Date of Notification (1) 01/17/17	261	Name BRY	of Building C AN ADAM	S HADD	or (2)			JA	4N 3	1 2	017	The second
Agencies Notified EPA DEP DOL DOH DCA Type Notification Initial Amended Amendment # Emergency (initial) justification) Cancellation		City, S BELI	Address state, Zip Coo MAR NJ 0 of Contact US THOM	7719				ASBES L	ICEN	ON	TROL	88
Name of Facility Where Abatement is Taking I 295 RT 9 SOUTH Street Address	Place (3)	FA	CILITY INFO	RMATION	E	ype of Facility (School (K-1 Subchapter Other (i.e. p	2) 8 (Oth	er than K	(-12)	dings	home	as a
295 RT 9 SOUTH City (5) BAYVILLE						quare Feet		f Floors	{	3ldg.	Age	,
County (6) OCEAN			y Code (7) E USE ONLY)) 		urrent Use (Pri		ing demo	lished)			
Name of Monitoring Firm Hired by Building Ov	vner (8)	ASC	CM No.	1000000	ne of	Abatement Cor	ntractor	(9)				
Street Address				70.5		idress ILL ST						
City, State, Zip Code						te, Zip Code RSON NJ 07	501					
Project Manager for Monitoring Firm		Teleph	none No.	11157.535		ne No. 53-9652		License 1257	e No.			
	Scheduled C 02/27/17	ompletio	n Date (11)	1000000		OSHA Monitor N IGEV						
Occupancy Status During Abatement (Check	Only One)					idress						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	riod of Abat	ement		City	, Sta	ILL ST te, Zip Code RSON NJ 07	501					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	1000000	ovation olition				Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure	**************************************			re	
	la La	cation								Aba	temen	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Norr Used S Mainte Custodi (1	nally olely by nance/ al Staff? 2)	(i.e.	Description Containing thermal system surfacing, other miscel	g Ma ems i VAT,	terial (ACM) nsulation, or	(Amount Specify F or LF)	Removal	Repair	e Encapsulate	Enclosure
10T FLOOR	Yes N	lo N/A	1	VAT	г		3	40 SF	V		-	
1ST FLOOR	V			VAI			3	40 01				
Name of Registered Waste Hauler		NJDEP	Waste	Cubic Yard	s	Name of	Regist	ered Lan	dfill			
INDIAN ARROW INDUSTRIES	Hauler 36031	ID No.	of Waste TBD		G.R.O							
City, State PATERSON,NJ			Disposal Da TBD	ate	City, Sta		LE PA					
Completed by GORAN IGEV	Title SECRE	TARY		Signat	ture				Date 01/17	/17		

									111	JAN	2.1	20	117
Date of Notification (1)	105/15		1	lame (of Building	Owner/Operator	(2) tate of Kenn	eth And			0		
	/27/17		;	N	A d d a a a a	THE ES	tate of Keim	cui Aps		OTO	0.0	ONIT	-
Agencies Notified	Type Notification		18	street	Address				ASBE	510	FNS	SING	int
EPA DEP	Initial Amended		-	City St	ate, Zip C	ode							
▼ DOL	Amendment #			Jity, O	ate, zip o		Freedom, PA	17349)				
⊠ DOH	Emergency (in justification)	cluaing	H	Vame	of Contact		,		or- Numbe	er			\exists
DCA	☐ Cancellation		- 1 '			Kim Costa							_
				FAC		ORMATION					_		\neg
Name of Facility Where	Abatement is Takin	n Place	(3)	1 70	ici i i ii	Orthor	Type of Facility	(4)					\neg
Name of Facility vinere		dentia					☐ School (K-1)						
Street Address	11001						Subchapter	8 (Other t	han K-12)	المانيطا	200		
Circotridaroco							Other (i.e., p		ommerciai	Dullai	ngs,		
City (5)							Square Feet	# of FI	oors		g. Ag		
J., (J)	High Brid	ge, N.	J0882	9			2500		2	_	100	+/-	_
County (6)				Coun		7) (STATE	Current Use (Pr	rior if being	g demolish	ned)			
	ınterdon			USE	ONLY) -		1						_
Name of Monitoring Firm		Owner	A	SCM	Vo.		ent Contractor (9		c ·	т			
(8)	MECS		_				ens Environi	mental	Service	s, Inc	С		_
Street Address						Street Address	DO T	222	,				
	PO Box 34	1						30x 322			_		_
City, State, Zip Code	San NII	00515				City, State, Zip C	ode Allentow	n NIO	8501				
	crosswicks, NJ	00313		hana l	\la	Telephone No.	Anemow		se No.	_		_	-
Project Manager for Mo				hone I	9-9688	(609) 25	59-9688	Liocii		0493			
	eisgarber	duled C	_			Name of OSHA							=
Start Date (10)	Scrie		/13/1		le (11)	Traine of Corse		IECS					
2/7/17 Occupancy Status Dur	ing Abstement (Che			/		Street Address							=
☐ Facility Closed/Vac				nent		- 1	PO I	30x 341					_
Abatement Perform	ed Outside of Norma	al Facilit	y Hours	3		City, State, Zip C							
Other - Describe:							Crosswick	cs, NJ	08515				
Scope of Work (Check	all that apply)							r - D					
₩. 0 - £ > 0 \£		₩ Da	enovatio	n		☐ Full Cor	ntainment with Ne closure	egative Pro	essure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			molition			Gloveb	ag Procedure	Calebia	Dragodur	_			
	· · · · · · · · · · · · · · · · · · ·					Non-Ex	empted (*) and N	on-Friable	Procedur		bater	ment	\dashv
			_ocatioi ormally	n						^	Тур		
Location		Used	Solely			Description o		Amo	ount			T	
Asbestos-Containing TO BE AB		A 44 (4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	ntenano ustodial		Asbes (i.e.	tos Containing Ma , thermal systems	insulation,	(Spe		2	71	Encapsulate	Ш
IN Facil	ity		Staff?		(surfacing, VAT	, or	SF o	r LF)	Remova	Repair	aps	Enclosure
(13)			(12)			other miscellane	ous)			val	Ħ	ulate	ure
		Yes	No	N/A									
Basen	nent	Th	ermal Pipe In	sulation	180	0 lf	×						
	10111	×											
Name of Registered W	laste Hauler		Waste	Cubic Yards	Name of Reg	gistered La	andfill						
	No.	of Waste	/		WS Lan	dfill							
Stevens Enviror	imental Service	292	2 CU Disposal Date	City, State	/	i o Dan	41111		_	_			
City, State	A 11 a-+ a		2/13/17 /	Oity, State	Morr	risville	PA						
Third way 2 to												_	
Completed By						1/27	7/17						

CIC#25403

										U	L	U		
Date of Notification (1)	/27/17			Name	of Buildin	g Ow	ner/Operator	(2) state of Kenr	ath A		No.			
					. A -1-1		THEL	State of Kelli	iem A	11111		IAN	7 1	_
Agencies Notified	Type Notific	ation		Stree	t Address		I				1	,,,,,,,	J	C
EPA DEP	Initial Amended	d		Ciby	State 7in C	2 ada				+				_
☑ DOL	Amendm	ent #	_	City, 8	State, Zip C	Joae	Marri	Eroodom D	۸ 172	16	ASBE	STO	SC	TNC
₽Z DOU	☐ Emergen		g				New	Freedom, P.		70		LIC	ENS	HIG
DOH	justificat Cancellat			Name	of Contac		Casta		I elep	ohone Nu	mber		001000-1	
						Kin	n Costa		_	_				_
				FA	CILITY INF	ORN	IATION							
Name of Facility Where	e Abatement is	Taking Place	e (3)					Type of Facility	y (4)	1982 - I				
	I	Residenti	al					School (K-1						
Street Address				-				Subchapter Other (i.e.,	8 (Othe	er than K-	·12)	Idinas		
								homes, etc		k comme	iciai bui	laings	,	
City (5)								Square Feet		Floors	E	Bldg. A	Age	
	High I	Bridge, N	J088	329				2500		2		10	0+/-	
County (6)					nty Code (7) (S	TATE	Current Use (F	rior if be	eing demo	olished)			_
	unterdon			USE	ONLY)									
Name of Monitoring Fire		ding Owner		ASCM	No.	Nar	ne of Abaten	nent Contractor (9)					_
(8)	MECS	9						ens Environ		1 Servi	ces. I	nc.		
Street Address	THE CO					Stre	eet Address	0110 2311 11 011						_
Officer Address	PO Box	341					ot riddicoo	PO.	Box 3	22				
City, State, Zip Code	10 00	JT1				City	, State, Zip C		DOX J				_	_
	crosswicks,	NI 0851	5			City	, State, Zip C	Allentow	m NI	08501				
Project Manager for Mo		143 0051.	and the same of the same	phone	No	Tol	ephone No.	7 HITCHIO V		ense Ne.		-	-	_
			72,500		9-9688	Tel	(609) 25	50 0688	Lio	ense m o.	0049	3		
	eisgarber		_			-					0043	5		_
Start Date (10)	1	Scheduled C			ite (11)	Nar	ne of OSHA		TECC.					
2/7/17			2/13/	17				IV	IECS	_				
Occupancy Status Dur						Stre	eet Address	DO 1	Box 3	41				
☐ Facility Closed/Vaca									DOX 3	+1				
Abatement Perform			ту нои	rs		City	, State, Zip C		3.11	0051	_			
Other - Describe:)111						Crosswic	KS, NJ	08513)			
Scope of Work (Check	all that apply)						□ Full Cor	ntainment with Ne	anative l	Draeeura				
∑ ≥3 sf or ≥3 lf		⋉ Re	enovat	ion			☐ Mini-En	closure	ogalivo i	1000010				
≥160 sf or ≥260 lf			emolitic	on			Gloveb	ag Procedure		ala Dansa	di.re			
					T		Non-EX	empted (*) and N	on-Friat	ole Proce	$\neg \neg$	A la a 4 a		
			Locati omali									Abate	ment pe	
Location		Used	d Sole	y by	2:0 W A		Description o				-	т ,	1	
Asbestos-Containing		1 10000000	ntenar ustodi:		Asbes	tos C	ontaining Ma nal systems	terial (ACM)	2000	nount pecify			m	Ш
TO BE ABA			Staff?		(1.6.,	SUI	facing, VAT	or		or LF)	Removal	Repair	Encapsulate	Enclosure
(13)			(12)				r miscellane				SVOI	pair	Sula	INSC
		Yes	No	N/A	1						=		ate	.0
Basem	nent.	×			Th	erm	al Pipe In	sulation	10	90 lf	×	-		
Dasell	ICIII				111	01111	ar r the III	Sulation		0 11	^	+		
					-							1		
Name of Registered W	aste Hauler			UDEP !			oic Yards	Name of Rec	istered	Landfill				
Stevens Environ	0 No. 292	of V	Vaste 2 CU		GRO	WS La	andfil	1						
City, State	272	Dist	posal Date	City, State										
Allentown, NJ							2/13/17	A ./	Ma	rrisville	- РА			
Completed By	THORIOW	Title				1-	Signature //		7410.	Date	o, 1 /1			=
Mahlon E. St	tevens	Antirothic	roiec	t Mar	nager		Jigriature /			Date	1/2	7/17	7	
IVIAIIIUII L. O	V V 0113		Project Manager 1/27/17										_	

State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7) 2017-12 B & G proj. #: Date of Notification (1) Name of Building Owner/Operator (2) JAN 3 1 2017 Daragh Pollard 0 1 1 1 1 2 1 7 1 / 1 1 7 1 Type Notification Agencies Notified Street Address ASBESTOS CONTROL & EPA X Initial LICENSING DEP City, State, Zip Code Amendment Fair Lawn, NJ 07410 DOL Telephone Number Name of Contact X DOH Cancellation Daragh Pollard ☐ DCA FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) Daragh Pollard Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors County Code (7) County (6) City (5) Current Use (Prior if being demolished) (State use only) Bergen residential Fair Lawn Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. B & G Restoration, Inc n/a Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 00378 (973)696-6869 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. Street Address 02/10/2017 02/09/2017 105 Ryerson Road 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-LincolnPark, NJ 07035 Describe: Other-Describe: Scope of Work (check all that apply) Glovebag procedure X Full Containment w/negative pressure Renovation Demolition Non-friable procedure Mini-enclosure ¥ ≥160 sf or ≥260 lf 3 sf or 3 IfΕ E Is location normally used solely e n Location of Amount by maintenance/custodial m p Description of asbestos-containing C (Specify SF or asbestos-containing C 0 staff(12) material (ACM) a a material to be LF) abated in facility (13) N/A No Yes X VAT, mastic, & laminated flooring 304 sf basement Name of Registered Landfill Cubic Yards of Waste NJDEP Hauler ID# Registered Waste Hauler Tullytown Resource & Recovery Center 19563 B & G Restoration, Inc.

Disposal Date

Secretary/Treasurer

02/13/2017

Signature

Tullytown, PA

Cordana Luna

Date

01/27/2017

City, State

Lincoln Park, NJ

Gordana Luna

Completed by (Print or Type)

	1)109												L	Pı	rint Fo
.	001				ICATIO	tate of New Jerse N OF ASBESTOS t to NJAC 8:60 an	ABATE		т		EG	E		/ [i	
	te of Notification (1) 27/17					of Building Owner/Opeth Lawrence	Operator	(2)			JAN	~ 1	20	17	
	encies Notified	Type Notification			Street A	Address		100		lad lesi	With the second		77.557.6		
×	EPA DEP DOL	Initial Amended Amendment	#			ate, Zip Code r Saddle River				<i>y</i>	ASBEST(ONT SING	ROI	&
	DOH DCA	Emergency (justification) Cancellation	(including	9	Name o	of Contact Deth Lawrence				Te	lenhone Nu	mber			
	_ costourne				1.500185041850	ILITY INFORMAT	ION								
	me of Facility Where esidential Home	Abatement is Takin	g Place ((3)				Тур	e of Facility	(4)					
Str	eet Address							×		r 8 (Oth	ner than K-1 & commerc		ldings,	hom	ies,
	y (5) oper Saddle Rive	r						Squ 29	uare Feet	3	of Floors		Bldg. A 60+/-	ge	
100000	unty (6) ergen					Code (7) USE ONLY)	_		rent Use (Presidential F		ing demolis	hed)			
	me of Monitoring Firm oject Manager	Hired by Building (Owner (8)	ASCI	M No.			patement Co es Abatem		r (9)				
Str	eet Address						Street 280 I		ress Midland Av	e.					
City	, State, Zip Code								Zip Code Brook, NJ (07663					
Pro	ject Manager for Mon	itoring Firm			Telepho	ne No.	Teleph 201-6		No. -3184		License N 01305	lo.			
	rt Date (10) 31/17		Schedu 2/1/17		npletion	Date (11)	Name	of O	SHA Monitor						
Occ	cupancy Status During						Street	Addr	ess						
×	Facility Closed/Vaca Abatement Perform Other – Describe: §	ed Outside of Norm	enod of al Facilit	y Hours	nent		City, S	tate,	Zip Code						
Sco	pe of Work (Check A ≥3 sf or ≥3 If ≥160 sf or ≥260 If	ll That Apply)		Renova Demolit			×	, N	ull Containm lini-Enclosur lovebag Pro lon-Exempte	e cedure				•	
	Location Asbestos-Containing	Material (ACM)	Use	S Locati Normall ed Sole	y ly by	Asbestos Cont		of lateri	al (ACM)		mount		Abate Ty	men oe	
	TO BE ABA In Facili (13)		1 1/25	todial S (12)	7.55.55	(i.e. thermal surfac		insu T, or	ılation,		Specify For LF)	Removal	Repair	Encapsulate	Enclosure
	B	Transfer	Yes	No	N/A									te	tu
	Dining R	oom		Х			VAT			25	57 SF	х			

NJDEP Waste

Hauler ID No. 04509

Title

President

Cubic Yards

Disposal Date TBD

Signature

of Waste

Richard Cristofol

Newark Carting

City, State

Newark, NJ

Completed by

Name of Registered Waste Hauler

Date

1/24/17

Name of Registered Landfill

IESI Landfill

Bethlehem, PA

City, State



Date of Notification (1) 01/24/2017					Building (Operator	(2)			JA	N 3	1	201	7	
Agencies Notified X EPA X DEP X DOL	Type Notification Initial Amended Amendment			City, Sta	ddress amsey A te, Zip Co e, NJ 07	de				A	SBES L	TOS (CO SII	NTP VG	OL &	2
▼ DOH DCA	Emergency (justification) Cancellation	including		Jim Ja	Contact roszews					Tel	ephone I	Numbe	r			
Name of Facility Where A AAK Services Ware Street Address 465 Hillside Ave.		g Place (3))	FACII	LITY INFO	PRIVIATI	ION		of Facility (School (K-1 Subchapter Other (i.e. p etc.)	2) 8 (Otherivate &	& comme			857 8		es,
City (5) Hillside, NJ 07205								195,		3	f Floors	link nati	19	dg. A 962	ge	
County (6) Union County		(0)			JSE ONĹY)	·		War	nt Use (Price ehouse tement Cor			olisnea)			
Name of Monitoring Firm Environvision Consu		wner (8)		ASCM	i INU.		SMA	OT Abat	RP.	ru actor	(9)					
20-21 Wagaraw Roa	ad Bldg. 35E						431	N Mid	land Ave	. Suite	e A		-			
Fair Lawn, NJ 07410				Telephor	ne No.			dle Bro	ook, NJ (7663	License	e No.			<u> </u>	
Guillermo M. Morale Start Date (10)	es	Schedule	d Con		36-914 Date (11)	5	Name		IA Monitor		01110	0			-	
02/08/2017 Occupancy Status During	Abatement (Chec	2017 e)				Street	Addres		nc.							
Facility Closed/Vaca Abatement Performe Other – Describe: a	d Outside of Norm	al Facility	Hours		cupated are	ea_	City, S	state, Zi	ton Ave. p Code y, NJ 08	854						
Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	That Apply)	Description 1	enova emolit				×	Ful Min Glo	Containme i-Enclosure vebag Prod n-Exempted	ent with					e	
Location	of	N	Locati Iormal	ly		De	scription	of.					,		ement pe	
Asbestos-Containing I TO BE ABA In Facilit (13)	Material (ACM) TED	Mai	d Sole ntenar odial S (12) No	nce/		os Con therma surfa	taining N I system icing, VA miscellar	Material s insula T, or		(5	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Label Ro	om	1.00	Х		Ceilin	g Plas	ster - F	riable	ACM	15	500 SF		X			
Name of Registered Wast	te Hauler		0.009	JDEP W lauler ID		Cubic of Wa	: Yards	-	Name of							
Horwith Trucks, Inc. City, State		16227 40					sal Date)	Progre		IESI La	andīili				
Northampton, PA		Title	03/					0	Bethleh		PA	Date				
Completed by Borce Gjorsoski		Presi	det				Signature B		Gos	m	0	01/2	4/2	2017		

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



	Date of Notification (1)				Name	of Buildin	ng Owner/Operator (2)	ID E	PE	1	\\//	B
DOLAYO		17	50		Ch	urch Wit	hout Borders	1	Job#1701-21	51	Chk.	#460	03
DATE	Agencies Notified Type Notified	cation			Street	t Address							
DAILY DAIL					795	East Ro	oute 70, Ste. E169	9		IAN 3	1	2017	
DRA	☐ DOLWD ☐ Amende	d		ŀ	200			22				2011	_
Name of Facility Where Abatement is Taking Place (3)													
Cancellation John Megaw			ding	-	-				I ASBE	SŢOS	CON	VTR(JL 8
Start Date (10)							767		l elephone Nu	MPE E	VSIN	IG_	
Name of Facility (Mere Abatement is Taking Place (3) Church Without Borders Street Address Street A	☐ Cancella	ation											
School (K-12) Street Address Stree			- 15		FA	CILITY II	NFORMATION						
Subchapter 8 (Other than K-12)	The second secon	Taking Pl	ace (3)				[[[[[[[[[[[[[[[[[[
So Branch Street So Branch										12)			
Source Street Source S	Street Address										uildin	as.	
Medford	60 Branch Street												
County (6) Burlington Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Street Address City, State, Zip Code Thorofare, NJ 08036 Thorofare, NJ 08036 Thorofare, NJ 08036 To Steve Flantigan Start Date (10) Start Date (10) Start Date (10) Street Address Start Date (10)	City (5)							Square Feet	# of Floors	В	ldg. A	ge	
Burlington Name of Monitoring Firm Hired by Building Owner (8)	Medford							6560	3		1854	1	
Burlington Service Center	County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demo	olished)			
Asbestos and Mold Services, Corp.	Burlington												
Street Address Street Address 3859 Sylon Boulevard	Name of Monitoring Firm Hired by Bui	lding Own	ner (8)	1	ASCM	No.	Name of Abateme	ent Contractor (9)					
Street Address Street Address 3859 Sylon Boulevard	Horizon Environmental								s, Corp.				
City, State, Zip Code	Street Address			-1									
City, State, Zip Code	PO Box 316						3859 Sylon B	oulevard					
Thorofare, NJ 08086	City, State, Zip Code												
Project Manager for Monitoring Firm													
Dave or Steve Flanigan			Т	eler	hone	No	-		License No			14.	
Start Date (10) 2			Ι.				A		A				
2		Schadula	d Com						00002				
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe ☐ Time of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe ☐ Time of Abatement ☐ AM-	The state of the s						A rest of the second second second second second	(A.0.00E-0.0)					
Security Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/PMAM City, State, Zip Code Cinnaminson, NJ 08077		. 37			- 20		-			-750		2132	
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM PM- AM					nent		Section (Control of Control of Co	to 120 North					
Time of Abatement:AMPM/_PMAM						cribe							
Scope of Work (Check all that apply) □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Demolition □ Description of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) □ Pipe Insulation □ Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) □ Pipe Insulation □ Demolition □ Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □													
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Demolition □ Description of Asbestos Containing Material (ACM) Normally Used Solely by Maintenance (Custodial Staff? (12) Yes No N/A □ DE ABATED (13) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Scope of Work (Check all that apply)						Cinnaminson	, NJ 08077					
Set or ≥3 if Set or ≥260 if Set o							☐ Full Cont	ainment with Neg	ative Pressure				
Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Asbestos Containing Material (ACM)							☐ Mini-Enc	osure					
Location of Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Furnace Room Crawlspace Nome of Registered Waste Hauler Waste Management Nome of Registered Waste Hauler Waste Management Nome of Registered Waste Hauler Waste Management Nome of Registered By (Print or Type) Kimberly A. Trumbetti Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Nome of Registered Room Registered (ACM) (i.e., themal systems insulation, surfacing, VAT, or other miscellaneous) Abatement Type Asbestos Containing Material (ACM) (i.e., themal systems insulation, surfacing, VAT, or other miscellaneous) Pipe Insulation Amount (Specify SF or LF) Pipe Insulation Abotement Type Abatement Type Abatement Type Asbestos Containing Material (ACM) (i.e., themal systems insulation, surfacing, VAT, or other miscellaneous) Pipe Insulation Amount (Specify SF or LF) Pipe Insulation Amount (Specify SF or LF) Pipe Insulation Amount (Specify SF or LF) Name of Registered Landfill Grand Central City, State Penn Argyle, PA Completed By (Print or Type) Kimberly A. Trumbetti Office Coordinator	≥ 160 st or ≥ 260 if		Demo	litioi	n		⊠ Glovebag	Procedure	- Eriable Proces	turo			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Furnace Room Crawlspace Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A			Is I o	cati	on		L Non-Exc	ripted () and red	I-I Hable I Tocec			- nt T	
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Furnace Room Crawlspace Name of Registered Waste Hauler Waste Management City, State Lafayette, NJ Completed By (Print or Type) Kimberly A. Trumbetti Asbestos Containing Material (ACM) Maintenance/ Custodial Staff? (12) Yes No N/A Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Pipe Insulation 40 LF Pipe Insulation 300 LF Waste Cubic Yards of Waste Signature City, State Lafayette, NJ Completed By (Print or Type) Kimberly A. Trumbetti Office Coordinator Case Solely by Maintenance/ Cuty, State Lafayette, NJ Signature Completed By (Print or Type) Kimberly A. Trumbetti Countenance/ Countenance/ Countenance/ Countenance/ Countenance/ Cubic Yards of Waste Signature City, State City, S	Location of						Description o	f		A	_	T	
Second Segistered Waste Hauler Waste Management City, State Lafayette, NJ Completed By (Print or Type) Kimberly A. Trumbetti City State Content (12) Yes No N/A Pipe Insulation Surfacing, VAT, or other miscellaneous) Surfacing, VAT, or other miscellaneous Surfacing, VAT, or other m						Asbe			Amount	Rer	Rep	Enc	Enc
Second Segistered Waste Hauler Waste Management City, State Lafayette, NJ Completed By (Print or Type) Kimberly A. Trumbetti City State Content (12) Yes No N/A Pipe Insulation Surfacing, VAT, or other miscellaneous) Surfacing, VAT, or other miscellaneous Surfacing, VAT, or other m							e., thermal systems i	nsulation,	(Specify	lou	Dair	ap	Sols
Furnace Room Yes No N/A					lan?				SF or LF)	<u>a</u>		sula	ure
Furnace Room Crawlspace Pipe Insulation Orawlspace Ora	(13)	V		1000	NI/A		other miscellane	ous)				ate	
CrawIspace Pipe Insulation 300 LF Grand Central Name of Registered Waste Hauler Waste Management Plauler ID No. 17273 State Lafayette, NJ Disposal Date 2/10/17 Penn Argyle, PA Completed By (Print or Type) Title Signature Kimberly A. Trumbetti Office Coordinator Disposal Date 1/2/10/17 Penn Argyle, PA Signature Date 1/2/11/17 Date 1/2/11/17	Eurnaca Poom			7		Dinala	aulatia u		40.1.5				
Name of Registered Waste Hauler Waste Management City, State Lafayette, NJ Completed By (Print or Type) Kimberly A. Trumbetti Name of Registered Landfill Name of Registered Landfill Grand Central City, State 2/10/17 Signature Office Coordinator Date 1-27-17									40 LF		Ш	Ш	Ш
Name of Registered Waste Hauler Waste Management City, State Lafayette, NJ Completed By (Print or Type) Kimberly A. Trumbetti NJDEP Waste Hauler ID No. 17273 Disposal Date 2/10/17 Signature Signature Cubic Yards of Waste of Waste of Grand Central City, State Penn Argyle, PA Signature Date 1-21-11	Crawlspace	×]	Ш	Pipe In	sulation	4	300 LF				
Name of Registered Waste Hauler Waste Management City, State Lafayette, NJ Completed By (Print or Type) Kimberly A. Trumbetti NJDEP Waste Hauler ID No. 17273 Disposal Date 2/10/17 Confice Coordinator Name of Registered Landfill Grand Central City, State Penn Argyle, PA Signature Date 1-21-17]									
Name of Registered Waste Hauler Waste Management City, State Lafayette, NJ Completed By (Print or Type) Kimberly A. Trumbetti NJDEP Waste Hauler ID No. 17273 Disposal Date 2/10/17 Confice Coordinator Name of Registered Landfill Grand Central City, State Penn Argyle, PA Signature Date 1-21-17				1						П	П	П	П
Waste Management City, State Lafayette, NJ Completed By (Print or Type) Kimberly A. Trumbetti Disposal Date 2/10/17 Disposal Date 2/10/17 Penn Argyle, PA Signature Signature Office Coordinator Date 1-21-17	Name of Registered Waste Hauler			N.	DEP V		Cubic Yards of	Name of Regist	tered Landfill				_
City, State Lafayette, NJ Completed By (Print or Type) Kimberly A. Trumbetti SSB-41 City, State Disposal Date 2/10/17 Penn Argyle, PA Signature Signature 1-27-17				0.000			Waste	Annual Annual State of					
Lafayette, NJ Completed By (Print or Type) Kimberly A. Trumbetti Office Coordinator Zi10/17 Penn Argyle, PA Signature Date -21-17					17273	1		(SIGNOSHIER EXTENSE					
Completed By (Print or Type) Kimberly A. Trumbetti Office Coordinator SS-41 Title Signature 1-21-17									o DA				
Kimberly A. Trumbetti Office Coordinator		T					- Control Control Control	Ferm Argyl					
NSB-41		1000000	_		00000		Signature	1	[19220	
		Offic	e Cod	ordi	nator		I Mis L			1-2	7-1	Title	
	ASB-41 MAY 11	* Do	not use	a thi	s form	for achas	tos licensura avana	ted activities					

CK 4601

Date of Notification (1)				Name	of Building	g Owner/Operator (2)	Fine E				
12 /27 /	16			A&I	H Partne	rship, LLC	/ Jo	b #161)-2136 G	CH	c. #4	50/1	
Agencies Notified Type Notifica	tion			Street	Address			11531	W			
☐ EPA ☐ Initial				69 H	King Stre	et		111111111111111111111111111111111111111	1 0		047	
□ DOLWD □ Amended	MERCHI	m== 65		City, S	tate, Zip C	Code		11-11 JAP	1-3	1 6	UH	T.
□ DHSS Amendme	***************************************	Memory.		Dov	er, NJ 07	7801						
DCA Emergence (NJAC 5:23-8)		iuaing		Name	of Contact	t		Telephane Numb	as (CON	TRO	2 10
☐ Cancellati				Kirk	Harpell			1	T.N	SIN	3	/ <u>L</u> U
				The second		IFORMATION			_		-	
Name of Facility Where Abatement is T	aking	Place	(3)	1000000			Type of Facility	(4)			- 727	
Commercial Property							☐ School (K-12)				
Street Address								(Other than K-12)				
69 King Street							homes, etc.)	rivate and commerc	iai bu	ilaing	s,	
City (5)							Square Feet	# of Floors	Blo	dg. Ag	16	
Dover							217,800	4		107		
County (6)	-	-		Coun	tv Code (7)(STATE USE ONLY)		or if being demolish	- 1			-
Morris					i) 5545 (/	/(01/11/2 002 01/21)	Warehouse	or in boning domination	100)			
Name of Monitoring Firm Hired by Build	ing O	wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Criterion Laboratories						Asbestos and	d Mold Service	s, Corp.				
Street Address						Street Address						
3370 Progress Drive, Suite J						3859 Sylon B	oulevard					
City, State, Zip Code						City, State, Zip Co	ode					
Bensalem, PA 19020						Hainesport, N						
Project Manager for Monitoring Firm			Tele	phone l	No.	Telephone No.		License No.				-
Mike Panepresso			1	5-244		609-702-0400)	00862				
Start Date (10) S	chedu	iled C	omple	tion Da	te (11)	Name of OSHA M	lonitor					
1/10/17	1	/	25	_ / _	17	EMSL Analyt	ical, Inc.					
Occupancy Status During Abatement (C	Check	only c	ne)			Street Address		7			1111	
☐ Facility Closed/Vacated During Entire	e Peri	od of	Abate	ment		200 U.S. Rou	te 130 North					
☐ Abatement Performed Outside of No						City, State, Zip Co	ode					
Time of Abatement:AM	РМ	/	PM-		AM	Cinnaminsor	, NJ 08077					
Scope of Work (Check all that apply)						⊠ Eull Cont	tainment with Nec	estivo Proceuro				
☐ >3 sf or >3 lf	1	⊠ Re	novati	on		☐ Mini-Enc	tainment with Neg losure	jative Pressure				
≥160 sf or ≥260 lf			molitic				g Procedure					
And the second s						☐ Non-Exe	mpted (*) and No	n-Friable Procedure	T			
		110.5	Locat Norma			5			Ab	ateme	ent T	1
Location of Asbestos-Containing Material (ACM)	,		d Sole		Ashe	Description of stos Containing Ma		Amount	Rei	Re	Enc	Enc
TO BE ABATED	´		intena			., thermal systems	insulation,	(Specify	Removal	Repair	aps	Enclosure
IN Facility (13)	1	Cus	(12)	Staff?		surfacing, VAT other miscellane		SF or LF)	<u>a</u>		Encapsulate	ure
(13)		Yes	No	N/A		Other miscellane	ous)				te	
2 nd Floor - 2 rooms					Pipe Ins	sulation		640 LF				
2 nd Floor - 1 room					-	ile & Mastic		400 SF				
2 nd floor - 1 room & 2 hallway are	as					sulation		80 LF				
Boiler Room/Basement						nsulation/Pipe I	nsulation	2 SF/55 LF				
Name of Registered Waste Hauler				JDEP \		Cubic Yards of	Name of Regis					
Waste Management			0.000	lauler II	No.	Waste	Grand Cer					
City, State				17273	3	5 Disposal Date	City, State					DV047594
Lafayette, NJ						1/25/17	Penn Argy	le. PA				
2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Title					1 7	A					_
Completed By (Print or Type)	0.000	fice (^^~	dinato		Signature		Dat	e -	9-	9	nodil.
Kimberly A. Trumbetti ASB-41	Or	nce (50010	inatol		- M	V	**	1-1	1-1	1	DEC.
MAY 11	* D	o not	use tl	nis form	for asbest	tos licensure exemp	oted activities.					

NO CK

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

12/	3 11 11 15	-11
		111
11 11 11 11	17 4017	11

Date of Notification (1)				Nam	e of Buildir	ng Owner/Operator	(2)	- L2 07111	0 '	1.151)]/	- 11
	_ / _	16				ership, LLC		ob #1611-2136	OS C	hk.#	NA	
	e Notificat	tion		Stree	et Address		L	1.10	ENS	ING	HUI	- &
	Initial			69	King Str	eet						
	Amended Amendmer	nt #3		City,	State, Zip	Code				21. 42.3		
	Emergency		na	Do	ver, NJ 0	7801						
	justification		19	Nam	e of Contai	ct		Telephone Nur	nber			
	Cancellatio	on		Ki	rk Harpel	I						
				FA	CILITY II	NFORMATION					8	
Name of Facility Where Abate	ement is Ta	king Plac	e (3)			en and the second secon	Type of Facility	(4)				
Commercial Property							☐ School (K-1	2)				
Street Address							Subchapter	8 (Other than K-1	2)	** **		
69 King Street							homes, etc.	orivate and comme	ercial b	ouildin	gs,	
City (5)							Square Feet	# of Floors	F	Bldg. A	Age	
Dover							217,800	4		107		
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demol	ished)	10000000		
Morris							Warehouse		/			
Name of Monitoring Firm Hired	d by Buildir	ng Owner	(8)	ASCM	No.	Name of Abateme	The state of the s				-	
Criterion Laboratories						Asbestos and	d Mold Servic	es. Corp.				
Street Address						Street Address						
3370 Progress Drive, St	uite J					3859 Sylon B	oulevard					
City, State, Zip Code						City, State, Zip Co			-		_	
Bensalem, PA 19020						Hainesport, N						
Project Manager for Monitoring	Firm		Tele	phone	No.	Telephone No.		License No.				
Mike Panepresso			2	15-244	-1300	609-702-0400		00862				
Start Date (10)	Sc	heduled	Comple	tion Da	ite (11)	Name of OSHA M	lonitor	33332			-	_
1 /10 /17		_1_	25	_ / .	17	EMSL Analyti	ical, Inc.					
Occupancy Status During Abat						Street Address					-	
☐ Facility Closed/Vacated Du	ring Entire	Period of	Abate	ment		200 U.S. Rout	te 130 North					
Abatement Performed Outs	ide of Norr	mal Facili	ty Hour	s - Des	cribe	City, State, Zip Co	de					
Time of Abatement:	AIVI	_PM/	PM-		AM.	Cinnaminson	, NJ 08077					
Scope of Work (Check all that	apply)											_
☐ >3 sf or >3 lf		M R	enovati	on			ainment with Neg	gative Pressure				
≥160 sf or ≥260 If			emolitic			☐ Milli-Elici						
								n-Friable Procedu	re			
			s Locat Norma						At	atem	ent T	уре
Location of Asbestos-Containing Materi	al (ACM)		ed Sole		Acho	Description of stos Containing Mat			R	D	m	I m
TO BE ABATED	ar (/ tolli)		intena			, thermal systems in		Amount (Specify	Remova	Repair	nca	nclo
IN Facility (13)		Cus	todial (12)	Staff?		surfacing, VAT,	or	SF or LF)	Val	-	Encapsulate	Enclosure
(13)		Yes	No	N/A		other miscellaneo	ous)				ate	CD.
2 nd Floor - 2 rooms					Pipe Ins	sulation		640 LF		\vdash		
2 nd Floor - 1 room not being don	ne this phase					le & Mastic		400-SF		Ħ		
2 nd floor - 1 room & 2 hally	vay areas	ş 🔲			Pipe Ins	ulation		80-LF				
Boiler Room/Basement					Boiler In	nsulation/Pipe In	sulation	2 SF/55 LF				
Name of Registered Waste Hau	ıler		N.	JDEP V		Cubic Yards of	Name of Regis				Ш	
Waste Management	H	auler ID	No.	Waste	Grand Cen							
City, State				17273		Diaposal Data		u ai				
Lafayette, NJ						Disposal Date	City, State	- DA				
		:41-		77		1/25/17	Penn Argy	e, PA				
Completed By (Print or Type) Kimberly A. Trumbetti		Office				Signature	Λ	Da	1000	^	. 1	
CD 44		Office	oord	inator	6	LAX!	V		1-1	9-	11	

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

CK 4597

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

Date of Notification (1)			Nam	e of Buildi	ng Owner/Operator	(2)				0.0	
	17		0.000		Wojciech Galas	> -2	/ Job #1701-21	50 5	Chl	#4	597
Agencies Notified Type Notific	ation		Stree	et Address							- 11
☐ EPA ☐ Initial							1.0	N o		047	1
□ DOLWD □ Amende	50		City.	State, Zip	Code		III JA	N 3	1 0	111	- 1
□ DHSS Amendm		_	1	ralon, NJ			100				
DCA Emerger (NJAC 5:23-8) i gustificati	icy (includi	ng	-	e of Conta			Telephone Nur	TOS	CON	TRO	71 &
☐ Cancella			100000000	sh Ferre	10.0		I relephone wur	nber	ISIN	G	
			_		NFORMATION		1				
Name of Facility Where Abatement is	Taking Pla	ce (3)				Type of Facilit	y (4)			-	
Residential Property						School (K-	-				
Street Address						□ Subchapter	r 8 (Other than K-1 private and comme	2) ercial b	uildin	gs,	
City (5)						Square Feet	# of Floors	Tr	Mala I		
Avalon						800 SF	1	-	Ildg. A		
County (6)			Cou	ntu Codo /	TVOTATE LIGE ONLY				195	U	
Cape May			Cou	nty code (7)(STATE USE ONLY)	March Company	Prior if being demol	ished)			
Name of Monitoring Firm Hired by Build	dina Ouma	- (0)	1000		T.,	Vacant					
Tiger Environmental	ang Owne	(0)	ASCM	I No.	Name of Abateme	200					
Street Address						d Mold Servic	es, Corp.				
					Street Address						
16 W Elizabeth Ave # 2					3859 Sylon B	oulevard					
City, State, Zip Code					City, State, Zip Co						
Linden, NJ 07036					Hainesport, N	J 08036					
Project Manager for Monitoring Firm			ephone		Telephone No.		License No.				
Kelly Walton		7.17		32-4301	609-702-0400		00862				
	cheduled				Name of OSHA M	onitor					
	1		4_ /	17	EMSL Analyti	ical, Inc.					
Occupancy Status During Abatement (C	Check only	one)			Street Address						
☐ Facility Closed/Vacated During Entir	e Period o	f Abate	ement		200 U.S. Rout	te 130 North					
Abatement Performed Outside of No	rmal Facil	ity Hou	rs - Des	scribe	City, State, Zip Co						
Time of Abatement:AM	PM/	PM		AM	Cinnaminson						
Scope of Work (Check all that apply)						, 1115 T. F. F. F. F.					
≥3 sf or ≥3 If	Пв	enovat	lian			ainment with Ne	gative Pressure				
☑ ≥160 sf or ≥260 lf		emoliti			☐ Mini-Encl	osure Procedure					
					⊠ Non-Exer	npted (*) and No	on-Friable Procedu	ire			
	1	s Loca						537	atem	ent T	vne
Location of Asbestos-Containing Material (ACM)	He	Norma ed Sol			Description of			-	_		
TO BE ABATED	M	aintena			stos Containing Mat ., thermal systems in		Amount	Removal	Repair	nca	Enclosure
IN Facility	Cus		Staff?	(1.6	surfacing, VAT,		(Specify SF or LF)	ova	₩.	sde	nso
(13)	Yes	(12) No	N/A		other miscellaned		3, 3, 2, ,	-		Encapsulate	re
Exterior	П		\boxtimes	Transite	9		400 SF				
			_	Transit			400 3F				
			닏					\perp \sqcup	Ш	Ш	Ш
	ᆜᆜ										
N. C.							at to the				
Name of Registered Waste Hauler		1000	JDEP V	52.55	Cubic Yards of	Name of Regis	stered Landfill				
Waste Management			lauler IE 17273	3500 F1743	Waste 5	Grand Cer	itral				
City, State			11213		Disposal Date	City, State					
Lafayette, NJ					1/15/17	Penn Argy	le. PA				
Completed By (Print or Type)	Title				Signature			4-			
Kimberly A. Trumbetti	Office	Coord	linator		Oignature		Da		01	111	
SB-41					- W			1-13	-dl	11	

ASB-41 MAY 11

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

3K 6956

D&S Proj. #: 17-29

	E	C	E		\mathbb{V}	E	M
		JAN	3	1	2017	7	
A	SB	EST(OS CEN	CC	NTR NG	OL 8	š

Completed by (Print or Type)	Title PRESIDENT		Signature					02/23/	201	7		
PATERSON, NJ 07503		02/03	3/17 Signature		TULLYTOW	N, PA		Date				
D & S RESTORATION, INC.		Disposa	I Date		City, State					72-07		
Registered Waste Hauler	NJDEP Ha 13506	uler ID#	Cubic Yards of 1 yd.	of Waste	Name of Register TULLYTOW	rea Landtiii N, RESOURCI	E REC	OVER	Y	-		
						and I andfill			Ц		Ш	
									블	닏	片	뷰
									ᆜ	닏	닏	ዙ
BASEMENT			1								닏	ዙ
DACEMENT			PIPE INS	SULATION	ON	62 l ft						빋
material (acm) to be abated in facility (13)	Yes N	o N/A		al (ACM)		ĹF)			v e	i	a p	L
Location of asbestos-containing	by maintenance staff(12)	/custodial	Descrip		bestos-containing	Amou (Spec	nt ify SF o	r	m o	p	С	n
	Demolition Is location norm	ally used sole	ely			_ Hon-Exemples	1 / 5110		R e	R e	E n	Е
	Renovation					Glovebag proce	edure	Non-fri	able	proce	dure	
Scope of Work (check all that apply)						Mini-enclosure		60				
Other-Describe: NORMAL HC	JURS			_	1 41010011, 1 10 0	Full Containme	nt w/ne	gative p	ressi	ıre		
Abatement performed outside of	of normal facility	hours-			Paterson, NJ 0	7503						
☐ Facility closed/vacated during €	entire period of al	patement.			City, State, Zip Code							
02/02/17 Occupancy Status During Abatement	02/20/17 (Check only one	e)		-	20 California A	venue						
				S	Street Address	non, me.						
Start Date (10)	Sched. Comp	letion Date (1	1)	N	Name of OSHA Mon							
Project Manager for Monitoring Firm					973-345-8020			011	09			_
Project Manager for Monitoring Firm		Phone Numb	ber	T	elephone Number		Lic	ense Nu		r		,
City, State, Zip Code					Paterson, NJ 0	V100190-2						
O'l. Chata Zin Code				— Ci	ity, State, Zip Code							
Street Address					20 California A	ve.						
					treet Address	ATION, INC.			_			
Name of Monitoring Firm Hired by Blo	dg. Owner (8)		ASCM No.	- 11	D & S RESTOR							
RIVER EDGE	BERGEN		1001111		ame of Abatement	Contractor (9)						_
City (5)	2309 (0)				use only)	Current Use	(Prior if	being d	emol	ished)	
011 (5)	County (6)			County	/ Code (7)	2/						_
150%						Square Feet			T	Bldg	. Age	į
Street Address						Othe Bldg	r (Priva s./Home	te/Comr es, etc.	nerc	ıaı		
irene lindsley								8 (Othe			2)	
Name of facility where abatement is t	aking place (3)					Scho	ool (K -	12)				
		FACI	LITY INFORM	IATION		Type of Facility	, (A)					
DCA Cancellation	irene i	indsley										
justification)						Į.						
DOH Emergency (including	Name of C	R EDGE, NJ Contact	07001			Telepho	ne Nun	nber				
Amendment #:	_		1 07661									_
☐ DEP ☐ Amended	City State	e, Zip Code										_
Agencies Notified Type Notification EPA Initial	Street Add	iress										
Agencies Notified Type Notification	irene lin						III,FI	NSING	1			_
Date of Notification (1)			er/Operator (2)			ASBE	STOS	CONT	RO	L &		
	11.0	Duine Ouro	r/Operator (2)							1	1	

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

Print Form

			1,		TO NOAC					IIn					
Date of Notification (1)					f Building						J.	AN 3	1	2017	7
01/24/17 Agencies Notified	Type Notification			Street A	Realty A	ASSOCIE	ites LL	C		- '					
		1			opper F	Road				1	ACDEC	TOO	001	/TD/	21.0
X EPA X DEP X DOL	Initial Amended		ŀ		ate, Zip Co						ASBES	LICE	VISIN	NIK	JL &
DOL	Amendmen		_		Berlin, N		91					LIOL	4011	10	70-1
■ DOH	Emergency justification			C 200 - 0276	f Contact					Tel	ephone N	umber			
DCA	Cancellation			Larry	Gottlieb										
				FACI	LITY INF	ORMATI	ON								
Name of Facility Where	Abatement is Takir	ng Place (3))				0.0 20.00	Туре	of Facility (4	1)					
Kaplan									School (K-12		0.0	121			
Street Address	E+ 0+-+- 0+	-1						\forall	Subchapter Other (i.e. p				ldinas	. home	es.
NE River Road &	East State Stre	et							etc.)						
City (5)	_								are Feet	# of	Floors		Bldg. A	Age	
Camden, NJ 08105				0	0-1- (7)				5,000				88		
County (6) Camden					Code (7) USE ONLY)			ent Use (Prio andoned	r if bei	ng aemoli	snea)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	4 No		Nama		atement Con	tractor	(0)				
Environmental Tes				n/a	n NO.				stos Abate						
Street Address	ting Consultan			Tira			Street	(27,23,47)		moni	LLO				
413 N. Black Horse	Pike						07070707070		leral Stree	t					
City, State, Zip Code									Zip Code					1100	
Runnemede, NJ 08	3078						5550	500	NJ 08105						
Project Manager for Mon			Т	Telepho	ne No.		Teleph				License	No.			
Howard Zenobi				856 48	32 1311		856	630	3288		01303				
Start Date (10)		Schedule	d Cor	npletion I	Date (11)		Name	of OS	HA Monitor						
01/14/17		03/01/1	7				Self	moni	tor						
Occupancy Status During	g Abatement (Che	ck Only One	e)				Street	Addre	SS						
▼ Facility Closed/Vaca															
Abatement Perform Other – Describe:	ed Outside of Norr	nal Facility	Hours	S			City, St	tate, Z	ip Code						
	II That Assis														
Scope of Work (Check A	п тпат Арріу)							1	UISANAN SANANAN AND AND AND AND AND AND AND AND A						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			enova						II Containme ni-Enclosure		Negative	Pressu	ire		
<u>M</u> =100 01 01 =200 11			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Gle	ovebag Proce	edure					
						-	X	l No	n-Exempted	(*) and	Non-Fria	ble Pro			ls in
		24	ocat	15000										ement pe	
Location Asbestos-Containing			ormal Sole	ely by	Ashas	Des tos Cont	scription		I (A CMA)	۸۰	mount				
TO BE ABA			ntena	nce/ Staff?		thermal				150.5	pecify	Z.	71	Enc	Ē
In Facili (13)	ty	Cusic	(12)	Stall?			cing, VA			SF	or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		1		Other II	liscollari	eous)				Val.	=	ılate	ure
		Yes	No	N/A										-	
Entire re	oof			X		Roofin	ng mat	erial		135,	000 SF	X			
		1	2000												
Name of Registered Was	te Hauler	1	IN	JDEP W	aste	Cubic '	Yards		Name of R	Registe	red Landfi	1			_
Voyager Trucking Co			H	lauler ID	No.	of Was			IESI PA	and ware			I Cor	n	
	σιροιαιίστ		0	033932	2	417					IGHGIH L	anum	1 001	۲	
City, State							al Date		City, State		۸				
Newark, NJ		T:0 -				Ongo		A	Bethleh	em, F		242			
Completed by Jeff Yekenchik		Title Owne	r			S	ignature	1	1			ate)1/24/	17		
OCH LOVELICITIV		OWITE	4					for	h			1/44/	r.E		
ASB-41 (R-06-08)							* Do no	l use t	this form for a	asbesto	os licensu	re exen	npted	activit	ies.

NO CK

7	E	C			\mathbb{M}	Pr	nt-Pv	prm
		JAN	3	1	2017	***************************************		

				-0.2500.000			263	1111	1	JAN	31	2	UI/	- 1	1
Date of Notification (1)		1		of Building				İ	The state of the s						
01/24/17				Realty	ASSOCI	ates LL	.0		ASE	ESTO	800	NI	rpn	18	
Agencies Notified Type Notific	ation			Address	Dood			1	AGL		ENSI			La	*
EPA Initial		-		Copper F				-				-			
EPA Initial DEP Amend DOL Amend	ied iment # 1			ate, Zip C Berlin, I		01									
Emerg	ency (including	_		f Contact	10 000	<i>3</i> I			Tol	onhono N	lumbo	_			
DOH justifica				Gottlieb					l iei	ephone N	vumbe				
L BOA L Cance	nation			ILITY INF		ION			_					_	
Name of Facility Where Abatement is	Taking Place (3)	1 40	ILIT IN	OKWAT	IOIN	Type of	Facility (4	.)						
Kaplan							□ Sch	nool (K-12	2)						
Street Address			1111111-1111				Sub	ochapter i	8 (Oth						
NE River Road & East State	Street						Oth etc.	ner (i.e. pr	ivate (& comme	ercial b	illd	ings, i	nome	es,
City (5)							Square F		# 0	f Floors		Blo	dg. Ag	ge	
Camden, NJ 08105							135,00	00	1		1	88	3		
County (6)				Code (7)	3		Current	Use (Prio	r if bei	ng demo	lished)				
Camden			(STATE	USE ONLY)		Aband	loned							
Name of Monitoring Firm Hired by Bui	National distriction of the second)	ASCN	И No.		0.000	of Abaten								
Environmental Testing Consu	Itants		n/a			Silt	Asbesto	s Abate	ment	LLC					
Street Address						000000000000000000000000000000000000000	Address	. 2							
413 N. Black Horse Pike) Federa		t						
City, State, Zip Code						107070	tate, Zip C								
Runnemede, NJ 08078							iden, NJ	108105				_			
Project Manager for Monitoring Firm Howard Zenobi			Telepho	ne No. 82 1311			one No. 630 328	0		License 01303					
Start Date (10)	Sahadul	ad Con		02 1311 Date (11)		35777	of OSHA			01303	,				
01/14/17	03/01/		ripietion	Date (11)			monitor	IVIOTILOI							
Occupancy Status During Abatement		West.				550000	Address			-		-			
Facility Closed/Vacated During E		0000 00	aont			0	, 100,000								
Abatement Performed Outside of						City, S	tate, Zip C	Code							
Other – Describe:					_										
Scope of Work (Check All That Apply)								11.000							
≥3 sf or ≥3 If		Renova	ition			×	Full Co	ontainme	nt with	Negative	e Press	sure)		
≥160 sf or ≥260 lf	X [Demolit	tion			-	Mini-E	nclosure							
						×		pag Proce xempted		d Non-Fri	iable P	roce	edure		
	10	Locati	ion									Α	bater	nent	ī.
Location of		Normal	ly		Des	scription	of					_	Тур	е	_
Asbestos-Containing Material (ACI		ed Sole aintena			tos Cont	aining M	laterial (A			mount				Ш	
TO BE ABATED In Facility		todial S		(i.e.		systems cing. VA	s insulation T. or	n,		pecify or LF)	Ken		Re	ncap	nclo
(13)		(12)				niscellar				J. L. /	Kemova		Repair	Encapsulate	Enclosure
	Yes	No	N/A								=			ate	e.
South and west parts of struct	ure		x			TSI			75	26 LF	x	+			
					1//		ut		-			+	-		
West, south & east parts of stru	1C(UE)		X		7.000	T/Mas				50 SF	X	+	-		
West part of structure			X		Li	noleun	n		80	00 SF	х				
		N. Access					The state of the s								
Name of Registered Waste Hauler		100	JDEP W		Cubic		N	ame of R	egiste	red Land	Ifill				
Champion Disposal			lauler ID 2707	NO.	of Was	ste		GROWS	S Lan	dfill					
City, State		10	_, 0,			sal Date	C	ity, State		_					
Hainsport, NJ					Ongo		111111111111111111111111111111111111111	Morrisvil		A					
Completed by	Title					ignature		1			Date				
Jeff Yekenchik	Own	er				-5	11 1	1			01/24	1/1	7		
							100	~							

o CR		1		Sta ICATION ursuant		ESTOS A	BATE			M		ΔN) 1	2	117	Total Sale Children and Sales
Date of Notification (1) 01/24/17					Building Realty A				TO STATE OF THE ST	U U		-				
Agencies Notified	Type Notification	1		Street A						-	ASBES	STOS	C	ON	TRO	L&
	☐ Initial		- 1	160 C	opper R	Road			L			LICE				
X EPA X DEP X DOL	X Amended			City, Sta	te, Zip Co	ode										
DOL	Amendment		_	West I	Berlin, N	NJ 0809	11									
DOH DCA	Emergency justification)			Name of	Contact					Tel	ephone N	Numbe				
DCA	Cancellation			Larry (Gottlieb											
				FACI	LITY INFO	ORMATIO	NC	_	75 10 14				_			
Name of Facility Where	Abatement is Takir	ig Place (3	3)					Туре	of Facility (4)						
Kaplan									School (K-12 Subchapter i		ar than K	(_12)				
Street Address NE River Road & 8	East Ctata Ctra	o.t							Other (i.e. pr				uild	ings,	home	es,
	Last State Sile	eı						- 6	etc.)	1 # 0!	Floors		DI	da A	20	
City (5) Camden, NJ 08105	:							135,	re Feet	1	FIOUIS		8	dg. A R	ge	
County (6)	,			County C	Code (7)				nt Use (Prio		na demo	lished)	_			
Camden					JSE ONLY)			ndoned	i ii bei	ng domo	nonea)				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	1 No.		Name	of Aba	tement Cont	ractor	(9)					
Environmental Tes				n/a			Silt A	Asbes	tos Abate	ment	LLC					
Street Address							Street	Addres	ss							
413 N. Black Horse	Pike						1800	Fede	eral Stree	t						
City, State, Zip Code									p Code							
Runnemede, NJ 08	3078						Cam	iden,	NJ 08105	8						
Project Manager for Mon	itoring Firm			Telephor				none No			License					
Howard Zenobi				200000000000000000000000000000000000000	32 1311		5884400,000	630 3	100000		01303	3				
Start Date (10)				mpletion [Date (11)				A Monitor							
01/14/17		03/01/	100.00			-	1170000000	monit	25.50				_			
Occupancy Status During	5.						Street	Addres	SS							
X Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire ed Outside of Norr	Period of A nal Facility	Abater Hour	nent s		_	City, S	tate, Zi	p Code							
Scope of Work (Check A	II That Apply)															
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Renova Demoli				×	Min Glo	Containme i-Enclosure ivebag Proci n-Exempted	edure					9	
		Is	Locat	ion									,		ment	
Location	of	1	Vorma	lly		Des	cription	of				-	_	Iу	pe	
Asbestos-Containing		1 1702	d Sole intena			tos Conta					mount Specify	-	,		En	m
TO BE ABA		Cus		Staff?	(i.e.	thermal surface	ing, VA		iuon,		or LF)	Kolliova		Repair	Encapsulate	Enclosure
(13)			(12)			other m	iscellar	neous)				24		air	sula	sure
		Yes	No	N/A											te	
					***IN	ADDIT	T NOI	то от	HER							
					NO	TIFICA	TION	FORM	V***							
West side of	structure			Х		Transite	wall p	panel	s	2	0 SF	х				
South exterior sid	e of structure			×		Trans	site de	bris		60	00 SF	х				
Name of Registered Was	te Hauler		50	JDEP W		Cubic `	N. C.		Name of F	Registe	red Land	dfill				
Champion Disposal				Hauler ID 32707	No.	of Was	ite		GROW	35-02-5-0-3-0-3	ndfill					
City, State							al Date		City, State							
Hainsport, NJ						Ongo	_		Morrisv	ille, P	A					
Completed by Jeff Yekenchik		Title Own	er			Si	gnature		1			Date 01/2	4/1	7		

4(13730

B						7AC 0.00 and 5.						
Date of Notification (1)	25 /	17			ame of Build St. Luke's	ing Owner/Operato	r (2)	1111	JAN 3	1 6	2017	
			a .									
Agencies Notified EPA	Type Notifi Initial	cation		15-25	reet Address	5.3		ASBE	STOS	CON	TRO	DL 8
☑ DOLWD	☐ Amende	ed			185 Roseb				LICEN	ISIN	<u>G</u>	
☑ DHSS	Amendr	ment #		1	ty, State, Zip							
DCA	☐ Emerge	ncy (inclu	ding	-		rg, NJ 08865						
(NJAC 5:23-8)	justifica				me of Conta	act		Telephone I	Number			
	- Cancella	auon			red Ruhf							
Name of Facility Whee	A !	= =.		- 1	FACILITY I	INFORMATION						
Name of Facility Where St. Luke's Hospita		Taking Pi	ace (3)	K			Type of Facility					
Street Address	1						School (K-1	12) · 8 (Other than I	K 12\			
185 Roseberry St.							Other (i.e.,	private and con	nmercial	buildir	ngs,	
City (5)							homes, etc					
Phillipsburg, NJ 08	8865						Square Feet	# of Floors		Bldg.		
County (6)				IC	ounty Codo	(7)(STATE USE ONLY)	100,000+	2		41+		
Warren					bunty Code	(I)(STATE USE UNLY)	in the state of the production of the state	rior if being der	nolished)			
Name of Monitoring Firm	Hired by Buil	Idina Own	er (8)	ASC	M No.	Name of Abata	Hospital	1)				
Pennonni Assoc.		S. S. OWII	- (0)	N.			nent Contractor (9 vironmental Sy	7				
Street Address				140	•	Street Address	moninental Sy	stems				
515 Grove St.						550 East Un	ion St					
City, State, Zip Code						City, State, Zip C	5.00.000.000.000					
Haddon Heights, N.	J 08035					West Cheste						
Project Manager for Moni			Te	elephor	ne No	Telephone No.	1, FA 1930Z	License No				
Tom Adams	Ü		0.000	Torrespond the	47-0505	610-701-900	n	00508).			
Start Date (10)	15	Scheduled				Name of OSHA I		00506				
2/_8/					17	AET	VIOTILOI					
Occupancy Status During	Abatement (7.63	Street Address						
☐ Facility Closed/Vacate						28 N. Pennel	Pood					
Abatement Performed	Outside of No	ormal Fac	lity Ho	urs - D	escribe	City, State, Zip C			C - T			
Time of Abatement: 7	:00AM- <u>3:30</u> F	PM/	PM	A	M	Media, PA 19						
Scope of Work (Check all	that apply)					modia, 171 10						
☐ ≥3 sf or >3 lf						Full Con	tainment with Neg	gative Pressure	ı.			
≥160 sf or ≥260 lf			Renova Demoli			Mini-End Gloveba	closure g Procedure					
						☐ Non-Exe	mpted (*) and No	n-Friable Proce	edure			
			Is Loc							patem	ent T	vpe
Location of Asbestos-Containing N		n U	Norm sed So	ially ilely by	Acho	Description o	of	#TIMOTORIAL NOV		1	T	T
TO BE ABA	TED	. V		ance/	(i e	estos Containing Ma e., thermal systems		Amount (Specify	Remova	Repair	nca	Enclosure
IN Facility (13)	У	00	istodia (12	I Staff?		surfacing, VAT	, or	SF or LF)	oval	7	Encapsulate	Jusc
(10)		Yes	1		A	other miscellane	ous)				late	O
th Floor Nursing Unit			П		VAT &	Mastic		3238 SF				
th Floor Nursing Unit					Duct M							
rd Floor Nursing Unit			10		_	20.70.70.70		492 SF				Ш
ricer rearring crite					Pipe in	sulation		70 LF				
lame of Registered Waste	- Haules											
Richard Burns & Co.					Waste ID No.	Cubic Yards of Waste	Name of Regis					
of Hoperoxical and an account post-on-company	•(1995		40		erks Commu	nity Lar	ndfill		
ity, State						Disposal Date	City, State					
Phila., PA		MANUSCIA AFRICA				TBD	Birdsboro,	PA				
ompleted By (Print or Typ	oe)	Title				Signature	in Mil		Date /		1	-
Mark H. Griffin		Estima	ator				77H		1/2	5	/1-	7
B-41 Y 11		* Do	t 110= 1	hia f-	n for'	os licensure exemp	11/1/		/	7	, ,	C.
S 500		DO 110	L USE [1115 1011	ii iui aspesti	us licensure exemp	ted activities.					

Check No.	2843

		11						3:60 and 12-1		m E	CE		W		7 7
Date of Notification (1)					Nan	ne of Build	ding	Owner/Operator	(2)			_			
January 11, 2017					10000000	of NY			3. %						
Agency Notified	Type No	otification				et Addres	000000000000000000000000000000000000000	-		J. J.	AN 3	1	201	7	1
3-EX 5.	8531				Go	ethals	Bri	dge, 2777 G	oethal Road	North					
EPA BEP No equied per State Reg. 10/2004	☐ Initia ☑ Ame					, State, Z		A District Control of the Control of		ASBES	STOS	00	NITI	201	8
DOL Mishanta gaster ingre		ndment # 02						d, NY 10303-	8413		LICEN			101	_ α
		rgency (includi	ng			ne of Con				Telephone Nun	CONTRACTOR SUSPENSION	1011			\neg
☑ DOH □ DCA	☐ Cand	fication) cellation				lay Meh							Charge of a		
					FA	CILITY	NFO	RMATION							
Name of Facility Where A	Abatemer	nt is Taking Pla	ce (3)					Type of Facilit	ty (4)					
Goethals Bridge - I	New Je	ersey Side o	of B	ridge					☐ School (K-1	12)					
Street Address									☐ Subchapter	8 (Other than K-12	<u>?</u>)				
2777 Goethals Roa	d Nort	h							Other (i.e. phomes, etc.	private & commercia	ıl buildir	ngs,			
City (5)	14 11011								Square Feet	# of Floors	Bldg	. Age	Э		
Staten Island, NY 1	10303-8	3413							440,758	1	88				
County (6)					Cou	nty Code	(7)	(STATE USE	Current Use (Prior if being demol	ished)				
Union					ONL		165.3	ž.	Bridge						
Name of Monitoring Firm	Hired by	Building Owne	r	ASCI	VI No.		T	Name of Abater		(9)					
(8) reative Environment S				N/A						ompany, Inc.					
Street Address	- Joidtioni	o (020) 00.p.		14//			+	Street Address	0.014.1011 0.0	,,, ,		- 10			
39 West 37th Stree	t 14th	Floor						223 Randol	nh Avenue						
City, State, Zip Code	, 14111	1 1001					+	City, State, Zip						_	-
New York, NY 1001	12							Clifton, NJ							
Project Manager for Moni		rm	Т	Telepho	one N	0	+	Telephone No.	07011	License No.					
Dmitry Khusidman				212 2				973-478-468	21	00120					
Start Date (10)		Scheduled Co					+	Name of OSHA		00.20					
January 23, 2017		January 2	ALCOHOL:		ato (1	• /				Services, L.L.	C.				
Occupancy Status During	Ahatem		1000				+	Street Address	vii Oriiii Oriitai	00111000, 2.2.					
-								464 Vailey B	Brook Aveni	ie.					
 ☐ Facility Closed/Vacate ☐ Abatement Performed 	d During	Entire Period of Normal Easi	f Aba	atemer	nt		-	City, State, Zip							_
☑ Other - Describe: No	n-friab	le exterior	wor	k				Lyndhurst,							
Scope of Work (Check all								/							
☐ ≥ 3 sf or ≥ 3 lf					П	Renovation	n		Containment wi -Enclosure	th Negative Pressu	e				
						emolition		☐ Glov	ebag Procedure	•					
								⊠ Non	-Exempted (*) a	nd Non-Friable Pro	cedure		bate		-
			1	ls Loca								-		pe	111
Locatio	n of		He	Norma sed Sol		,		Description	of				Γ		П
Asbestos-Containing	g Materia	al (ACM)		lainten		As		tos Containing N	laterial (ACM)	Amount		77		En	ш
TO BE AE				Custo		1	(I.e.,	thermal systems surfacing, VA		(Specify SF or LF)		lem	Rep	caps	ıclo
(13)				Staff (12				other miscellan		J. J. J. J.		Remova	Repair	Encapsulate	Enclosure
				1								=		te	
W B I B	N.	. T	Yes	No	N	/A		ncased Transite Pipe (Pa	annet Namb Cida	1	50 In f		-	-	
West Bound Bridge			\ominus	-	+	- 1		ncased Transite Pipe (Pa	10 10 10 10 10 10 10 10 10 10 10 10 10 1		50 In f	-		-	\vdash
West Bound Bridge		Tumpike	\Diamond	-	+						0 sq f	-	1		Н
NJ Abutment Room	100	taktore to statura	\Diamond	-				Panel (Tran			36 In f	-	+	-	H
East Bound NJ approact Name of Registered Was			\triangle	LIDED	Wast	e Hauler		Encased Transite Pi		istered Landfill	JU 111 1	·/	1	1	Щ
1. Jimmy Byrne Tr			- 2	D No.	wasi	e naulei		Waste			h = wa! = =	111/0	240		
2. Clean Earth of I				19551	1/1	1352		53	Minerva En Managemei	terprises, Inc. / Cl	remical	wa.	ste		
City, State								Disposal Date	City, State						
Bronx, NY / Newar	k, NJ							01/23/2017 - 01/21/2018	530	urg, OH / Eme	lle, AL	-			
Completed by		Title						Signature	1 1/1/11	///	Date				\neg
G. Roger Woodma	n	Project M	ana	ger				11/1	11/1/10		1/25	/20	17		

		NI	OTIE	ICAT			w Jersey ESTOS ABAT	TEMENT	Check No	. 28	43		
		IN					8:60 and 12-1		ME	SE	1	7 6	The same
Date of Notification (1)					Name o	of Buildin	g Owner/Operator	(2)					
January 11, 2017						NY &							
Agency Notified	Type No	otification				Address			J/	4N 3	20	17	
5 a 18 v 2 - a 18 v 2 - a 19 v 2	15.0				Goet	hals Br	idge, 2777 G	oethal Road I	North				
EPA Not equired for State Pec 11/2004	☐ Initial ☑ Amer			-		ate, Zip (STOS C	ONIT	POL	
☑ DOT International International	Ame	ndment # 02					d, NY 10303-8	8413		LICEN			. α
E DOLL		gency (includir	ng	-		of Contac			Telephone Num	STREET, STREET			
☑ DOH ☐ DCA	☐ Canc	ication) ellation			Uday	Mehta							
							ORMATION						
Name of Facility Where	Abatemen	t is Taking Plac	ce (3)			10/2/19 1 1000		Type of Facility	(4)				
Goethals Bridge -	New Je	rsey Side o	of Bri	idge				☐ School (K-12	2)				
Street Address								☐ Subchapter	8 (Other than K-12				
2777 Goethals Ro	ad Nort	h					1.47	homes, etc.	rivate & commercia)	u bullaing	JS,		
City (5)								Square Feet	# of Floors	Bldg.	Age		
Staten Island, NY	10303-8	3413						440,758	1	88 +	/-		
County (6)					County	Code (7) (STATE USE	Current Use (P	rlor if being demoli	shed)			
Union					ONLY)			Bridge					
Name of Monitoring Firm	Hired by	Building Owne	r	ASCM	No.		Name of Abaten	nent Contractor (9)				
Creative Environment	Solutions	(CES) Corp.		N/A			B&N&K. Re	storation Co	mpany, Inc.				
Street Address							Street Address						
39 West 37th Street	et, 14th	Floor					223 Randol	ph Avenue					
City, State, Zip Code							City, State, Zip	Code					
New York, NY 100	18						Clifton, NJ	07011					
Project Manager for Mon	itoring Fir	m	Te	elephor	ne No.		Telephone No.		License No.				
Dmitry Khusidman	n		2	12 29	0 632	3	973-478-468	31	00120				
Start Date (10)		Scheduled Co	mplet	ion Dat	te (11)		Name of OSHA	Monitor					
January 23, 2017		January 2	1, 20	18			McCabe En	vironmental :	Services, L.L.	C.			
Occupancy Status Durin	g Abatem	ent (Check only	one)	8			Street Address						
☐ Facility Closed/Vacate	ad During	Entire Period o	f Ahai	tamant			464 Vailey E	Brook Avenu	е				
☐ Abatement Performed	Outside of	of Normal Facil	ity Ho	urs		Î	City, State, Zip	Code					
Other - Describe: No	on-friab	le exterior	work				Lyndhurst,	NJ 07071					
Scope of Work (Check at ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 lf	ll that app	ly)			□ Rend		☐ Mini	-Enclosure rebag Procedure	n Negative Pressur d Non-Friable Prod				
			Is	Locati	ion							temer ype	nt
Asbestos-Containir TO BE A IN Fac (13	ng Materia BATED cility	il (ACM)	Use Ma	Normal ed Sole iintena Custodi Staff? (12)	ly ly by nce/ al		Description stos Containing N ., thermal systems surfacing, VA other miscellan	laterial (ACM) s insulation, T, or	Amount (Specify SF or LF)		Repair Removal	En	Enclosure
			Yes	No	N/A								
West Bound Bridge	over NJ	Turnpike	X	1,0		Concrete	Encased Transite Pipe (Pa	rapet) - North Side	45	0 In ft	X		
	1/20 3	V1000	()				597 E 8 600	es le novembre			1		

≥ 160 sf or ≥ 260 lf			⊠ Dem	olition	☐ Glove ☑ Non-	ebag Procedure Exempted (*) and l	Non-Friable Procedure)			
		Locati						-	Abat	eme /pe	nt
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Use Ma	ed Sole intena custodi Staff? '(12)	ly by nce/ al	400000000000000000000000000000000000000	Description of estos Containing Ma e., thermal systems surfacing, VAT other miscellane	nterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							_	
West Bound Bridge over NJ Turnpike	X			Concrete	Encased Transite Pipe (Para	apet) - North Side	450 In	ft			
West Bound Bridge over NJ Turnpike	X			Concrete	Encased Transite Pipe (Para	apet) - South Side	450 In	ft	1		
NJ Abutment Room	X			Whi	te Panel (Trans	site)	80 sq	ft	1		
East Bound NJ approach of existing bridge	X	17.000	1	Concre	te Encased Transite Pip	e (Duct Bank)	36 In	ft			
Name of Registered Waste Hauler 1. Jimmy Byrne Trucking 2. Clean Earth of North Jersey	ID	No.	Vaste H		Cubic Yards of Waste 53	Name of Register Minerva Enter Management	ered Landfill orises, Inc. / Chemic	al Wa	ste		ili
City, State					Disposal Date	City, State	Proposition College Co				

Completed by

Bronx, NY / Newark, NJ

G. Roger Woodman

Title

Project Manager

01/23/2017 -

01/21/2018

Signature

Waynesburg, OH / Emelle, AL

Date

1/25/2017

CKQ	800	1		NOTIFICAT		SBESTOS	SEY ABATEMEN AND 12:120-7		AL	d		
Date of Notification (1) /17				Name of First Ener	Building (Owner / Ope	THE RESERVE TO SERVE	HUF	3 6	5 1	
Agencies Notified EPA DEP DOH DOL	Type of N	Initia Ame Ame Eme	al nded ndment _ rgency w	- / justification	Street Ad 76 South City, Stat Akron, Oh Name of Jim Halso	Street e, Zip Coo nio 44308 Contact	de		Telephor	.IAN		2017 L
		Cano	cellation	F	ACILITY IN	FORMAT	ION	was well as a		lon (*-	11/011	10
Name of Facility Whe Street Address 16 SYCAMORE LANE		nent is	Taking I	Place (3)		Type of		-12) er 8 (Other , private &				
City (5)	County (6	5-1000-17		County Code	(7)	Square F	bldgs., ho	mes, etc.) # Of Floor		Buildin	g Age	
RUMSON	MONMOU	IH				Current Telephor	Use (Prior if	being dem	olished)			
Name of Monitoring F Environmental Health Street Address			dg. Own	er (8)	ASCM NO	NORTHS	STAR CONTR	RACTING G	ROUP. IN	C.		
655 West Shore Trail City, State, Zip Code Sparta, NJ 07871			35				ns Parkway te, Zip Code					
Project Mngr. For Mo Dino Nappi				Telephone Nu 212-682-9271		East Han	over, NJ 070					
Sheduled Start Date (10) /17	Sche -	02 /	letetion Date (1	11) / <u>17</u>		ne Number 384-8682		License N		00860	
Abatement	sed/Vacat	ted Du	uring Ent	Only 1) ire Period of ormal Facility		Name of	OSHA Moni		ROUP. IN			
Hours - De Other - Des	scribe:	8:00 8	am to 5;0	0 pm		City, Stat	ns Parkway te, Zip Code over, NJ 070	36				
Scope of Work (Chec	k All That	Apply	')									
☐ Demolition ☑ ≥3sf or ≥3l ≥160 sf or	f		▽	Renovation		Mini - En Gloveba	tainment wit closure g Procedure mpted (*) an					
Location of Asbestos Contai <u>TO BE ABATE</u> in Facility (13)	ning	No S by ter Cu: Sta	Is cation ormally Jsed colely Main- nance/ stodial aff (12)	(I. insu	Descript sbestos - C Material e., therma llation, sur other misc	ontaining (ACM) I systems facing, VA	ιΤ,	Amount (Specify SF or LF)	Abatemer R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
Exterior Telephone Pol	e		NO N/A	Transite Condu	uit			20 LF	- / 			
Name of Registered V NEWARK CARTING	Vaste Hau			NJDEP Waste Hauler ID No. 4509	Yards of Waste	I.E.S.I.	Registered I	_andfill				
City, State NEWARK, NJ					Disposal Date	City. Stat	e HEM, PA 181	05	1			
Completed by (Print o	r Type)			Title Project Manage	er		Signature	101	15)	Date)1/30/17
ASB-41	t passing and the						7	1				

CVALOQUE

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	HILL	N		(Pu	rsuant 1	to NJAC 8	:60 an	d 12:120))			Ì.	1.6.4	0 4			
	e of Notification (1) 4/2017			- 1	Name of Reside	Building O	wner/0	perator	(2)			i J	AN	J	20	117	Andrew Const.
Age	ncies Notified	Type Notification			Street Ad	ddress					- decare	ASBE					_&_
×	EPA	× Initial			City Sta	te, Zip Cod	ام					The same a constant	LIC	ENS	SIMG		
×	DEP DOL	Amended Amendment				, NJ 070											
	DOH	Emergency (i	including			Contact					Tele	ephone I	Numb	er			
	DCA	Cancellation			Lionel	San Carlotte											
Nan	ne of Facility Where	Abatement is Taking	Place (3	3)	FACII	LITY INFO	RMAT	ON	Typ	pe of Facility (4)						
	sidence	•		*						School (K-1	2)						
Stre	et Address									Subchapter Other (i.e. p	8 (Otherivate 8	er than k	(-12) ercial	build	inas.	home	s.
									×	etc.)			JI OIGI	_			
City	(5) arny, NJ 07032									uare Feet 00	2	Floors		90	dg. A	је	
	inty (6)				County C	Code (7)			100000	rrent Use (Pri	or if bei	ng demo	olishe	d)			-
	dosn				STATEL	JSE ONLY)						380					
	ne of Monitoring Firn Seine Lighthous		Owner (8)		ASCM	l No.				batement Cor anks Servi		(9)					
	et Address Box 354							Street 1256		iress perty Avenu	ie						
	, State, Zip Code uth Orange, NJ	07070								, Zip Code NJ 07205							
	ect Manager for Mor			Τ.	Telephor	ne No.		Teleph	0.000	ROSE TOTAL SERVICE		Licens	e No.				
117.	rah Calandra	mioring r iiii				9-2666				2-7465		01316	6				
	t Date (10) 3/2017		Schedule 2/10/20		pletion I	Date (11)				SHA Monitor Lighthous	e Solu	ıtions					
Occ	upancy Status Durin	ng Abatement (Chec	k Only Or	ne)				Street									
×	Abatement Perforn	cated During Entire F	Period of A	Abatem / Hours	ent			PO E	13011100313	354 , Zip Code							
	Other – Describe:						_	Sout	th C	range, NJ	07079)					
-	pe of Work (Check A	All That Apply)	X F	Renova	tion			Г	7	Full Containm	ant with	Negativ	ve Pr	2001II	P		
×	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Demolit				>		Mini-Enclosure	Э	•	ve i i	Josui			
								É	-	Glovebag Pro Non-Exempte			riable	Prod	cedur	е	
			Is	Locati	on											ement pe	
	Locatio			Normal ed Sole				escription		rial (ACM)		maunt	1		' '		
	Asbestos-Containing TO BE AB	BATED	Ma	intenar todial S	nce/	(i.e.	therma	I system	is ins	rial (ACM) sulation,	(3	Specify		Re	R	Encapsulate	Enc
	In Faci		Ous	(12)	nan:			acing, VA miscella			S	F or LF)		Remova	Repair	psul	Enclosure
			Yes	No	N/A									20		ate	.e
	basem	nent		Х				pipe			86	150 If		X	2001		
Nar	me of Registered Wa	ste Hauler		100	JDEP W	Deligion Caron		Yards		Name of	Regist	ered Lar	ndfill	50000			
Nev	wark Carting				lauler ID 4509	NO.	of Wa	aste		Waste	Mana	gemer	nt La	ndfil	I		
	r, State st Orange, NJ						Dispo	sal Date	Э	City, Star Penn A		PA				7.3	
	mpleted by		Title					Signatur	е				Date				
Ror	n Brink		Pres	ident								_	1/2	4/20)17		

D&S Proj. #: 17-37

D	E	C	E		\mathbb{V}	E	
	,	JAN	3	1	2017		
A	SBE	STC)S(20	NTRO)L 8	ė.

									JAN	JI	201	/	1			
Date of Notification (1)	_	Name of E	Building Ow	ner/Operator (2	2)								-			
0 1 /2 5 /1		Valerie	Jablonski					AS	BESTO	SCC	NTF	OL.	&			
Agencies Notified Type I	Notification	Street Add	ress					CONTRACTOR OF THE PARTY OF THE		ENS	NG					
DEP Ame	A 30 30 40															
Amend	ment#:	City, State	, Zip Code						-							
☑ DOL ☐ Eme	rgency	oaklan	d gardens.	ny 11364												
DOH (inclu	uding	Name of C						Telephor	ne Numbe	r		-				
D DCA	ication)	Valeria	Jablonsk	:				100		8						
Cand	cellation	v alci ic	Jaululisk	I				_		9	_					
			FAC	ILITY INFORM	IATIO	N										
Name of facility where abat	ement is taking	place (3)					Тур	pe of Facility								
Valerie Jablonski								=	ol (K - 12)			200072207				
Street Address							-	☐ Subch	apter 8 (0			-12)				
171 CO 532									/Homes, e		lolai					
						Square Feet # of Floor						rs Bldg. Age				
City (5)	0	ounty (6)			600,000	unty Code (7)										
NO. ARLINGTON	1	BERGEN			(30	ate use only)		Current Use (Prior if being demolished					1)			
Name of Monitoring Firm Hi				ASCM No.	Н	Name of Abateme	ent Contr	ractor (9)								
						1		- 10 At - 10 A			*					
Street Address	-	D & S RESTORATION, INC. Street Address														
						20 California	Ave.									
City, State, Zip Code					-	City, State, Zip Co	de					10000				
						Paterson, NJ	07503									
Project Manager for Monitoring Firm Phone Number						Telephone Number	er		License	Numb	er					
						973-345-80			0	1169						
Start Date (10)	Sch	ned. Complet	ion Date (1	1)	_	Name of OSHA M										
02/06/17	02	/20/17				D & S Restor	ation, I	nc.			_					
Occupancy Status During Ab	100,000				-	20 California	Awaniia									
Facility closed/vacated			ement.			City, State, Zip Co										
Abatement performed of Describe:	outside of norm	nal facility hou	ırs-													
Other-Describe: NOR	MAL HOURS				_	Paterson, NJ	07503									
Scope of Work (check all tha	at apply)						Full C	ontainment w	//negative	press	ure					
≥ 3 sf or >3 If	Renova	ation				Ī		enclosure								
≥160 sf or ≥260 lf	☐ Demolit	tion				į.		bag procedu Exempted (*)		friabla	nroo	adura				
Location of	Is loca	tion normally	used solely	/			11001-1	Exempled ()	and Non-	T R	R	E	Γ_			
asbestos-containing	by mai staff(1)	intenance/cu	stodial	Description	on of a	sbestos-containing		Amount		e m	e	n	E n			
material (acm) to be abated in facility (13)	2000		mate					(Specify S LF)	F or	0	a	c a	С			
	Yes	No	N/A					_, ,		e e	i r	р	-			
BASEMENT				PIPE INSU	LAT	ION	8	30 l ft		X						
Poglotorod Woods / Lawrence																
Registered Waste Hauler D & S RESTORATION,		JDEP Hauler 3506	200000	ubic Yards of V	vaste	Name of Register TULLYTOW			COVED	V			•			
City, State			Disposal D		-	City, State	i, KEO	CONCE NE	COVEN	. 1	-					
PATERSON, NJ 07503	3		02/06/1			TULLYTOW	N, PA									
Completed by (Print or Type)	Title		American	Signature					Date							
BOGDAN JOLDZIC		IDENT							01/25/	2017						
105 11	* Do not	uca thic form	tar anhante	on licensure ave	amata	d activities										

D&S Proj. #: 17-30

E	C			\mathbb{V}	
	JAN	3	1	2017	

							oper to:				1			
Date of Notification (1)		Name of E	Building Owr	ner/Operator (2))		ACE	COTOO	001					
0 1 /12 3 /117		john ad	elman				ASB	BESTOS			1L &			
Agencies Notified Type Notifica	tion	Street Add	Iress				15.0							
DEP Amended														
	[City, State	, Zip Code											
Emergency	- 11	Upper	Montclair,	NJ 07043										
DOH (including justification)		Name of C	ontact				Telephone Number							
☐ DCA ☐ Cancellation	- 11	gary st	oddart						2					
			FAC	ILITY INFORM	ATIO	N *								
Name of facility where abatement	is taking p	lace (3)					Type of Facility	(4) ol (K - 12)						
john adelman								napter 8 (O	thar th	an K	12\			
Street Address								(Private/Co			-12)			
							Bldgs.	/Homes, et	tc.					
0:4- (5)	I Cou	mb. (6)				Square Feet # of Floors Bldg. Age								
City (5)	1 000	inty (6)				Sounty Code (7) State use only) Current Use (Prior if being demolished)								
Upper Montelair	ES	SEX			(01	ate use only)	Current Use (P	nor ir being	g dem	Olishe	(0)			
Name of Monitoring Firm Hired by		ASCM No.	\neg	Name of Abatement Co	ontractor (9)	tractor (9)								
						D & S RESTORATION, INC.								
Street Address		Street Address												
						_20 California Ave.								
City, State, Zip Code					_	City, State, Zip Code								
110						Paterson, NJ 0750)3							
Project Manager for Monitoring Firm Phone Number						Telephone Number		License		er				
						973-345-8020		0	1169					
Start Date (10)	Sche	d. Complet	tion Date (1	1)		Name of OSHA Monitor D & S Restoration, Inc.								
02/03/17	02/2	8/17				Street Address	, Inc.							
Occupancy Status During Abatemer				Secretary of the second	-	20 California Avenue								
Facility closed/vacated during			tement.			City, State, Zip Code	iuc			_				
Abatement performed outside	of normal	facility ho	urs-			only, class, Elp code								
Describe: NORMAL H	OURS					Paterson, NJ 0750	3							
Scope of Work (check all that apply	/)					∏ Fu	Il Containment w	v/negative	press	ure				
	Renovati	on				☐ Mi	ni-enclosure							
≥160 sf or ≥260 lf	Demolitio	n					ovebag procedu				name and			
<u>_</u>	Is location	n normally	used solely	/		□ No	n-Exempted (*)	and Non-r	riable R I	Proce R	E			
Location of asbestos-containing	by maint	enance/cu			n of s	sbestos-containing	Amount		e	е	n	E		
material (acm) to be	staff(12)			material ((Specify S	F or	m o	p a	c a	C		
abated in facility (13)	Yes	No	N/A				LF)		v	i	p	L		
BASEMENT			7	PIPE INSU	LAT	ION	86 l ft		e		П	\Box		
BASEMENT crawl space				PIPE INSU			24 l ft			Ħ	౼	〒		
									H	Ħ	Ħ	亍		
			1		-				H	Ħ	計	Ħ		
									H	H	十	亓		
Registered Waste Hauler	NJD	EP Hauler	ID# C	ubic Yards of V	Vaste	Name of Registered La	ndfill							
D & S RESTORATION, INC.		506	1	yd.		TULLYTOWN, RI		COVER	Y					
City, State			Disposal D			City, State								
PATERSON, NJ 07503			02/04/1		_	TULLYTOWN, P.	A	T = -						
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIC	FNT		Signature				Date 01/23/2	2017					

	0.,	
	VI	o attach
D&S Pr	oj. #: 17-31	LU DI

E	C	E		\mathbb{V}	M
	JAN	3	A	2017	

									JAN 3	1 2	017		9	
Date of Notification (1)	II	Name of B	uilding Owr	ner/Operator (2))							\top	\dashv	
<u>0 1 / 2 4 / 1 7 </u>		hugh ha	rlin					ASBI	ESTOS	CON	TRO	L &	ĺ	
Agencies Notified Type Notifica	tion	Street Add	ress						LICE	12114	3			
DEP Amended														
Amendment #	:	City, State,	Zip Code											
DOL ☐ Emergency		CRANI	FORD, NJ	07016										
DOH (including justification	, IT	Name of Co	ontact					Telephon	e Numbe	r		-		
DCA Cancellatio		hugh ha	arlin											
			FAC	ILITY INFORM	ATIO	N		_,						
Name of facility where abatement	is taking pl	ace (3)					Т	ype of Facility (
hugh harlin								=	I (K - 12)		1	40)		
Street Address							-		apter 8 (C (Private/C			-12)		
					Bldgs./	Homes, e	tc.							
0.1 (5)	1.0	nty (6)					-	Square Feet	# of Floo	S	Bldg. Age			
City (5)	Cou	nty (6)				unty Code (7) ate use only)	-	Current Use (P	aine if hain		-0-1-	1\		
CRANFORD	UN	IION			(0.	ate acc city)		Current Use (P	nor ii bein	g den	IOIISTI	ea)		
Name of Monitoring Firm Hired by		Name of Abatement Contractor (9)												
						D & S RESTORATION, INC.								
Street Address		Street Address												
		20 California Ave.												
City, State, Zip Code		City, State, Zip Co	ode											
Project Manager for Monitoring Firm		To			_	Paterson, NJ	150000000000000000000000000000000000000	3	177					
Project Manager for Monitoring Firm	1	P	hone Numb	er		Telephone Numb			License	Numb 1169	er			
					_	Name of OSHA Monitor								
Start Date (10)	Sched	d. Completi	on Date (11	1)		D & S Restoration, Inc.								
02/07/17	02/2					Street Address								
Occupancy Status During Abatemen						20 California Avenue								
Facility closed/vacated during Abatement performed outside						City, State, Zip Code								
Describe:					_	Paterson, NJ 07503								
Other-Describe: NORMAL F					-	Paterson, NJ								
Scope of Work (check all that apply >3 sf or >3 if	() Renovatio					l	=	Containment w i-enclosure	/negative	press	ure			
								vebag procedur	re					
≥160 sf or ≥260 lf	Demolition						☐ No	n-Exempted (*)	and Non-	riable R	_			
Location of asbestos-containing		tion normally used solely intenance/custodial								e	R e	E n	E	
material (acm) to be	staff(12)			material (/		asbestos-containing	3	Amount (Specify S	For	m o	p a	С	n	
abated in facility (13)	Yes	No	N/A	,	***************************************			LF)		v	i	a p	L	
BASEMENT crawl space #3		X		PIPE INSU	LAT	ION		28 1 ft		e	T	П	\Box	
BASEMENT crawl space #1		X		PIPE INSU				51ft			一	Ħ	盲	
BASEMENT		X		BARE HEA	TIN	G PIPES		62 l ft				\boxtimes		
BASEMENT crawl space #2		X		BARE HEA	TIN	G PIPES	ADT (A. 12-	6 l ft				X		
Registered Waste Hauler D & S RESTORATION, INC.	NJDI 135	EP Hauler	7.00	ubic Yards of V	Vaste	1			COVER	v			-	
Dity, State			Disposal D	yds. ate		TULLYTOW City, State	N, KE	SOURCE RE	COVER	I				
PATERSON, NJ 07503			02/08/1			TULLYTOW	N, PA	Λ						
Completed by (Print or Type)	Title			Signature					Date					
BOGDAN JOLDZIC	PRESID								01/24/	2017				
ACD 41 *	Do not us	e this form	tor ashesto	s licensure exe	emnte	d activities								