CL# 2546

Date of Notification (1)	D-1 (A)						(D )				Q=1, 50					
Agencies Notified	Date of Notification (1)				ľ		10									
	/	/	14			Cun	nberland	Cor	inty College	<b>1</b> 2						
Amended   Amended   Amended   City, State, Zip Code   Virieland, NJ 08360   Name of Contact   Phyllis Siedner   Telenhone Number   State   Name of Facility (NJAC 5234)   Cancellation   Telenhone Number   Name of Facility (NJAC 5234)   Cancellation   Name of Contact   Phyllis Siedner   Name of Facility (NJAC 5234)   Cancellation   Name of Contact   Name of Name	Agencies Notified	Type Notifica	tion		5	Street	Address									
						332	2 College	Dr.								
					(	City, S	tate, Zip C	ode								-
									360							
Cancellation				ing	-					il	Telephone Nu	mber				
Size   Address   Size	(145/10 5.25-0)	네 그 구입어하지만 하다 입어보였다.			- 1						1					
Name of Facility Where Abatement is Taking Place (3)						-					1	_		-		
School (K-12)	N			(0)		FAC	JILITY IN	FOR	MATION							
Street Address   Street Raddress   Street Radd																
Other (i.e., private and commercial buildings, homes, etc.)   City (5)		ollege-Admir	nistratio	n Blo	gt							12)				
Saza College Dr	Street Address												ouilo	lings	ŝ,	
Vineland   County (6)	3322 College Dr									homes, etc.)						
County (6)	City (5)		/2010/00/00/2019							Square Feet	# of Floors		3ldg	. Ag	е	
Cumberland   Name of Monitoring Firm Hired by Building Owner (8)	Vineland									20000	1		50	+		
Name of Monitoring Firm Hired by Building Owner (8)   ASCM No.   00098   BRISTOL ENVIRONMENTAL, INC.	County (6)					Coun	ty Code (7	)(STA	TE USE ONLY)	Current Use (Price	or if being demo	olished				
Cardno ATC	Cumberland									Offices						
Street Address   3 Terri Lane	Name of Monitoring Firm	Hired by Build	ing Own	er (8)	A	SCM	No.	Nar	ne of Abateme	ent Contractor (9)						
Street Address   3 Terri Lane	Cardno ATC					0009	8	В	RISTOL EN	VIRONMENTAL	. INC.					
3 Terri Lane	Street Address					III.					-			- October	0.000	-
City, State, Zip Code	3 Terri Lane							200		R STREET						
Burlington, NJ 08016  Project Manager for Monitoring Firm									STATE OF THE PARTY							-
Project Manager for Monitoring Firm	[ STON 100 PS 15 10 10 10 10 10 10 10 10 10 10 10 10 10	16							S							
Start Date (10)				1+	-1	h I	NI.	1000		( 13001	I Lianna Na					
Start Date (10) 2		ittoring Firm		1				normi		20		4				
2						0.00		0.88			00509					
Occupancy Status During Abatement (Check only one)   Facility Closed/Vacated During Entire Period of Abatement   Check only one)   Table Abatement Performed Outside of Normal Facility Hours - Describe   Time of Abatement Performed Outside of Normal Facility Hours - Describe   Time of Abatement Performed Outside of Normal Facility Hours - Describe   Time of Abatement Performed Outside of Normal Facility Hours - Describe   Time of Abatement Performed Outside of Normal Facility Hours - Describe   Time of Abatement Performed Outside of Normal Facility Hours - Describe   Time of Abatement Performed Outside of Normal Pacility   PMAM	75 75	1 100-						7.5								
Facility Closed/Vacated During Entire Period of Abatement   City, State, Zip Code   BRISTOL, PA 19007	2 / 4 /			. / _	10	- ′ -	14	В	RISTOL EN	VIRONMENTAL	., INC.					
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PW/ PMAM	Occupancy Status During	g Abatement (C	check on	ly one	)			Stre	eet Address							1
Time of Abatement: 7:00AM-3:30PM/ PM- AM BRISTOL, PA 19007  Scope of Work (Check all that apply)    Saf or 23 If   Full Containment with Negative Pressure   Mini-Enclosure   Manunt   Mini-Enclosure   Mini-Enclosure   Mini-Enclosure   Mini-Enclosure   Mini-Enclosure   Manunt   Mini-Enclosure   Manunt   Mini-Enclosure   Mini-Enclosure   Manunt   Mini-Enclosure   Mini-Enclosure   Manunt   Mini-Encl	150700 05 C							1	123 BEAVE	R STREET						
Scope of Work (Check all that apply)    Safe   Safe							cribe	City	, State, Zip Co	ode						
≥3 sf or ≥3 lf	Time of Abatement: 1	1:00AM-3:30P	M/	_PM		_AM		В	RISTOL, PA	19007						
Saf or ≥3 lf   Demolition   Description of   Demolition   Description of   Demolition   Description of   Demolition   Description of   Descriptio	Scope of Work (Check a	Il that apply)							52 2002/200							
Non-Exempted (*) and Non-Friable Procedure			-	_							ative Pressure					
Non-Exempted (*) and Non-Friable Procedure    Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Ex	\( \) ≥3 st or ≥3 lt   \( \) >160 st or >260 lf															
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  1st floor bathrooms    Section of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)    Section of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)    Section of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)    Section of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)    Section of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)    Section of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)    Section of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)    Section of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)    Section of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)    Section of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)    Section of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)    Section of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)    Section of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   Section of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   Section of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   Section of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfaci	≥ 100 31 01 ≥200 II		ш	Demo	iiuoi						-Friable Proce	dure				
Location of Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  1st floor bathrooms    Service Transport Group, Inc.   Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, Inc.   Name of Registered Waste Hauler New Castle, DE 19720    Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)    Amount (Specify SF or LF)   Name of Registered (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)    Amount (Specify SF or LF)   Name of Registered (Speci				Is Lo	catio	n							bat	eme	nt T	vpe
SF or LF)    Secondary   Secon			١.				0					1000	-			
SF or LF)    Secondary   Secon												1		ép	nce	nc
1 <sup>St</sup> floor bathrooms			100				(i.e				(Specify SF or LF)	0		¥.	sde	nso
1 <sup>St</sup> floor bathrooms		,		(1	12)		1	oth	her miscellane	ous)	0. 0,	-	-		ulat	6
City, State   NEW CASTLE, DE 19720   City   State   NEW CASTLE, DE 19720   City   Ci			Ye	es N	No	N/A									æ	
City, State   NEW CASTLE, DE 19720   City   State   NEW CASTLE, DE 19720   City   Ci	1 <sup>St</sup> floor bathrooms	ν.			1		Plaster				390 SF	D	a   [			
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.  City, State NEW CASTLE, DE 19720    City   Company						S12000		3,775			<del></del>		-			
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.  City, State NEW CASTLE, DE 19720  NJDEP Waste Hauler ID No. 20990  NJDEP Waste Hauler ID No. 20990  Disposal Date City, State WAYNESBURG, OH 44688			_		-	ᆜ		- 111112-1				L	7   1	-		П
Name of Registered Waste Hauler  SERVICE TRANSPORT GROUP, INC.  City, State  NJDEP Waste Hauler ID No. 20990  Disposal Date  City, State NEW CASTLE, DE 19720  NJDEP Waste Hauler ID No. 20990  City, State Waynesburg, OH 44688					]								] [			
Name of Registered Waste Hauler  SERVICE TRANSPORT GROUP, INC.  City, State  NJDEP Waste Hauler ID No. 20990  Disposal Date  City, State NEW CASTLE, DE 19720  NJDEP Waste Hauler ID No. 20990  City, State Waynesburg, OH 44688				Г	7	П						Г	7 1		П	П
SERVICE TRANSPORT GROUP, INC.  Hauler ID No. 20990  Waste  MINERVA LANDFILL  City, State  NEW CASTLE, DE 19720  Disposal Date  WAYNESBURG, OH 44688	Name of Registered Was	ste Hauler			7_1		Naste	Cut	oic Yards of	Name of Regist	ered Landfill					_
City, State  NEW CASTLE, DE 19720  Disposal Date  WAYNESBURG, OH 44688			INC					- FEET ST. 65								
NEW CASTLE, DE 19720 WAYNESBURG, OH 44688		OKT OKOUP	, 1140.		1 2	20990	)	-			-CITE! ILL					
Septimization of the control of the								Dis	posal Date	1 5						
Completed By (Print or Type)  Brian Scafiro  Title  Signature  La	NEW CASTLE, DE	19720								WAYNESB	URG, OH 446	886				
Brian Scafiro Estimator Brian Scalin / 1/21/14	Completed By (Print or T	уре)	Title						Signature	0 4	,	Date	1	/	1 .	/
	Brian Scafiro		Estir	nator					Bris	Scalin	12	11	21	//	14	ă j

ASB-41

3 5 13065-D\*Do not use this form for asbestos licensure exempted activities.

### State of NJ

B & G proj. #: 2014-11

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

Date of Notification	(1)	11	Name of Build	ding Own	er/Operator (2)		8						
011/12/4	1/1/4		Nan Bern	<u> </u>							_		
Agencies Notified	Type Notificati	on	Street Addres	s		-				-			7
☐ EPA	✓ Initial	- 11	9 Grove S	Street	١,								
DEP		1	City, State, Zi	p Code				JAN	27 :	0017			<del></del> -
DOL.	Amenda		Bernards		J 07924			11	2/2	2014			1
DOH DOH		1	Name of Cont			-		Telephone	Number	-			<del> </del> -
_	☐ Cancella	- 11	Nan Ber										
DCA			TVAIT DCT	nardo						_			
				FACI	LITY INFORM	ATION					-	· J	
Name of facility wh	nere abatement is	s taking p	place (3)					Type of Facility (4	\$) (K - 12)				
Nan Bernardo	)							_	pter 8 (Of	hor H	an K	12\	
Street Address			12.						Private/Co			-12)	
9 Grove Stree	at .								Homes, et		-0.00-2		
								Square Feet	# of Floors	3	Bl	dg. Ag	je
City (5)		Co	unty (6)				nty Code (7)				_		
Bernardsville			Somerset			(Sta	te use only)	Current Use (Pri	or if being	dem	olishe	∌d)	
Name of Monitorin	a Firm Hired by	Blda Ow	nor (8)		ASCM No.	-	Name of Abatement						
Name of Monitorin	N/A	Jiug. Ow	nei (o)		ASCIVI NO.								
6	INA					_	B & G Restorati	on, Inc.					
Street Address				*8				ad					
City, State, Zip Coo							105 Ryerson Ro City, State, Zip Code						
City, State, Zip Cou	le												
Project Manager fo	r Monitorina Firm		Dho	ne Numb	٥٢	<u> </u>	Lincoln Park, N Telephone Number	13 0 7033	License	Numb	er		
r roject manager io	i wontoning i iiii		11110		OI .		973-696-6869		0378	78			
6	. (10)	10-6	ed. Completion	Data /11	1	_	Name of OSHA Mor	nitor	-				
Scheduled Start Da	ite (10)		36	Date (1	1)		B & G Restorati	ion, Inc.					
02/03/2014			2/03/2014				Street Address						
Occupancy Status							105 Ryerson Ro	ad					
Facility close							City, State, Zip Code	)					
Describe:	erformed outside	or norma	a racility nours	; <del>-</del>		_							40
Other-Descri	be:					-	Lincoln Park, N	IJ 07035					
Scope of Work (ch	eck all that apply	1)							wrap	& cu	t		
Demolition		Renova	tion			□F	ull Containment w/ne	egative pressure	Gloveb	ag pr	oced	ıre	
>3 sf or >3 lf		≥160 sf o	or ≥260 If			N N	Mini-enclosure		Non-fri	able	oroce	dure	
Location of			on normally u		/					R	R	E	E
asbestos-cor		by mair staff(12	itenance/custo	odial			sbestos-containing	Amount	<b>-</b>	m	e p	n	n
material to be abated in fac					material (	ACM)		(Specify Si	- or	0	a	а	C L
abatea iii iaa	y (10)	Yes	No	N/A					- Sale - 0	е	r_	р	<u> </u>
basement				X	pipe insula	tion		72 If					
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												Ш	
										Ш		Ш	ᆜ
Registered Waste			DEP Hauler II	)# C	ubic Yards of \	Vaste	Name of Registered	d Landfill	Contor				
B & G Restorati	on, Inc.		9563	Disposal D			City, State	urce & Recovery	Center		_		
City, State Lincoln Park, N	11 07035		ľ		4/2014		Tullytown, PA						
Completed by (Prin		Title			Signature	_			Date				
Gordana Luna	. 5. 1,700)		ary/Treasure	r	and the second second	9	Gordana Luna		01/24/	201	4		

### State of NJ Notification of Asbestos Abatement

Check #6373

B & G proj. #:

2014-15

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

									-			
Date of Notification (1)	N	ame of Buildir	ng Owne	r/Operator (2)					,			
011/214/114	1.1	Stephen Pe	eters				1/4/ 2	~ JE 1	700.00	7	1	
Agencies Notified Type Notificat	ion Si	treet Address 127 Edwar	de Ave	nije			.1/4/ 2	ZU14			1	
DEP Initial				iluc						_		
DOL Amend		ity, State, Zip Pompton L		N I 07442						1		
	I N	ame of Contac		143 07 442			Telephone	Number		1		-
DOH Cancell							relephone	Ir Ir		-		
DCA Callosi		Stephen F	reters						_			
			FACIL	ITY INFORMA	ATION							
Name of facility where abatement	s taking pla	ice (3)					Type of Facility (4	(K - 12)				
Stephen Peters						2	=	pter 8 (Oth	ner th	an K-	12)	
Street Address							Other (I	Private/Cor	nmer		/	
127 Edwards Avenue								Homes, etc	$\overline{}$	Die	la As	
	LCour	nty (6)			Carre	thi Code (7)	Square Feet	# of Floors		DIC	lg. Ag	je
City (5)	Cour	ity (6)				nty Code (7) e use only)	Current Use (Pr	or if being	demi	olishe	d)	
Pompton Lakes	P	assaic		1	,	, ,	residential	ioi ii boiiig		5110110	-,	
Name of Monitoring Firm Hired by	Bldg. Owne	er (8)		ASCM No.		Name of Abatement	Contractor (9)					
N/A						B & G Restorati	on, Inc.					
Street Address			7			Street Address						
						105 Ryerson Ro	A STATE OF THE PARTY OF THE PAR					
City, State, Zip Code				*****	_	City, State, Zip Code						
					_	Lincoln Park, N	IJ 07035					
Project Manager for Monitoring Fire	n	Phon	e Numb	er		Telephone Number		License N 0378	lumb	er		
			6)			973-696-6869 Name of OSHA Mor	itor	0378	_	_		
Scheduled Start Date (10)	Sched	. Completion	Date (11	)		B & G Restorat						
02/05/2014	02	/05/2014			- 11	Street Address	ion, mo.					
Occupancy Status During Abateme	nt (Check o	only one)				105 Ryerson Ro	oad				- 55-0	
Facility closed/vacated during Abatement performed outside	entire peri of normal	od of abateme facility hours-	ent.			City, State, Zip Code						
Describe:					-11	Lincoln Park, N	IJ 07035					
Scope of Work (check all that app	ly)					***		wrap &	k cut		_	
☐ Demolition ☑	Renovation	n			F	ull Containment w/ne	egative pressure	Gloveba	ag pr	ocedu	ire	
>3 sf or >3 lf	≥160 sf or	≥260 If			V N	lini-enclosure	]	☐ Non-fria	able p	roce	dure	
Location of		n normally use		1				4	R e	R e	E	E
asbestos-containing	by mainted staff(12)	enance/custoo	dial			sbestos-containing	Amount (Specify S	E or	m	р	n	n
material to be abated in facility (13)	1	T T		material (	(ACM)		LF)	r oi	0	a	a	L
abated in facility (15)	Yes	No	N/A						е	r	Р	<u> </u>
basement (boiler room side			Χ	pipe insula	ition		15 If			Ц	Ц	부
basement (boiler room side		7	Χ	pipe			70 If		片		片	쓔
									닏	닏	무	무
									屵	片	片	쓔
						n	11 = 45"		Ш	Ц	Ш	
Registered Waste Hauler		EP Hauler ID#	#   C	ubic Yards of	Waste	Name of Registere	d Landfill ource & Recovery	Center				
B & G Restoration, Inc.			isposal D	ate		City, State	and a recovery				-	
City, State Lincoln Park, NJ 07035		Γ.		6/2014		Tullytown, PA	76. Ki Sale					
Completed by (Print or Type)	Title			Signature		Gordana Luna		Date				3.10
Gordana Luna		y/Treasurer			63	Gordana Iuna		01/24/	201	4		

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

(Pursuant to NJAC 8:60-7 and 12:120-7) 2014-16 B & G proj. #: Check #6372 Date of Notification (1) Name of Building Owner/Operator (2) 0 1 1 1 2 1 4 1 / 1 1 4 Joseph Scordo Agencies Notified Type Notification Street Address EPA 79 Mt Prospect Avenue Initial DEP City, State, Zip Code Amendment DOL Belleville, NJ 07109 Telephone Number Name of Contact DOH Cancellation Joseph Scordo ☐ DCA FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Joseph Scordo Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. 79 Mt Prospect Avenue Bldg. Age Square Feet # of Floors County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) Belleville, NJ 07109 Essex residential Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. N/A 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 0378 973-696-6869 Name of OSHA Monitor Sched, Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 02/04/2014 02/05/2014 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: Lincoln Park, NJ 07035 Other-Describe: wrap & cut Scope of Work (check all that apply) Glovebag procedure Full Containment w/negative pressure Demolition Renovation Non-friable procedure Mini-enclosure ≥160 sf or ≥260 lf >3 sf or >3 If Is location normally used solely Е е Location of e by maintenance/custodial Amount n asbestos-containing Description of asbestos-containing m P C (Specify SF or staff(12) C material (ACM) 0 material to be a LF) abated in facility (13) N/A No Yes pipe insulation 95 lf basement main area 50 If W pipe basement main area 20 lf pipe laundry room Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# Registered Waste Hauler Tullytown Resource & Recovery Center 1 1/2 B & G Restoration, Inc. 19563 City, State Disposal Date City, State 02/05/2014 Tullytown, PA Lincoln Park, NJ 07035 Signature

Gordana Luna

01/24/2014

Completed by (Print or Type)

Gordana Luna

Secretary/Treasurer

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

2000 · 1		3.	5 10 1		S.		FROVED	. ]
Date of Notification (1)	Name	of Building O	wner/Operator (2	3)	- <del>1</del>		· NOW	WI
Agencies Notified Type Notifi		Address	EMENS			(3)	onature) 4 70	AM
EPA Initial Amended	11	1.0	. A 3.7775.11 177		(6) (1)	D 200-1-	Thille:	
Amendmoni		GREGORY			1	JAN 27	2014	
DOL Emergen	cy WE	ST ORANG	E, NJ 07052					
DCA (including justification	nn) Name o	f Contact			61	Telephone	Number	
Cancellat	ion CHI	RISTINEC	LEMENS	<u> </u>	į.			لــــــــــــــــــــــــــــــــــــــ
			CILITY INFORM	MATION	i i			
Name of facility where abatement	nt is taking place (3)	3.60			Ü	Type of Facility (		
CHRISTINE CLEMENS	- Col VIII modulation				i l	_	(K - 12) pter 8 (Other th	on K. 10\
Streat Address					is .	Other (	rivate/Commar	
258 GREGORY AVENUE	73	61.	,	1	· [1]		iomes, etc.	Bldg. Age
City (5)	County (6)	ř		County Code				
WEST ORANGE	ESSEX	i, i		(State use onl	AND.	Current Use (Pri	or if being demo	ilished)
Name of Monitoring Firm Hired b	y Bidg. Owner (8)	1	ASCM No.	Name of	Agatement C	Contractor (9)		
Street Address		!				TION, INC.		
				Street Ad	$j_i$			
City, Sizite, Zip Code	The total of the state of the s	***		Minteres : Committee of the latest the lates	lifornia Ay	C		·
Project Manager for Monitoring Fir	70	, , , , , , , , , , , , , , , , , , ,			son, NJ 075	03		
	in .	Phone Num	ber	Telephon	e Number 345-8020	-	License Numbe	r
Start Date (10)	Sched. Comp	letion Date (*	(1)		OSHA Monito	or	01169	<del></del>
01/24/14	01/30/14			D&S	Restoratio	n, Inc.		
Occupancy Status During Abateme	ant (Check only one	)	-	Street Ad	ilornia Ave	ma		
Facility closed/vacated during  Abatement performed outsid	g critire period of al e of normal facility i	etement.			, Zip Code	Inc	THE STATE OF THE S	M
Describe: NORMAL				- Datass	og, NJ 075	^^		
Scope of Work (check all that app	ly)	11.		-   Faicis	the street of the street			
⊠ >3 af or >3 lf	Renovation	, 1 ;		# 1		ill Containment w/r	eganve pressur	0
≥160 sf or ≥260 tf		3 ) ()		. f. i	⊠ GI	ovebag procedure on-Exempled (*) ar	od Mon-friebla n	raceluse
Location of asbestos-containing	is location norma by maintenance/o	lly used solel rustodial	1		a.		H	REE
material (acm) to be abated in facility (18)	Yes No	<del></del>	Déscription material (A	n of asbestos-co (CM)	neining	Amount (Specify SF	or m	p c n
BASEMENT	Yes No	N/A	<u>L</u> .	- !	). P	LF)	v	a a L
ASEMBNT (SORPIT & ABOVE CELLING)	X		PIPE INSUI	The second secon	Ŋ i	39 L FT	Ž I	
		1 1 15 1	PIPE INSUI	ATION		140 L FT	<b>X</b>   [	
					N .			111111111
egistered Waste Hauler	INTERTER				Maria .			++++
D & S RESTORATION, INC.	NJDEP Haule 13506		uble Yards of W	1	Registered La	andfill ESOURCE REC	· · · · · · · · · · · · · · · · · · ·	-11
ity, State PATERSON, N.: 07503		Diaposal D 01/25/1	afe	City, Stat	d:		J V ISK I	
ompleted by (Print or Type)	Thie	01/25/1	Signature	_ TULLY	TOWN, P.		The state of the s	William .
BOGDAN JOLDZIC	PRESIDENT		.स	, i	lis is	1.3	Date 01/22/14	The later t
9	Dorot use this tor JAN. 23. 2014 (T	n <b>for asingst</b> 'HU) 09:3	7 COMMU	npied activities. NICATION N	d 33 P	AGE. 1		
				1	474			

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

D&S Proj. #: 2014-31

Date of Notification (1)	Name	of Building Owi	ner/Operator (2)	)				1 7	- ;-	7	
0 1 /2 1 /1 3	CH	RISTINE CLE	EMENS			* TE TE		1		9	
Agencies Notified Type Notifica	Street	Address					T		3 (4		
DEP Amended		GREGORY	AVENUE			1441	2 7 20	14			
DOL Amendment #		State, Zip Code									1
Emergency		EST ORANGE	E, NJ 07052	- 51							
justification)	Name	of Contact				Telephon	e Number		- A		i
DCA Cancellation	CI CI	IRISTINE CL	EMENS								
		FAC	CILITY INFORM	IATION							
Name of facility where abatement	is taking place (	3)				Type of Facility (	4) I (K - 12)				
CHRISTINE CLEMENS						1 =	apter 8 (Ot	her th	nan K	-12)	
Street Address				- 101		Other (	Private/Co	mme		+17	
258 GREGORY AVENUE							Homes, etc # of Floors		BI	dg. A	ge
City (5)	County (6	5)			nty Code (7)						
WEST OF ANCE	ECCEV			(Stat	te use only)	Current Use (Pr	ior if being	dem	olish	ed)	
WEST ORANGE Name of Monitoring Firm Hired by	ESSEX Bldg, Owner (8)		ASCM No.	Ц,	Name of Abatement	Contractor (9)			_		
,	2.ag. 0111.0. (0)		AGOM No.		D & S RESTOR	580					
Street Address					Street Address	ATION, INC.				_	
					20 California A	ve.					
City, State, Zip Code				-	City, State, Zip Code						
				- 11	Paterson, NJ 0	7503					
Project Manager for Monitoring Firm		Phone Numb	per		Telephone Number		License 1	Numb	er		
				- 11	973-345-8020		01	169			
Start Date (10)	Sched. Co.	mpletion Date (1	1)	-11	Name of OSHA Mor						
01/24/14	01/30/14			-	D & S Restorat Street Address	ion, inc.		# 1 ( T ) 1 )	-1853		10.50
Occupancy Status During Abatemen	nt (Check only o	ne)			20 California A	venue					
Facility closed/vacated during					City, State, Zip Code						
Abatement performed outside Describe:		y hours-		_							
Other-Describe: NORMAL H	IOURS			-11	Paterson, NJ 07	7503					
Scope of Work (check all that apply	/)					Full Containment w	/negative	oress	ure		
$\boxtimes$ >3 sf or >3 lf	Renovation					Mini-enclosure					
≥160 sf or ≥260 lf	Demolition					Glovebag procedur Non-Exempted (*)		riable	proc	edure	Э
Location of		mally used solel	у		•			R e	R	E	E
asbestos-containing material (acm) to be	by maintenand staff(12)	ce/custodial			sbestos-containing	Amount (Specify S	E or	m	e p	n	n
abated in facility (13)		No N/A	material (	(ACM)		LF)	1 01	0 V	a	a	L
	1.00	IVA						е	r	Р	-
BASEMENT			PIPE INSU	-	ALCOHOL: A CONTRACT OF THE PARTY OF THE PART	39 L FT		× ×	부	닏	쀼
BASEMENT (SOFFIT & ABOVE CEILING)			PIPE INSU	LATI	ON_	140 L FT			井	牌	#
								屵	부	붜	井
		=	-				_	井	片	片	╬
Registered Waste Hauler	NJDEP H	auler ID# I C	Cubic Yards of \	Waste	Name of Registered	d Landfill		Ш	Ш	Ш	1
D & S RESTORATION, INC.	13506		2 YDS			RESOURCE RE	COVER	Y			
City, State		Disposal [			City, State				at the second		
PATERSON, N. 07503		01/25/1		= .	TULLYTOWN	, PA					
Completed by (Print or Type) BOGDAN JOLNZIC	Title		Signature				Date ()1/22/1	1			
	PRESIDENT		ns licensure ev	empled	Lactivities		01/22/1	+			

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

D&S Proj. #: 2014-28

ASB-41

Date of Notification					er/Operator (2) ORATED				1.9		j5.		T	
Agencies Notified		-	reet Addre		ORATED	_		÷			-	-	-	
☐ EPA	Initial Amended		301 16TI	H STREE	г				JAN (	2 7 201	1			
☐ DEP	Amendment #:	1	ity, State, 2				THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NA						+	
☑ DOL	Emergency	-11		CITY, NJ	07310								t	
<b>⋈</b> DOH	(including	l Na	me of Cor		07510				Telephor	ne Number			1	-
DCA	justification)		mag	141D741	VIO.				1					
	☐ Cancellation	1	JIMM Y	MARZAI		TION			10					_
				FACI	LITY INFORMA	ATION		1 1=	/ F . W.	(4)				
Name of facility w	here abatement i	s taking pla	ce (3)					1 1	pe of Facility School	( <del>4</del> ) ol (K - 12)				
STATCO INCO	ORPORATED								=	apter 8 (O	ther th	an K	-12)	
Street Address									Other	(Private/Comes, e	omme			
301 16TH STR	REET							5	Square Feet	# of Floor		BI	dg. Ag	je
City (5)		Coun	ty (6)			Cou	nty Code (7)	1  _						
						(Sta	te use only)		Current Use (P	rior if bein	g dem	olishe	ed)	9+
JERSEYCITY		Hud			100::::		Name of Abota	<u> </u>	trooter (C)					
Name of Monitoring	ng Firm Hired by	Blag. Owne	r (8)		ASCM No.		Name of Abatem							
						_	D & S RESTO	ORAT:	ION, INC.					
Street Address														
City, State, Zip Coo	do						20 California City, State, Zip Co							
City, State, Zip Coc	ie								,					
Project Manager fo	r Monitorina Firm		I Ph	one Numbe	or	-	Paterson, NJ Telephone Numb		)	License	Numb	er		
1 Toject Manager To	i wontoring r in	1	1.,	ione ivanib	51		973-345-80				1169			
Start Date (10)		ICahad	Completi	on Date (11			Name of OSHA N							
Start Date (10)		Scried	. Complete	on Date (11	)	- 11	D & S Resto	ration,	Inc.					
01/22/13		01/30	-			_	Street Address							
Occupancy Status							20 California		ie					
	d/vacated during erformed outside					-11	City, State, Zip Co	ode						
Describe:						-11	Paterson, NJ	07503	1					
Other-Descri						<u>- 1</u>	Faterson, NJ	3.5		, ,				_
Scope of Work (ch								=	Containment (	w/negative	press	ure		
		Renovatio							vebag procedu	ıre				
≥160 sf or ≥2	260 lf	Demolition						☐ Nor	n-Exempted (*)	and Non-			~	,
Location of	172 9		normally nance/cus	used solely							R	R	E n	E
asbestos-cor material (acr		staff(12)			Description material (		sbestos-containing	g	Amount (Specify	SF or	m o	р	С	n
abated in fac		Yes	No	N/A	material (	(Olvi)			ĹF)		v e	i	a p	Ĺ
BASEMENT			X		PIPE INSU	LATI	ON		12 L FT		×			
									+					
Registered Waste F D & S RESTOR		NJDE 135	P Hauler 06		ubic Yards of V yd	Vaste	Name of Registe TULLYTOW			ECOVER	Υ			
City, State PATERSON, N	II 07503			Disposal D 01/23/1	ate		City, State TULLYTOV							
Completed by (Prin		Title		01/23/14	Signature		TULLTION	VIN, PA		Date		_		
BOGDAN JOL		PRESID	ENT	ii .	ga.a.o					01/21/	14			

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

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

D&S Proj. #: 2014-29

								800.98	, M.	11 t		-		
Date of Notification		Na	ame of Bu	uilding Owr	er/Operator (2	?)		200				i		
0 1 1/12 12		]	IM DE	SIMONE					144	27	2014			
Agencies Notified EPA	Type Notificat	tion	reet Addr	ess										
☐ DEP	Amended		248 VAI	N WINKI	LE PLACE				- 1					1
_	Amendment #:	Ci	ty, State,	Zip Code							17	1 2 1	er/acima	j
	Emergency			-	NJ 07070			Ç =	36 34		287			
☑ DOH	(including justification)	Na	me of Co	ntact					Telepho	ne Numbe	er			
☐ DCA	Cancellation	- 11	ЛМ DE	SIMON	Ξ				1		_			
	<del></del>			FAC	ILITY INFORM	MOITAN	1					T.		
Name of facility w	here abatement	is taking plac	ce (3)		200-12:30			Тур	e of Facility					
ЛМ DE SIMO	NTE								=	ol (K - 12	52			
Street Address	IVE					-		4		hapter 8 ( Private/0			-12)	
										./Homes,		iolai		
248 VAN WIN	NKLE PLACE							Squ	uare Feet	# of Floo	ors	BI	dg. A	ge
City (5)		Count	y (6)				nty Code (7) te use only)	_						
RUTHERFOR	SD.	BER	GEN			(Sia	te use only)	Cu	rrent Use (I	Prior if bei	ng dem	olishe	ed)	
Name of Monitorin					ASCM No.	-	Name of Abateme	nt Contra	actor (9)		-			
	**************************************	<del>-</del>					D & S RESTO	RATIO	N INC					
Street Address						-	Street Address	Tuffic	11, 1110.					
							20 California	Ave.						
City, State, Zip Coo	ie					_	City, State, Zip Cod	de						
3000							Paterson, NJ (	07503						
Project Manager fo	r Monitoring Firm	1	Ph	none Numb	er		Telephone Number	r		License		er		
							973-345-802				01169			
Start Date (10)		Sched.	Completi	on Date (1	1)		Name of OSHA Mo							
02/01/14		02/18/	/14				D & S Restora	ation, In	iC.		Jan Barrier, Line	_		-
Occupancy Status	During Abatemer						20 California A	Δ venue						
	d/vacated during	80	27. S.	ement.			City, State, Zip Coo			_				
Abatement p Describe:	erformed outside	of normal fa	acility hou	rs-			J., J.							
Other-Descri	be: NORMAL H	IOURS				_	Paterson, NJ (	07503						
Scope of Work (ch	neck all that apply	y)						Full Co	ontainment	w/negative	e press	ure		
$\ge$ >3 sf or >3 lf	$\boxtimes$	Renovation	L						nclosure					
≥160 sf or ≥2	260 If	Demolition					₽		oag proced exempted (*		friable	nroo	dur	
Location of		Is location	normally	used solel	yl .		<del>-</del>		complete (	, and NON	R	R	E	T
asbēstos-cor		by mainter staff(12)	iance/cus	stodial		ion of a	sbestos-containing		Amount		e m	e p	n	E n
material (acre abated in fac			- 1	T	material				(Specify LF)	SF or	0	a	a	C
acatou iii iuu	, \)	Yes	No	N/A					,		v e	i r	р	-
BASEMENT			X		PIPE INSU	JLATI	ON	10	00 L FT		X			
						Ü.								
Desired III							77.							
Registered Waste F D & S RESTOR		NJDE 1350	P Hauler 06	COUNTY IN	Cubic Yards of lyd	waste	Name of Registere TULLYTOWN			ECOVE	RY			
City, State				Disposal I	the state of the s		City, State	., 100	CACLA	200 12				
PATERSON, N	IJ 07503			02/01/1			TULLYTOW	N, PA						
Completed by (Prin		Title			Signature					Date				
BOGDAN JOL		PRESIDE								01/22	/14			
ACD 41		Do not use	this form	tor acheet	os licensure ex	remnte	d activities							



Date of Notification (1)	- n				Name o	of Building	Owner/Operator (2	2)		2.	1	1	_
01 /	22 /	14	-		Boar	rd of Edu	cation of Bogo	ta		3014 Syc.	/-	`(.	Ò.
Agencies Notified	Type Notification	on			Street /	Address			- 19	3	AA	_	1 -1
□ EPA	☑ Initial				1 He	nry C. Lu	uthin Place		10%	35	<	>	
□ DOLWD   □	☐ Amended			- 1	City, St	ate, Zip Co	ode			4//	20	2	Ag .
☑ DHSS	Amendmen			-	Bog	ota, NJ 0	7603			10%	30	_	ंत
☐ DCA (NJAC 5:23-8)	☐ Emergency justification		iaing	f	Name o	of Contact			Telephone Nur	mber '	100	1/2.	
(NJAC 3.23-6)	☐ Cancellatio				Norr	na Tursi					1.78	61	0,
					FAC	ILITY IN	FORMATION						
Name of Facility Where A	batement is Ta	king P	lace (	(3)				Type of Facility (					
Board of Education	Office							School (K-12)		12)			
Street Address								Subchapter 8  Other (i.e., pr	ivate and comm	ercial bui	Iding	5,	
1 Henry C. Luthin P	Place							homes, etc.)					
City (5)								Square Feet	# of Floors	1	lg. Ag	е	
Bogota							V.	2000	3		88		
County (6)					Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Price					
Bergen									ucation Office	e			
Name of Monitoring Firm	Hired by Buildin	ng Ow	mer (8	3)	ASCM I	Vo.	Construction of the contract o	ent Contractor (9)					
Health and Safety					0011	7	Superior Aba	atement Inc			201		
Street Address							Street Address						
318 12th Street							2 Henderson	Drive					
City, State, Zip Code		- 100					City, State, Zip C	ode	122				
Hammonton NJ 080	037						West Caldwe	ell, NJ 07006					
Project Manager for Mon	itoring Firm			Tele	phone I	No.	Telephone No.		License No.				
Jim Proctor						4-8850	(973) 808-16	16	00411				
Start Date (10)					tion Dat		Name of OSHA N						
2 / 03 /		-	=10 mm	W	_ / _	14	Superior Aba	atement Inc					
Occupancy Status During							Street Address						
☐ Facility Closed/Vacate							2 Henderson						
Abatement Performed						cribe	City, State, Zip C						
Time of Abatement: _	_AIVIFIVI/				_/		West Caldwe	ell, NJ 07006		- 104			
Scope of Work (Check a	II that apply)						⊠ Full Cor	ntainment with Neg	ative Pressure				
☐ >3 sf or ≥3 lf			Re	novati	on		Mini-End	closure	gative i robbailo				
≥160 sf or ≥260 lf		Σ	☑ Dei	molitio	on			ag Procedure empted (*) and No	n-Eriable Proce	dure			
			lc.	Loca	ion	ſ	☐ Non-Exe	empled ( ) and No	II-I Hable F Toce	W. (1997)	atem	ant T	VDA
Location	of	- 1		lorma			Description	of		_	_		
Asbestos-Containing					ely by		stos Containing M	aterial (ACM)	Amount	Removal	Repair	nca	Enclosure
TO BE ABA				intena odial	Staff?	(i.e	e., thermal systems surfacing, VAT	s insulation,	(Specify SF or LF)	lova	l ≅·	squ	nso
IN Facil (13)	ity	L		(12)			other miscellan		Or Or Er y	=		Encapsulate	ē
()		1.	Yes	No	N/A							w	
Basement		1			$\boxtimes$	Pipe/Jo	oint Insulation	79	77 LF				
Basement		]			$\boxtimes$	Duct In	sulation		120 SF				
Attic		1			$\boxtimes$	VAT			30 SF	⊠			
Kitchen		1			$\boxtimes$	VAT un	der Plywood		700 SF	$\boxtimes$			
Name of Registered Was	ste Hauler	-		1.3	NUDEP!		Cubic Yards of	Name of Regis		9-83 <del>9-31</del> -8-	not the		
Service Transport	Group, Inc			H	lauler II		Waste 15	Minerva L	andfill				
City, State							Disposal Date	City, State					
New Castle, DE							2/6/14	Waynesbu	irgh, OH				
Completed By (Print or T	ype)	Title					Signature	11/1/		Date	2017		
Nick Petrovski	987 NEO	Pre	eside	ent			Mu	Mahr	em"	1-2	22	- /2	1

ASB-41 MAY 11

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

Date of Notification (1)				Name	of Building	Own	ner/Operator (2	2)						
	14			Boa	rd of Ed	ucati	ion of Bogo	ta	10	5	JA Sari	or fire	) 	
Agencies Notified Type Notified	ation			I CONTROL TO SERVICE	Address					74.	9		à	
☐ EPA ☐ Initial ☐ Amende	ı.				enry C. L		n Place			يس را	71		7	
☐ DHSS Amendr	39 america				tate, Zip C					Co Co	7	رد	1,	1
□ DCA □ Emerge				Bog	jota, NJ (	0760	3			50			35	1
(NJAC 5:23-8) justifica	ion)	•		Name	of Contact	t			Telepho	ne Mumh	er	1/1	-	
☐ Cancella	ition			Nor	ma Tursi	i		ī.			-		٠٠; _	
				FAC	ILITY IN	FOR	MATION				10	À	2	4
Name of Facility Where Abatement is	Taking	Place	(3)					Type of Faci	lity (4)		-,1	0		
Field House at Feigel Field								School (k		752 127		•		
Street Address					*			Subchapt  Other (i.e.	er 8 (Other th ., private and	an K-12)	rial hu	ildina	S	
Feller Place								homes, e		00111111010	an Du	ug	٥,	
City (5)								Square Feet	# of Flo	oors	Bio	lg. Ag	je	
Bogota								500	1			50÷		
County (6)				Coun	ty Code (7	)(STA	TE USE ONLY)	Current Use	(Prior if being	demolish	ned)			
Bergen								Field Ho	ıse					
Name of Monitoring Firm Hired by Bu	Owner (	(8)	ASCM	No.	Nan	ne of Abateme	ent Contractor	(9)						
Health and Safety	ame of Monitoring Firm Hired by Building Own Health and Safety reet Address 318 12th Street ty, State, Zip Code				7	S	uperior Aba	tement Inc						
Street Address	reet Address  Feller Place  ty (5)  Bogota  Dunty (6)  Bergen  The ame of Monitoring Firm Hired by Building Owner  Health and Safety  The ame of Monitoring Firm Hired by Building Owner  Health and Safety  The ame of Monitoring Firm Hired by Building Owner  Health and Safety  The ame of Monitoring Firm Hired by Building Owner  Health and Safety  The ame of Monitoring Firm Hired by Building Owner  Health and Safety  Toget Address  State Address  Toget Manager for Monitoring Firm  Jim Proctor  Toget Manager					Stre	et Address							
318 12th Street	Bergen ame of Monitoring Firm Hired by Building Own Health and Safety reet Address 318 12th Street ty, State, Zip Code Hammonton NJ 08037 oject Manager for Monitoring Firm Jim Proctor art Date (10)  /					2	Henderson	Drive						
City, State, Zip Code	Bogota Sunty (6) Bergen Ime of Monitoring Firm Hired by Building Own Health and Safety Freet Address B18 12th Street By, State, Zip Code Hammonton NJ 08037 Diject Manager for Monitoring Firm Jim Proctor Fart Date (10)					City	, State, Zip Co	ode						
Hammonton NJ 08037	eet Address 818 12th Street y, State, Zip Code Hammonton NJ 08037 bject Manager for Monitoring Firm					W	lest Caldwe	II, NJ 07006						
Project Manager for Monitoring Firm			Tele	phone	No.	Tele	ephone No.		Licens	e No.			1000	
Jim Proctor			(6	609) 70	4-8850	(9	73) 808-161	6	004	11				
Start Date (10)	Sched	luled C	omple	tion Da	te (11)	Nan	ne of OSHA N	1onitor						
2/03/14	C	12/	_ 0:	<u> </u>	14	S	uperior Aba	tement Inc						
Occupancy Status During Abatement	(Check	c only o	one)			Stre	et Address							-
☐ Facility Closed/Vacated During En	ire Pe	riod of	Abate	ment		2	Henderson	Drive						
					cribe	City	, State, Zip Co	ode		1				
Time of Abatement: _AMF	M/	PM		_AM		W	lest Caldwe	II, NJ 07006						
Scope of Work (Check all that apply)						1								
□ >3 sf or >3 lf		П Ве	novat	ion			☐ Full Con ☐ Mini-End	tainment with	Negative Pres	ssure				
☐ ≥160 sf or ≥260 lf		⊠ De						g Procedure						
100 100 100 100 100 100 100 100 100 100							☐ Non-Exe	mpted (*) and	Non-Friable	Procedure	1			
166			Loca Norma				Diti				Ab	atem	ent T	уре
Location of Asbestos-Containing Material (AC	M)	Use	ed Sol	ely by	Asbe	stos (	Description of Containing Ma		Amo	ount	Re	Re	En	En
TO BE ABATED	7	10,000,000	intena	ance/ Staff?	(i.e	., the	rmal systems	insulation,	(Spe	ecify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)		Cus	(12)	S-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0			urfacing, VAT ner miscellane		SF o	r LF)	a		sula	ure
(13)		Yes	No	N/A		Ou	ioi illiocollario	.000)					te	
Locker Room			П		Pipe/Jo	int li	nsulation		30	LF	$\boxtimes$	П	П	
			-	+						Ŧ	-			-
												ш		
Name of Registered Waste Hauler			1	JDEP V	Waste	Cub	oic Yards of	Name of R	egistered Lan	dfill	1			
Service Transport Group, Inc			H	Hauler II		Was	10.00	The state of the s	Landfill					
City, State	** **			SW21	17	Disr	oosal Date	City, State				-		
New Castle, DE							/5/14		burgh, OH					
Completed By (Print or Type)	Title						Signature	1,	//	Dat	to			_
Nick Petrovski		reside	ant		- 5		Signature	1/1				- 1	11	
MICK FELLOVSKI		. colu(	3111				111	Mh	Brun	10	22	/	7	

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

× 00540		Notification (Pursuant to	State of of Asbes NJAC 8:	tos Abate	ement 2:120)	PEC JAN 27	¢,				
D&S Proj. #: 2014-26		,				JAN	VEA				
	Name of Build	ding Owner/Ope	erator (2)		43	300	gs.				
Date of Notification (1) 0   1   /   2   0   /   1   3	The second secon	LA SHAWIA				6/0/0	"/ 2 "/ 2	_	_	_	-
Agencies Notified Type Notification	Street Addres					ENSON	1700				
EPA   Initial		H STREET					13/				
DEP Amendment #:	City, State, Z		=								-
DOL Emergency		INFIELD, N.	07080			Telephone N	Number :				
DOH (including justification)	Name of Con								_		_
DCA Cancellation	CARME	ELLA SHAW									
		FACILITY	/ INFORMA	TION	I Its	ype of Facility (4)					_
Name of facility where abatement is take	ting place (3)				11.	School	(K - 12)		V 10\		
							oter 8 (Other rivate/Comm	tnan i ercial	(-12)		
CARMELLA SHAWIAK Street Address						Bldgs./H	omes, etc.		3ldg.	A de	_
						Square Feet #	of Floors	'	siag. /	-ye	
121 FIRTH STREET	County (6)			County C		Current Use (Pri	or if being de	molis	hed)		_
City (5)				(State us						_	_
SO. PLAINFIELD	UNION (8)	T A	SCM No.		ne of Abatement Co						
Name of Monitoring Firm Hired by Bld	g. Owner (o)			D	& S RESTORAT	TION, INC.		_		_	=
				1.1	eet Address						
Street Address					0 California Ave , State, Zip Code						
City, State, Zip Code					Paterson, NJ 075	03					_
AND NOTE OF THE PARTY OF THE PA		Phone Number		Tel	ephone Number		License Nu 011		Ê		
Project Manager for Monitoring Firm		Phone Number			973-345-8020		- 011	0,5	_	_	_
	Torbad Compl	etion Date (11)		— Na	me of OSHA Monitor D & S Restoration	or on Inc.					
Start Date (10)		edon bate (1.1)			reet Address	ni, me.					
01/21/14	01/30/14				20 California Ave	enue		_		_	_
Occupancy Status During Abatement  Facility closed/vacated during e	entire period of all	Jalennent.		Ci	ty, State, Zip Code						
Facility closed/vacated during e	of normal facility h	nours-			NI 07	502					
Describe:NORMAL HO	OURS			$- \bot$	Paterson, NJ 07	Full Containment	w/negative r	ressu	ıre		
Scope of Work (check all that apply)	)				님'	Mini-enclosure					
>3 sf or >3 lf	Renovation					Glovebag proced Non-Exempted (	ure *) and Non-fr	riable	proce	dure	
1. The state of th	Demolition					Non-Exempled (	) and real		ra j	_ C	Е
Location of	Is location norm by maintenance	ally used solely		i of ook	pestos-containing	Amount	OF or	e m	e p	n c	n c
ashestos-containing	staff(12)		materi	al (ACM)	Jesios 00,	(Specify	/ SF 01	O V	a	a p	L
material (acm) to be abated in facility (13)	Yes N	lo N/A						e IXI	-	-	+
			PIPE IN	SULATIO	)NN	62 l ft		P	片	片	恄
BASEMENT								忻	旨	恄	
								后	口		
			1								
		10"	Cubic Yards	of Waste	Name of Registere	ed Landfill	DECOVE!	οV			
Registered Waste Hauler	NJDEP H: 13506	auto. 15	1 yd		TULLYTOWN	I, RESOURCE	KECUVE	<u> </u>			_
D & S RESTORATION, INC.		Disposal			City, State TULLYTOW	N. PA					_
City, State PATERSON, NJ 07503		01/22/	/14   Signatu	re	TOLLITOW	.,,	Date			-08	
Completed by (Print or Type)	Title	T	Signatu				01/20	)/14			_
ROGDAN IOI.DZIC	PRESIDEN'	1			d activities						

Completed by [Print or Type]

BOGDAN JOLDZIC

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page an 21 2014 12:58PM NJ Asbestos Control 609.633.0664 PAGE. 2/4 19732784670 BRIBAR-DELVCO JAN. 20. 2014 (MON) 14:41 State of NJ Notification of Asbestos Abatement (Pursuant to NJAG 8:80 and 12:120) DOL - 10 DAY D&& Proj. #: 2014-26 2014 IAM Name of Building Owner/OpeniAf (2) 2 2:4 Date of Notification (1) CARMELLA SHAWIAK 10 11 1/12 10 1/11 13 ype Nothiostion SCOOK ANTIGOD Agentica Nouried ADDONED I Initial SPA 121 FIRTH STREET WAINTHUM Amended DEP Oily, Grete, Zip Code Amendment #; SO. PLAINFIELD, NJ 07080 DOL relephone Number Emergency Name of Contact (including DOH lustification) CARMELLA SHAWIAK DCA Cancellation FACILITY INFORMATION Type of Facility (4) School (K - 18) Name of buility where abatement is taking place (5) Subchapter 8 (Other than K-12) Other (Private/Commercial CARMELLA SHAWIAK aldgs./Homes, etc. Street Address Bido, Apa # of Floors Square Faet 121 FIRTH STREET County Code (7) Current Use (Prior if being demolished) County (8) City (5) (State use only) UNION Name of Abatement Contractor (9) SO. PLAINFIELD ASCM NO. Name of Monitoring Firm Hirad by Bing, Owner (8) DAS RESTORATION, INC. ENTER: ADDITION Street Address 20 California Ave City, State, Zip Code Cny, State, Alp Code Paterson, NJ 07503 Cango Number Telephone Number ne Number 01169 Project Manager for Monitoring Firm 9/3-345-8020 Name of OSHA Monitor Soned. Complision Date (11) D & S Restoration, Inc. Start Date (10) SUPPLY Addings 01/30/14 01/21/14 20 California Avenue Occupancy Status During Abatement (Check only one) City, State, Zip Code Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-Paterson, NJ 07503 Describe: NORMAL HOURS Pull Containment w/negative pressure Scope of Work (check all that apply) Min!-enclosure Glovebag procedure Renovation M E< 10 to E< Non-Exempted (\*) and Non-Mable procedure Demolition ☐ ≥160 at or ≥260 if le location normally used solely n n Amount m pa by maintenance/custodial C LOCATION OF Description of ashestos-containing (Specify SF or anbectos-containing 200 atat (12) material (ACM) ٧ material (mom) to be D abated in facility (13) YAR N/A 62 1 ft PUPE INSULATION BASEMENT Name of Registered Landfill CUDIO Varda di Waste TUI LYTOWN, RESOURCE RECOVERY NUDEP Hauler IDE Registered Watto Habler 1 yd D& SRESTORATION, INC. 13506 City. State Disposal Date TULLYTOWN, PA City, State r:01/22/14 PATERSON, NJ 07503 Daie

PRESIDENT

Signature

01/20/14

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Amend the External FAIR	8
 WHITE THE DATE	
750 My 11	

Date of Notification (1)  12 / 4 / 13		N	ame of Mathe	Son Tri-l	wner/Operator (2)	) 2:41 /Jo	ь # 1312-1833 Ch	ık. 鄉	ķA _	Ÿ.	5
Agencies Notified		S	treet Ad	Idress,	STOS CON	TROL	10/4	100	٢٠.	2	
⊠ DOLWD ⊠ Amended	ZAL.	C	ity, Stat	e, Zip Cod	de UENSIN	3	Ç	10			
☑ DHSS Amendment #02	A 2015 CH 10				e, J 07920	-		e e			
DCA Emergency (incl. (N.IAC 5:23-8) Emergency (incl. justification)	uding	N		Contact			Telephone Number				
(NJAC 5:23-8) Justification)  Cancellation				en Strou	ud. Esq.						
Carocilatori					ORMATION			191			
	01 "		FACIL	LITINE	OKINATION	Type of Facility (	(4)	•		-	$\neg$
Name of Facility Where Abatement is Taking  Matheson Tri-Gas Facility  Street Address	Place (3			·		☐ School (K-12 ☐ Subchapter 8 ☑ Other (i.e., pr	) 3 (Other than K-12) rivate and commerci	al build	lings,		
932 Paterson Plank Road						homes, etc.)		15			_
City (5)						Square Feet	# of Floors		. Age		
East Rutherford						Attached	1		)30's		
County (6)			County	Code (7)(	STATE USE ONLY)	Current Use (Pri	ior if being demolish	ed)			
Bergen	(0		SCM N		Name of Abatem						_
Name of Monitoring Firm Hired by Building O		)	ASCINI N	0.		d Mold Service					-
Environmental Management Group,	inc.				Street Address	u Moid Sei Vice	ж, остр.	-			
Street Address						a closed					
5066R West Chester Pike - P.O. Box	129				3859 Sylon E						-
City, State, Zip Code					City, State, Zip C						
Edgemont, PA 19028					Hainesport,	MJ 08036	License No.				
Project Manager for Monitoring Firm			phone N		Telephone No.		00862				
Timothy Van Amburgh # 023173			0-359-		609-702-040		00002	-			_
			tion Date		Name of OSHA I						
Occupancy Status During Abatement (Check	only o	ne)		DESMONE	Street Address						
Facility Closed/Vacated During Entire Pe	riod of A	Abater	ment			ate 130 North					
Abatement Performed Outside of Normal	Facility	Hour	s - Desc	ribe	City, State, Zip C	ode					
Time of Abatement:AMPI	VI/	_PM-		MA	Cinnaminso						
Scope of Work (Check all that apply)  □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	□ Re	novati molitic			¥ ₩ ₽.Δ ⊠ Full Co ⊠ Mini-En ⊠ Gloveb	P > CUT (D) ntainment with Ne closure ag Procedure	ESCAIR TILIN ATTA egative Pressure Ion-Friable Procedur		)		
	T le	Lagar	lion		23 11011 22	ionipio ( )			ateme	ent Ty	ype
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (42)	Use Ma	intena	illy ely by ance/ Staff?	Asbe (i.e	Description stos Containing N ., thermal system surfacing, VA other miscellar	laterial (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A					57			
Per Conv. w/ Chris Trevors on 12/4			×		TACHED			N N			
ACM survey attached (4 pgs)					TTACHED			X			
All items to be removed shown					TTACHED						
in attached survey				SEE A	TTACHED		11 - 150				1
Name of Registered Waste Hauler Freehold Cartage, Inc.		1 1 2	NJDEP I Hauler II	D No.	Cubic Yards of Waste	GROWS	gistered Landfill Landfill				
City, State Freehold, NJ			02268		Disposal Date	City, State Morrisvil	lle, PA 19067				- 5-20-
Completed By (Print or Type)  Kimberly A. Trumbetti		Coor	dinato	r	Signature		D	ate () i	109	14	
ASB-41						/	CANDON STATE				

No heck

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

Job #: 1109-1594 Check #: NA

Date of Notification 12/23/2013	(1)		Name of Building Owner / Operator (2) Camden Plaza Associates, c/o Edward D. Sheehan, Esq.  Street Address 511 Cooper Street City, State & Zip Code Camden, NJ 08102														
Agencies Notified  EPA  DEP  DOL	Type Notifica		5. C	11 Co	oper S	treet Zip Co	ode	-	**Soc	STUS C	A.	2	40				
□ DOH □ DCA	☐ Emer	gency ellation	N	ame	of Cor	100000000000000000000000000000000000000	n			Teler	nette	بالأرم	mhg	r			
				FAC	CILITY	/ INF	ORMATION										
Name of Facility W Camden Plaza Hotel Street Address		ent is Taking P	ace (3)				Type of Facilit		n K-12)								
500-510 Cooper Stre	et							. private & com		ldings, h	ome	s, et	c.)				
							Square Feet	# of Floo	ors	Bldg.	Age						
City (5)		County (6)	Cou	inty C	Code (	7)	75,000	6		85 yea	ars			$\blacksquare$			
Name of Monitoring Horizon Environmen Street Address		У				1	r to start, E /7/14		•								
PO Box 316		Will S	end	nev	w cr	ieck	when it is		noid								
City, State & Zip Co							Hainesport, N.			_							
Project Manager fo Dave or Steve Flani	r Monitoring F	irm	Telep 856-84		Numb	er	Telephone Nu 609-702-0400		Licen	se Numb	oer 10862						
Scheduled Start Da	ate (10)	Scheduled Cor 1/23/14	npletio	n Da	te (11)		Name of OSH EMSL Analytic					į.					
Occupancy Status	During Abate	ment (Check o	nly one	e) of Aba	ateme	nt	Street Addres										
Second 1	Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Describe:						City, State & 2 Westmont, NJ										
Scope of Work (Ch	(EVEV)	nnly)															
≥3 sf or ≥3 ≥160 sf ≥26	lf	PP'9)		Renovation Mini-Enclose Demolition Glove Bag F						ocedures d and Non-Friable P							
10 mm	ocation of			_ocat			Description		Amou (Spec		Aba	teme	nt T	уре			
Ma TO	stos-Containir sterial (ACM) BE ABATED in Facility (13)	ng .	So Maint	olely tenar	Used by ace or Staff?		Asbestos-Com Material (A0 (i.e., thermal sinsulation, surfac or other miscell	CM) ystems cing, VAT	SF or L		Removal	Repair	Encapsulate	Enclsoure			
Roof						Roofi	ng		100 SF		$\boxtimes$						
													밁				
			<del>                                      </del>	吊								井	Η				
-		18	H							$\boxtimes$	H	ö	d				
			++	뮤								뉘	H	H			
Name of Registere	ed Waste Hau	ler		100000		O No.	Cubic Yards of Waste 4	Name of Reg	istered Lan	dfill							
City, State							Disposal Date	City, State									
Trenton, NJ				-			1/23/14	Morrisville, PA	<u> </u>		loto.						
Completed By (Pri	nt or Type)	230,000		100	<sup>tle</sup> dmin.		Signature		Date 1/7/14								
105								7	1///14								

2014 1440 # 1401-1839 Chk. # 3455

3353 FOS AM 2: 44

& LIVENSINI ROL Name of Building Owner/Operator (2) Date of Notification (1) Robert I. Gerber 14 13 01 Street Address Type Notification Agencies Notified 97 Stonebridge Road Initial **⊠** EPA City, State, Zip Code ☐ Amended **⊠** DOLWD Montclair, NJ 070412 Amendment # ☑ DHSS Telephone Number Name of Contact ☐ DCA justification) (NJAC 5:23-8) Robert I. Gerber ☐ Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Residential Property ☑ Other (i.e., private and commercial buildings, Street Address homes, etc.) Bldg. Age 97 Stonebridge Road # of Floors Square Feet 1960 3 City (5) 2500 Current Use (Prior if being demolished) Montclair County Code (7)(STATE USE ONLY) County (6) Residential Name of Abatement Contractor (9) Essex ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Asbestos and Mold Services, Corp. EHS Innovators, LLC Street Address Street Address 3859 Sylon Boulevard 203 Main Street - PMTS 174 City, State, Zip Code City, State, Zip Code Hainesport, NJ 08036 Flemington, NJ 08822 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00862 609-702-0400 908-237-9348 Robert J. Kretvix Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) EMSL Analytical, Inc. 01 / 17 / 14 01 / 14 / 14 Street Address Occupancy Status During Abatement (Check only one) 200 U.S. Route 130 North ☑ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Cinnaminson, NJ 08077 PM-PM/ Time of Abatement: \_\_\_\_AM-\_\_\_ Negative Pressure ENCLUSINGE Scope of Work (Check all that apply) Mini-Enclosure □ Renovation
 □ Demolition Glovebag Procedure >3 sf or ≥3 lf ☐ Non-Exempted (\*) and Non-Friable Procedure >160 sf or ≥260 lf Abatement Type Is Location Encapsulate Removal Description of Normally Amount Asbestos Containing Material (ACM) Location of Used Solely by (Specify Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, Maintenance/ SF or LF) TO BE ABATED surfacing, VAT, or Custodial Staff? IN Facility other miscellaneous) (12)(13)N/A Yes No 740 SF  $\boxtimes$ Floor Tile and Mastic  $\boxtimes$ Basement П П Name of Registered Landfill Cubic Yards of NJDEP Waste Name of Registered Waste Hauler **GROWS Landfill** Waste Hauler ID No. Freehold Cartage, Inc. 02265 City, State Disposal Date Morrisville, PA 19067 City, State 01/17/14 Freehold, NJ 01-13-14 Signature Title Completed By (Print or Type) Office Coordinator Kimberly A. Trumbetti

ASB-41 **MAY 11**  \* Do not use this form for asbestos licensure exempted activities.

# No grack

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

Date of Notification (1)	13		1	Name o	of Building	Owner/Operator (2 ore & Co.	2014 JAN	/ Job # 1342-18	35 Ch	ık. N	Α	
Agencies Notified Type Notificati	11			Street A	Address	//	ASSESTOS ELICENS	AM 2.	١		10	$\dashv$
				101	Paragon	Drive	ESTOS.	33				
□ DOLWD     □ Amended     □ Amended		2			ate, Zip Co	ode	LICEN	ONTO				
□ DHSS Amendmer	Contabilities Charles	ina		Mon	tvale, NJ	07645	- W.	ING TOL	13			
DCA Emergency justification		ing	T	Name o	of Contact			Telephone Number	er	1.6.5		
☐ Cancellation				Deni	nis Recc							
				FAC	ILITY INF	FORMATION						
Name of Facility Where Abatement is Ta	king Pla	ice (3)					Type of Facility (					
Benjamin Moore - Building #11							School (K-12)	) (Other than K-12)				
Street Address								ivate and commerc	ial bui	dings	3,	
134 Lister Avenue							homes, etc.)					
City (5)							Square Feet	# of Floors		g. Ag	e	
Newark							10,000	2		0+		
County (6)	- chi i			Count	y Code (7)	(STATE USE ONLY)		or if being demolish	ned)			
Essex							Manufacturi	ng Plant				
Name of Monitoring Firm Hired by Buildi	ing Own	er (8)	P	SCM N	No.	Name of Abateme						
Horizon Environmental						Asbestos and	d Mold Service	s, Corp.				
Street Address			-11-2		1	Street Address						
P.O. Box 336						3859 Sylon B						
City, State, Zip Code						City, State, Zip Co						
Thorofare, NJ 08086						Hainesport, N	NJ 08036	1				
Project Manager for Monitoring Firm		T		phone N		Telephone No.		License No.				
Dave Flanigan			STORY.	6-848-		609-702-0400		00862				
Start Date (10) S	chedule				e (11)	Name of OSHA M EMSL Analyt						
						Street Address						
Occupancy Status During Abatement (C				oont		200 U.S. Rou	to 120 North					1
<ul> <li>☑ Facility Closed/Vacated During Entire</li> <li>☑ Abatement Performed Outside of No</li> </ul>					cribe	City, State, Zip Co					-	_
Time of Abatement:AM						Cinnaminsor						
Scope of Work (Check all that apply)							*					
□ ≥3 sf or ≥3 lf		Reno				☐ Mini-End	tainment with Neg closure g Procedure	gative Pressure				
⊠ ≥160 sf or ≥260 lf	ш	Demic	nuo			⊠ Non-Exe	empted (*) and No	n-Friable Procedur	e			
		Is Lo							Ab	atem	ent T	уре
Location of		Nor Used S				Description of			Re	Re	m m	E
Asbestos-Containing Material (ACM TO BE ABATED		Mainte				stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	cap	clos
IN Facility	(	Custod		Staff?	(	surfacing, VAT	, or	SF or LF)	<u>a</u>	7	Encapsulate	Enclosure
(13)	Y		12) No	N/A		other miscellane	eous)				ate	
Kettle Room		-	1		Pipe Ins	sulation		3 LF	$\boxtimes$			
Lab Area		] [	]		Transit	e from Hoods		110 SF				
Kettle Room		] [	]		Roofing	3		2 SF				
Exterior		] [	]	$\boxtimes$	Roofing	g & Flashing		3,900 SF				
Name of Registered Waste Hauler				JDEP \	Vaste	Cubic Yards of	Name of Regi	stered Landfill		-	-	-
Freehold Cartage, Inc.			100000	auler II 02265		Waste 5	GROWS L	andfill				
City, State				J		Disposal Date	City, State					
Freehold, NJ						1/25/14	Morrisville	e, PA 19067				
Completed By (Print or Type)	Title					Signature	N	Da	ite		1 .	
Kimberly A. Trumbetti	Offic	ce Co	orc	linato	r	OSA	1	8	01/	17	114	A. C.

ASB-41 MAY 11

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

Page 1 of 1	
Check #1042	)

Date of Notification (1) 1-16-2014			Name of Building Owner/Operator (2) Township of Denville  Street Address 1 Saint Mary's Place  City, State, Zip Code Denville, NJ 07834  Name of Contact  Telephone Number  Telephone Number													
Agencies Notified	Type Notification		- 1	Street A	ddress t Mary's	Place			ASBF	STO	4/	<del>AM</del>	2: 3	5		
EPA DEP DOL	Initial Amended Amendment #		_	City, Sta Denvill	te, Zip Code, NJ 07	de			Ê	LIC	S CO	ON THE	ROL			
Ď DOH DCA	justification) Cancellation	aug	- 1	Name of Stever	Contact Ward					Tele	iuhuve	, NI. ,				
				FACI	LITY INFO	RMAT	ION									
Name of Facility Where A Residential	Abatement is Taking	Place (3)					,		of Facility (4 School (K-12	)	41	V 40				
Street Address 19 Riverside Drive								×	Subchapter 8 Other (i.e. pri etc.)	ivate 8	k comn	nercia	l build	1880		es,
City (5) Denville								Squar 1,200	e Feet O	# of 2	Floors	•	2000	ldg. A 0+	ge	
County (6) Morris				County ( (STATE L	Code (7) JSE ONLY)				nt Use (Prior dential	if bei	ng den	nolish	ed)			
Name of Monitoring Firm Precision Environm				ASCM	No.			of Abat Proup,	ement Cont	ractor	(9)					
Street Address Unit 122, 3111 Rou	te 38,Ste 11				NEXOWING SEED			Addres Hamb	s urg Turnp	ike						
City, State, Zip Code Mt.Laurel, NJ 0805	4			14. 1427					p Code ale, NJ 07	7403						
Project Manager for Mor Rosa Izzi				Telephor	ne No. 914-0785	5	Teleph	none No 710-9	).		Licen 0108		).			
Start Date (10) 1-30-2014		Scheduled 2-3-201	d Con				Name	e of OSHA Monitor Group, Inc								
Occupancy Status Durin			-9/	-14-5			C STANSON	t Address								
	ated During Entire P	eriod of Al	batem				140 l	Hambi	urg Turnp	ike						
Other – Describe:		al Facility	Hours			_	Programme and the second	tate, Zi mingd	p Code lale, NJ 07	7403						
Scope of Work (Check A	Il That Apply)						Г	1	04-1		N	D		123		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit				×	Min Glo	Containmer i-Enclosure vebag Proce i-Exempted	edure	8					
		T		1231522331A				1001	i-Exempled	( ) arm	I NOII-	riiaui		Abate		
Location	n of	N	ocati ormal	ly		De	scription	of						Ту		
Asbestos-Containing TO BE AB, In Facil (13)	Material (ACM) ATED	500000000	Sole ntenar odial S (12)	nce/		os Con thermal surfa	taining M I systems icing, VA miscellar	Material s insula T, or		(8	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Frita dan Tuan	ita Cidia -	Yes	No	N/A	-	40	MA Cidi			10	CO CE		17		Ф	
Exterior Trans	site Slaing	X			AC	M Sidi	ng		12	60 SF		X				
Name of Registered Was	ste Hauler		N	JDEP W	aste	Cubic	Yards		Name of R	egiste	red La	ndfill				_
GL Group, Inc				auler ID 033034		of Waste TBD GROWS										
City, State Bloomingdale, NJ						Dispo TBD	sal Date		City, State Morrisvil		4					
Completed by	lont			5	Signature	50	m Stulla	j		Dat	e 16-20	11/				
Elena Solakov		Presid	ent					Cle	rem viculion			1-	0-20	/14		

EDS13-340

Page 1 of 1	
Check # 104	1

Date of Notification (1) 1-15-2014	Name of Building Owner/Operator (2) West New York Board of Education  Street Address 6028 Broadway Avenue  City, State, Zip Code West New York, NJ 07093																
Agencies Notified	Type Notification		- 1		ddress Broadwa	y Av	enue		45 5 E	Sto	2	45	. 3	>			
DEP X DOL	Amended Amendment #				te, Zip Co New Yor		07093		· · ·	ICE	NSIN	TRI	7,				
☑ DOH DCA	Emergency (ir justification) Cancellation	ncluding	- 1 3	Name of Rick S	Contact olares				****	Tel	enhone	Kli imh	22		73		
				FACI	LITY INFO	RMA	TION							_			
Name of Facility Where A		Place (3)						×	of Facility (4	2)		( 40)		-500):592			
Street Address 5400 Broadway								Ħ	Subchapter Other (i.e. pretc.)	rivate 8	& comme		build	lings,	home	es,	
City (5) West New York						10		Squa 40,0	re Feet 00	# o	Floors			dg. A O+	ge		
County (6) Hudson					Code (7) USE ONLY)			Curre	nt Use (Prio	r if bei	ng demo	olished	i)				
Name of Monitoring Firm T&M Associates	Hired by Building O	wner (8)		ASCN	No.		100000000000000000000000000000000000000	of Aba	tement Con , Inc	tractor	(9)						
Street Address Eleven Tindall Road	d			1	***			Addres Hamb	ss ourg Turnp	ike							
City, State, Zip Code Middletown, NJ 077	748			<u> </u>					ip Code dale, NJ 0	7403			7				
Project Manager for Mon Kevin Burns	itoring Firm			Telephor (732) 6	ne No. 671-6400	)	100000000000000000000000000000000000000	none N 710-9			Licens 01084						
Start Date (10) 1-27-14		Schedule		pletion (	Date (11)			of OSI	HA Monitor								
Occupancy Status Durin	g Abatement (Check	Only One	e)	-3					Address								
Abatement Perform	ated During Entire Pe ed Outside of Norma						City, S	tate, Z	lamburg Turnpike ate, Zip Code								
_						5-75	Bloo	mingo	dale, NJ 0	7403							
Scope of Work (Check A ≥3 sf or ≥3 lf	ll That Apply)	-	enovat				F		I Containment with Negative Pressure								
≥160 sf or ≥260 lf			emoliti	on				Glo	vebag Proc	edure							
15.11-03-011-03-		Ι					×	l No	n-Exempted	(*) an	d Non-F	riable		en éver saos	No. 10 1/2		
	521		Location or mall			2	9 2 2	2					1	Ту	ment pe		
Location Asbestos-Containing		Used	Sole	y by	Asbest		escription intaining M		(ACM)	А	mount				Е		
TO BE ABA			ntenar odial S		(i.e.		al systems		ation,		pecify or LF)		Remova	Re	ncap	Encl	
(13)	y		(12)				r miscellar			Ů.	0, 1,		lova	Repair	Encapsulate	Enclosure	
		Yes	No	N/A									- 0,50		te		
1st Floor Exterior D	Χ				caulking	3		38	30 LF	Σ							
#1,2,3,4,5,6,7	0									-							
											•						
Name of Registered Was	te Hauler		1,7755350	JDEP Wauler ID			ic Yards /aste		Name of F		red Lan	dfill					
GL Group, Inc			0.000	33034		TBE	)		GROWS	112							
City, State Bloomingdale, NJ						Disp TBD	osal Date		City, State Morrisvi		A	4					
Completed by Elena Solakov	dent				Signature	Ele	sa Sulla	ز		Date 1-16-2014							

### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)					Name of	Building C	)wner/One	erator (	(2)				in 1	7	
	January 20, 201	4				Danien g			torms		4	)3	511	6	
Agencies Notified  [ x ] EPA  [ ] DEP	1 5 2	l Notific	cation otification		Street Ac			eterar	ns Memorial H	ighwayJAN 2	2.7.	2014			
[x] DOL	Amer	ndment			City, Sta	te, Zip Cod		rville	e, NJ 08876						
[ ] DCA		ication) ellation			Name of		y Storm	ıs	T	elephone Number		7		لد	
				FAC	ILITY I	NFORM	ATION	0.010000							
Name of Facility Where A For	batement is Taking rmer Body Sho		3)					Ту	pe of Facility (4)	School (k-12)	or thos	k 12\			
Street Address	Veterans Mem	orial H	Iighway						[ ]	Subchapter 8 (oth Other (i.e., privat homes, etc.)			al build	lings,	
City	***************************************	Coun	ity (6)		County C (STATE)	ode (7) USE ONLY	7)	Sq	quare feet 3500 sf	# of Floors	Bldg	. Age	60		
Somerville		Son	nerset						Former	being demolished) Body Shop					
Name of Monitoring Firm	56 1170	Owner (	(8)		ASCM N	0.	Name o	f Abat	tement Contractor Guardia	(9) an Contracting,	Inc.				
Street Address						5	Street A	ddres		oute 9, Unit 61					
City, State, Zip Code							City, Sta	ate, Zi		liver, New Jerse	ev 087	755-1	271		
Project Manager for Monit	toring Firm		Telephone Nur	nber			Telepho 732-34		ımber	License N 00624					
Scheduled Start Date (10) 1/21/14			Scheduled Con 1/28/14	npleti	on Date (1	1)	Name of OSHA Monitor E.M.S.L. Analytical								
Occupancy Status During	Abatement (Check		e)	C A L -			Street A	ddres	S	telton Road		27			
	ility Closed/Vacate atement Performed						City, St	ata 7:		Letton Koad					
[ ] Oth	er – Describe					7	City, Su	aw, Zi		way, New Jerse	y 088	54			
Scope of Work (Check all	that apply)						[	]	Full Containment Mini-Enclosure	with Negative Pres	sure				
[ ] >3:	sf or ≥3 lf		[ ] R	enova	tion		Ĺ	]	Glovebag Procedu	ire					
[ ] ≥16	50 sf or ≥260 lf		[ ] D	emoli	tion		[	]	Non-Exempted (*	) and Non-Friable I	Procedu	ire			
											Abat	ement	Туре		
Location	of		Is Location Normally used				Descripti estos-Co			Amount	R	R	Е	E	
Asbestos-Containing N			Solely by				Material (.			(Specify SF	E M	E P	N C	N C	
TO BE ABA		Mai	ntenance/Custo	odial			, thermal			or LF)	0	A	A	L	
in facilit (13)	. y		Staff (12)			inst	lation, so VAT,		ing,		v	I R	PS	S	
(13)			(12)			oth	er miscel		ous)		A	,,	U	Ū	
	V/A		107-579					L		L E	RE				
Exterior			X		Asbes	stos roofi	ng			3700 sf	Х				
									V!						
			+		-				W-			-		-	
Name of Registered Waste	Hauler	1	NJDEP Waste H	Iauler	ID No.	Cubic Ya	rds of Wa	ste	Name of Registe	red Landfill					
Guardian Contracting, Inc. 20223						45			T.R.R.F.						
	, New Jersey			Dispos 1/29/	sal Date		City, S Tully		ı, Pennsylvania	v'					
Completed by (Print or Ty Nicholas Fer		Signati	are .	Int	V !	Je 1		Date 1/20	0/201	4					

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

Date of Notification (1) 1/20/2014	34	Na C	ame of Bu	uilding Ow ADT-EA	ner/Opera	itor (2) THER	RFORD	REGIO						•			
Agencies Notified Type Notification			reet Addi 20 PAT		AVENU	JE		8 8	Ų	JAN	2 7	201	4				
EPA Initial Amended Amendment #_		Ci	ty, State,	Zip Code UTHER	FORD, N	NJ 07	073							111	- FALLES		
Emergency (incl. justification)  DCA  Emergency (incl. justification)  Cancellation	uding	5383	ame of C						Teler	hone	Numb	er	1.000		الد		
_ DCA Cancellation			FACILIT	TY INFOR	MATION				_								
Name of Facility Where Abatement is Taking P H.P. BECTON REGIONAL HIGH SC	lace (3) HOOL						7 Subch	I (K-12)	Other	than	K-12)						
Street Address 120 PATERSON AVENUE						Ė	Other etc.)	(i.e. priva	te &	comn	nercial		ngs, h		à,		
City (5) EAST RUTHERFORD							quare Fe										
County (6) BERGEN	-	C (S	ounty Co	de (7) E ONLY)			Current Us		82.5	1.	nolishe	a) 					
Name of Monitoring Firm Hired by Building Ow WESTCHESTER ENVIRONMENTAL	ner (8)		ASCM N	No.			Abateme BROTH				CTING	3					
Street Address 307 N. WALNUT STREET			ı.			reet Ad	ddress UTHER	FORD I	3LV	D.							
City, State, Zip Code					Cir	ty, Stat	te, Zip Co	de			¥6			5.20			
WEST CHESTER, PA 19380 Project Manager for Monitoring Firm		100	elephone		Te	elephor			П								
Otal C Date (10)	cheduled (	Com	P. TILL STORY	C. Marie Commission	Na	ame of	OSHA M	onitor		00.							
2/4/2014	/21/2014	4						ABOVE									
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe: OCCUPIED	riod of Aba	ateme	ent														
Scope of Work (Check All That Apply)																	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat			SAME AS (9) ABOVE  Street Address  City, State, Zip Code  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Type  Description of								Э				
		7000					THOIT EX				egative Pressure  lon-Friable Procedure Abatement Type						
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	No Used : Maint Custoo	Location Normally d Solely by intenance/ todial Staff? (12)  Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)							·ý	Removal	Repair	e Encapsulate	Enclosure				
	Yes	No	N/A			ONE	20000		2	25 L		Х			-		
ALL EXTERIOR DOORS		X		CA	ULKING	ON	DOORS	-		25 L	F-	X					
				ă.													
		- 1	LIDED V	ente	Cubic Ya	arde	I N	ame of R	eaist	ered I	andfill				<u> </u>		
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		Н	IJDEP W lauler ID 8743		of Waste		- 1	VASTE	1177				3.R.0	D.W.	S.		
City, State CLIFTON, NJ					Disposal 2/21/20			ity, State NORRIS	SVIL	LE,	PA						
Completed by VIVECA RAMOS	Title SECR	RETA	ARY		Sign	nature	wee	ak	de	m	Da 1	te 20/2	014				

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

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) 01/21/2	014		Name of Building Owner/Operator (2) Melohn Properties, Inc.												
Agencies Notified	Type Notifi	cation		100000000000000000000000000000000000000	et Address 5 Broady	way 14th Floor									
DEP DOL	Amende		_		State, Zip w York, I	Code NY 10023-5882									
☑ DOH ☐ DCA	justifica  Cancella	ation)	iig	Nam	e of Conta dy Gold	The second secon		Telephone Nui	mher						
				FA	CILITY IN	FORMATION		1	*		-				
Name of Facility Where A Vacant Building (Blo							Type of Facili	01/4							
Street Address							Subchapte	r 8 (Other than K-1 private & commerce		سد سالما	27				
35-39 Aetna Road							homes, et	c.)	ciai bui	laing	s,				
City (5) Jersey City, NJ							Square Feet 12,250 SF	# of Floors 2		Bldg. 60+	Age				
County (6) Hudson County					inty Code ONLY)	(7) (STATE	Current Use (I Abandoned	Prior if being demo Building	lished)						
Name of Monitoring Firm			r	ASCM	No.	Name of Abaten	nent Contractor (	15 %							
(8) Bio-Terra Environn	nental Solut	ions LLC.		N/A		Valiant Asso	ociates, LLC				11 (Sept. 15)	_			
Street Address P.O. Box 1224						Street Address 145 Mill Stre	et								
City, State, Zip Code Union, NJ 07083						City, State, Zip C Paterson, N									
Project Manager for Moni	toring Firm		Te	lephone	No.	Telephone No.		License No.							
Rick Eustaquio	A. T. C.			3-494		973-553-53	74	01108							
Start Date (10)		Scheduled	Compl	etion Da	ate (11)	Name of OSHA	Monitor	-							
01/31/2014		02/28/20				Valiant Asso	ciates, LLC								
Occupancy Status During  Facility Closed/Vacate		California Control	2 (2000)			Street Address 145 Mill Stre	et								
Abatement Performed				City, State, Zip Code											
Other - Describe:					Paterson, NJ 07501										
Scope of Work (Check all  >3 sf or >3 If  >160 sf or >260 If	that apply)		enova Demo			Mini-End Goveba	closure ag Procedure	egative Pressure  Non-Friable Proc	edure						
		40.000	Locati			7 11011 2	tomptou / Janu	1			ement	t			
Location of	f		lormal d Sole		Ì	Description of			_	Ту	pe	γ			
Asbestos-Containing Ma TO BE ABATE IN Facility (13)	iterial (ACM)		intena sustodi staff? (12)	ai		tos Containing Mat thermal systems in surfacing, VAT, other miscellaned	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure			
		Yes	No	N/A											
Roof Structure				X	Roofing	g Material		9,000 SF	X						
2nd Floor			X	12" Beige Fl	oor Tile & Brown Floor T	ile (Double Layer)	600 SF	X							
2nd Floor to Sub level	Floor Sta	irs_		X	12" Tar	Floor Tiles		10 SF	X						
h					NJDEP Waste Cubic Yards Hauler ID No. of Waste			Name of Registered Landfill							
Weigle Trucking Con	npany		_L	17634		120 Minerva Landfill									
City, State 274 Reynolds Road, Linder	n, PA 17744					Disposal Date 02/28/2014	City, State Waynesbu	rg, OH							
Completed By Miodrag Stamenovic	Mana	ger		Signature	dier G	o.weiler 01/21	2014								

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

#### State of New Jersey

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

Date of Notification (1)	Name of Building Owner/Operator (2)
1011/12/01/11/14	CHENTURA CORP. JAN 2 7 2014
Agencies Notified Type Notification	Street Address
[MEPA	188 Reign Page
[VDEP [VInitial Notification	City, State, Zip Code
[]DOL []Amended	MEDDLEBURY CT 06762
Notification Notification	Name of Contact Telephone Number
[ ]Cancellation	Too Raise
	JOE BALLO
Name of Facility Where Abatement is Tal	FACILITY INFORMATION  King Place (3)   Type of Facility (4)
CHE-TIME COD	[ ]School (K-12)
Street Address	[ ]Subchapter 8 (Other than K-12) [ ✓Other (i.e., private & commer-
1000 C P .	cial buildings, homes, etc.) Square Feet   # of Floors   Bldg. Age
City (5) CONVERY DUD	
1 . A . C. Walley	(STATE USE ONLY) Current Use (Prior if being demolished)
PERTH MUSOY 1121	WILESEX CHEMZIAL PROCESS
Name of Monitoring Firm Hired by Build: Owner (8)	Ing ASCM No.   Name of Abatement Contractor (9)
NA	NEW STATES CONTRACTZAG
Street Address	Street Address
City, State, Zip Code	2400 MAZN STREET EXT. SUZTE () City, State, Zip Code
City, State, Zip Code	17 00073
Project Manager for Monitoring Firm   Te	elephone Number   Telephone Number   License Number
	732-525-0100 00 749
Scheduled Start Date (10)   Sched.Compl	etion Date (11) Name of OSHA Monitor
0 2 / 0 8 / 14   0 2 / 6 Month/Day / Year    0 2 / 5	18 1/1/14 / TZGER ENZRONMENTAL
Month / Day / Year Month / I Occupancy Status During Abatement (Chec	k only one) Street Address
[/Facility Closed/Vacated During Ent of Abatement	
[ ]Abatement Performed Outside of Nor	mal Facility City, State, Zip Code
Hours - Describe:	Brzck NJ 08724
Scope of Work (Check all that apply)	
[-]Demolition	[✓]Full Containment with Negative Pressure [✓]Renovation [ ]Mini-Enclosure
[ 123 sf or >3 lf [ 2160 sf or >260 lf	[ ]Ølovebag Procedure [√]Non-Friable Procedure
	Is   Abatement Type
Location of	Location E E E Normally Description of R N N
Asbestos-Containing Material (ACM)	Used Asbestos-Containing Amount E R C C Solely Material (ACM) (Specify M E A L
	by Main- (i.e., thermal systems SF or 0 P P 0 tenance/ insulation, surfacing, VAT, LF) V A S S
	Custodial or other miscellaneous) A I U U Staff(12) L R L R
<u> </u>	es No N/A . E
TRANSZIZ PANELS,	TRANSZ7E PANELS 57 \$ X
_LAIS	
Name of Registered Waste Hauler	NJDEP Waste   Cubic Yards   Name of Registered Landfill
F-24 0	Hauler ID No. of Waste
MEEHOLD CARTAGE	15939 G.K.V.W.J. NON7IT CANDFELL
City, State	Disposal Date City, State
MEEHULD NJ	MORRISVZUE PA
	1/40
Completed By (Print or Type) Title	Signatufe // Date ,
	ZM4702 / Signatura (hb 1/20/14

G4667

Date of Notification (1)				Name	e of Buildir	ng Owner/Operator	(2)		-	_					
/	-			De	pt of Mili	itary and Vetera	ns Affairs / Joh	#1310-4702	Chec	k #5	923				
	otification	l		Stree	t Address	-		JAN	2 7	2014					
⊠ EPA ⊠ Initi				PC	Box 340	)		- OAN							
DOLWD ☐ Ame	ended endment #	ŧ		City,	State, Zip	Code		W. The state of th							
The state of the s	ergency (i		<b>-</b>	Tre	enton, NJ	J 08625					72				
	fication)	iioidaiii	9	Name	e of Contac	ct		Telephone Nur	nhar			100			
☐ Can	cellation			Wi	lliam McI	Bride									
				FA	CILITY II	NFORMATION				_					
Name of Facility Where Abateme	nt is Takir	g Place	e (3)				Type of Facility (	4)							
Vineland National Guard A	rmory						☐ School (K-12		the a 14 (0)						
Street Address							Subchapter 8	(Other than K-1	nan K-12) commercial buildings,						
2560 South Delsea Drive							homes, etc.)	ivate and commi	Ciciai D	unun	ys,				
City (5)							Square Feet	# of Floors	В	ldg. A	ge				
Vineland												5			
County (6)				Cou	nty Code (	7)(STATE USE ONLY)	Current Use (Pri	or if being demol	molished)						
Cumberland							Armory								
Name of Monitoring Firm Hired by	Building	Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)		2002						
USA Environmental						AbateTech,	Inc.								
Street Address		***************************************	28			Street Address									
344 West State Street							e. PO Box 25								
City, State, Zip Code	-					City, State, Zip C									
Trenton, NJ 08618						Lumberton,									
Project Manager for Monitoring Fi	m		Tel	ephone	No.	Telephone No.		License No.							
John Duggan				09-656		609-265-210	7	00529							
Start Date (10)	Sche	duled C			ate (11)	Name of OSHA	W	00020							
01 / 27 / 14					14	EMSL Analy									
Occupancy Status During Abatem	ent (Chec	k only	one)			Street Address				-112					
☐ Facility Closed/Vacated During						200 Route 13	0 North								
Abatement Performed Outside						City, State, Zip C	ode								
Time of Abatement:AM	P	M/	PM		_AM										
Scope of Work (Check all that app	ly)		9-70			П= =0									
≥3 sf or ≥3 If		⊠ Re	novat	ion		☐ Full Con	tainment with Nega	ative Pressure							
⊠ ≥160 sf or ≥260 lf	*	☐ De	moliti	on			g Procedure								
		T .				∐ Non-Exe	empted (*) and Nor	-Friable Procedu	-						
Location of		30000	Loca Norma			D 1-11-			Ab	atem	ent T	уре			
Asbestos-Containing Material (	ACM)	Use	ed Sol	ely by	Asbe	Description of stos Containing Ma	10	Amount	Ren	Repair	필	E			
TO BE ABATED	:ô		intena	ance/ Staff?		., thermal systems	insulation,	(Specify	Removal	oair	ap	Enclosure			
IN Facility (13)	26	Ous	(12)			surfacing, VAT other miscellane		SF or LF)	00		Encapsulate	ure			
(10)		Yes	No	N/A		outer miscellane	ous)				क				
2 <sup>nd</sup> Floor Men's Shower/Bath	room		$\boxtimes$		Pipe Ins	sulation (wet wr	ap)	40 LF							
											П				
Name of Registered Waste Hauler			N	NJDEP Waste   Cubic Yards of   Name of Registered Landfill								-			
AbateTech, Inc.			F	lauler II		Waste	G.R.O.W.S.								
City, State				18750	,	Disposal Date City, State						$\dashv$			
Lumberton, NJ						1/28/14	Tullytown, I	PA							
Completed By (Print or Type)	Title	4				Signature	^		ate	20					
Jennifer Piraine			one (	Coordi	nator		for him	110	123	1	1				
		p-144	J.,10			Ofthe	ter Puair	4 1	100	11					

ASB-41 MAY 11

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

			(P	ursuant	to NJAC	8:60 an	d 12:120	0)	CHECK	10	63	3-3-	_	_				
Date of Notification (1) 1/22/14					f Building can Legi		Operator	(2)					15.	T.	1			
Agencies Notified	Type Notification			Street A	ddress egion Pl	200			- 1 2 3	55251				١.				
EPA DEP	Initial				ate, Zip Co					IAN ?	2 /	2014			+			
× DOL	Amended Amendment		_		orne, N										!			
DOH     DCA	Emergency ( justification) Cancellation				f Contact e Halde	man			(1)	LTelen	hona N			li .				
	Carrocitation				LITY INFO		ON			1								
Name of Facility Where	Abatement is Taking	g Place (3	3)	5					of Facility (4)									
Street Address									School (K-12 Subchapter 8		than K	-12)						
One Legion Place								×	Other (i.e. pri etc.)				ildi	ngs,	home	es,		
City (5)								Squa	re Feet	# of F	loors				ge			
Hawthorne				0 1	0 - 1 - (7)			3000	70"	2	4	P - L D	50	1				
County (6) Passaic					Code (7) USE ONLY	·		Curre	ent Use (Prior	if being	demo	iisnea)						
Name of Monitoring Firm	Hired by Building (	Owner (8)		ASCN	ΛNo.				atement Contr ronmental			_C						
Street Address				L.,				Addre Gate	ss Drive, PO I	Box 48	3							
City, State, Zip Code									ip Code I, NJ 0741	8								
Project Manager for Mon	nitoring Firm		T	Telepho	ne No.		Teleph	none N	0.	L	icense	No.						
Start Date (10) 1/25/14		Schedul 2/25/1		npletion	Date (11)		Name	of OS	HA Monitor		T	se No.						
Occupancy Status Durin	g Abatement (Chec	k Only O	ne)				Street	Addre	SS				_					
	cated During Entire Fined Outside of Norm				ā		City, S	State, Z	ip Code		+	-	- 110					
Scope of Work (Check A	All That Apply)			-														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Section 1	Renova Demolit	35.5				Min	Il Containmer ni-Enclosure ovebag Proce n-Exempted	dure	-				<b>.</b>			
-		ls	Locati	ion						•				bate	ment			
Locatio	경영경기		Normal ed Sole		Ashaa		scription		. (40 0 44)		4	-	T	1 9				
Asbestos-Containing <u>TO BE AB</u> In Faci (13)	ATED lity	Ma	intena todial S (12)	nce/		thermal surfa		s insula T, or		(Spe	ount ecify r LF)	Zeilova		Repair	Encapsula	Enclosure		
	No	N/A											te	w				
second		х		f	oor tile	)		2500	) SF	х								
B E											4							
													_					
N	-4- 11- 1							37										
Name of Registered Wa Freehold Cartage	ste naulei		H	IJDEP W lauler ID 5959		of Wa	Yards ste		Name of R	, 25 <del>-2</del> 0	u Lano	11111			15)			
City, State Freehold, NJ						Dispo:	sal Date	40	City, State Morrisvill	e PA								
Completed by Andrew Scott Higgin	ns .	ident	11		5	Signature	11/				Date 1/22/	14		dure batement Type				

### State of New Jersey

		1					ABATEMEI d 12:120)	NT	Chec	K=	L	. ]	0;	-71
Date of Notification (1)		5.74.2	1	Name o	f Building	Owner/C	Operator (2)	•	CHY	1	Ţ	77	3-	=
1-22-14				Macy	's, Ir	corpo	orated					* #	3 4	
Agencies Notified	Type Notification			Street A	Address			4.1						1.
Ĕ EPA				7 W.	7th S	Street	:		. ( A )	1 2 7	1 2	2014		1
DEP	☐ Amended		Ì	City, Sta	ate, Zip C	ode			J.	7	20	14		-
₩ DOL	Amendment			Cinc	innati	, OH	45202						1	
₩ DOH	☐ Emergency (justification)	(including		Name o	f Contact				Telephone	e Numb	er		4	
□ DCA ·	□ Cancellation			Tia ]	Liddel	.1		, A-					·	
				FACI	ILITY INF	ORMATI								
Name of Facility Where A			3)				Ty	pe of Facility	(4)					
Macy's - Willo	owbrook Mal	Τ												
Street Address 100 Route 46							120		er 8 (Other than private & comr		ouilo	dings,	hom	es,
City (5)							Sc	quare Feet	# of Floors	S	В	ldg. A	\ge	
Wayne							38	80,400	3			46y	rs.	
County (6) Passaic					Code (7) USE ONLY	)		urrent Use (Pr etail St	rior if being den ore	nolished	i)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	M No.		Name of A	Abatement Co	ontractor (9)					
Pennoni Associ	ates			-					ronmenta	1 Co.	.,]	nc.		
Street Address							Street Add				•	11.00		
515 Grove Stre	et, Suite	1B						aws Aver	iue					
City, State, Zip Code								e, Zip Code						
Haddon Heights		5			45.5			stown, P	A 19401					
Project Manager for Moni	toring Firm			Telepho	ne No.		Telephone		100000	se No.			81250	
Joe Anello, Jr	-			856-	547-05	505		39-9920		0398				
Start Date (10) 2/5/14	ÿ.	Schedule 2/21			Date (11)			OSHA Monitor Outh Env	ironmenta	al Co	٠,	Inc		
Occupancy Status During	Abatement (Chec	k Only Or	ne)				Street Add	dress						
☐ Facility Closed/Vaca	ted During Entire F	Period of A	Abater	ment			923 F	laws Ave	nue					
Abatement Performe						2 4		e, Zip Code		***********				
☐ Other – Describe:						<del>-</del>	Norri	istown, 1	PA 19401					
Scope of Work (Check All	That Apply)													
□ ≥3 sf or ≥3 If		<b>X</b> □ F	Renova	ation			DX.	Full Containm	nent with Negat	ive Pre	ssur	e		
≥160 sf or ≥260 lf			emoli	tion			507.70	Mini-Enclosus						
								Glovebag Pro Non-Exempte	ed (*) and Non-	Friable	Proc	edur	е	
		le	Locat	ion		Carrest - C						1000	emen	t
Location	of	1	Vorma	lly		Des	scription of					Ту	ре	
Asbestos-Containing I	Material (ACM)		d Sole intena			tos Cont	aining Mate		Amount		200		ш	_
TO BE ABA In Facilit		2/03/23		Staff?	(i.e.		systems ins		(Specify SF or LF)		Rer	Re	nca	nc
(13)	у		(12)				cing, VAT, o niscellaneou		SF OF LF)	)	Remova	Repair	Encapsulate	Enclosure
8,71120		Yes	No	N/A							<u>a</u>	7	ate	Гe
LP Office			X	-	fire	proof	ing		400 SF		x			
		-		-	1110	proor			400 DI		^			
		1												
								æ						
Name of Registered Wast	e Hauler		10 53	NJDEP W		Cubic		Name of	Registered La	ndfill				
Newark Carting	70 to		H	lauler ID	No.	of Was	ste 0	IE	ST					
				4509		and the second			1778-19			-		
City, State Newark, NJ						1 0000000000000000000000000000000000000	sal Date	City, Sta						
INCMOTY' IN						2-2	1-14	Be	thlehem,	PA				

o not use this form for asbestos licensure exempted activities.

Date

1-22-14

Completed by

James Kelly

Title

President



0K 3860

Date of Notification (1) 1/20/14	2				Building C				<u> </u>					7 3		
	e Notification		s	treet Ad	dress				+ +			-				$\dashv$
EPA DEP	Initial Amended				Navasir e, Zip Cod		ive				I E E I	7 7	201	E.		1
DOL	Amendment #_ Emergency (inc	cluding	L	ittle E	gg Harb		J 08087		22	)	JAN :	2 7	201	4		- []
DOH DCA	justification) Cancellation	Jidding	4 33	lame of Paula	Contact	8-92-				Tele	ephone I	Numbe	r		y	1
Name of Facility Where Abate	ment is Taking (	Place (3)		FACIL	ITY INFO	RMA	TION	Type	of Facility (4	`				_	_	i
Paula Marksfield (Priv		Place (3)						Dec.	chool (K-12							
Street Address 8 West Navasink Drive				1.	10			X C	ubchapter ( other (i.e. pr	B (Othe			uild	ings,	home	s,
City (5)	.007							Square		3 3 AV	Floors			dg. A	ge	
Little Egg Harbor NJ 08 County (6)			To	County C	ode (7)	in and a second		1000 Currer	+ nt Use (Prio	1 r if bei	na demo	olished)	35	)+	eogyos s	-
Ocean				STATÉ U	SE ONLY)	-		Hom	е			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1			
Name of Monitoring Firm Hire N/A	ed by Building Ov	vner (8)		ASCM	No.		100000000000000000000000000000000000000	of Abat	ement Cont	tractor	(9)					
Street Address								Addres								
City, State, Zip Code								State, Zi					5.77 (6-			
Drainet Manager for Manifesia	- Fi			-1	- N-				NJ 0809	91	Licens	a Na				
Project Manager for Monitorin	ng Firm			elephor	ie ivo.			hone No 753-98			Licens 00727					
Start Date (10) 1/23/14		Scheduled /29/14	Com	pletion [	Date (11)		Name		A Monitor							
Occupancy Status During Aba	atement (Check	Only One)					Street	Addres	s				_			
Facility Closed/Vacated Abatement Performed O Other – Describe:	During Entire Pe outside of Norma	riod of Ab I Facility H	ateme	ent			City, S	State, Zij	p Code	:						
Scope of Work (Check All Tha	at Apply)										-					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat moliti					Min Glo	Containme i-Enclosure vebag Proc	edure	*DOWNER STATE					
	21	le I	ocatio	, I	2-12-12		E	≥ Nor	n-Exempted	(*) an	a Non-F	riable i		-755 CC	ment	
Location of		(2000)	rmally	y			escriptio					-		Ту	pe	
Asbestos-Containing Mate TO BE ABATE! In Facility (13)		Main Custo	tenan	ce/	Asbest (i.e.	therm	ontaining lal system facing, V/ r miscella	ns insula AT, or	(ACM) tion,	(8	mount Specify For LF)	10 mm	Removal	Repair	Encapsulate	Enclosure
Exterior Sidir	na	165	INU	X	<del></del>	Ext	terior S	idina	-	12	200SF	×	-			
	.5				·			3								
										<del></del>		1011				
Name of Registered Waste H United Containers	lauler		H	JDEP W auler ID 2459			ic Yards /aste		Name of I	100	ereo Lar	101111				
City, State Elm NJ						Disp	osal Date	Э	City, State Morrisvi		A 1906	 7				
Completed by		Title				1/2	Signatur	re e	IIIOI IIIOV		555	Date		<u></u>		
Anthony T Perna		Presid	ent					X_	-			1/20	/14	ŀ		

\* Emergency \*

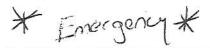
### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

CK 3857

Date of Notification (1) 1/20/14					f Building n & Mich				vate Home	e)				11	
Agencies Notified	Type Notification		100	Street A 80 Syl							JAN	2.7	201	4	
EPA DEP DOL	Initial Amended Amendment				ate, Zip Co nawkin N		50								99
DOH DCA	Emergency ( justification)  Cancellation	10.00	100	Name o	f Contact	11			<del></del>	Tal	et.	•		- 4	-11.00
				FACI	LITY INFO	ORMATIC	ON								
Name of Facility Where A									of Facility (4) School (K-12	2)					
Street Address 80 Sylvia							95	X	Subchapter 8 Other (i.e. pri etc.)	3 (Other ivate &	commerc	2) ial buil	dings,	home	es,
City (5) Manahawkin NJ 08	050							Squar 1000	e Feet +	# of I	Floors	10.00	81dg. <i>A</i> 85+	ge	
County (6) Ocean	*				Code (7) USE ONLY	)	_	Currer	nt Use (Prior e	r if bein	g demolis	hed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCN	ΛNo.			of Abat aco In	ement Cont	ractor (	9)				
Street Address								Addres 3ox 32							
City, State, Zip Code	1		2000				S-0.00	tate, Zij t Berlir	p Code n NJ 0809	91					
Project Manager for Mon	itoring Firm		T	Telepho	ne No.		Teleph	none No 753-98	).		License I	No.			
Start Date (10) 1/21/14		Schedule		pletion	Date (11)		Name		A Monitor						
Occupancy Status During	g Abatement (Chec	k Only On	e)				Street	Addres	s						
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norm	Period of A nal Facility	batem	ent			City, S	tate, Zip	o Code						
Scope of Work (Check A	Il That Apply)														_
≥3 sf or ≥3 If ≥160 sf or ≥260 If	4777		enova emoliti					Mini	Containmer i-Enclosure vebag Proce i-Exempted	edure				۵	
		Is	Locati	on				1401	Lacinplea	() and	NOTE THE	T T	Abate	ement	
Location	of	N	lormall	у		Des	cription	of					Ту	ре	
Asbestos-Containing TO BE AB/ In Facil (13)	ATED	Mai	d Sole ntenar odial S (12)	nce/		tos Conta thermal	aining N system: ing, VA	Material s insulat T, or		(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Exterior S	Siding	1		X		Exter	rior Sid	dina		120	0 SF	×	-		
									-			+			
Name of Registered Was	to Houles		1	1055:	11	10	, .								
United Containers	ie naulei		Н	JDEP W auler ID 2459	(AT 10-7)	of Was			Name of R G.R.O.W	14.81 <del>7</del> .41.11.11.11	ed Landfi	II			
City, State Elm NJ					WHILE.	Dispos 1/24/1	al Date 4		City, State Morrisvil		19067				
Completed by Anthony T Perna		Title Presid	dent			Si	gnature	(				ate /20/1	4		

1 EMERC	Je, 12 .	`	(Pu	ırsuant	to NJAC	8:60 and	d 12:120	))	OR		3850	ç				,
Date of Notification (1) 1/20/14					Building Matarar					27	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		il.			
Agencies Notified	Type Notification		- 1	Street A	ddress rguerite							00	.,	,	. ,	
EPA DEP	Initial Amended		h	City, Sta	te, Zip Co					JAN	127	20	14			
DOL	Amendment Emergency				awkin N	1J 080	50		44							
DOH DCA	justification) Cancellation	955		Name of Steve	Contact					Tele	ephone	Numb	er	**		
Name of Facility Where	Abatament is Takin	- Diago (2)		FACII	LITY INFO	DRMATI	ON	_	75				-			
Steve Matarante (I		g Place (3)						Туре	e of Facility ( School (K-1	100 <b>3</b> 0						
Street Address 57 Marguerite		****			3			×	Subchapter Other (i.e. p	8 (Othe			build	lings,	home	es,
City (5) Manahawkin NJ 08	050							Squi	etc.) are Feet	1	Floors			ldg. A	ge	
County (6)		-		County C	Code (7)	70			ent Use (Pri	or if bein	ng demo	olishe	1000	5+		-
Ocean				*	JSE ONĹY,			Hor	me				-,			
Name of Monitoring Firm N/A	n Hired by Building (	Owner (8)		ASCM	l No.		Name Pern		atement Cor Inc.	ntractor	(9)				•	
Street Address							Street PO E									
City, State, Zip Code									Zip Code Iin NJ 080	101					-	
Project Manager for Mor	nitoring Firm		- 1	Telephor	ne No.		Teleph			191	Licens	e No.				
							856-7	753-	9800		00727	7				
Start Date (10) 1/21/14		Scheduled 1/24/14		pletion [	Date (11)		Name same		SHA Monitor							
Occupancy Status Durin							Street	Addre	ess							
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire I ned Outside of Norm	Period of At nal Facility I	atem Hours	ent			City, S	tate, 2	Zip Code	-					900-00-00	
Scope of Work (Check A	III That Apply)						,				_					-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat moliti				×	M G	ull Containm ini-Enclosure lovebag Pro on-Exempte	e cedure						
	24	ls L	.ocati	on					on Exempto	- ( ) and	2110111	I		Abate	ement	
Location		No Used	ormall Solel				scription					-		Ту	ре	
Asbestos-Containing TO BE AB In Faci (13)	ATED lity	Mair Custo	tenar	ice/		thermal surfa	taining M systems cing, VA niscellan	s insu T, or	=	(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A											te	
Exterior S	Siding			X		Exte	rior Sic	ding	-	12	00 SF		x			
		-											_			
		+										-				
Name of Registered Was	ste Hauler		N.	JDEP W	aste	Cubic	Yards	e H	Name of	Registe	red Lan	dfill	-			-
United Containers				auler ID 2459	No.	of Was	ste		G.R.O.	10240004						
City, State Elm NJ	**					Dispos 1/24/	sal Date 14		City, Stat Morrisv		1906	7				
Completed by Anthony T Perna		Title Presid	ont			S	Signature	-				Date				
, and only 1 1 onld		riesiu	CIII				(	1	-		-	1/2	0/14	•		





CK 3859

Date of Notification (1) 1/20/14				Building (							. 4				
Agencies Notified Type Notification	1	- 5	Street Ac										1 1	, 3	-
EPA Initial Amended Amendmer	ıt #		City, Stat	te, Zip Co Haven	de	008				JAN	2	7 1	2014		1
DOH justification  DCA Cancellation	)			Contact George	3/3* (A.S. 124.5)				Tele	phone					
				LITY INFO	RMATI	ON						-	_		
Name of Facility Where Abatement is Taki Alca Khushalkni (Private Home)	ng Place (3)						(Control)	of Facility (4 School (K-12							117. <b>L</b>
Street Address 1208 S Beach Ave			2	8.4		D.	×	Subchapter 8 Other (i.e. pr	(Othe			build	ings,	home	es,
City (5) Beach Haven NJ 08008							Square 1000	e Feet +	# of	Floors			dg. A 5+	ge	
County (6) Ocean			County C	Code (7) USE ONLY)				nt Use (Prior ched gara		ng demo	olished	i)			81
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	l No.			of Abat aco In	ement Cont	ractor	(9)			•		
Street Address							Addres 3ox 32							4	
City, State, Zip Code						700000000000000000000000000000000000000	State, Zi	p Code n NJ 0809	91			53.92			
Project Manager for Monitoring Firm			Telepho	ne No.		Telep	hone No.	o.		Licens					
Start Date (10) 1/21/14	Scheduled	l Com	pletion I	Date (11)			of OSH	A Monitor		0072	<b>1</b> 0		-		
Occupancy Status During Abatement (Che	[1] 그 보고를 가게 되었다.	`					Addres								
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:	Period of Ab	atem	ent				State, Zi								
Scope of Work (Check All That Apply)											907-02				
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		novat moliti					Min Glo	Containme i-Enclosure vebag Proc n-Exempted	edure	223				e	
	le I	ocatio	on			-001-20-00-00-00-00-00-00-00-00-00-00-00-00-								ement	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used Main Custo	rmali Solel tenar	y ly by nce/		tos Con thermal surfa	scription taining N system cing, VA niscella	Material is insula AT, or		(5	mount Specify or LF)		Removal	Repair	e Encapsulate	Enclosure
Exterior Siding	+		X		Evto	rior Si	dina		75	50 SF		x	_		
- Extend daily		-			LXIC	1101 01	unig	+	,	00 01					
									-						
					*	2 - 7-3									
Name of Registered Waste Hauler		N.	JDEP W	/aste	Cubic	Yards		Name of F	Registe	red Lar	ndfill				
United Containers		11000334	auler ID 2459	No.	of Wa 2			G.R.O.V							
City, State Elm NJ					1/24/	sal Date		City, State Morrisvi		1906	57				
Completed by Anthony T Perna	Title Presid	ent			5	Signatur					Date 1/20		ļ.		



Lineig	ι ,		(Pu	rsuant to	NJAC 8	:60 and	12:120	)	CK	38	56	,	1 7	72	-	$\neg$
Date of Notification (1) 1/20/14					Building O											
Agencies Notified	Type Notification			Street Ad 2012 E	dress ast Bay	Terrac	e			J,	AN 2	7 :	2014	1	1,04	7
EPA DEP DOL	Initial Amended Amendment				e, Zip Coo		8			a a a a a a a a a a a a a a a a a a a						De contraction de la contracti
DOH DCA	Emergency ( justification) Cancellation	including		Name of Maryan						Teler	phone N	lumbe	r			
				FACIL	ITY INFO	RMATIC	ON			and the same of the same						
Name of Facility Where Maryann Seegers		g Place (3)							of Facility (4 School (K-12	2)		400				
Street Address 2012 East Bay Terr	race							×	Subchapter 8 Other (i.e. pr etc.)	ivate &	comme					3,
City (5) Ship Bottom NJ 08	008							Squa 100	are Feet 0+	# of I	Floors		35	ig. Aq +	je	
County (6) Ocean	•			County C	ode (7) SE ONLY)	\- <u></u>		Curre	ent Use (Prio ne	r if bein	g demo	lished	)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.			of Aba	atement Cont	ractor (	9)			•		
Street Address								Addre	37078.c							
City, State, Zip Code							10 mm		Zip Code lin NJ 0809	91						
Project Manager for Mor	nitoring Firm		T	Telephor	ne No.	11	0 5500000000000000000000000000000000000	hone N		П	License 00727					
Start Date (10) 1/21/14		Schedule		pletion [	Date (11)	14, 2000	Name		HA Monitor							
Occupancy Status Durin	ng Abatement (Che						Street	Addre	ess							-
Facility Closed/Vac	cated During Entire ned Outside of Norr	Period of A	batem	ent		<b>*</b>	City, S	State, 2	Zip Code						1	-
Scope of Work (Check A	All That Apply)								<del>)                                    </del>							
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	7,77		enova emoliti	7.7				M G	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure	Ĭ				4	
		le le	Locati	on					OH EXCHIPTO	7 0110					ment	
Locatio	n of	N	Vormal	ly		De	scriptio	n of				-		Ту	pe	
Asbestos-Containin TO BE AB In Fac (13)	g Material (ACM) BATED ility	Mai	d Sole intenar todial S (12)	nce/		tos Con thermal surfa	taining I	Materians insured AT, or	1	(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
living roo	m aroa	- 100		1 00000			loor ti	10	-	40	0 SF	-		-	_	
living roo	m area			X			1001 11	ie	•	40	10 31	- 1	•			
																-
Name of Registered Wa	aste Hauler		IN	JDEP W	/aste	Cuhic	Yards		Name of	Registe	red Lar	ndfill				
United Containers			H	lauler ID 2459		of Wa			G.R.O.	No of the second		77.11.00				
City, State Elm NJ						Dispo 1/24/	sal Dat 14	е	City, Stat Morrisv		1906	57				
Completed by Anthony T Perna		Title Pres	ident				Signatu	re				Date 1/20		l .		

Date of Notification (1) 01/20/14					uilding Owner IKULIM	Operator (	(2)			<u> </u>	<del> </del>	E		7
Agencies Notified	Type Notification			treet Add 33 37T	ress H STREET				1 1	el ,			* .	
DEP DOL	Initial Amended Amendment #				, Zip Code CITY NJ 07	087			J	AN 2	7 201	4	1	-
■ DOH	Emergency (in justification)	ncluding	1	lame of C	ontact IKULIM			-	Telep	hone Nur	mber			The same
☐ DCA	Cancellation		Ι.		TY INFORMA	TION						1	_	-1
Name of Facility Where Street Address		Place (3)		FACILI	IT INFORMA	HON	Sc Su	Facility (4 hool (K-12 bchapter l her (i.e. pr	2) 8 (Other	than K-1	2)	ngs, I	nomes	5,
City (5)	I :						Square 2000		# of F	loors	Blo	ig. Ag	e	
UNION CITY County (6)				County Co	ode (7) SE ONLY)			Use (Prio	or if being	demolis	hed)			
HUDSON  Name of Monitoring Firm	n Hired by Building (	Owner (8)		ASCM	No.	Name	of Abate	ment Con PROFE	tractor (	9) IAI S				
Street Address						Street	t Address			., \LO	- 80011-70-			
						- 1	HITE D	OVE CC	DURT		-			
City, State, Zip Code						LAK	EWOO	D, NJ 08	8701			70,700		
Project Manager for Mo	nitoring Firm			Telephon	e No.	732	hone No. -668-90	78		License I 1200	No.			
Start Date (10) 01/30/14		Scheduled 01/30/14		pletion D	Date (11)	Name	of OSHA LEAD	A Monitor PROFE	SSION	NALS				
Occupancy Status Duri							t Address	OVE CO	OURT					
Facility Closed/Va Abatement Perfor	cated During Entire med Outside of Norr	Period of At nal Facility I	atem Hours	nent		City,	State, Zip							
Scope of Work (Check	All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit				X Glo	Containm i-Enclosur vebag Pro i-Exempte	e cedure				e	
							INUI	-Lxempte	June	. , , , , , , , , , , , , , , , , , , ,			ement	
Locati Asbestos-Containir <u>TO BE A</u> In Fa (1:	ng Material (ACM) <u>BATED</u> cility	N Used Mair Custo	ntena odial ( (12)	lly ely by ince/ Staff?	s	Description Descri	Material ms insula /AT, or	(ACM) tion,	(5	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
	MENT	Yes	No X	N/A	DID	E INSU	ATION	1	8	0 LF	X			1
BASE	MENI		^	+-		LINGO	LATION							
											_			-
Name of Registered V	Vaste Hauler			NJDEP V		ubic Yards	3	Name o	f Registe	ered Lanc	dfill			
NEWARK CARTIN				Hauler ID 04509	No. of	Waste		IESI						
City, State NEWARK, NJ					1.0	isposal Da 1/30/14	ate	City, Sta BETH	ate LEHEN	И РА				
Completed by JOSEPH PERLST	EIN	Title OWN	IER			Signat	ure	)			Date 01/20/	14		

		(Purs	uant to N	NJAC 8:60 a	na 12.120					12	1	1	
Date of Notification (1) January 21, 2014		Na Fr	me of Bu red Bofa	ilding Owne abredin	r/Operator Check #	(2) 7086		i a		* •		1	_
Agencies Notified Type Notification		1 1 2 2 3 3 3 3	reet Addr 7 Junipe	ess er Drive			1 T	1 1 1	2 7 20	14	1	-\	
EPA Initial Amended Amendment #_				Zip Code el, NJ 080	54	÷		JAN		1		3	
× DOH justification)	luding		ame of Co red Bof	ontact abredin		71 N		T. J.	hune "ant			ل سوه.	
DCA Cancellation			FACILIT	Y INFORM	ATION								$\dashv$
Name of Facility Where Abatement is Taking F Residence	Place (3)					Sch	acility (4) nool (K-12)	(Othe	r than K-12)				
Street Address 4301 W. Maple Avenue						X Oth etc.	er (i.e. pri .)	vate &	commercial		gs, ho		-
City (5) Pennsauken						5,000		2	ng demolishe	100			_
County (6) Camden			County Co STATE US			Reside	ence						
Name of Monitoring Firm Hired by Building Ov Management & Enviro. Consulting S	wner (8) Servives		ASCM I	No.	Sha	of Abater de Envir	nent Conti onmenta	ractor al, LL	.C				
Street Address P.O. Box 341					623	t Address Cutler A							
City, State, Zip Code Chesterfield, NJ 08515					City, Mar	State, Zip ole Shad	Code le, NJ 0	8052					
Project Manager for Monitoring Firm William Weisgarber			Telephone			ohone No. 6)755-00	)99		License No 00842	o.			
Start Date (10)	Scheduled January	d Com	pletion D	ate (11)	Nam EM	e of OSHA SL	Monitor						
Occupancy Status During Abatement (Check	Only One	e) .	garage to	404°		et Address Haddor							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of A al Facility	batem Hours	nent		City,	State, Zip estmont,	Code New Jei	rsey (	08108				
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If ≥160 sf or ≥260 If	Booksed	enova emolif				Mini	-Enclosure	e cedure	h Negative I e nd Non-Frial			e	
	_					LI NOI	-Exemple	u ( ) u.	10 11011111		Abate	ment	
	1000	Locat			7700 E000						Ту	ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use	(12)	ely by ance/ Staff?	(i.e. th	Descript Containing ermal system surfacing, other misce	g Material ems insula VAT, or	(ACM) tion,		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
20	Yes	No	N/A						130 LF	x	-	-	
First Floor		XXX	<		Pipe Ins	ulation			130 LF				
													-
							T M-	( D'	stored Land	<u> </u>			_
Name of Registered Waste Hauler Freehold	7.8	- 1	NJDEP V Hauler ID 15939	7 A 10 A 20	Cubic Yard of Waste		Grows		stered Land dfill	nt:			
City State			,,,,,,,,		Disposal Dis	Date	City, Sta		PA.				
Mount Holly, New Jersey 08060 Completed by	Title	20 14	anager		Sign	ature	80 1		1,50	Date 1/21/2	014		
Christina Lynch	Onic	Je IVI	anayer		-141	DING							

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) Julie Millan 1-20-14 Street Address Type Notification Agencies Notified 45 Sunset Ave. [X] Initial [ ]EPA City, State, Zip Code Notification Verona, NJ, 07044 [ ]DEP [ ]Amended Telephone Number Notification [X]DOL Name of Contact Julie Millan [X] DOH [ ]EMERGENCY [ ]DCA [ ]Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) [ ]School (K-12) []Subchapter 8 (Other than K-12) [X]Other (i.e., private & commer-Same as above cial buildings, homes, etc.) Street Addres # of Floors Bldg. Age Square Feet County Code (7) Current Use (Prior if being demolished) County (6) Essex (STATE USE ONLY) City (5 Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc. Name of Monitoring Firm hired by Building ASCM No. Owner (8) Street Address N/A 86 Christopher St. Street Address City, State, Zip Code Montclair, NJ 07042 City, State, Zip Code License Number Telephone Number 00371 Telephone Number Project Manager for Monitoring Firm (973) 744-8800 N/A Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) N/A 1-31-14 1-30-14 Year Month Day Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period City, State, Zip Code [ ]Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» [ ]other - Describe: «Other Occupancy Descript» [ ]Full Containment with Negative Pressure Scope of Work (Check all that apply) [X ]Mini-Enclosure [X] Renovation []Glovebag Procedure $[X] \ge 3$ sf or $\ge 3$ lf [ ]Demolition [ ]Non-Friable Procedure [ ]>160 sf or >260 lf Type Abatement Is NCAPSUL MCHOND Description of Location REMOVA REPAIR Amount Asbestos-Containing Location of (Specify Used Solely Material (ACM) Asbestos-Containing SF or (i.e., thermal systems Material (ACM) By Main-LF) insulation, surfacing, VAT, TO BE ABATED tenance/ or other miscellaneous) Custodial In Facility Staff (12) (13)No N/A X 154 sf Yes Duct Insulation X Garage & Crawl Space

Garage & Crawl Space		200		
Name of Registered Waste Hauler AZTECH MANAGEMENT, INC. City, State	NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5  Disposal Date 2-3-14	Name of Registered G.R.O.W.S. City, State Morrisville,	
Montclair, NJ 07042		Signatur	e e	Date 1-20-14
Completed By (Print or Type)  Constantine Vivian  Title  Pres	ident	<u> </u>	14	

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

			0.50			(2.120 //	10)			1	2 7		
Date of Notification 1-20-14	n (1)	N			-	Owner/Operator bender	(2)					-	
Agencies Notified	Type Notificati	on s	treet	Addre	98					-			
[ ]EPA	[X]Initial					ming Ave		JAN 27	20	14			
[ ]DEP	Notificat	ion	ity,	State,	Zip	Code			-5,500				
[X]DOL	[ ]Amended Notificat					ge,NJ,0707	9					4 1	
[X]DOH	1100222000		ame o	of Cont	act		Telenhar					ز_	
[ ]DCA	[ ]EMERGENCY		Tin	othy	A.	bender		* - * * * * * * * * * * * * * * * * * *					
	[ ]Cancellati	on		FACII	LITY I	NFORMATION						-	
Name of Facility Who	ere Abatement is	Taking	Pla	ce (3)			Type of Facil	ity (4)					
Same as above							[ ]School	(K-12)	er ti	han 1	K-12	)	
Street Addres							[X]Other (	i.e., privuildings,	ate	& CO1	nmer		
						2	Square Feet	# of Flo	ors	Blo	lg. i	\ge	
City (5	Co	unty (6	) Ess	ex	0.0000000000000000000000000000000000000	nty Code (7) ATE USE ONLY)	Current Use (	Daine if h		400	alia	hadi	
							current use (	Prior ii i	erng	dem	OIIS	neu	
Name of Monitoring	Firm hired by Bu	ilding	ASC	M No.		Name of Abatem			201-0200			- 33	
N/A (8)	8/4						ANAGEMENT	, inc.					
Street Address						86 Chris	topher St	5346					
City, State, Zip Co	de					City, State, 2 Montclai	r, NJ 070	42					
Project Manager for	Monitoring Firm	Tele	_	e Numb	er	Telephone Numb				nse )37:		er	
Scheduled Start Date	e (10) Sched	Comple		Date	(11)	Name of OSHA N					-		
1-29-14	1	-30-3	14			N/A	10112 001						
Month Day Y	ear Mont	-	-	Year		Street Address							
	sed/Vacated Dur.					Derest Address							
	erformed Outside			Facilit	Y	City, State, 2	Zip Code						
	cribe: «OffHours )			ript»									
Scope of Work (Chec	k all that apply	•)				[ [ [ ] ] ] ] ]	a - t - t t -	-/ + \	P				
[X]≥3 sf or		•		vation		[ ]Mini-l	Containment v Enclosure	rith Negati	Lve P	ress	ure		
[ ] <u>&gt;</u> 160 sf	or ≥260 lf	L .	] Demo	lition	ı		bag Procedure riable Procedu	ire					
	200		Is catio	-			222			Aba	teme		Type
Location		No	rmal:			Description Asbestos-Cont		Amoun	-	R	В	E	E
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TO BE A		By	Mair	n-		(i.e., thermal		SF or		0	PA	PS	0
In Faci	lity		nance		in	sulation, surfa	acing, VAT,	LF)		V	I	S	O S U
(13)		Yes Yes	ff (	12) N/A		or other miscel	Llaneous)			L	R.	ŗ	R
Basement		163	110	X	Pir	e Insulat	ion	170 lf		X		•	1
Wash Room					VAI	!		240 sf		X			
			01/2										
Name of Registered	Waste Hauler	NJI	DEP W	aste	Cul	bic Yards	Name of Regi	istered Lar	ndfil	1			
AZTECH MANAG			ler 040	ID No.	of	Waste 1.5	G.R.O.W.	S.					
City, State					Di	sposal Date	City, State						
Montclair, NJ	07042					L-31-14	Morrisvi	lle, P	A 1	906	7		
Completed By (Print	or Type) Title	)				Signature			Da	ate			
Constantine V		sider	nt	10	- 10 - L-5	CV	jua	_		-20-	14		

(P	ursuant	U			1			9	1	-	
	Name of	Buildin	g Owner/	Operator (2 artnershi	t .				Υ .		
(1)	Hartz	PW LI	IIIICC .	artnershi				- 0014		$\dashv$	
ate of Notification (1)	Street A	ddress					JAN 2	7 2014			
/13/2014 Type Notification	AOO F	Plaza	Drive			10	•		1	_	
gencies Notified	City, St	tate, Zir	Code				= leabon	e Number		1	
7 -DA Amended	Seca	ucus	MA				l elen		<u>.</u> .i	-	
DEP Amendment #_	Name	of Con	tact				AND DESCRIPTION OF THE PARTY OF				
instification)		- AAA	artiful (C)	ATION		(A)				1	
7 DOH Cancellation	FA	CILITY	INFORM	ATION	Type	of Facility (4)					1
DCA Place (3)				29	H	School (K-12) Subchapter 8	) Other th	an K-12)	dings hom	ies,	
Name of Facility Where Abatement is Taking Place (3)						Subchapter of	ivate & co		alligs,		4
Private Property					1 54.30	etc.)	# of Flo	nors	Diag. a		
Phyale From					Squ	are Feet	2		+50		4
Street Address 50 Enterprise Ave					760	00	Z	demolished)	en 600 (1990)		
			VIII.		Cu	rent Use (Pri	or it being	demolished)			-
City (5)	Co	unty Co	ode (7)								1
Secaucus NJ	(S7	TATE US	SE OILE	T N	ame of A	batement Co	ntractor (	,,			-
County (6)	8) T	ASCM	No.	F	irst Ph	ase Group	inc				1
Hudson County  Name of Monitoring Firm Hired by Building Owner (8)	''	N/A							V-10-mag-		-
Name of Monitoring				1 .	567-52	nd Street	Suite# 10				
N/A						Code			Mark Control		-
Street Address				1.	West I	te, Zip Code Vew York N	17 0109	License No	•		- 1
N/A					Telenho	ne No.		001144			
City, State, Zip Code	T	Teleph	one No.		201-7	58-7158		10011		100000	
N/A Project Manager for Monitoring Firm		N/A				COCHA MOD	itor	_		500000100	
	eduled Cor	mpletio	n Date (1	1)	125	Environme	ntal Cor	<u> </u>			
	0/2014					Addrace					
Start Date (10) 1/3	10/20 11.				2333	Route 22	West				
1/24/2014 Occupancy Status During Abatement (Check Or	ity One)	ont			City	State, Zip Coo	je				
Occupancy Status During Entire Period	od of Abate	alle			Uni	on NJ 0708	33				Sec.
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Facility Closed/Pacated During Entire Period Describe: 8 hours	aciiry 110							ati en	Dressure		
Abatement Describe: 8 hours						T Full Co	ntainment	with Negative	; [ 1002		
Scope of Work (Check All That Apply)	E3 5-0	ovation	i								
Scope of Work (Site	Ren Den	nolition				Sloven Non-E	xempted (	jure *) and Non-Fr	lable Floor	baten	nent
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	П					A Non-				Typ	е
≥160 sf or ≥260 if			T				- 1				m
	Is L	ocation ormally	1		Descrip		CM)	Amount (Specify	\ ॡ	D	nca
	Head	Solely	by	Asbestos (	Containi	ition of ng Material (A terns insulation, VAT, or	on,	SF or LF)	Removal	Repair	Encapsulate
Location of Asbestos-Containing Material (ACM)	1 stair	ntanano	ce/ \	(i.e. the	urfacing	, VAT, or	1		) Š	-	ate
	Custo	odial St (12)	an:	ot	her miso	cellaneous)	1				1-
In Facility	-	(						33885	F X		
(13)	Yes	No	N/A		k mas	tic/Floor tile	•		55 - 15 St. C.	1	
	+	1	X	Blac	K IIIas	Sal Sporti	le	12SF		+-	+
Second floor Area #1		+	X	Bla	ck ma	stic/floor ti	<u>-</u>	96SF	×	4	+
Second floor area#1 tel closet		1-	1	bla	ack ma	stic/floor ti		1			
Second floor aream to	erg		X					of Registered	Landfill		
2nd floor area#13 cooridor by eme	-	T			Cubic	Yards .	Name	or Regions	ises		
		-	NJDEP V Hauler II	Naste	of Was	ste	Mine	rva Enterpr			
Name of Registered Waste Hauler		1	19551	, ,,,,,,		-15-to	1				
Tri State Transfer Assoc Inc			19001		Dispo	sal Date	wayr	nesburg Of	1 44000		
								11	Date	3/20	13
City, State					1	Signature	1/13	U			
1199 Randall Ave Brown	Tit	tle	Manag	er		ran	- 100			avem	noted
Completed by	\ P	roject	Manag			74	ce this for	m for asbesto	s licensure	CACIL	
Edwin Precilla						* Do not u	30 11.11				



40 C.			(Pı	ırsuanı	t to NJAC	3:60 and 12:12	(Alre	ady Paid) Ch	eck # 9	261		_
ate of Notification (	1) January 21, 20	114		Name of	Building Own America	er / Operator (2)					_	
gencies Notified	Type Notification			Street A								
encies Notified	Type (teament)	id.				and the least of t		83				- 1
]EPA				205-207	Philadelphia	Avenue	5.49		=			
]DEP				City Sta	te & Zip Code		-		. !			
DOL	Initial				rbor City, NJ							
]рон	Amenda Amenda	ed nent # <u>1</u>				002.0		Tol	lonbono!	dumb	er	_
]DCA	Cancella			Section Contraction	f Contact		14.4.1	2 7 2014 Tel	iebuone t	<b>Y</b> uiii	CI	
J00/ (				Michael	l Lindeman		MAG	i- 1	-			
				FAC	ILITY INFO	RMATION						
	Al demandia	Taking Di	ace (3)			Type of Facility	(4)	-1		j		
ame of Facility Wh ank of America	nere Abatement is	Taking Fie	ace (3)			School (K-	-12)					
treet Address		-			i i	Subchapte	er 8 (Other than K-	-12)		040	`	
treet Address 05-207 Philadelph	nia Avenue						e., private & com	mercial building	s, nome	, etc	)	
J5-207 Filliadelpi	na Avendo					Square Feet	# of Floors	Bio	lg. Age	50		
ity (5)						2,400	rior if being demo	ished)	7.			
gg Harbor City						Bank	flor ii being derilor	isricu)				
County (6)			unty Code	(7)								
tlantic			E ONLY_		ASCM No.	Name of Ahate	ement Contractor (	9)				
lame of Monitoring	Firm Hired by Bui	Iding Own	er (8)		ASCIVI NO.	Synatech, Inc						_
nvironmental Test treet Address	sting Consultants	, LLC		ere de la		Street Address	3					
one Mall Drive, St	uite 404					829 Radio Ro						
city, State & Zip Co	ode	16				Little Egg Har	rbor, NJ 08087					
herry Hill, NJ 08	8002		Tel	ephone N	Number	Telephone Nu	mber	License Nur				
Project Manager fo loward Zenobi			856	6-482-13	11	609-296-6916			00817	-		_
Scheduled Start Da	ate (10)	cheduled	Completio	on Date (	11)	Name of OSH Synatech, Inc				00.00		
January 2	27. 2014			ary 27, 20	014	Street Address						
	During Abatement losed/Vacated Duri	(Check o	nly one) Period of	Abateme	nt	829 Radio Ro				Mary //		
Facility CI	nt Performed Outsi	de of Norr	mal Hours			City, State & Z	Zip Code					
Other – D		ue or 14011	ne. House			Little Egg Ha	rbor, NJ 08087					
	ccupied During Ab	atement					7					_
1550/1654 (517)	heck all that apply)											
Scope of Work (Ci	neck all that apply)						Full Containment	with Negative Pre	ssure			
≥3 sf or ≥ 50	n If		$\boxtimes$	Renovat	ion	$\boxtimes$	Mini-Enclosure					
>160 sf or				Demoliti	on		Glovebag Proced	lure				
						The state of the s	The second liverage with the second liverage w	) and Non-Friable	Procedu	ateme	ant T	vne
	Location of		Is Locat	ion Norm	ally Used	Descript Asbestos-C		Amount (Specif	W. 1040	aterri	JIIC 1	,,,,
Asbestos-Co	ontaining Material (	ACM)	Solely	oy Mainte odial Stat	enance or	Material	(ACM)	SF or LF)	<u> </u>			_
TC	IN Facility		Cusi	I Star	1 (12)	(i.e., therma	l systems				щ	m
	(13)			1		insulation, sur			Removal	Re	Encapsulate	Enclosure
	( - /		1			or other misc	ellaricous)		No	Repair	usc	nso
			\ \v	Na	N/A				<u>a</u>		ate	ē
			Yes	No				20 SF	X		-	$\vdash$
Window Panels	- Interior				Х	Interior Caulk / Gl	azing Compound	20 55	<b></b>   ^			
							In the second	torod Landfill		_		
Name of Register	red Waste Hauler			Waste	Cubic Yar	ds of Waste	Name of Regist	erea Landilli				
	AND THE PROPERTY OF THE PROPER		Hauler	ID No. 27429	1		Grows Landfil	I				_
Synatech, Inc.				1423	Disposal	Date	City, State	- 1				
City, State					1 22.75.00		Morrisville D					
Little Egg Harbo	or, NJ 08087					28, 2014	Morrisville, PA	Date				
Completed By		Title			Signature	///		January 21				
		Evecu	tive Admi	nistrator	1 100	ine alor	~	December 20, 20	13		_	_
Diane Aloia		LAGUU	are main			T. C.						

0/# 547	7	N			OF ASBE to NJAC 8								-			
Date of Notification (1) 01/20/14					Building C Realty	Owner	Operator	(2)			Ē.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11/12	1
Agencies Notified	Type Notification		- 5	Street A	ddress					•	4			-	17.	4,
× EPA	× Initial			3333 1	New Hyd	le Pa	rk Rd. S	Suite	100							#
× DEP × DOL	Amended			0.00	te, Zip Coo		1886		1		UAN	27	20	114		1. ,
× DOL	Amendment Emergency				lyde, NY	110	42							77	1	
X DOH	justification)				Contact				1	Tele	phone N	Jumher			Ţ	
☐ DCA	Cancellation	1		Dave I											4	
Name of Facility Where	Abatement is Takir	na Place (3	1	FACI	LITY INFO	RMA	TION	Type	of Facility (4	1)			-	+		-
Texas Roadhouse	Abatement is Takir	ig Flace (S	,					rypc							**	~
Street Address			V					H	School (K-12 Subchapter		r than K	-12)				
2105 State Route 3	35							×	Other (i.e. p	rivate &	comme	rcial bu	ildin	gs, h	ome	s,
City (5)								Saua	etc.) are Feet	# of	Floors	T	Bld	g. Ag	e	-
Holmdel								700		1				yrs.		
County (6)			(	County (	Code (7)			Curre	ent Use (Pric	r if bein	g demo	lished)				
Monmouth				STATE L	JSE ONLY)	_		rest	taurant							
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	1 No.		0.452.0020		atement Con		(9)					
N/A							Les	co Se	rvices Inc.							
Street Address								Addre								
								(5)	e Ave.							
City, State, Zip Code							75.670		Zip Code							
									n, NJ 070	) (						
Project Manager for Mor	nitoring Firm			Telepho	ne No.			hone N -406-			License 01107					
0: 15 : (10)		0-1-1-1	10	_1_6'1	D-4- (44)		50,5	(1-5)17/1/20 I	HA Monitor		01107	(5)				
Start Date (10) 02/03/14		02/07/		ipietion i	Date (11)				alodka							
Occupancy Status Durin	a Abatement (Che					-		Addre				-				
									e Ave.							
Facility Closed/Vac Abatement Perform	eated During Entire ned Outside of Nori	mal Facility	Hours	ent			1		Zip Code			7.5180733				3,72.3
Other - Describe:							Wal	lingto	n, NJ 070	57						
Scope of Work (Check A	All That Apply)															
23 sf or ≥3 lf			Renovat	tion				Fu	ıll Containme	nt with	Negativ	e Pres	sure			
× ≥160 sf or ≥260 lf		×	emoliti	on			-		ini-Enclosure							
NO.							>		lovebag Proc on-Exempted		Non-Fr	iable P	roce	dure		
		ls	Locati	on				75.00					Α	bater		
Location	n of	1	Normall	у		D	escription	n of					-	Тур	е	
Asbestos-Containing	Material (ACM)		d Solel intenar			tos Co	ntaining I	Materia		150.00	nount	١,	.		m I	ш
TO BE AB In Faci		Cus	todial S	staff?	(i.e.		al system facing, VA		lation,		pecify or LF)	Kelliova	Í .	Repair	cap	nclo
(13)			(12)			other	miscella	neous)	)		2 2	OVA		ai	Encapsulate	Enclosure
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.00						-17.7							1	1		$\neg$
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												Tel:				
Name of Registered Wa	ste Hauler		100000	JDEP W auler ID		-	ic Yards /aste		Name of F	≺egiste	red Land	dfill				
Atlantic Carting LLC	<b>)</b> .		2000	3085		30	2010		IESI							
City, State							osal Date	9	City, State							
Wayne, NJ						02/0	07/14		Bethleh	em, P	Α				- 11	
Completed by		Title	200 - 200 -				Signatur	е	//			Date			A . = 1	
Leslaw Nalodka	27/10/10	Pres	ident				_~	_ 1	al			01/20	J/14			

CK#4863

e of Notification (1)	1/14		P	Manue of B	15.	DO NOTH	EA MAC	(EIN NE	52		
ency Notified	Type Notification	n .	- 1	Street Add	iress	AND					
	El Initial						STON ST				
EPA DEP	D Amended		- [	City, State	, Zip Co	de .	PARK . 1	NT 07	1660	r.14	
DEP DOL	Amendment  Emergency (	# includina	_			EFIELD	CHICL .	Telephone	Number		
DOH ·	justification)			Name of C		ACIEJUNE			_		
DCA	D Cancellation					RMATION					
	1			FACILIT	THEFU	REALION	Type of Facility	(4)			
me of Facility When MS reet Address	e Abatement is Tak		3)	<del></del>		2	School (K-12 Subchapter 8 D-Other (Le. pr	) (Other than	K-12) rercial build	lings,	
	PRESTON	ST					homes, etc.)			g. Age	
			٠,				Square Feet	# of Piools		920	
V. N. F.F.	ELO PARK	_					Current Use (P	-	1		-
				County C	code (7)	(STATE USE	Current Use (P	OSNCS		加	
BERG	LEN	-				Name of Abote	ment Contractor (				
arme of Monitoring F	em Hired by Buildin	ng Owner	ASCA	No.			Removal I				
)						Street Address					
treet Address				885			.River St				
						03. Old 70	Code		. 0.1		
ity, State, Zip Code						Hacker	nsack, N.	J. 076	01		
	G. Danier E.		Telephy	one No.	,	Telephone No.		License N	0.		
roject Manager for I	MOREOUS PER					201-329	-7444 -	0038	00		
tast Date (10)	Sche	duled Com	pletion D	ate (11)		Name of OSHA	Monitor nvironmen	ntal In	ıc		
1/30/14		1/3	1/10	1	;	Umega E	TATTOHIES				_
			4/	7							
Decupancy Status D	uring Abatement (C	heck only	. /			Street Address	vler St				
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