Date of Notification (1)		Name of	Building Owner/	perator (2	lle Si	hool		261		
×	otification	Street A	ddress)	Alia	1 Au	l	. *			11-
DEP T An	tial nended nendment #	111	ite, Zip Code	4/10	MIX	7) =		1		7
DOH En	nergency (including stification)	1/10	Contact	NJ	- 0	Telephone Nu	mber		2	5.
	ancellation	FACI	LITY INFORMATI		mt				7.	
Name of Facility Where Abatemer	nt is Taking Place (3)			TE ST	ype of Facility		ī		C)	
Street Address QAYQU	Aul			E		r 8 (Other than K-1 private & commerc		ings,	home	∍s,
Orange . LT	171050			S	quare Feet	# of Floors	Bi	dg. A	ge	
County (6)	0 1000		Code (7) USE ONLY)		Surrent Use (Pri	or if being demolis	hed)			
Name of Monitoring Firm Hired by	Building Owner (8)	ASCN	1 No.	115A	Abatement Co	ntractor (9)	tis	(4	W).
Street Address	1			\$\$\$\$\$	BULLI	4 Dl.	,,,,		,	
City, State, Zip Code				City, Stat	e, Zip Code	NJ OTO	202			
Project Manager for Monitoring Fi	rm	Telephoi	ne No.	Telephon	12]0-37	39 License N	10.			
Start Date (10)	Schedpled Co	ompletion I	Date (11)	Name/of	OSHA Monitor				10	
Occupancy Status During Abatem				Street Ad	Idress					
Facility Closed/Vacated During Abatement Performed Outside Other – Describe:	ng Entire Period of Abate de of Normal Facility Hou	ement urs		City, Stat	e, Zip Code					
Scope of Work (Check All That Ac	oply)	9.		Faces						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renor	vation dition			Mini-Enclosur Glovebag Pro	cedure				
	ls Loca	ation			Non-Exempte	d (*) and Non-Friat		Ahate	meni	
Location of Asbestos-Containing Material	Norm Used So	ally lely by	De Asbestos Con	scription of		Amount		Тур		
TO BE ABATED In Facility	Mainten Custodia (12	Staff?	(i.e. thermal surfa	systems in cing, VAT,	nsulation, or	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes No	1	other r	miscellaned	ous)		oval	Bi.	ulate	sure
	-						X			
See afficied		-	NON th	ABLE			X			
							X			
Name of Registered Waste Haule		NJDEP W		Yards	Name of	Registered Landfil				
Intel Klynonal	Visposal 1	327	11	sal Date	Çity, Stat	Magaman	nds	>		
llizabeth, NT		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	111	1/14	hear	TU, MI	- !			
Completed by Menuez	Title Open.	assi	stent!	Signature	ely le	meres "	7	3/	4	
ASB-41 (R-06-08)	• 1			* Do not b	se His form fo	r asbestos licensur	e exem	pted a	activit	ties.

2814 JUL -9 AM 6:26

ALICENTES

Asbestos Containing Roof Areas:	
*Roof Area A - Perimeter materials (700sq')	
Roof Area B - Field of the roof (10.200sg)	
*Roof Area CI/C!! - Bottom layer of tar (1,850sq')	
- Brick side perimeter for	
*Roof Area F/CI/CII - Louvers House roofs and fail to	
1.001 Aleas D & E - Perimeter materials chimpovoyent (4.000 0.000)	
Glate field seall tal, Cornice Califking far and Journe haves (450)	
*Roof G - North/South perimeter materials (300sq')	
Root H - Roof field (1.300sa')	
Roof I - Perimeter materials (375sg)	
*Roof J - Roof field and perimeter materials (325cg)	
*Roof K - Field and perimeter materials (225sq')	

Date of Notification (1)				Name of	f Building	Owner/Operato	or (2)				* .	11/	4.6.	
Jul	y 07, 2014			Owner					0 n			/		
Agencies Notified	Type Notification			Street A	ddress				50	יין איני	-0	255	100	
⊠ EPA	☐ Initial			16 Fox	Hill Roa	d				-	-9	A.Y	5.5	
DEP	Amended			City, Sta	ite, Zip Co	ode			:	9 1	à		•	٠, ح
DOL	Amendment			Branch	ville, NJ	07826				- / 1/3	3.6	9	91.2	
□ DOH	Emergency (including			f Contact				Tel	ephone	Numbe		1- 4	4
DCA	Cancellation			Owner					1					
				FACI	LITY INFO	ORMATION								
Name of Facility Where	Abatement is Taking	g Place (3	3)				Type o	f Facility (4	1)					
house								chool (K-12						
Street Address								ubchapter ther (i.e. p				مناطنه	h.	maa
16 Fox Hill Road								trier (r.e. pr	iivale	x Comme	el Clai Di	mairi	js, no	mes,
City (5)							Square	Feet	# 01	Floors		Bldg	. Age	
Branchville, NJ 0782	26													
County (6)					Code (7)		Curren	t Use (Prio	r if bei	ng demo	lished)			
Sussex				(STATE U	JSE ONLY)					house				
Name of Monitoring Firm	n Hired by Building (Owner (8)		ASCN	No.	Nam	e of Abate	ement Cont	tractor	(9)	distribution in			
AET				0021		The I	MACK	Group, Ll	C.					
Street Address							et Address							
222 Church Road						1500	Kinas I	HWY N,	STE 2	209				
City, State, Zip Code							State, Zip							
Bridgewater, NJ 088	07					Cher	rv Hill.	NJ 08034	ļ					
Project Manager for Mor				Telephor	ne No.		phone No			Licens	e No.			
Eric Houseknecht			19	908-296	5-1132	(877)) 759 - N	MACK		00781				
Start Date (10)		Schedul	ed Co	mpletion (Date (11)			A Monitor				- 1000		
7/24/1	4			8/31/14	4	The I	MACK	Group, LL	.C.					
Occupancy Status Durin	g Abatement (Chec	k Only Or	ne)				et Address							
Facility Closed/Vac	ated During Entire F	Period of	Abater	ment		1500	Kings I	HWY N, S	STE 2	209				
Abatement Perform	ed Outside of Norm	al Facility	/ Hour	s			State, Zip							
Other - Describe:						— Cher	rv Hill. N	NJ 08034	Į.					
Scope of Work (Check A	II That Apply)	12-77-28												
≥3 sf or ≥3 lf		П	Renova	ation			Full	Containme	nt with	Negativ	e Pres	ure		
≥160 sf or ≥260 lf		Section 2	Demoli		8		Mini	-Enclosure		rrogani	0 1 100	Julio		
								ebag Proc Exempted		Non-Eric	hle Dro	and u		
		Τ.					Non	Exempled	() anu	NOH-FII	Die Pio		e ateme	ent
	area e	1.0	Locat Norma	33:538:5		20000-0000						/ 10	Туре	21.16
Location Asbestos-Containing		Use	ed Sole	ely by	Ashes	Description tos Containing		(ACM)	Δ	mount				
TO BE AB	ATED		intena	ance/ Staff?		thermal syster	ms insulat			Specify	1 2	, ,	, Enc	, E
In Faci (13)		Cus	(12)			surfacing, V other miscella			SF	or LF)	Zellova	Kepail	aps	clos
(13)		-				other miscella	aneous)				a d	=	Encapsulate	Enclosure
		Yes	No	N/A		10							· O	
basem	basement					pipe	ž			10 l/f				
11	_"_					boile						\rightarrow	+	
						DOILE				60 s/f	$-\!$	4		
Name of Registered Was	ste Hauler	48.0	NJ DEP W		Cubic Yards		Name of F	Registe	red Land	dfill				
Newark / Freehold C	arting			Hauler ID 45(of Waste		المعامسين	d C	- / DE	1.400	O14.	` / T	005
Newark / Freehold C	d Carting				19	0.7 Disposal Dat		Cumberla City, State	CONTRACTOR STREET	0./ BF	I/GR	JVV.	5 / 11	KKF
Newark / Freehold, N								Sandra and the state of the sta			NA	:0	D 4	
Completed by	NO.				8/31/1 Signatur		Newburg	/ imp	enai /	Date	VIIIE	, PA		
Mike Cooper	* -	Title Presic	lent			Signatu	19//-	<u>/</u> /	8	-	7/7/14			
Ooopei		11 10010	LIIL								11/14			

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

Date of Notification (1)				Name of	Building	Owner/O	perator	(2)					/ 7.	1.1	
July	7 07, 2014		J	ade Ha	ackettst	own As	sociate	es, LLC	2	914 .1111					
Agencies Notified	Type Notification	74		Street A	ddress					195	-9	A.	1 ~	757	// See
⊠ EPA	☐ Initial		1:	200 St	unnyvie	w Oval				ar .		• 17)	0:	84	
☐ DEP	Amended		(City, Sta	ite, Zip Co	ode			19	•	351				
DOL	Amendment # Emergency (ir		- ĸ	easbe	y, NJ 08	3832				* 4. K.	EN	7			
□ DOH	justification)	icidality	П	Name of	Contact				1	elephone	Num	ber	7		
DCA	Cancellation		E	ric Ha	r∨itt				J						
N				FACI	LITY INF	ORMATI	ON								
Name of Facility Where	Abatement is Taking	Place (3)						Type of Fac	ility (4)						
demolition site									(K-12)						
Street Address										ther than te & comm			linas	home	ac .
91 Main Street								Other (etc.)	(i.c. piiva	e a comm	ici ciai	Dune	iiriga,	Home	, ,
City (5)								Square Fee	t #	of Floors		В	ldg. A	.ge	
Hackettstown, NJ															
County (6)					Code (7)			Current Use	(Prior if	being dem	nolishe	ed)			
Warren			1	SIAIL	JSE ONLY,	, ——				emolitio	n site	9			
Name of Monitoring Firm	Hired by Building O	wner (8)		ASCN	No.		Name	of Abatemen	t Contract	or (9)					0.0000000000000000000000000000000000000
AET, Inc.				0021			The M	ACK Grou	p, LLC						
Street Address							Street	Address							
222 Church Road							1500 k	Kings HWY	N, ST	209					
City, State, Zip Code								tate, Zip Cod							
Bridgewater, NJ 088							Cherry	Hill, NJ 0	8034						
Project Manager for Mor	itoring Firm			Telepho	ne No.		Teleph	one No.	200	Licen	se No).300-31-E	
Eric Houseknecht			(9	908) 21	18-1108	E .	(877)	759 - MAC	K	0078	1				
Start Date (10)	ii.	Schedule	d Com	pletion	Date (11)		Name	of OSHA Mo	nitor					7. e-1 e-1	
7/21/14	50			2/31/1	4		The M	ACK Grou	p, LLC.	830					
Occupancy Status Durin	g Abatement (Check	Only One	€)				Street	Address							
Facility Closed/Vac	ated During Entire Pe	eriod of A	batem	ent			1500 k	Kings HWY	N, STE	E 209					
Abatement Perform	ed Outside of Norma						City, S	tate, Zip Cod	е				on terms		
Other - Describe:							Cherry	Hill, NJ 0	8034						
Scope of Work (Check A	II That Apply)														
≥3 sf or ≥3 lf		☐ Re	enovat	ion				Full Conta	ainment w	ith Negat	ive Pr	essur	e		
≥160 sf or ≥260 lf		∑ D∈	emoliti	on			-	Mini-Encl	osure	COLOR 2011 CO-11 (1977)					
	8							Glovebag Non-Exem			iahle F	ornne	dure		
		Ī						THOIT EXCIT	ipico () a	na reon i i	iabic i			ement	
Farence		0.000000	Location ormall			-								ре	
Location Asbestos-Containing		Used	Solel	y by	Asbes		scription aining M	ot laterial (ACM	١ .	Amount				7/2	
TO BE AB	ATED		ntenan odial S			thermal	systems	insulation,	'	(Specify		R		Enc	Ē
In Facil	ity	Odoto	(12)	tan:			cing, VA niscellar			SF or LF)		Remova	Repair	apsı	Enclosure
(15)		<u> </u>	_			other n	liscellal	leous)				val	air	Encapsulate	ure
		Yes	No	N/A	65									(D	
Phase 2 - portion of c	ollapsed building	\times				r	oofing			300 tons	5	X			
				=======================================											
Name of Registered Was	ste Hauler			DEP W		Cubic		Nam	e of Regi	stered Lar	ndfill				
Nowark Cartina	Ha	auler ID 450		of Was		150	1								
Newark Carting	City, State					Dienes	600 sal Date		Landfill				1 27 - 20		
Newark, NJ				16			State	DA							
Completed by		Title					2/31/14 ignature	19 (4) (5) (6)	lehem,	PA	Date				
Mike Cooper			nt			8	1/2/	1//_							
INIVE COOPEL		Preside	511L				200 T				7/7/	14			

ASB-41 (R-06-08)

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

CK# 24578

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

Name of Building Owner/Operator (2) Refly Miles													
Marrial Initial Amended Ame		Type Houndard	n		Street	Address			- 14/	6: 2	2		
Mare of Facility Where Abatement is Taking Place (3) Street Address	⊠ ₽A							430 Burd Str	eet		_	_	_
Name of Contact Steve Kelly Telephone Number	₩ DOL	Amendment		.	City, S	tate, Zip C		nnington, NJ (08534	(.	0		
Steve Relity FACILITY INFORMATION		justification)	-	Name					mber			
Name of Facility Where Abatement is Taking Place (3) Residential Street Address 430 Burd Street City (5) Pennington, NJ County (6) Name of Monitoring Firm Hired by Building Owner (8) MECS Street Address PO Box 341 City, State, Zip Code Crosswicks, NJ 08515 Project Manager for Monitoring Firm Lou Laureti Start Date (10) School (K-12) Subchapter 8 (Other than K-12) Square Feet 2000 2 70+ Current Use (Prior if being demolished) Stevens Environmental Services, Inc. Street Address PO Box 322 City, State, Zip Code Allentown, NJ 08501 Telephone No. (609) 298-4070 (609) 259-9688 00493 Name of OSHA Monitor MECS Street Address PO Box 341 Cocupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Date of Facility Closed/Vacated During Entire Period of Abatement Date of Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Street Address PO Box 341 Street Address PO Box 341 City, State, Zip Code Street Address PO Box 341 City, State, Zip Code Street Address PO Box 341 City, State, Zip Code Closed/Vacated During Entire Period of Abatement Cocupancy Status During Abatement (Check only one) Street Address City, State, Zip Code Closed/Vacated During Entire Period of Abatement Closed/Vacated During Entire Period of Abate	□ DCA	☐ Cancellation					Steve Kelly						_
School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (O					FAC	ILITY INF	ORMATION						
Street Address 430 Burd Street City (5) Pennington, NJ County (6) Mercer Name of Monitoring Firm Hired by Building Owner (8) Street Address PO Box 341 City, State, Zip Code Crosswicks, NJ 08515 Project Manager for Monitoring Firm Lou Laureti Street Address Po Box 341 Telephone No. (609) 298-4070 Start Date (10) 7/10/14 Cocupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement A30 Burd Street County Code (7) (STATE 2000 2 70+ ASCM No. Name of Abatement Contractor (9) Stevens Environmental Services, Inc. Street Address PO Box 322 City, State, Zip Code Allentown, NJ 08501 Telephone No. (609) 259-9688 O0493 Street Address PO Box 341 City, State, Zip Code Allentown, NJ 08501 Street Address PO Box 341 City, State, Zip Code Allentown, NJ 08501 Street Address PO Box 341 City, State, Zip Code Street Address PO Box 341 City, State, Zip Code Closswicks, NJ 08515 Street Address PO Box 341 City, State, Zip Code Crosswicks, NJ 08515 City, State, Zip Code City, State, Zip Code Crosswicks, NJ 08501	Name of Facility Where /	Abatement is Tak	ing Place	(3)				Type of Facility	(4)			A141 - A	
Street Address A30 Burd Street Square Feet # of Floors Bldg. Age 2000 2 70+		Re	sidentia	al				School (K-12	2) 9 (Other than K	12)			
City (5) Pennington, NJ County (6) Mercer Name of Monitoring Firm Hired by Building Owner (8) MECS Street Address PO Box 341 City, State, Zip Code Crosswicks, NJ 08515 Project Manager for Monitoring Firm Lou Laureti Start Date (10) T/10/14 Cocupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement ASCM No. Name of Abatement Contractor (9) Stevens Environmental Services, Inc. City, State, Zip Code City, State, Zip Code City, State, Zip Code Allentown, NJ 08501 Telephone No. (609) 298-4070 (609) 259-9688 City, State, Zip Code City, State, Zip Code Street Address City, State, Zip Code Street Address City, State, Zip Code Street Address City, State, Zip Code	Street Address	430 E	Burd St	reet				Other (i.e., p	rivate & comme	cial build	dings,		
Pennington, NJ County (6) Mercer Name of Monitoring Firm Hired by Building Owner (8) MECS Street Address PO Box 341 City, State, Zip Code Crosswicks, NJ 08515 Project Manager for Monitoring Firm Lou Laureti Start Date (10) 7/10/14 Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement ASCM No. Name of Abatement Contractor (9) Stevens Environmental Services, Inc. Name of Abatement Contractor (9) Stevens Environmental Services, Inc. PO Box 322 City, State, Zip Code Allentown, NJ 08501 Telephone No. (609) 298-4070 (609) 259-9688 O0493 Street Address PO Box 341 Name of OSHA Monitor MECS Street Address PO Box 341 City, State, Zip Code	City (5)							Square Feet	# of Floors	BI	- 100 miles		
Name of Monitoring Firm Hired by Building Owner (8) MECS Street Address PO Box 341 City, State, Zip Code Crosswicks, NJ 08515 Project Manager for Monitoring Firm Lou Laureti Steed No. Telephone No. (609) 298-4070 Start Date (10) T/10/14 Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement ASCM No. Name of Abatement Contractor (9) Stevens Environmental Services, Inc. Street Address PO Box 322 City, State, Zip Code Allentown, NJ 08501 Telephone No. (609) 259-9688 00493 Street Address Street Address PO Box 341 Street Address PO Box 341 City, State, Zip Code	5 32 K	Penni	ington,	NJ						_ _	70	+/-	
Name of Monitoring Firm Hired by Building Owner (8)		lercer () (STATE	Current Use (Pr	ior if being dem	olished)			
Street Address PO Box 341 City, State, Zip Code Crosswicks, NJ 08515 Project Manager for Monitoring Firm Lou Laureti Start Date (10) 7/10/14 Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Street Address City, State, Zip Code Allentown, NJ 08501 Telephone No. (609) 259-9688 Name of OSHA Monitor MECS Street Address PO Box 341 City, State, Zip Code			g Owner	-T	ASCM	No.						14)	
PO Box 341 City, State, Zip Code Crosswicks, NJ 08515 Project Manager for Monitoring Firm Lou Laureti Start Date (10) 7/10/14 Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours PO Box 322 City, State, Zip Code Allentown, NJ 08501 Telephone No. (609) 259-9688 00493 Name of OSHA Monitor MECS Street Address PO Box 341 City, State, Zip Code	(8)	MECS	ALOUS SIMILATOR				Stev	vens Environi	nental Servi	ces, Ir	IC.		
City, State, Zip Code Crosswicks, NJ 08515 Project Manager for Monitoring Firm Lou Laureti Start Date (10) 7/10/14 Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Allentown, NJ 08501 Telephone No. (609) 259-9688 00493 Name of OSHA Monitor MECS Street Address PO Box 341 City, State, Zip Code City, State, Zip Code Allentown, NJ 08501 Telephone No. (609) 259-9688 00493 City, State, Zip Code	Street Address		N2:500				Street Address	DO I	000				
Crosswicks, NJ 08515 Project Manager for Monitoring Firm Lou Laureti Start Date (10) 7/10/14 Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Allentown, NJ 08501 Telephone No. (609) 259-9688 Name of OSHA Monitor MECS Street Address PO Box 341 City, State, Zip Code		PO Box 3	41						30x 322		_		
Lou Laureti (609) 298-4070 (609) 259-9688 00493 Start Date (10) Scheduled Completion Date (11) 7/10/14 7/11/14 MECS Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement □ Abatement Performed Outside of Normal Facility Hours City, State, Zip Code	City, State, Zip Code Cr	osswicks, N	J 08515	j					n, NJ 08501				
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7/10/14 7/11/14 MECS Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code								50,000	License No.	0040	,		
7/10/14 7/11/14 MECS Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement PO Box 341 ☐ Abatement Performed Outside of Normal Facility Hours City, State, Zip Code										0049	3		_
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Street Address PO Box 341 City, State, Zip Code	I S	Sch				te (11)	Name of OSHA		FCS				
□ Facility Closed/Vacated During Entire Period of Abatement □ Abatement Performed Outside of Normal Facility Hours □ City, State, Zip Code		a Abatamant (Ch			14		Street Address	101	LOU			_	=
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code	The first way will mainly be a complete the second	HT : [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]			ment		Olicet Address	PO E	341 Sox				
G 11 NT 00715							City, State, Zip (Code					
☑ Other - Describe: 8am - 4pm Crosswicks, NJ 08515	Other - Describe:	8am - 4pm						Crosswick	ks, NJ 08515)			_
Scope of Work (Check all that apply) Full Containment with Negative Pressure	Scope of Work (Check a	all that apply)						ntainment with No	gative Pressure				
SC >3 sf or >3 lf SC Renovation ☐ Mini-Enclosure	★ >3 sf or >3 lf		⋉ Re	novati	ion		☐ Mini-En	nclosure	yalive Flessule				
☐ ≥160 sf or ≥260 lf ☐ Demolition ☐ Demolition ☐ Demolition ☐ Demolition ☐ Demolition ☐ Non-Exempted (*) and Non-Friable Procedure	≥160 sf or ≥260 lf		☐ De	molitic	n		Gloveb	ag Procedure remoted (*) and No	n-Friable Proce	dure			
Is Location Abatem			ls l	ocatio	on			()					
Normally Type Location of Used Solely by Description of							Description	,			Тур	e	
Maintenance / Asharta Containing Material (ACM) Amount	Asbestos-Containing N	Material (ACM)	Mair	ntenan	ice/	Asbes	tos Containing Ma	aterial (ACM)		D.	R	щ	Щ
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Asbestos Containing Material (ACM) Custodial Staff? (12) Maintenance/ Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)						(i.e.				emo	epair	сар	Enclosure
(13) other miscellaneous)				(12)			other miscellane	ous)		<u>a</u>	50	Encapsulate	ure
Yes No N/A			Yes	No	N/A							e	
Basement	Baseme	ent	_		×		Pipe Insula	tion	90 lf	_ X			
			_				14						
X					×					_			
X			_		and the second					_			
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. Of Waste	Name of Registered Wa	ste Hauler						Name of Reg					
Stevens Environmental 18292 2 CU 1.R.R.F., Inc.	Stevens E	nvironmenta	1		182	292			T.R.R.F.,	Inc.			_
City, State Disposal Date City, State	City, State		N.T.					City, State	T. 11. +	- DA			
Allentown, NJ 7/11/14 Tullytown, PA Completed By Title Signature Date	Completed Dy						1. 1	77/		I, FA			_
Mahlon E. Stevens Project Manager 7/7/14				ojec	t Mar	nager	Jigi agai g			7/7	/14		
ASB-41 MAR 00 * Do not use this form for asbestos licensure exempted activities.						f	licens	mntad activitia					

MAR 00

Date of Notification (1)	1-9-14	,		Name	of Building	Owner/Op	erator (2) BR	OOKS	J	U -	9 /	10	
Agencies Notified /	Type Notification		十	Street	Address	0= 1	2000	K CIRC		/ # N	4	2	
☐ EPA ☐ DEP ☐ DOL	initial Amended Amendmen	t#		Ch. 6	ate, Zip Co	rle		,		1			
☐ DOH ☐ DCA	☐ Emergency justification ☐ Cancellation	1).	1	Name	of Contact				Telephone Numb	er /			
	L			FAC	LITY INFO	RHATION	I	/	78				_
Name of Facility Where Street Address							F	ype of Facility School (K-12 Subchapter Other (i.e., p) d build	ings,		and the same of th
	OKMAN		'e					homes, etc.) Souere Feet			lg. Ag	įė	
City (5) ASBUR	Y PARK							1800	2	1	50		_
County (6) MONN				Coun	ty Code (7) ONLY)		_ _	VACA		hed)			
Name of Monitoring Firm (8)		g Owner		ASCM	No.	BRI	c <u>K</u>	t Contractor (9	RIES IN	<u>.</u>			_
Street Address			نجاست.				NA	TICK TA	RAIL				_
City, State, Zip Code		1971					ck.	NJ 0					_
Project Manager for Mo	nitoring Firm		Tele	phone	No.		899	1490	License No.	6			\exists
Start Date (10)	1014 So	heduled C			te (11)	Name of C	SHA MO	njtor /					
Occupancy Status Duri	ng Abatement (C	heck only	one)		.	Street Ad	dress						
Facility Closed/Vaca Abatement Performe Other - Describe:	ted During Entire	Period of	Abate	ment is	language control	City, State	, Zip Coo	le					
Scope of Work (Check	all that apply)	□Re	novali	ion			Ænl-Enclo	inment with Ne sure Procedure	gative Pressure		F		
≥160 sf or ≥260 ff		⊠ De	molitic	n'		H;	ton-Exen	pted (*) and No	on-Friable Procedu		<u> </u>		
			ocatio				. · · · ·		W	"	bater Typ		
Location Asbestos-Containing TO BE ABA IN Facili (13)	Material (ACM)	Used Mair Cu	Solel itenan istodia staff? (12)	y by ce/ al	Asbest (i.e.,	Descrips Contain thermal syntacing other misc	stems ins 1. VAT. o	adation, f	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A	700	1/517	,	ş ·	2600 SF	V			
SIDING		_		ļ ·	_I_RH	NSIT				1			
PIPE INSI	VLATION			V	THERI	VIAL F	PE /	NSULATION	80+ LF	V			
Name of Registered W	aste Hauler			UDEP tauter (f		Cubic Ya of Waste			istered Landfill		لبا		
BRICK /NDV:				216	02	Disposal	Date :	City, State <					=
BRICK I		Title .	==			1-2 1 Signa	- 14	1/0)	Date				-
ERIC PL		PRE.	s	7			Buld	Mach .		<u> </u>	- /	¥	=

Date of Notification (1)			Ti	Name o	of Building	Owner/Operat	tor (2)						Í
Date of Modification (1)	-1/4		1	BR	ICK	UTILL	7/3	5					_
Agencies Notified '	Type Notification	1	7	Street	Address	00 10		•					
∏ 6PA			ŧ.	RT.	88	BRICK.							=
□ DEP	Amended			City, St	ate, Zip C	ode, noda	/				155		-
□ DOL	Amendment	inchiding	· t.	BR	ICK	NJ.0872	<i>y</i>				- 4-		=
☐ DOH	iustlication)		-	Name (of Contac				Telephone Number	ar.			1
DCA	Cancellation			ER	ic r	ACKIS					/	-	=
				FAC	LITY IN	ORMATION		/					_
Frank, Maria	Abetement is Taki	no Place	(3)				11	Type of Facility (4)				L
Name of Facility Where SLOPING	HILL PU	MP.	STA	410	M		. [School (K-12)	104 Min V 421				Ĩ
								Other (I.e., pri	(Other than K-12) wate & commercia	buildi	ngs,		1
Street Address	PING HIL	11	7.				. -	homes, etc.)	# of Floors		g. Ag		\dashv
City (5) BRICK	The second line was a second line with the second line was a second line with the second line was a second line with the second line wi	01	2018/	13	. 7	•	1	Square Feet	/		30		
	Name and Address of the Owner, when the Owner, which	≤ ₩	=	Coun	ty Code () (STATE	(Current Use (Pri	or if being demolis	ned)	~/		\neg
County (6)				USE	ONEY)		. [=		IMP STA	110	17		_
Name of Monitoring Firm	n Hired by Building	Owner	1	SCM	via.	Name of Aba		N DUST R	RES /NC			7	
(8)			ىل			Street Addre		7,500					=
Street Address						145	VA	TICK TR	ALC				
						City, State, Zi	p Cot	NJ. O	8776				-
City, State, Zip Code		,	¥			BRIC	CK.	195.0					=
Project Manager for Mo	enstoring Firm		Tele	phone I	No.	Telephone No	20	7499	License No.	6			
			_		E 1441	Name of OSt	10 00	initor					=
Start Date (10) 7-9	-14 Sch	eduled C			(e (11)	Hame or coc							_
Occupancy Status Dun	no Abatement (Ch					Street Addre	88						
Facility Closed/Vaca	ted During Entire I	Period of	Abate	nent							==		_
Abatement Performe	ed Outside of Nom	nal Facility	y Hous	\$		City, State, Z	ip Coo	de					
Other - Describe:						-						_	=
Scope of Work (Check	all that apply)					[]:Full	Conta	ainment with Ne	gative Pressure		¥		1
		TVIRE	novati	en		Mini	-Ende	osure					ı
23 sf or ≥3 lf ≥160 sf or ≥260 lf		De	molitio	n		Glov	rebag -Ever	Procedure	n-Friable Procedu	re			
		7 :- 1				[][63]		1		A	bate		-
			.ocatio omally								Typ	E .	
Location	of		Soleh			Description Stos Containing	in of Mate	riel (ACM)	Amount			m	_
Asbestos-Containing	Material (ACM)		ntenan ustodia		ASDES (i.e.	, thermal system	ns in	sulation,	(Specify	2	य	noa	20
TO BE ABA			Staff?		(surfacing, V	AT. C	or i	SF or LF)	Removal	Repair	DSU	Enclosure
(13)		and the same of th	(12)			other miscella	aneou	is)		3	_	Encapsulate	8
		Yes	No	N/A						_			
MUFFLER OF	(stones	D			MUF	FLER IN	1500	LATTON	4 CF	1			
HOPPLER OF	CHERRIO	=								_			_
COMYONENT	KEMINAI	7									_	_	_
To the total of th					-						<u> </u>		
Name of Registered W	aste Hauler		A	UDEP	Waste	Cubic Yards			stered Landill		36		
BRICK INJ	D. /1C.		0	216	02	of Waste O.			s.W.S.		_		
City, State BRICI	V NI			- #-1		Disposal Dat		City, State	PA				
1		ide _				Signator	_	(11)/	Data	4	, /	,	- 1
Completed By PLA	CKIS	PR	= S_				Ase	Made		1-	14		=

ENIERGENCY CK 1546

Date of Notification (1)	/		T	Name	of Building	Owner/Operator	(2)					
7_	7-14			B	RICK	UTIL			_			=
Agencies Notified	Type Notification		T	Street	Address	28 61	CEDAR	STREAM 1	LA	E		
☐ EPA	initial Amended		_							-		7
□ DEP	.Amendment #			City, Si	ate, Zip C	K. NJ.	08724	· .				_
	Emergency (including iustification)	polibulc	-		of Contac			Telephone Number	r			
☐ DOH ☐ DCA	Cancellation				RIC	1). 1 . 1.	5			7-7	7	_]
Lui						ORMATION		/	1			
	At the ent in Toldan	Diena	(3)	U.PRU	and the		Type of Facility	(4)				
Name of Facility Where	ADBIERRER S FORTH	1 love	felt.		90 		School (K-12)				Ì
Street Address				5			Subohapter	6 (Other than K-12) rivate & commercial	bulldi	ngs,		-
6/5 CE	DAR STR	EAN	E. Y	LA	CE		homes, etc.			g. Ag	2	\dashv
City (5) BRICK	· NJ.	0		24			100		_	30	with the last of t	
County (6) OCE		-		Coun	ty Code (7 ONLY)	(STATE	Current Use (Pr	PUMP STA	ed)	ON		_
		Nimbr	_	ASCMI	Vin 1	Name of Abatem	nent Contractor (9) /				
Name of Monitoring Firm (8)	t Hilled by Building C	Part cen		-sooiiii		BRICE	K TNIDU	STRIES /	NC	· =		=
Street Address						Street Address	NATICK	TR.+				_
						City, State, Zip C						
City, State, Zip Code		9	١.			BRICK	(. NJ.	08724				_
Project Manager for Mo	nitoring Firm		Tele	phone	No.	Telephone No.	2 4-122	License No.	/			
							9-7499	01199	_			ᅱ
Start Date (10)	_14 Sched	uled C			le (11)	Name of OSHA	Monitor					
Occupancy Status Duri	the same of the same of the same		-			Street Address						
Facility Closed/Vaca	ted During Entire Pe	riod of	Abate	ment	•			4-2-				=
Abatement Performe	ed Outside of Normal	Facilit	y Hou	\$		City, State, Zip (Code				155	
Other - Describe:												$=$ \mid
Scope of Work (Check	all that apply)					[] Full Co	intainment with Ne	gative Pressure		98 10		
∏≥3 sfor≥3 lf		MRe	novati	on		Mini-Er	ndosure	- Control of the Cont				
≥160 sf or ≥260 lf		De	molitio	n		Gloven	ag Procedure remoted (*) and N	on-Friable Procedum	B		_	_
		Isl	ocatio	n					A	bater Typ		1
		N	ormally		1	Description o	-		<u> </u>	t yp		_
Location Asbestos-Containing			Soleh ntenan		Asbes	tos Containing Ma	iterial (ACM)	Amount		-	9	п
Asbestos-Containing TO BE ABA			ustodia		(i.e.	thermal systems	insulation,	(Specify SF or LF)	er	Repair	cap	nclo
IN Facility	ly .		Staff? (12)			other miscellane	eous)	-	Remova	B	Encapsulate	Enclosure
(13)		Yes	No	N/A							6	
MICEINE	(almanu			-	MILE	FLER INSU	LATTON_	4 L.F.	1			
MUFFLER OF	(SENEKATOK					R GENER						
CAMPONENTI	REMOVAL								_			
<u> </u>								100				
Name of Registered Wa				UDEP layler (No.	Oubic Yards of Waste	Name of Reg	istered Landfill R. J. W. S				
BRICK IND			_L	210	002	Disposal Date	City, State	20				
BRICK. N.	1.08/24					1-14-14 Signalities			_		./	==
Completed By ERIC PLA	CKIS	PRE	5_	early co		- Signature Dhey	Heuk-		7-		9_	
Completed By	Title	O				Signature	NO 1-	Date 1-	7-	_ /	4	
EKIC PLA	CKIS	IKE	>_			1900	neun		/	-		

Date of Notification (1)					g Owner/Operator							Suplembe
7	7-14			SRIC	K UTILI	TIES	<u> </u>			-	=	=
Agencies Notified '	Type Notification		Street	Address	- 15- MG	PIN AVE - T	PIVIERA	PUM	PS	74-1	101	1
☐ EPA	initial					***************************************		-	75305		-	=
	Amended Amendment #		City, S	tate, Zip C	ode	,						-
□ por	Emergency (inc	chiding			15.08724		Telephone N	imher	=	- 4-		=
☐ DOH	justification).		Name	of Contac	LACKIS		1 Cecia ION IN	and the state of	11	1	2	-
☐ DCA	Causesno)		-				/	+	-		. =	=
			FAC	ILITY IN	ORMATION	1 7 - Franklin	74)					\dashv
Name of Facility Where	Abatement is Taking	Place (3)				Type of Facility						ļ,
PUMPS	TATION					School (K-12	8 (Other than I	K-12)				1
Street Address	- RIVIEDA 1)R				Other (Le., p	rivate & comm	ercial b				
		THE RESERVE OF THE PERSON NAMED IN				Square Feet	# of Floors			g. Ag	2	
City (5) SRICK		129	T Cour	hi Code () (STATE	Current Use (Pr	or it being der	nolishe	d)			\dashv
County (6) OCE	AN		USE	ONLY)		SENER		STA	77 (DN	_	=
Name of Monitoring Firm	Hired by Building O	wner	ASCM	No.	Name of Abates	ment Contractor (9	2155	IN C				- Approprie
(8)												=
Street Address					Street Address	NATTCK	TRAIC					
Other Street					City, State, Zip	Code A//	noda	./				
City, State, Zip Code					BRIG	CK. NJ.					-	_
Project Manager for Mo	oliorino Firm	Tel	ephone	No.	Telephone No.	21122	License N	0.	/			
. rolant menager ior inc		- 1				9 74.99	01	14	$\underline{\varphi}$	_		_
Start Date (10)	Sched	uled Compl	etion Da	te (11)	Name of OSHA	Monitor						- Andrewsky
I					Street Address						-	
Occupancy Status Duri	ng Abatement (Chec	only one)			Suest Address		2 3000000					_
Facility Closed/Vaca	ted During Entire Pe	ROD OF ADER	erichi. Te		City, State, Zip	Code			-			
Abatement Performe Other - Describe:	E Officiale of Montered	racasty to			Oly, Salar							_
	- Mark - a - a - file							1				\neg
Scope of Work (Check	all mar apply)	1	•		☐ Full Co	ontainment with Ne	gative Pressu	re		32		
≥3 sf or ≥3 lf		Renova Demoliti			Mini-E	had Procedure		~ # <u>.</u>				
≥160 sf or ≥260 lf		- Detranto	URE		⊢ Non-E	xempted (*) and No	on-Friable Prod	cedure				
		Is Locat							Al	ater Typ		A COMPANY
		Normal Used Sole	•		Description		COTO CONTRACTOR AND ANDREW	-	1	1	1	\dashv
Location Asbestos-Containing		Maintena	nce/	Asbe	tos Containing W	aterial (ACM)	Amount (Specify		-n	_	밀	œ
TO BE ABA	TED	Custod Staff		(i.e.	thermal systems	T. of	SF or LF)	1	em	Repair	Sde	Co
IN Facilit (13)	y	(12)			other miscelland	eous)		-	Removal	1	Encapsulate	Enclosure
(13)		Yes No	N/A								6	-
		185 140	- Neigh	-		1.17	4 LF	-	V	\neg		
MUFFLER OF G	ENERATUR			MUP		VLATION	4 4	-	-	-	\dashv	
				<u> F-01</u>	3 GENET	RATOR			-+			_
COMPANENT	REMOVAL							=	\dashv	-	\dashv	-
						18	istered Landfil			الب		
Name of Registered Wa		- t	NUDEP Hauter II		Cubic Yards of Waste 0.5			4				
BRICK 1		/NC,	Hander E	02	Disposal Date) W 3		_			_
City, State BRICK.	NJ.	5			7-14-19	1 0				-	_	
Completed By PLACER /C	KIS Title	PRES			Signature	Ar 1	Da	T	1	_/	4	
EK/C 10/10		ine:				· care		/ /	/ \$	7		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:120)

CR# 2655

Date of Notification	(1) 7/2/14						Owner / Operato	or (2)							
Agencies Notified	Type Notifica	ation			t Add	versi	Ly								
EPA	Type Nounce	ation					CEVILLE ROAI	n							
DEP						& Zip									
☑ DOL	Amer														
□ DOH							LE, NJ 08648				1= :				
DCA DCA		gency	1.0			ontact					Tele	epho	ne N	umb	er
DOA .		enation				usze			8						
N				FA	CILIT	'Y INI	ORMATION								
Name of Facility Wh	nere Abateme	ent is Taking P	lace (3	3)			Type of Facil								
Rider University	- Chapel						School (K-12)	Non-Subo	chapter 8					
Street Address							Subchap	oter 8	(Other tha	n K-12)					
2083 LAWRENCE	VILLE ROA	AD.					Other (i.e	e. priv	ate & com	mercial bui	ldings,	hom	es, e	tc.)	
							Square Feet		# of Floo		Bldg				
City (5)		County (6)	Co	untv	Code	(7)	-1 '				15.03	9	-		
LAWRENCEVILL	E	Mercer	00		0000	(.)	Current Hee	/Drior	if boing de	li - b l\				-	
-AUTREMOLVILL	-	IWIETCEI					Current Use	(FIIOI	ii being de	emolished)					
Nome of Maritaria	F: 10: 11	D 11 11 10													and a
Name of Monitoring		y Building Owr	ner (8)		AS	CM No									
Pennoni Associa	tes inc.						Bristol Env	ironn	nental, Ir	ıc.					
Street Address	_						Street Addres	SS				74			
515 Grove St # 1							1123 Beave	er Str	eet						
City, State & Zip Co							City, State &	Zip Co	ode						
Haddon Heights,							Bristol, PA	1900	7						
Project Manager for	Monitoring F	irm	Telep	hone	Num	ber	Telephone No	umber	•	Licens	se Num	ber			
Tom Adams			856 6	556-2	2875		(215)788-60	140		00509	9				
Scheduled Start Dat	e (10)	Scheduled Cor	npletio	n Da	te (11)	Name of OSH		nitor				Sec		
7/21/14			7/24			•	Bristol Env			C.					
Occupancy Status D	uring Abater	nent (Check or	nly one	()		-	Street Address			-				28.75.5	
Facility Clos	ed/Vacated [During Entire P	eriod o	of Ab	ateme	ent	1123 Beave		aef				.0		
		utside of Norma													-
Describe:			ar 1100		raint	o opin	100								
☐ Facility Occu							Bristol, PA	1900	/						
Scope of Work (Che															
Coope of Work (One	ok all triat ap	bià)						\square	Eull Cont	ainmant	ib Nasa	4:	D		
≥3 sf or ≥3 lf			\boxtimes	Por	ovatio	20		H	Mini-Enc	ainment wit	in Nega	tive	Pres	sure	
□ ≥160 sf ≥260			Ħ		nolitio			H		iosure ig Procedur					
				DCI	HOIRIO	11		H				abla	D		
Lo	cation of		le l	.ocat	ion	Τ	Description	of .	NOII-EXE	mpted and I				_	
	os-Containing	1	Norm				Asbestos-Conf	ı uı tainine	,	Amoun (Specif	.	ADa	teme	ent T	ype
	erial (ACM)	·		lely l			Material (A		,	SF or LF					
	E ABATED		Maint				(i.e., thermal sy		s	01 01 21	1	공	D	0	E
in	Facility		Custo	dial S	Staff?		insulation, surfac				- 1	Remova	Repair	Clean Up	clos
	(13)			(12)			or other miscella					Va	₩.	두	Enclosure
<u> </u>			Yes	No	N/A										
Basement Boiler	Room			П	П		Breechin	na		20 SF				П	\Box
Basement Boiler	Room			Ħ	H		Gasket Mat			10 SF			H	H	H
			H	Ħ	H	-	Ousket mat	Cilai		10 31			H	님	믬
			H	H	H	-						믝	님	님	붜
			H	Η	H							\sqcup	닠	Щ	\Box
			井	닏	닏							Ш		Ш	Ш
N CD :				Ų.	Ш									Ш	
Name of Registered	vvaste Haule	er		100000			Cubic Yards	Nam	e of Regis	tered Landf	fill				
Drintal Facility	-4-1 1			Ha	uler II		of Waste			V.					
Bristol Environme	ental, Inc.				1870	06	2	GRC	WS Lan	dfill					
City, State							Disposal Date	City,	State				-33330		
Bristol, PA							7/24/14		risville, F	PA					
Completed By (Print	or Type)		-0.07	Titl	е		Signature				ID:	ate	-		-
Gino Pizzigoni					oject					1.0		7/	1.	/	
3					nage		Seno 11	33c	goni	1 pc		1/2	1/4	*	
								1/1 /	7	' ()		1 /			

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

Cl# 2654

Date of Notification (1)	use see a see				Name	of Building	g Owner/Operator (2)	00	0			_
7/	2 /	14	_		Various		perty Group	-,					
Agencies Notified EPA	Type Notific ☑ Initial	ation			V 10000 10-10	Address -Atlantic	Regional Office	Two Tower Br	idge, Suite 30	0			
□ DOLWD	☐ Amende					State, Zip C				- Co			
☑ DHSS	Amendm				0.55		ken, PA 19428						
DCA	☐ Emerger justificati		uding			of Contac			Telephone Nor	-ا م			
(NJAC 5:23-8)	☐ Cancella				Construction of	ry McMu		Ti e	reiephone				
					FAG	CILITY IN	IFORMATION						
Name of Facility Where A	Abatement is	Taking I	Place	(3)				Type of Facility (4)				
Tinton Falls Plaza								School (K-12)					
Street Address								☐ Subchapter 8 ☑ Other (i.e., pri			uilding	js,	
980 Shrewsbury Av	/e							homes, etc.)					
City (5) Tinton Falls								Square Feet	# of Floors	Bi	dg. A	ge	
County (6)					Cour	tv Code (7)(STATE USE ONLY)	Current Use (Price	or if being demo	lished)			-
Monmouth					1000000	., (///	Shopping pl					
Name of Monitoring Firm	Hired by Buil	dina Ov	vner (8	3)	ASCM	No.	Name of Abateme						-
AET			X.	-/-			4 - 31 - 31 - 31 - 31 - 31 - 31 - 31 - 3	VIRONMENTAL	. INC.				
Street Address							Street Address		,				
28 N. Pennell Road							1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip Co				-		
Media, PA 19063							BRISTOL, PA						
Project Manager for Moni	itoring Firm			Tele	phone	No.	Telephone No.		License No.				-
Dave Turotsy				80	0-969	-6AET	215-788-6040		00509				
Start Date (10)		Schedu	led Co	mple	tion Da	te (11)	Name of OSHA M	lonitor					
<u>7</u> / <u>15</u> /	_14	7	_ /	15	_ / _	14	BRISTOL EN	VIRONMENTAL	., INC.				
Occupancy Status During	Abatement (Check	only o	ne)		E.	Street Address						
☐ Facility Closed/Vacate							1123 BEAVE	RSTREET				C	1
Abatement Performed Time of Abatement: 7						cribe	City, State, Zip Co BRISTOL, PA						
Scope of Work (Check all	I that apply)		20.000				BRISTOE, 17	13007		4.7-7-			
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Rer □ Der				☐ Mini-End ☐ Gloveba	tainment with Nega losure g Procedure mpted (*) and Nor		ure			
		T	Is	Locat	ion		500 D WWW. 250 C T COD CO.				atem	ent T	vpe
Location	The state of the s			lorma			Description of	Sign of the second seco					Ť
Asbestos-Containing TO BE ABA		/I)		ntena	ely by ince/	Asbe	stos Containing Ma ., thermal systems	iterial (ACM)	Amount (Specify	Removal	Repair	nca	nclo
IN Facili				odial	Staff?	(1.6	surfacing, VAT		SF or LF)	oval	=	Encapsulate	Enclosure
(13)		+	. 1	(12)	T.	-	other miscellane	ous)				ate	Ф
			Yes	No	N/A						_	_	-
Space #5 above ceilir						pipe in	sulation		10 LF		닏		
											Ш	Ш	
Name of Registered Was	te Hauler			1/50	JDEP \		Cubic Yards of	Name of Regist	ered Landfill				
SERVICE TRANSPO		-	lauler II 20990		Waste 1/2 cu yd	MINERVA L	ANDFILL						
City, State NEW CASTLE, DE 1	9720						Disposal Date 7/15/14	City, State WAYNESBI	URG, OH 446	38			
Completed By (Print or Ty		Title			-		Signature	0 .		Date /			
Gino Pizzigoni	,,,,	- Constant	neral	Mar	nager			my goni/	jl	7/2	//4	,	

ASB-41 MAY 11

GI 14136

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

D&S Proj. #: 2014-265

													200
Date of Notification					er/Operator (2)	*				Ę		
Agencies Notified	Type Notificat	ion	John He Street Add										
☐ EPA	Initial						*						
☐ DEP	Amended			TERBURY	ROAD								
DOL	Amendment #:		City, State,	Zip Code									
	Emergency		MONT	CLAIR, N	J 07042								
☑ DOH	(including justification)		Name of Co	ontact				Telephor	ne Number				
☐ DCA	Cancellation	1	John H	eyrick						_			
				FAC	ILITY INFORM	MATION					W		
Name of facility w	nere abatement i	s taking	place (3)					Type of Facility	(4)				
								School	ol (K - 12)				
John Heyrick									napter 8 (Ot			-12)	
Street Address									(Private/Co ./Homes, et	mme	rcial		
26 WATERBU	TRY ROAD							Square Feet	# of Floors		Bl	dg. A	ge
City (5)		Co	ounty (6)			Cou	nty Code (7)						
						(Sta	te use only)	Current Use (F	rior if being	dem	olishe	ed)	
MONTCLAIR			SSEX									***	
Name of Monitorin	g Firm Hired by	Bldg. Ov	vner (8)		ASCM No.		Name of Abatement	Contractor (9)					
							D & S RESTOR	ATION, INC.					
Street Address				4			Street Address						
							20 California A						
City, State, Zip Coo	e						City, State, Zip Code						
							Paterson, NJ 07	7503					
Project Manager fo	r Monitoring Firm	1	P	hone Numb	er		Telephone Number		License I		er		
							973-345-8020		01	169			
Start Date (10)		Sch	ed. Complet	ion Date (1	1)		Name of OSHA Mor						
07/14/14		07	31/14				D & S Restorat Street Address	ion, Inc.		_			
Occupancy Status	During Abatemer					-	10000 Medical Control						
	d/vacated during			ement.			20 California A	OSCHOOL THEOR					
Abatement pe	erformed outside						City, State, Zip Code						
Describe: Other-Descri	ho. NORMAL H	OURS	-				Paterson, NJ 07	7503					
Scope of Work (ch						$- \sqcup$			Janatha				
>3 sf or >3 lf			**				H	Full Containment	w/negative	bress	ure		
		Renova					岗	Glovebag procedu	ıre				
≥160 sf or ≥2	260 If	Demolit						Non-Exempted (*)	and Non-fi		proce	edure	
Location of			tion normally ntenance/cu		/					R e	R e	E n	E
asbestos-cor material (acn		staff(12		Stodiai			sbestos-containing	Amount (Specify	SE or	m	р	C	n
abated in fac		Yes	No	N/A	material	(ACIVI)		LF)		0 V	a	а	L
		105	110	IN/A						е	r	р	
BASEMENT	The same of the sa				PIPE INSU			124 L FT		X			
BASEMENT CRAWL	SPACE				PIPE INSU	JLATI	ON	20 L FT		\boxtimes			
							#						
Registered Waste F D & S RESTOR			DEP Hauler 3506		cubic Yards of YDS	Waste	Name of Registered TULLYTOWN,		ECOMED.	v			
City, State	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3300	Disposal D		-	City, State	RESOURCE K	BCOVER	1		-	
PATERSON, N	J 07503			07/15/1			TULLYTOWN	. PA					
Completed by (Prin		Title	***************************************	1	Signature		TODAL TO WIT	, - • •	Date	-			
BOGDAN JOL			DENT					06/30/	2014				
ASR-41		Do not	use this forn	for asbest	os licensure ex	cempted	d activities.						

D&S Proj. #: 2014-266

Date of Notification (1)	1 14 1				er/Operator (2)				41.	. + ./ /	.) Pa	52				
	e Notification			CHERLI	N											
☐ EPA ☑ In			treet Add	ress												
□ DEP □ Ar	mended		1339 O	UTLOOK												
Ame	endment #:	_ 110	ity, State,	Zip Code												
	mergency		MOUN	TAINSID												
	ncluding stification)	N	ame of Co	ontact	one Number											
□ DCA □	ancellation		EILEE													
					ILITY INFORM	ATION										
Name of facility where all	batement is t	aking pla	ice (3)					Тур	e of Facility							
EILEEN CHERLIN									=	ol (K - 12	100	1/	10)			
Street Address								-	3. <u>14. 14. 14.</u>	hapter 8 (Private/			-12)			
										./Homes,		iolai				
1339 OUTLOOK DI	RIVE							Sq	uare Feet	# of Flo	ors	BI	dg. A	ge		
City (5)		Cour	ity (6)				nty Code (7)	7						i.		
						(Sta	te use only)	Cı	ırrent Use (Prior if be	ing dem	molished)				
MOUNTAINSIDE			ION													
Name of Monitoring Firm	Hired by Blo	dg. Owne	er (8)		ASCM No.		Name of Abatement Contractor (9)									
							D & S RESTO	ORATIO	N, INC.					,		
Street Address							Street Address		82							
							20 California	Ave.	11							
City, State, Zip Code							City, State, Zip Co	ode								
							Paterson, NJ	07503								
Project Manager for Monit	toring Firm		P	hone Numb	er		Telephone Number			License Number						
						973-345-80	20			01169	169					
Start Date (10)		Sched	. Complet	ion Date (11	1)		Name of OSHA M									
07/14/14					3		D & S Restor	ration, I	nc.							
07/14/14	A h = t = + /	07/31			Marie Marie	_	Street Address									
Occupancy Status During Facility closed/vaca			250				20 California									
Abatement performe							City, State, Zip Co	ode								
Describe:						_										
Other-Describe: N		JRS				-	Paterson, NJ	07503								
Scope of Work (check all	I that apply)						Į.		ontainment	w/negativ	e press	ure				
\boxtimes >3 sf or >3 lf	⊠ R	enovatio	n						enclosure	1						
≥160 sf or ≥260 lf	☐ D	emolition						- V C.C.C	bag proced Exempted (*		n-friable	proc	edure	4		
Location of				used solely			·			,	R	R	E	T		
asbestos-containing	٠ ١ .		nance/cu	stodial	Description	on of as	sbestos-containing	,	Amount		e m	e	n	E		
material (acm) to be abated in facility (13	- -	taff(12)	V 1000	т	material ('	(Specify	SF or	0	p a	c a	С		
abated in facility (13	2)	Yes	No	N/A				1	LF)		V	i	p	L		
GARAGE (exposed)				7	DUCT INS	ТПАТ	TION	6	3 SQ FT	-	e	m		\vdash		
or ne roz (exposed)					DOCTINO	013,11	1011		30011		-12	믐	H	卄		
					-						╡╪┤	금	븕	+=		
				-		W					╡╪┤	무	井	14		
				4	-							井	부	+		
Registered Waste Hauler		NIDE	P Hauler	ID# 1.C	ubic Yards of V	Vasto	Name of Registe	red Land	fill	-		<u>Ц</u>	Ш			
D & S RESTORATIO	N, INC.	135		475.75	YDS	vasit	TULLYTOW			ECOVE	RY					
City, State		-1		Disposal D			City, State	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					_			
PATERSON, NJ 07:	503			07/15/1			TULLYTOW	N, PA								
Completed by (Print or Ty	ре) Т	itle			Signature					Date						
BOGDAN JOLDZIC	1 1,500	RESID	ENT							06/30)/ 2014					
ASB-41	* D	o not use	this form	for ashesto	s licensure ex	emntec	activities					Alexander of the second				

NO CK

Date of Notification (1)		Name of Building Owner/Operator (2) State of New Jersey (DPMC) Street Address 33 Worst State Street													
7/7/2014						Helia Communication of the Com	ersey (L	PMC	;)		4-17	Ψį.	<u>.a</u>	F	
Agencies Notified		otification		1 5	Street Address 33 West State Street									14,7	7: (
EPA DEP DOL	× Ar	tial nended nendment #	£1		City, State, Zip Code Trenton, NJ 08625								1		1
No.	☐ Er	nergency (i				Contact				Te	lephone N	lumbar		- 11	_
DOH DCA		stification) ancellation		1.		Kratoc	hvil			1:					
						LITY INFO		N							-
Name of Facility Where Liberty State Park)					Type of Facilit						
Street Address 185 Theodore Con	crad Dr	ive									her than K & comme		dings	, home	es,
City (5) Jersey City									Square Feet 10,000	# 1	of Floors	Bldg. Age 30+		\ge	
County (6) Hudson County					County Code (7) (STATE USE ONLY)				Current Use (I			olished)			i i i
Name of Monitoring Firm	n Hired b	v Building C	Owner (8)		ASCM	1 No.		Name	of Abatement C					-	
Brinkerhoff Enviror		,						Site E	Enterprises,						
Street Address 1805 Atlantic Aven	iue							7.5	Address 12th Street						
City, State, Zip Code Manasquan, NJ 08736									tate, Zip Code monton, NJ						
Project Manager for Monitoring Firm Jason Hooper				100	Telepho 732-22	ne No. 23-2225			blephone No. License No. 09-567-1250 01172						
Start Date (10) Scheduled 7/31/2014 7/31/2014					pletion	Date (11)			of OSHA Monit		s, Inc.				
Occupancy Status During Abatement (Check Only One)					_			Harris Control	Address	-	•				
Facility Closed/Vacated During Entire Period of Aba Abatement Performed Outside of Normal Facility He				Abatem	ent			316 1	12th Street tate, Zip Code						
Other – Describe:							_		monton, NJ	08037	,				
Scope of Work (Check	All Inat A	rbbiA)						IS			12 				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	≥3 sf or ≥3 lf							Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						ro.	
			Τ.		NO.	T			1 Non-Exemp	led () a	III NOIPI I	lable FT		temen	ıt
			11,7150	Locati Iormal									Туре		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility Used S Maint Custod				intenar todial 5 (12)	nce/ Staff?		tos Conta	systems ing, VA	faterial (ACM) insulation, T, or		Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure
			Yes	No	N/A								_	-	
Roo	of	20-28-7-28-7-28-7-28-7-28-7-28-7-28-7-28			Х	shingle	es/aspha	alt roo	fing & debri	S	1200sf	x			
Pump Ho	ouse #2				Х		block/w	indow	caulk		35lf	x			
Pump House &	Storage	Room			X		wal	l stuce		-	1900sf	x	-	_	
Name of Registered Waste Hauler					JDEP V		Cubic		Name	of Regis	stered Lan	dfill	_		
Allserveco Leasing				1,550	lauler ID 035220		of Was 50cy	/aste IESI DA B			Bethlehem Landfill				6
City, State 110 Jabez Street, N	Newark,	NJ 0710	05				Dispos	al Date		itate lehem,	PA				
Completed by Thomas Rock			Title PM		Gignetture				vnas	12	-1	Date 7/7/20	14		
	200		-V-0423752 IV,					100	CAMA	11 41	0		100000000		

D&S Proj. #: 2014-270

									# 11 					
Date of Notification (1)	Name of	Building Owne	er/Operator (2)		4 11 11 11 11 11 11 11 11 11 11 11 11 11	339	n	218 1111	_	200				
$\frac{0}{1}$ $\frac{7}{1}$ $\frac{0}{1}$ $\frac{1}{1}$ $\frac{4}{4}$	ALEX	VARGAS					2	M JUL	-9	AH	9:	13		
Agencies Notified Type Notificat	Oli Cot / to				The Historian									
DEP Amended		MWELL D			3 73	• •	11	11.						
Amendment #:	City, Stat	e, Zip Code			V	16								
DOL Emergency	MOR	RIS TWP., N												
DOH (including justification)	Name of 0	Contact	elephor	none Number										
DCA Cancellation	ALEX	VARGAS	-											
Ourionation			LITY INFORMA	ATION								-		
Name of facility where abatement is	s taking place (3)				- 11	Type of I								
ALEX VARGAS						무		ol (K - 12) apter 8 (O	ther th	an K	12)			
Street Address						$\overline{\boxtimes}$		(Private/Co						
					IL		Bldgs.	Homes, e	tc.					
8 CROMWELL DRIVE WES						Square	Feet	# of Floor	s	Blo	dg. A	ge		
City (5)	County (6)				ty Code (7)					_				
A CODDIG TIME	MODDIC			(State	e use only)	Current	Use (P	(Prior if being demolished)						
MORRIS TWP. Name of Monitoring Firm Hired by	MORRIS		ASCM No.	-	Name of Abatement Co	ntractor	(Q)							
Name of Monitoring Firm Fired by	Blug. Owner (6)		ASCIVI NO.											
				_	D & S RESTORAT Street Address	TON, I	NC.			_				
Street Address														
				_	20 California Ave.		-							
City, State, Zip Code					City, State, Zip Code									
				_	Paterson, NJ 0750)3		TLicense	Nivenia	0.5	_			
Project Manager for Monitoring Firm	L.	Phone Number	er		Felephone Number 973-345-8020				1169	eı				
				-	Name of OSHA Monitor	,			1107					
Start Date (10)	Sched. Compl	etion Date (11)		D & S Restoration									
07/17/14	07/31/14			-	Street Address	i, me.	-							
Occupancy Status During Abatemer		-		-1	20 California Aver	nue								
Facility closed/vacated during Abatement performed outside					City, State, Zip Code									
Describe:NORMAL H	OURS			-11	Paterson, NJ 0750)3								
Scope of Work (check all that apply							nment	v/negative	nrace	ura	_			
					=	ni-enclos		villegative	press	uic				
	Renovation					ovebag į		ire						
≥160 sf or ≥260 lf	Demolition				□ No	n-Exem	pted (*)	and Non-				-		
Location of	Is location norma by maintenance/o	ily used solely custodial		0.000	-		nount		e e	R e	E n	E		
asbestos-containing material (acm) to be	staff(12)		Description material (bestos-containing	59330	pecify S	SF or	m o	р	С	n		
abated in facility (13)	Yes No	N/A	material	(0,01)		ĹF			v	a i	a p	L		
						70.00	, DD		e	r	_	 		
GARAGE 2 LOCATIONS			DUCT INS			70 SC			X	부	片	부		
BASEMENT			DUCT INS			75 S				屵	岸	쓔		
BASEMENT	\square \times		BLACK RC	PE C	OLD WATER PIPE	7LF	T		X	ᆜ	브	ᄔ		
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				,		<u> </u>					Ш			
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Haul 13506	2	ubic Yards of V YDS	vaste	Name of Registered La TULLYTOWN, RI		CE R	ECOVER	Y					
City, State		Disposal D			City, State									
PATERSON, NJ 07503		07/18/1			TULLYTOWN, P	Α		T-						
Completed by (Print or Type)	Title PRESIDENT		Signature					Date 07/01/	1.4					
BOGDAN JOLDZIC	ne linaneura avi	amntac	activities			0//01/	14			-				
				15 Y P. S. C.	and the second s									

D&S Proj. #: 2014-267

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Date of Notification	1/14			Building Ow EGEORGI		r/Operator (2)				2	900. - 4.4 ////	-9	AH	9:	12					
Agencies Notified EPA	Type Notifica	tion	Street Ad		DE	DТ					1 - 1/1		1.55.00.	to 1						
☐ DEP	Amended	. 11	165 DUKES STREET City, State, Zip Code									- A. William								
⊠ DOL	Amendment #	-11	EARNY, NJ 07032																	
□ DOH	Emergency (including			TTTT																
	justification)) [[Name of Contact Telepho									hone Number								
☐ DCA	Cancellation	n	JIM I	EGEORG																
				FA	CIL	ITY INFORM	ATION								G.					
Name of facility w	nere abatement	is taking p	lace (3)						Туре	of Facility										
JIM DEGEOR	GE									=	ool (K - 12 hapter 8 (ec. occurs som	nan K	-12)						
Street Address				(4							r (Private/0 s./Homes,		rcial							
165 DUKES S	TREET								Squa	are Feet	# of Floo	ors	BI	dg. A	ge					
City (5)		Cou	unty (6)	40				nty Code (7)			0									
KEARNY		Н	UDSON			41	(Sta	te use only)	Curi	ent Use (Prior if bei	ng dem	nolished)							
Name of Monitorin	g Firm Hired by	Bldg. Owr	ner (8)		T	ASCM No.	\neg	Name of Abatement	Contrac	tor (9)										
								D & S RESTOR	ATION	INC										
Street Address				XX	٠.		-	Street Address		,, 2.10.	1									
						17.16		20 California A	ve.											
City, State, Zip Cod		-	_		-	City, State, Zip Code														
								Paterson, NJ 07												
Project Manager fo	Monitoring Firm	n		Phone Num	nbe	r	_	Telephone Number	7505		License	Numb	er							
			SITI O			973-345-8020			The state of the s)1169	03.4									
Ot-+ D-+- (40)	· 61.7	7.71		_	Name of OSHA Mor			1												
Start Date (10)		Scrie	a. Compi	etion Date (11)			D & S Restorat												
07/15/14	_	07/3	31/14					Street Address												
Occupancy Status I								20 California A	venue											
Abatement pe	d/vacated during erformed outside							City, State, Zip Code												
Describe: Other-Descri	ne NORMAL H	HOURS					-	Paterson, NJ 07	7503											
Scope of Work (ch					2.555			T decision, 1 to 0							_					
>3 sf or >3 lf								H	Mini-en		w/negative	e press	ure							
_	- ⊠	Renovati						岗		ag proced	ure									
≥160 sf or ≥2	60 If	Demolitic) and Non	-friable	proce	edure	1					
Location of			on normal tenance/c	ly used sole	ely							R	Re	Ε	E					
asbestos-cor material (acm		staff(12)		ustouiai	-			sbestos-containing		Amount	CE	m	p	n c	n					
abated in fac		Yes	No	N/A	-1	material (A	ACM)			(Specify LF)	SF OF	0	a	а	C					
		165	INO	N/A								v e	r	р	-					
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					٦		E-0.11						П							
			i		뒥						_	17	〒	Ħ	In					
			#		╬	-			_		-	17	금	금	十					
Registered Waste H	auler	INJE	EP Haule	er ID#	Cul	bic Yards of W	/aste	Name of Registered	Landfil			-	_							
D & S RESTOR			506	9-1		YDS		TULLYTOWN,			ECOVE	RY								
City, State				Disposal	Da	te		City, State												
PATERSON, N	J 07503			07/16/	14			TULLYTOWN	, PA											
Completed by (Print		Title		10:	T	Signature					Date									
BOGDAN JOLI	DZIC	PRESII	DENT								07/01	2014								
ASB-41		Do not us	se this for	m for asbes	stos	licensure exe	mpted	activities.												

D&S Proj. #: 2014-268

									-					
Date of Notification (1)		Na	me of Buil	ding Own	er/Operator (2))			1	1				
0 7 /0 1 /			OHN LU	CAS					2011 1111					
	/pe Notificati Initial	on Str	eet Addres	ss					9018 UU	y AM	0	,	-	
	Amended		913 SUM	MIT AV	ENUE		i.	,	2. (Į				
L DEF Am	nendment #:	Cit	y, State, Z	1 1		je 11								
	Emergency	— II :	RIVER E	- 1. 1. 1.		1911								
	(including justification)	Nai	me of Con	tact	Telephone	Numbe	r							
	Cancellation		JOHN LI	UCAS										
				FAC	LITY INFORM	IATION								
Name of facility where	abatement is	taking plac	e (3)	11875				T	ype of Facility (4) (K - 12)				
JOHN LUCAS								11	=	apter 8 (0		an K	-12)	
Street Address								7		Private/C)	
913 SUMMIT AVI	ENTIE							-		Homes, e		Blo	dg. A	ge
City (5)	LITOL	Count	v (6)			Cou	nty Code (7)	= `	oquale reet	# 01 1 100	"	D.,		90
J.19 (5)			, , ,				te use only)	1 1	Current Use (Pr	ior if beir	ng dem	olishe	ed)	
RIVER EDGE		BER												
Name of Monitoring Fir	m Hired by E	Bldg. Owner	(8)		ASCM No.		Name of Abatem	ent Cor	ntractor (9)					
							D & S RESTO	ORAT	ION, INC.					
Street Address							Street Address		1, , , , , , , , , , , , , , , , , , , 					
							20 California							in and the
City, State, Zip Code							City, State, Zip Co							
Project Manager for Mor	nitoring Eirm		I Dh	one Numb			Paterson, NJ Telephone Numb		3	License	Numb	or		
r toject Manager for Moi	intolling Fillin		File	one munio	eı		973-345-80)1169	CI.		
Ot- 1 D-1- (10)		10 ah ad	Complete	- Data /1		_	Name of OSHA					_	_	
Start Date (10)		Sched.	Completio	n Date (1	1)		D & S Resto	ration,	Inc.					
07/16/14		07/31/					Street Address							
Occupancy Status Durin		and all the balances are an extensive					20 California		ie					
Facility closed/vac							City, State, Zip Co	ode						
Describe:							Paterson, NJ	1.07503	ξ.					
Scope of Work (check							Taterson, 143		Containment w	/nogative	proce	uro		
>3 sf or >3 If		, Renovation		8				=	i-enclosure	megative	picos	uic		
≥160 sf or ≥260 lf		Demolition							vebag procedur					
		Is location	normally i	sad salah	,			Nor	n-Exempted (*)	and Non	-friable	Proce	E	-
Location of asbestos-containi	na	by mainten			1	on of a	sbestos-containin		Amount		e	е	n	E n
material (acm) to	be	staff(12)			material		spesios-comanni	g	(Specify S	F or	m o	p a	c a	c
abated in facility (13)	Yes	No	N/A					LF)		v e	i	р	L
BASEMENT/CRAWL SF	PACE		X		PIPE INSU	LATI	ON		220 L FT		ă			
D. LOLLING CO. C.													百	
Registered Waste Haule D & S RESTORATI		NJDEI 1350	P Hauler II	5000	ubic Yards of V S YDS	Waste	Name of Register			COVE	ov.			
City, State	OIT, HTC.	1330		Disposal D			City, State	IN, KE	SOURCE RE	CUVE	× 1			
PATERSON, NJ 0	7503			07/17/1			TULLYTOV	VN, PA	A					
Completed by (Print or 1		Title			Signature		I			Date				
BOGDAN JOLDZI		PRESIDE					14			07/02	/2014			
ASR-41	*	Do not use	this form f	or asbesto	os licensure ex	empte	d activities.							