U, W	ľ				School (K-12					
Street Address								8 (Other than K-12) rivate and commerce		ilding	10	
4501 Black Horse Pike					34		homes, etc.)		oidi bo	mame	υ,	
City (5)							Square Feet	# of Floors	Ble	dg. A	ge	
Mays Landing							60,000	1		100+		
County (6)				Cour	ity Code (7	)(STATE USE ONLY)	Current Use (Pr	for if being demolish	hed)			
Atlantic							Delapated B	Barns - not used	i			
Name of Monitoring Firm Hired by I	Building	g Owner (	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)	(				
Eagle Hygiene Associates						Controlled E	nvironmental \$	Systems				ě
Street Address						Street Address	S4 ==	SE 2				
359 Dresher Rd						1121 N. Beth	lehem Pike - S	uite 60				
City, State, Zip Code						City, State, Zip Co	ode				10.000	
Horsham, PA 19044						Spring House	e, PA 19477					
Project Manager for Monitoring Firm	n		Tele	phone	No.	Telephone No.		License No.				
Keith Crawford			2	5 672	6088	215 542 7000		00847				
Start Date (10)	Sch	neduled C	omple	tion Da	te (11)	Name of OSHA N	Ionitor					
2/3/15	_	2 /	_ 28	_ / _	15	CES						
Occupancy Status During Abateme	nt (Che	eck only o	one)			Street Address						
☐ Facility Closed/Vacated During	Entire F	Period of	Abate	ment		1121 N. Bethl	ehem Pike - S	uite 60				
Abatement Performed Outside of					cribe	City, State, Zip Co	ode	<del></del>				
Time of Abatement: 7:00AM	PN	W <u>7:00</u> PM		_AM		Spring House	e, PA 19477					
Scope of Work (Check all that apply	/)											
☐ >3 sf or >3 lf		□ Re	novati	on		☐ Full Cont ⊠ Mini-Enc	ainment with Neg	gative Pressure				
≥ 160 sf or ≥260 lf		☑ De				☐ Glovebag						
1					,	Non-Exe	mpted (*) and No	n-Friable Procedure	е			
12			Locat						Ab	atem	ent T	уре
Location of Asbestos-Containing Material (A	CM	4	Norma d Sole		Ache	Description o stos Containing Ma		Amount	Re	Re	En	E
TO BE ABATED	(Olvi)	100 100	intena			., thermal systems		(Specify	Removal	Repair	cap	Enclosure
IN Facility (13)		Cusi	(12)	Staff?	380.	surfacing, VAT, other miscellane		SF or LF)	/al		Encapsulate	enn
(13)		Yes	No	N/A		other miscellane	ous)				te	
Barn R, & U					Cement	t board Transit s	iding-Soffit	4370 AF				
Barn R, & U				$\boxtimes$	Pipe Ins	sulation-Debris		200 LF				
Barn R, U & W				$\boxtimes$	Caulkin	g & Glazing		2187 LF				
Barns R, U & W Heating Unit				$\boxtimes$	Internal	Insulation of He	eating Unit	9 Units				
Name of Registered Waste Hauler				JDEP V		Cubic Yards of	Name of Regis	stered Landfill				
Geppert Recycling			H	auler II	No.	Waste 80	Western B	erks Communtiy	/ Lan	dfill		
City, State						Disposal Date	City, State					$\neg$
Hatfield, PA						3/30/14	Birdsboro	PA 19508				
Completed By (Print or Type)	T	itle				Signature	4 1	Dat	e			-
Patricia Visco		Office I	/lana	ger		Teater	er Um	1/	19/	15	-	