

Date of Notification (1)				Min	CD . : ! -	· - 0 ' 10 '	101						
7–19–13						ling Owner/Operato							
Agency Notified	Type Notification					ant Communi	ty Church	1					
Agency Notified	Type Notification				et Addres 00 Stol	kes Road							
O DEP	Amended	1		City	, State, Zip	Code						_	
₫ DOL	Amendment #	1		Me	dford	NJ 08055	j						
₫ DOH	 Emergency (inclination) 	luding			ne of Conta			Telephone Num	pher				-
□ DCA	□ Cancellation			Al	len De	Castro		, ciconatine	DC:	_			
				-		FORMATION							_
Name of Facility Where A	Abatement is Taking	Place /	31		CILITIN	FORMATION	T	. 76					
Protestant (Type of Facili	ty (4)					
	Milliant Cy Cit	ur CII					☐ School (K-						
Street Address 100 Stokes F	load						Subchapte Other (i.e. homes, etc	r 8 (Other than K-12 private & commercia) al buildir	ngs,			
City (5)		14.14					Square Feet	# of Floors	Bldg.	An		-1500	-
Medford							9,200	2	42	_			
County (6)				Cour	ty Code (7) (STATE USE	Current Use (Prior if being demoli	shed)	_			_
Burlington	525			ONL			church		oriou)				
Name of Monitoring Firm	Hired by Building Ow	/ner	ASC	M No.		Name of Abaten	nent Contractor	(9)		_		_	
(8) EHS Environm	ental. Inc.					Plymouth	Environm	ental Co., I	nc.				
Street Address						Street Address	*			_			_
411 Southgat	e Court, Sui	ite 1	Ε			923 Haws	Avenue	· .					
City, State, Zip Code	*3					City, State, Zip (Code					_	_
Mickleton, N						Norristo	wn, PA 1	9401					
Project Manager for Monit	oring Firm		Telepho	ne No	15	Telephone No.		License No.					_
Jack Carney		85	56-2	24-0	080	610-239-9	9920	00398					
Start Date (10)	Scheduled (Comple	etion D	ate (11)	Name of OSHA	Monitor			-	-		
7–8–13	8-12-1	3				Plymouth	Environme	ental Co., Ir	nc.				
Occupancy Status During	Abatement (Check or	nly one	2)			Street Address			7.70			-	-
☐ Facility Closed/Vacated	During Entire Period	of Abs	temen			923 HAWS	Avenue						
□ Abatement Performed C	Outside of Normal Fac	cility Ho	ours			City, State, Zip C	ode					-	
	ork area iso	late	ed			Norristov	vn, PA 194	401					
Scope of Work (Check all t	hat apply)					00000			A 1-17-1			_	
□ ≥ 3 sf or ≥ 3 lf	20			₫ Rer	novation	⊠ Full C □ Mini-l	Containment with Enclosure	Negative Pressure	1			80	
⊠ ≥ 160 sf or ≥ 260 lf	Œ			☐ Der	nolition	☑ Glove	ebag Procedure						
						□ Non-E	Exempted (*) an	d Non-Friable Proce	edure :				
-			Locat		1					A	bate Ty	eme	nt
Location	of	60.00	Norma ed Sole	3		Description o	of				-,		
Asbestos-Containing I		Ma	intena	nce/	Asbes	tos Containing Ma	terial (ACM)	Amount				피	m
. <u>TO BE ABA</u> IN Facilit		(Custodi Staff?		(i.e.,	thermal systems surfacing, VAT,		(Specify		Ren	Re	car	ncl
(13)			(12)	40)		other miscellane		SF or LF)		Remova	Repair	Encapsulate	Enclosure
			T	T	-					=		ate	Э
attic		Yes	No	N/A									
attic		Х				fittings		15 LF		X			
		X			boile	r rib gaske	ets	50 LF		X			
								United States					
Name of Registered Waste	Hauler	11/1/15/15 (0.5)	DEP W	aste H	auler	Cubic Yards of	Name of Regis	stered Landfill					
Robinson Waste			No. 7304			Waste 1	GROWS,	Tnc					
N. C		1.	301					THC.			161		
City, State					- 10	Disposal Date	City, State		Nie za				
Bellmawr, NJ						8-12-13	Morris	ville,PA					
Completed by	.Title	23:1				Signature	1/2		Date				
Timothy E. Brya						Ins	1/121		7–19-	-13	3		
SB-41	* Do not	use th	is form	for ast	estos lice	nsure exempted a	ctivities			1			

Nord

Date of Notification (1)	- · · · · · · · · · · · · · · · · · · ·			Nan	ne of Buildi	ng Owner/Operator	r (2)	74					
7-19-13				Un	ited S	tates Post	al Servic	e					
Agency Notified	Type Notification				et Address	27497		2					
∆ EPA	Ď Initial				State, Zip	***		K.				7.7.	\dashv
DEP St DOL	Amended Amendment #			1			498		/	/			
	☐ Emergency (inclu	ding		1/400 0000	e of Conta		430						-
□ DCA	justification) Cancellation				vid Ca					7			
				FA	CILITY INF	ORMATION				Visit			
Name of Facility Where A	batement is Taking P	lace (3)					Type of Facilit	v (4)					
New Egypt Pos	Ţ.;												
Street Address							☐ School (K-1	· 8 (Other than K-12)				
22 N. Main St	reet							orivate & commercia		gs,			
City (5)							Square Feet	# of Floors	Bldg.				
New Egypt							1,400	1 1	513	yr	3.		
County (6)				Cour) (STATE USE	Current Use (i	Prior if being demolis	shed)				
Ocean													
Name of Monitoring Firm (8)		ner	ASC	/ No.		Name of Abatem							
TIT ENVIRON	mental						ETIATEOUT	ental Co., I	iic.				
Street Address	1 01					Street Address	_						
1253 N. Chui	ch Street					923 Haws		%		-2100	710.55		
City, State, Zip Code	NT 000E7					City, State, Zip C		0401					6
Moorestown,		17-	16-	11-			wn, PA 1						
Project Manager for Monit				ne No		Telephone No. 610-239-9	9920	License No. 00398					
Start Date (10)	Scheduled C				0088	Name of OSHA	tao Pinao Casotra	00390	•	-			
8–5–13			OII De	ne (11	,			ental Co.,In	C				
Occupancy Status During	8-16-1					Street Address	EIIVILOIME	illai CO., ili					
						923 Haws	Λικοπιιο						
☐ Facility Closed/Vacated ☐ Abatement Performed (E T		City, State, Zip C					-		-
Other - Describe:		mty 1100			1	Norristow		01					
Scope of Work (Check all	that apply)					•							
□ ≥ 3 sf or ≥ 3 lf				DXRe	novation		Containment witi Enclosure	h Negative Pressure	9				
© ≥ 3 St Of ≥ 3 II					molition		ebag Procedure						
	· ·					X□ Non-l	Exempted (*) an	d Non-Friable Proc	edure .				
	4	200000	Locati		1	227				A	bate Tyl		ıı
Location	of		ormal i Sole			Description of	of						
Asbestos-Containing		Mair	ntena	nce/		tos Containing Ma		Amount (Specify		R	_	E	Щ
. TO BE ABA			ustodi Staff?		(i.e.	 thermal systems surfacing, VAT 		SF or LF)		Remova	Repair	aps	clo
(13)			(12)			other miscellane	ous)			val	확	Encapsulate	Enclosure
		Yes	No	N/A	1			E .				е	
roof				~	roc	of flashing		290 LF		x			
.1001		-		X	100	i masimy		290 LF		A			
		-+	_	-	-							-	
			-								-	-	
Name of Registered Waste	Hauler	EP W	l /aste l	Hauler	Cubic Yards of	Name of Regi	stered Landfill		_				
Robinson Waste	1100.0	lo.			Waste	_	unty Landfi	11					
TODITIBULI WASLE		730	4		5	occar co	arcy Danall						
City, State		-				Disposal Date	City, State	2					
Bellmawr, NJ						8-16-13	Manchest	er Twp.,NJ	52				
Completed by	.Title				1	Signature	115		Date				
Timothy E. Brya						1 in	112		7–19-	-13			
ASB-41	* Do not	use this	form	for as	bestos lice	ensure exempted a	activities.						



Date of Notification (1) 7/16/2013	Check#2450	0			Building C		Operator	(2)								
Agencies Notified	Type Notification			Street Ad	ddress arket Str	eet			W- 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12	1170.5					***	
EPA DEP DOL	Initial Amended Amendment	#		City, Sta	te, Zip Coo	de	7407	-						1112-11 2		
□ DOH	Emergency (i	including	_ -	Name of	Contact					Tel	ephone 1	Numb	er			
DCA	Cancellation			Joseph	Canare	es				1-			7	,		
		01 (0		FACII	LITY INFO	RMAT	ION		9 				•			
Name of Facility Where St Leo's School	Abatement is Taking	y Place (3)					Type	School (K-12	2)						
Street Address 300 Market Street			92					Н	Subchapter Other (i.e. pretc.)				build	ings,	home	s,
City (5) Elmwood Park, NJ	07407								are Feet	# 01	Floors 2	-	11	dg. A	-	
County (6) BERGEN				County C	Code (7) ISE ONLY)	_			rent Use (Prio	r if bei	ng demo	lishe	d)			
Name of Monitoring Firm		Owner (8)		ASCN 0001					atement Con							
Street Address				222			Street	Addre								
City, State, Zip Code	dhurst, NJ 07071						City, S	State,	Zip Code erg, NJ 070	02						
Project Manager for Mor			П	Telephor		2 10 28 20 10	Telepi	hone I	No.	93	License		×			
Jim Ruff		0 1 1 1			34-2746				1700		01074	+				
Start Date (10) 7/29/2013		7/31/20)13	npietion	Date (11)		100000		SHA Monitor above					<u> </u>		
Occupancy Status Durin	g Abatement (Chec	k Only On	ie)				Street	Addre	ess							
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire F	Period of A al Facility	Abaten Hours	nent S			City, S	State,	Zip Code	V					4	
												-		-		
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	м ттас другу)		Renova Demolit	55650050			3	M G	ull Containme lini-Enclosure lovebag Proc on-Exempted	edure						
		Τ.							OII-LXeIIIpteu	() an	u Non-i i	nabie		and the state of	ment	
Lagation	n of		Locat Normal			D	escription	o of						Ту	ре	
Locatio Asbestos-Containing TO BE AB In Faci (13)	n Material (ACM) NATED lity	Ma	d Sole intena todial ((12)	nce/		tos Co therma surf		Materia s insu AT, or		(5	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Music R	nom.	100	Х	1,7,7	Wra	an an	d cut-2'	" line	pipe		20 LF	-	x			
Widdle IV					*****	ap un	u out z		Pipo							
Name of Registered Wa	ste Hauler		IN	JDEP W	/aste	Cubi	c Yards		Name of F	Registe	ered Lan	dfill				
Freehold Carting	Ste Hadiei		H	lauler ID 5939		of W	aste		Waste N							
City, State PO Box 5010						Disp TBD	osal Date	9	City, State Tullytow		ndfill					
Completed by Gina Salvador		Title Office	e Mai	nager			Signatur	e Q	Quas	7 _		Date 7/1	e 6/20	13		



NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) 7-18-	2013		Name of Buildi	ng Owner/Operator (2) N 461eSiF	F.		
Agencies Notified	Notification Type Initial Notification		Street Address	Valley Ros	el .		
() DEP () DOL () DOH	() Amended Certificat () Cancelled	ion	City, State, Zip	ing RIDGE	JU,	0793	90
() DCA			Name of Conta	ich i	Ī	4	40
		FACILITY IN	FORMATION				
Name of Facility Where Abatement is T	aking Place (3)		Type of Facility () School (K-1 () Subchapter (())Other (i.e. p		dgs., hornes,	etc.	
81 MT HIRY KO	ad)-d- (7)	Sq. Feet_	# of Flo	ors		
bernarosulle Somers	et County C (State Us		Bldg. Age Current Use (p	rior if being demoilshed	f)		
Name of Monitoring Firm Hired by Bldg	Owner (8) ASCM No	<u>0.</u>		Namer of C	Contractor (9)	KUN	CR.
Street Address	·		Street Address	i / C4	~		
City, State, Zip Code			City State, Zipo	Code			3
Project Manager for Monitoring Firm	Telephone Number		Telephone Nur	nber	License N	umber	
Scheduled Start Date (10)	Scheduled Completion	Date (11)	Name of OSHA	<u>A Monitor</u>			
Occupancy Status During Abatement (Check only one)		Street Address	}			
() Abatement Performed Outside of N	ormal Facility Hours	(City, State, Zip	Code		-	
Other -	occog.ac						
Describe Source of Work (Check all that apply)				vice and the second			
() Demolition Renovation	NA () CM Dec. () 25 d 6	20 05 10 -20	COLEACIA) /	Minor Droi (205 DE o		N.8.)	
() Large Proj. (\$160 SF or >260 LF AC () Full Containment with Negative Pro- Location of Asbestos- Is Loc			vebag Procedure) Minor Proj. (<25 SF c e Amount (Specify SF c		batement Tyr	26
	by Maint./Custodial	thermal system surfacing, VAT	ns insulation,	L	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Datement 14	
NON FEIDBLE YES	NO NA	miscell.)	-6	- 30ya	\mathcal{A} .	em, Rep.	Encap Enclo
SIDING		CINOS	MISS	. 0	/		
Name of Reg. Waste Hauter	NJDEP Waste Hauler		Cubic Yards of	Waste Whicy	111	Reg. Landfill	Sanitar
City, State VOCION AT OTHER	122			Disp. Date		City, Stat	
Completed by (Print or Type)	Title		Signature	7/1	Date	1 /	green.
TEVEN T. YGLOSIA	HOMECLOW	OR.	Stel	Desce	7/	18/13	
Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414	Telephone 609-984-66	20			C:\WORD 9/18/0-0	MYDOCSVAS	SBESTOS

State of New Jersey

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

HIL				(Pursu	ant to	NJAC 8:60-7 and 1	2.12	20-1)				Chec	k # 7	503	•	4
Date of Notification (1)		l Na	ame of	Building	Own	er/Operator (2)										
Date of Notification (1)	7/17/13	17559772		n Cou												-
Agencies Notified	Type of Notificat	tion St	reet A	ddress												
[] EPA		5	95 N	ewark	Ave).										
	[] Initial Notification								-							Ti i
[] DEP	[] Emergency	. 0	ity, Sta	te, Zip C	ode	07206										
[x] DOL	[x] Amended	J	erse	City,	NJ (07306										
[x] DOH	Notification # 2	n N	ame o	Contac	t			Country! (A	Telet	hone Numbe	er					A
[] DCA	[] Cancellatio			iscart					_							•
	[] camera					LITY INFORMATION	NI.								_	-
					FACI	LITY INFORMATION	N	Type of Faci	lity (4)							_
Name of Facility When	e Abatement is Ta	aking Pla	ce (3)					[] Sch	ool (K-	12) r 8 (Other the	on K 12)					
Hudson County	Admin. Bldg.							Oth	ochapte er (i.e.	private and c	commerci	al buil	dings	5,		
Street Address								' ho	mes, et	c.)						
595 Newark Ave	enue			192				Square Fee		# of Floors		Bldg. A	\ge			
		I County	(6)			County Code (7)		250000		13		~ 50				_
City (5)		County				(STATE USE ONLY)			if being demo	olished)					
Jersey City		100000000000000000000000000000000000000	2.50000	(g)		`		Office buildi								
Name of Monitoring F	irm Hired by Build	ding Own	27.00 T	ASCM N		Name of Aba	tem	ent Contracto upiter Env	ironn	antal Se	rvices	Inc				
Whitman Comp				00110				upiter Env	11 01 111	iciliai oci	11000,	1110.		_		
Street Address						Street Addres		Lynn Cou	ırt							
7 Pleasant Hill F	Road					City, State, Z			ai t							
City, State, Zip Code						City, State, 2	ıp C	Lincoln Pa	rk. N	J 07035						
Cranbury, NJ 08						Telephone N			,		License	e Num	ber			
Project Manager for N	Monitoring Firm			Numbe		Telephone iv	41111	973-709-0	200				00	852	2	
Kevin Lovely		hed. Com		0-5858		Name of OSI	на г	Monitor		C. 1 2000 1000						
Scheduled Start Date		nea. Com	2/31/	13*	17	Traine or a se		J & S Env	ironm	ental Lab	oratori	ies, l	_LC			
2/25/1				0.00		Street Addre	_									
Occupancy Status Du	ed/Vacated Durin	a Entire	Period	of Abate	ement		2	2333 Rout	e 22 '	W	1000-000		20 5=			
[v] Abatement F	Performed Outside	e of Nom	nal Fac	ility Hou	ırs –	City, State, Z	ip C	Code			770-200-3					
Des	cribe: evenings a	and/or we	ekend	<u>s</u>		,	80 8	Union, NJ	0708	33						
[X] Other – De	scribe: partially va	acateo							-			-		-		
Scope of Work (Chec	ck all that apply)							[x]	Full C	ontainment v	with Nega	ative P	ress	иге		
ra Demelition				[X]	l Re	enovation		[×]	Mini -	- Enclosure	100 E					
[] Demolition[] ≥3 sf or ≥3 l	f	*						[]	Glove	ebag Procedu – Friable Pro	redure acedure					
[x] ≥160 sf or ≥								[x]	NOIT	- Triable i Te		-	Δh	aten	ent	_
			Is Loc			-	2000	cription of					Ту			
0	econo ani 🕳 "	N	ormall Solel	y Used				- Containing			Amou	0.000	R	R		E
Locati Asbestos –		Ma		nce/Cus		N	late	rial (ACM)			(Speci		E M	E		C
Material	(ACM)			aff (12)		(i.e.,	the	rmal systems	т		SF 01 L	_ []	0	A		L
TO BE A				-	4	insulati	on,	surfacing, VA niscellaneous	ı,)				٧	1	P	0
In Fa		Ye	s No	N/A		01 011							A	R	S	S
(1	3)	10	3 "	, , ,,,,							5000 SF		X	+	U	U
Various – courtroo	ms offices		X		PI	laster/spray-on ce	iling	g (to be scra	ped) *		15000 S		X			-
Various – courtroo	oms, offices		X		FI	loor tile*					13000 0		-			
Validae States	•												+-			
									Daniet	ered Landfill			_			-
Name of Registered	Waste Hauler	SE 19		Waste		Cubic Yards		Miner	regist	ndfill						
Jupiter Enviror	mental Serv	rices	Haule 047	ID No.		Of Waste		Willerv	a La	nam						
45			047	02		Disposal Date		City, Sta								
City, State	1.1					TBD/Variou	IS	Wayn	esbur	g, OH						
Lincoln Park, N		Tit	le			Signatur	_	1 1			Da		_			
[12] 얼마나 아내 아내 아내 아내 아내는 아내는 아내를 다 가나 되었다.	(or type)			al Man	nade			/ / ,	1		7/	17/1	3			
Pane Repic							_					-				
						/										

*Note: Work to occur in phases. First phase is removal of some 1700 SF of floor tile from room 220, with expected completion on/about 3/5/13. Amendments will be sent for other phases.

Paragon Job#

1 Hours

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

Date of Notification (1)	Na	me of Build	ling Owner	/Operator (2)								
0 17 1/1 19 1/1 13				University (FDU)							
Agencies Notified Type Notification	on Str	eet Addres	S									
Initial Initial	- 1 -	0 Woodb		e								
Amenda	1 1 011	y, State, Zi	p Code		1-10-28							
DOL Amendment #		Hackensa	ck, NJ 07	601								
DOH Emergency (includ	me of Cont	act				Telephon	e Number				
DCA Cancella	tion	Dick Fric	k					1				<u> </u>
			FACIL	ITY INFORMA	TION			_				
Name of facility where abatement is	s taking place	ce (3)					Type of Facility (
- Property Control of the Control of							_	l (K - 12)				
FDU - Madison Campus Scien	ice Buildir	ng						apter 8 (O			12)	
Street Address							Other (Private/Co Homes, et		rcial		
145 Park Ave.							Section Sectio	# of Floor		Bld	g. Ag	е
City (5)	Count	y (6)			Coun	ty Code (7)	20,000	02		50		
50-800 * 00 * 00 *					(State	e use only)	Current Use (P		0.000	olishe	d)	
Florham Park	Mor						Public Safety	Building				
Name of Monitoring Firm Hired by I	Bldg. Owner	r (8)		ASCM No.		Name of Abatement C	ontractor (9)					
Environmental Design, Inc.					_11	Paragon Contracti	ng, Inc.					
Street Address					71	Street Address						
5434 King Ave. Suite 101			19		_	590 River Rd.						
City, State, Zip Code				11:20:00		City, State, Zip Code						
Pennsauken, NJ 08109						Clifton, NJ 07014	1					
Project Manager for Monitoring Firm	1	Pho	ne Numbe	er		Telephone Number		License	Numb	er		
Jay Murray		850	6-616-95	16		(973) 614-1600		00748				
Scheduled Start Date (10)	Sched.	Completio	n Date (11)		Name of OSHA Monit						
07/18/2013	07/23	/2013			- 11	Paragon Contract Street Address	ing, inc.					
Occupancy Status During Abatemer						590 River Rd.						
Facility closed/vacated during			ment.		11	City, State, Zip Code						
Abatement performed outside						0.1. 7 , 0.1.1.0, 1						
Describe: Areas of the	building und	er containme	ent		-11	Clifton, NJ 07014	1					
Scope of Work (check all that apply												
☐ Demolition	Renovatio	n			П	ull Containment w/neg	ative pressure	Glovel	oag pr	ocedu	re	
	>160 sf or 3					lini-enclosure	Non-Exer					dure
∑ ≥ 2 2 1 0 1 > 2 11		normally u	read cololy		<u> </u>				IR	R	E	
Location of asbestos-containing		nance/cust				sbestos-containing	Amount		е	е	n	E
material to be	staff(12)			material (spesios-containing	(Specify	SF or	m o	p a	c a	c
abated in facility (13)	Yes	No	N/A	,	a Bu		LF)		V	i	p	L
2nd Floor Bathroom				VAT/Masti	c		20 SF		e		П	I
1st Floor Bathroom				Pipe Insulat			8 LF	-	×	\Box	一	百
Room S-24&25 & Hallway				Pipe Insulat		(epair)	20 LF		ī		百	愩
4 Bathrooms		\Rightarrow		Window Gl	THE RESERVE OF THE PERSON NAMED IN		11 EA		X	Ī		
- Damicomo					3	I.					百	
Registered Waste Hauler	NJDE	P Hauler II	D# C	ubic Yards of V	Vaste	Name of Registered			1			
Paragon Contracting, Inc.	221	61	4	cyds		Tullytown/GRO\						
City, State			Disposal D	ate		City, State						
Clifton, NJ 07014			TBD	I G:		Tullytown, PA		15				
Completed by (Print or Type)	Title			Signature	C	/		07/19	2012			
Goran Lazevski	Presiden	L		1 //	,	and a state of		07/19	2013			

D&S Proj. #: 2013

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

D&S Proj. #: 2013			(Pursua	ant to NJAC	8:60	and 12:120)		MEC	E		E	E	abla
	0.710.00						9			<u> </u>		Ш	
Date of Notification (1)		lame of Bui	lding Owne	er/Operator (2)				1111	. · . 1		3		
0 7 / 1 7 / 1 3 Agencies Notified Type Notification			CIRSCHL	ING				<u> </u>	L 24	2013	}	117	4
EPA Initial	" s	treet Addre											
☐ DEP ☐ Amended			NAN AV	ENUE				ASBEST)! &		+
DOL Amendment #:	c	ity, State, 2	W:				F		ICENS	V.G		-	_
☐ Emergency (including	I N	FANWC ame of Cor	OD, NJ 0	7023				Telephone	Number				
justification)									A .				
DCA Cancellation		PATTY	KIRSCHI	LING				<u> </u>	_	_			
			FACII	LITY INFORMA	ATION								
Name of facility where abatement is	taking pla	ace (3)					T	ype of Facility (4)					
PATTY KIRSCHLING								=	pter 8 (O	ther th	an K-	12)	
Street Address							11	Other (P	rivate/Co	mme		-3-5-5 -4 53	
218 MARIAN AVENUE							-		omes, et		Blo	lg. Ag	ne .
City (5)	Cour	nty (6)			Cou	nty Code (7)	1	_					
					(Sta	te use only)	1 7	Current Use (Price	or if being	g dem	olishe	d)	
FANWOOD Name of Monitoring Firm Hired by E		ION		ASCM No.	_	Name of Abateme	ent Cor	tractor (9)					
realize of Worldoning Firm Fined by E	nag. Own	51 (0)		AGCIVI NO.		D & S RESTO							
Street Address					-	Street Address	JICA I	ion, nvc.					
						20 California	Ave.						
City, State, Zip Code						City, State, Zip Co	de		- 107 SS				
						Paterson, NJ		3					
Project Manager for Monitoring Firm		Ph	one Numb	er		Telephone Number			License		er		
<u>Sau</u>						973-345-80 Name of OSHA N				1169		_	
Start Date (10)	Sched	i. Completi	on Date (11)		D & S Restor		Inc.					
08/01/13	08/1					Street Address							
Occupancy Status During Abatemen						20 California		ue			1000		
Facility closed/vacated during Abatement performed outside						City, State, Zip Co	ode						
Describe: NORMAL H						Paterson, NJ	07503	3					
Scope of Work (check all that apply								Containment w/	negative	nress	ure		
	Renovation	on						i-enclosure	negative	picoo	u. C		
□ >160 sf or ≥260 lf	Demolitio					Į.		vebag procedure					
			used solely	,		-	No	n-Exempted (*) a	and Non-	R	R	E	T
Location of asbestos-containing		enance/cus			on of a	sbestos-containing	1	Amount		e m	e p	n c	E n
material (acm) to be abated in facility (13)		Γ.,.	T	material ((ACM)			(Specify SF LF)	- or	0 V	a	а	C L
223.02	Yes	No	N/A							е		Р	
BASEMENT		X		DUCT INS				35 S QFT		X	<u> </u>	부	H
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Registered Waste Hauler		EP Hauler	0.77179	ubic Yards of \	Waste	Name of Registe							
D & S RESTORATION, INC.	13	506		YD		The second secon	N, RE	SOURCE RE	COVER	Υ			
City, State PATERSON, NJ 07503			Disposal D 08/02/1			City, State TULLYTOV	VN P	4					
Completed by (Print or Type)	Title			Signature		TODDITO	, . 1, . 1		Date				
BOGDAN JOLDZIC	PRESII	DENT							07/17/	13			
W. 2.1000	Danet	a thin form	for ashest	oc liconouro ov	omnio	d activities				200			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification							wner / Operator	(2)	13							
Agonoica National	7/18/2013	tion		reet A		ooratio	<u>'II </u>	-	11 111	JUL	24	- 1	1	-	182	-
Agencies Notified EPA	Type Notifica	IIIOII	100000			ess Plaza			U L	0 V L	Access 100	9	1			
☐ EPA			100			& Zip C	nde	- 1		- 0000					- 111	
□ DEP	│ │ │ │ │ Amer		72007				07095		AS	BES	715	VTROL	&			
□ DOH		gency				ontact	0.000			_		Telep	hon	e Nu	mbe	r
DCA DCA		ellation	10000	ohn F											V	
				FAC	ILIT	Y INFO	ORMATION									
Name of Facility W	here Abateme	ent is Taking Pla					Type of Facility						i u			
Hess Corporatio							School (K		(OII - II		0)		ď.			
Street Address							Subchapte					inna h		o ot	. \	
Smith Street & C	onvery Bou	ılevard					Other (i.e. Square Feet	. priv	# of Flo		al bullo	Bldg.			<i>.</i> .)	
City (F)		County (6)	Cour	nty C	ode	(7)	- Square reet		# 01110	013		Diag.	, igo			
City (5)		20.00	Cou	ity O	ouc	(1)	Current Use (F	Prior	if being o	lemolis	shed)		_			
Perth Amboy		Wildalesex					Boiler Room				,					
Name of Monitoring	Firm Hired b	v Building Own	er (8)		AS	CM No.	Name of Abate	eme)					
AET, Inc.	, · ·		- (-)				Bristol Envi		nental,	lnc.						
Street Address							Street Address 1123 Beaver		eet							
	Pennell Road tate & Zip Code , PA 19063 Manager for Monitoring Firm						City, State & Z									-
Media, PA 1906	tate & Zip Code a, PA 19063 t Manager for Monitoring Firm Turotsy						Bristol, PA 1									
	State & Zip Code a, PA 19063 It Manager for Monitoring Firm Turotsy Iuled Start Date (10) 7/29/2013 Scheduled Co					ber	Telephone Nu		г		License	Numb	er			
Dave Turotsy	State & Zip Code a, PA 19063 at Manager for Monitoring Firm Turotsy duled Start Date (10) 7/29/2013 Scheduled Co				AET		(215)788-604		**		00509	-	-			
	a, PA 19063 It Manager for Monitoring Firm Turotsy Juled Start Date (10) 7/29/2013 Scheduled Co				e (11	1)	Name of OSH Bristol Envi			nc.				140		
Occupancy Status	Street & Convery Boulevard County (6) Middlesex						Street Address	s								
Facility Clo	, PA 19063 Manager for Monitoring Firm Furotsy Iled Start Date (10) 7/29/2013 Scheduled Cor 7/29/2013 Scheduled Cor Facility Closed/Vacated During Entire F				tem	ent	1123 Beaver									
The state of the s	Performed O	utside of Norma	al Hou	rs –			City, State & Z									
		A h = 4 = = = = = 4. Oct	20 ABA	2.2	ים ח	M.	Bristol, PA 1	1900)/							
			30 AIVI	- 3.3	UPI	AI								_		77.5
Scope of Work (Ci	ieck all triat a	рріу)							Full Co	ntainm	ent with	n Nega	tive	Pres	sure	
≥3 sf or ≥3	If		\boxtimes	Ren	ovat	ion			Mini-Er							
	60 If			Dem	noliti	on		\boxtimes	Glove I	Bag Pr	ocedure	es '	-1-1-	D	- d	
					100 to 1			<u> </u>	Non-Ex	_	d and N Amount			teme		
			ls L Norm	ocati			Description Asbestos-Cont		na	11 15	(Specify		Aba	Teme	111.1	ype
		ig		lely b			Material (AC		'9		F or LF				ᄪ	ш
			Maint	enan	ce o		(i.e., thermal sy			1			en	Repair	cap	nck
			Custo		Staff	?	insulation, surfac						Removal	oair	Encapsulate	Enclosure
	(13)		Yes	(12) No	N/A	_	or other miscella	aneo	us)				=		ate	e e
Attic in Main Di			103	×	147	+	Pipe insula	tion			75 LF		Ø	П	П	
Attic in Main Blo	ug.		H	1	+	-	1 ipe inouia									
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	-		Ħ	Ħ												
Name of Registere	ed Waste Hau	ler					Cubic Yards	Na	me of Re	gistere	d Landf	ill				
Bristol Environ	mental Inc			Ha		ID No. 706	of Waste	GF	ROWS L	ANDF	ILL					
City, State				1		100 TO TO	Disposal Date		y, State							
Bristol PA							7/30/13		PRRISVI	LLE,	PA				_	
Completed By (Pri	nt or Type)			Tit			Signature	0		1	0		ate	14.5		
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				Ma	ana	ger	John	10	11 700	-1/						

4 3m	N		CATION	te of New OF ASBE to NJAC 8	STOS	ABATE		DE	C E						
Date of Notification (1) 07/19/2013				Building (OLITE C				NG	<u> </u>	2 4 - 20	113	1	1		- Al
Agencies Notified Type Notification EPA Initial			Street Ac 500 DC	ddress DREMU	S AVE	NUE		JUL	. UL	2013					
DEP Amended Amendment #		_		te, Zip Co RK, NJ		,	4	ASE	BESTO LIC	S CONT		1			
Emergency (i justification) DCA Emergency (i justification) Cancellation	nciuaing		Name of RAMS	Contact IS BARS	SOUM	L			Tel	ephone?	Numbe	7	345500-0		
			FACII	LITY INFO	RMAT	ION								ŝ	
Name of Facility Where Abatement is Taking CARDOLITE CORPORATION	Place (3	3)						of Facility (School (K-1	2)	4					
Street Address 500 DOREMUS AVE							×	Subchapter Other (i.e. p etc.)				ouild	ings,	home	es,
City (5) NEWARK					51.		Squa	re Feet	# of	Floors		BI	dg. A	ge	
County (6) ESSEX			County C	Code (7) JSE ONLY)			Curre	ent Use (Pri	or if bei	ng demol	lished)			380
Name of Monitoring Firm Hired by Building C N/A	wner (8)		ASCM	l No.				tement Cor WSKI CO			٧				
Street Address							Addre:	ss CHUNG A	AVE						
City, State, Zip Code							ip Code RANGE N	J 070	52						
Project Manager for Monitoring Firm		T	Telephor	ne No.		1	none N 243-9			License					
Start Date (10)	Schedule	ed Con	npletion [Date (11)		Name N/A	of OSI	HA Monitor							
Occupancy Status During Abatement (Check	Only Or	ne)			-	Street	Addre	ss							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: facility component loc	al Facility	/ Hours				City, S	state, Z	ip Code							
Scope of Work (Check All That Apply)													d-100-747.0		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				2	Mir	II Containmeni-Enclosure ovebag Production-Exempted	e cedure	- 100-100					
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Location of	1	Normal ed Sole	ly			scription					-		Ту	pe	_
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intena todial (12)	nce/		therma surfa	taining N I system icing, VA miscellar	s insula T, or	ation,	(\$	mount Specify For LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											Œ.	
disposal of facility component	-		X	metal	ring v	vith ast	o. inst	ulation		8sf					Х
	1									-	+		-		
	 										+				
Name of Registered Waste Hauler		l N	JDEP W	aste	Cubic	Yards		Name of	Registe	red Land	dfill				
KIELCZEWSKI CORPORATION		H	lauler ID	No.	of Wa			CONES		A LAND	DFIL	L			
City, State WEST ORANGE NJ						sal Date		City, Stat		WN, P	Α				
Completed by SLAWOMIR KIELCZEWSKI	Title PRE	SIDE	NT		\$	Signature	ielo	rewsli			Date 07/1	9/2	013		



Date of Notification (1) 07/18/2013					Building 6			(2)	EC						
	Type Notification		_	Street Ac	Section 1			115				$\exists \parallel$	Ή		
□ EPA	× Initial				est 24th		t - 2nd	Floor	11	1	7 2013	IIL	11		
DEP	Amended				te, Zip Co										
₩ DOL	Amendment Emergency (ork, NY	10011			<u> </u>	I Tal			_		
DOH DCA	justification)		1000		Contact				6	Tel	ephone Nun	ber	⅃.		
DCA	Cancellation			Kapah	I LITY INFO	DMATI	ON				-		2		
Name of Facility Where Al	patement is Taking	Place (3)		FACIL	LII I IINI	JAMATI	014	Type of	Facility (4)	4				
4614-416 Park Ave -								☐ Sc	hool (K-1	2)					
Street Address								Su	bchapter	8 (Oth	er than K-12			l	
4614-416 Park Ave								X Ot etc		rivate d	& commercia	ai Duiic	ings,	nome	s,
City (5)				×				Square		# 0	f Floors	В	dg. A	ge	
Weehawken															
County (6)				County C				Current	Use (Pri	or if bei	ng demolish	ed)			
Hudson					JSE ONLY	' <u> </u>									
Name of Monitoring Firm I	lired by Building	Owner (8)		ASCN	l No.			of Abate		ntractor	(9)				
CA Environmental								er, LLC							
Street Address	00 Paterson Plank Rd # 7							Address Arunde							
	00 Paterson Plank Rd # 7 , State, Zip Code														
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North Bergen, NJ 07 Project Manager for Monit			т.	Telepho	ne No		7 30 300000	hone No.	0700		License N	0			
Carmelo Almonte	oring Firm			releption	110.		1 2)336-04	177		01195				
Start Date (10)		Scheduled	Corr	noletion I	Date (11)		100000000000000000000000000000000000000	of OSHA					-		
07/29/2013	8	08/06/2		ipiotion i		3	11.000000000000000000000000000000000000	or Tech							
Occupancy Status During	Abatement (Chec	k Only One)				Street	Address							
Facility Closed/Vacat				nent			10-5	9 Jacks	son Ave)	10				
Abatement Performe	d Outside of Norn	nal Facility	Hours	3			City, S	State, Zip	Code						
Other - Describe:							LIC,	NY 11	101						
Scope of Work (Check All	That Apply)									Vi.					
≥3 sf or ≥3 lf		A1000000	nova				F				n Negative F	ressu	re		
2160 sf or ≥260 lf		De	emolit	ion			2	3.7000000000000000000000000000000000000	Enclosure ebag Pro						
											d Non-Friab	le Pro	cedur	e	
4 1		ls l	ocati	ion									Abate	ment pe	Í
Location	of	Used	ormal				scription					-	, ,	PC	
Asbestos-Containing N			itenai		Asbes	thermal	taining I	Material (ns insulati	ACM)		Amount Specify	, z	_	Enc	回
In Facilit		Custo	A STATE OF THE PARTY OF THE PAR	Staff?	(1.6	surfa	cing, VA	AT, or	J.,		F or LF)	Remova	Repair	aps	Enclosure
(13)			(12)			other r	niscella	neous)				val	air	Encapsulate	sure
\$200		Yes	No	N/A										е	
Baseme	ent			х		Pipe	Insula	ation		3	30 LF	х			
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Name of Registered Wast	e Hauler			IJDEP W lauler ID		Cubic of Wa	Yards ste				ered Landfil		Ħ		
Super, LLC			553	34893	.10.	Jivva			GROW	/S La	ndfill				
City, State	0.50					Dispo	sal Date	e	City, Sta				V. 152		
Paramus, NJ						TBD			Morris	ville, F	PA				
Completed by		Title				5	Signatur	e //	//	1	100.00	ate	2040		
Tailor Dominguez		Projec	ct Ma	anager				79	1//	8	0	7/18/	2013		
					- 1761 - 17			0/6	- /						

State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7) Gheck # 6034 2013-125 B & G proj. #: Name of Building Owner/Operator (2) Date of Notification (1) Paul Russo 10171/11191/113 Street Address Type Notification Agencies Notified 17 Sherman Avenue & ASBES ☐ EPA Initial City, State, Zip Code ☐ DEP Glen Ridge, NJ 07028 Telephone Number Amendment V DOL Name of Contact DOH Paul Russo Cancellation ☐ DCA FACILITY INFORMATION Type of Facility (4) School (K - 12) Name of facility where abatement is taking place (3) Subchapter 8 (Other than K-12) Other (Private/Commercial Bldgs./Homes, etc. Paul Russo Bldg. Age # of Floors Square Feet Street Address 17 Sherman Avenue County Code (7) Current Use (Prior if being demolished) County (6) (State use only) residential City (5) Glen Ridge, NJ 07028 Name of Abatement Contractor (9) Essex ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) B & G Restoration, Inc. Street Address N/A 105 Ryerson Road Street Address City, State, Zip Code Lincoln Park, NJ 07035 License Number City, State, Zip Code Telephone Number 0378 Phone Number 973-696-6869 Project Manager for Monitoring Firm Name of OSHA Monitor B & G Restoration, Inc. Sched. Completion Date (11) Scheduled Start Date (10) Street Address 07/31/2013 105 Ryerson Road 07/30/2013 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-Lincoln Park, NJ 07035 wrap & cut Describe: Other-Describe: Glovebag procedure Full Containment w/negative pressure Scope of Work (check all that apply) Non-friable procedure Renovation Mini-enclosure ☐ Demolition E ≥160 sf or ≥260 lf n n Is location normally used solely >3 sf or >3 lf Amount m p C Description of asbestos-containing C (Specify SF or 0 by maintenance/custodial a v Location of material (ACM) asbestos-containing staff(12) material to be N/A No abated in facility (13) 80 lf pipe insulation basement Name of Registered Landfill Tullytown Resource & Recovery Center Cubic Yards of Waste NJDEP Hauler ID# 1 1/2 yards Registered Waste Hauler 19563 City, State B & G Restoration, Inc. Disposal Date Tullytown, PA 07/31/2013 City, State Gordana Luna 07/19/2013 Lincoln Park, NJ 07035 Signature Completed by (Print or Type) Secretary/Treasurer Gordana Luna

State of NJ

Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120; Check #6033 2013-130 B & G proj. #: Name of Building Owner/Operator (2) Date of Notification (1) Joseph Rispo 1017/11/91/11/3 Street Address Type Notification Agencies Notified 17 Coolidge Road ☐ EPA Initial LICENSING City, State, Zip Code ☐ DEP Maplewood, NJ 07040 Amendment Telephone Number V DOL Name of Contact DOH. Joseph Rispo Cancellation ☐ DCA FACILITY INFORMATION Type of Facility (4) School (K - 12) Name of facility where abatement is taking place (3) Subchapter 8 (Other than K-12) Other (Private/Commercial Joseph Rispo Bldgs./Homes, etc. Bldg. Age Street Address # of Floors Square Feet 17 Coolidge Road County Code (7) Current Use (Prior if being demolished) County (6) (State use only) City (5) residential Maplewood, NJ 07040 Essex Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) B & G Restoration, Inc. N/A Street Address Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 City, State, Zip Code License Number Telephone Number 0378 Phone Number Project Manager for Monitoring Firm 973-696-6869 Name of OSHA Monitor Sched. Completion Date (11) B & G Restoration, Inc. Scheduled Start Date (10) Street Address 7/30/13 7/29/13 105 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-Lincoln Park, NJ 07035 Describe: wrap & cut Other-Describe: Glovebag procedure Full Containment w/negative pressure Scope of Work (check all that apply) Non-friable procedure Renovation Demolition Mini-enclosure ≥160 sf or ≥260 lf E >3 sf or >3 lf n Is location normally used solely n Amount m C Description of asbestos-containing by maintenance/custodial (Specify SF or C Location of 0 a a asbestos-containing material (ACM) LF) staff(12) material to be N/A abated in facility (13) No Yes 3 If pipe insulation M 50 lf basement pipe basement Name of Registered Landfill Cubic Yards of Waste Tullytown Resource & Recovery Center NJDEP Hauler ID# Registered Waste Hauler 1 yard 19563 City, State B & G Restoration, Inc. Disposal Date Tullytown, PA City, State 7/30/13 Date Lincoln Park, NJ 07035 Gordana Luna Signature 7/19/13 Completed by (Print or Type) Secretary/Treasurer Gordana Luna

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7 2013-124 B & G proj. #: Name of Building Owner/Operator (2) 2 4 2013 Date of Notification (1) Sheila O'Neill 0 7 / 1 9 / 1 3 Type Notification Street Address Agencies Notified ASBESTOS CONTROL & 27 Hewlett Road ☐ EPA Initial DEP City, State, Zip Code Towaco, NJ 07082 Amendment DOL Telephone Number Name of Contact DOH Sheila O'Neill Cancellation ☐ 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) Sheila O'Neill Other (Private/Commercial Bldgs./Homes, etc. Street Address Square Feet | # of Floors Bldg. Age 27 Hewlett Road County Code (7) County (6) Current Use (Prior if being demolished) City (5) (State use only) Towaco, NJ 07082 residential Morris Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) 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 0378 973-696-6869 Name of OSHA Monitor Sched. Completion Date (11) B & G Restoration, Inc. Scheduled Start Date (10) Street Address 08/1/2013 07/31/2013 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-Lincoln Park, NJ 07035 Describe: Other-Describe: wrap & cut Scope of Work (check all that apply) Glovebag procedure Full Containment w/negative pressure Renovation Demolition Non-friable procedure Mini-enclosure ≥160 sf or ≥260 lf >3 sf or >3 If Ε Is location normally used solely e e n n Amount by maintenance/custodial m p C Location of Description of asbestos-containing (Specify SF or C asbestos-containing 0 a staff(12) material (ACM) D material to be N/A abated in facility (13) No e Yes 5 If flue pipe 5 If roof flue pipe M 5 If attic flue pipe boiler room Name of Registered Landfill Cubic Yards of Waste NJDEP Hauler ID# Tullytown Resource & Recovery Center

1/2 yard

Signature

Disposal Date

08/1/2013

City, State

Tullytown, PA

Gordana Suna

Date

07/19/2013

19563

Secretary/Treasurer

Registered Waste Hauler

B & G Restoration, Inc.

Lincoln Park, NJ 07035

Completed by (Print or Type)

Gordana Luna

CA THE

Date of Notification (1)			Name	of Buildin	g Owner/	Operato	r (2)		7 E	<u> </u>				
07/18/2013 Agencies Notified Type No			Morr	is School	ol Distri	ct BOE								
□ EPA □ Init	otification ial			Address lazel Str	eet		JU L	JI	JL 2	4 2013				
	nended nendment #		City, S	State, Zip (Code		1				\exists	\dashv		35-11-12
X Em	nergency (including	3	1	of Contac		0		ASBES	STOS	CONTRO	L&			
	tification) ncellation			e Ibane:						tephone	lumher	-		
Name of Facility Whore Abote			FA	CILITY IN	FORMAT	ION				. —		0		
Name of Facility Where Abatemer Frelinghuysen Middle Scho	it is Taking Place (of	3)					Туре	of Facility	(4)					
Street Address							X	School (K	-12)					
2 Jane Way							H	Subchapte Other (i.e.	private	er than k & comme	-12) rcial bu	ildings	s, hon	nes.
City (5) Morristown							. 6	etc.) re Feet		f Floors		Bldg.		
County (6)												9.	, igo	
Morris			County (STATE	Code (7) USE ONL	Y)		Curre	nt Use (P	rior if be	ing demo	lished)			
Name of Monitoring Firm Hired by Environmental Connection,	Building Owner (8) Inc.		ASC	M No.		Name	of Abat	ement Co	ontractor	(9)			- 27.00	
Street Address							Addres	pany, Ir	IC.					
120 Warren Street		_					Piaget	T						
City, State, Zip Code Trenton, NJ 08608						City, S	tate, Zij	o Code						
Project Manager for Monitoring Fire	n	Т	Teleph	one No.		Alleman and a second	on, NJ one No	07011						
Ryan Broadwater			609-3	92-4200	1.1	973-2	253-88	328		License 00704	No.			
Start Date (10) 07/20/2013	Schedule 07/28/2	ed Cor 2013	mpletion	Date (11)		Name	of OSH, Co. Ir	A Monitor					-	
Occupancy Status During Abateme							Address							
Facility Closed/Vacated During Abatement Performed Outside Other – Describe:	Entire Period of A of Normal Facility	Abaten Hours	nent s				tate, Zip							
Scope of Work (Check All That App	lv)											12		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	⊠ R	enova emolit				×	Mini- Glov	Containm Enclosur ebag Pro Exempte	e cedure					
		Locati						<u> </u>	u () un	111011-1116	DIE PIO	Abate		t
Location of Asbestos-Containing Material (A	CM) Used	lormal d Sole	ly Iy by		Des	cription	of					Ту	ре	
TO BE ABATED In Facility (13)	Iviai	ntenar odial S (12)		(i.e.	tos Conta thermal : surfac other m	aining Ma systems ing, VAT iscellane	insulati . or	ACM) on,	(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
Boys/Girls Locker Room	Yes	No	N/A				210					2003	ate	9
Boys/Girls Locker Room		X		-	Vapor				100	00 SF	x			
Doyo, Cirio Locker (1001)	5	X		Pipe/Fi	tting ins	ulation	wrap	o&cut"	10	0 LF	х			
Name of Pogisters J.W.										_	-			
Name of Registered Waste Hauler Newark Carting Inc.			JDEP Wauler ID		Cubic Y of Wast			Name of I		ed Landfi	1			\neg
City, State			409			A.		GROW	3					
Newark, NJ					Disposa	I Date		City, State			2110			\dashv
Completed by Voytek Roszkowski	Title	•			Sig	nature	2	Morrisvi	iie, PA		ate			\dashv
OJION NOSZNOWSKI	Presid	ent			,). 84	1036	2 Vica	514		7/18/2	013		

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M	W						-		- 1	= 11 W		-	71		_
Date of Notification (1) 07/14/2014		Na S	ame of B cotch F	uilding Owr Plains/Fa	ner/Op nwoo	erator (2 od BOE	2)	IN T		- 0 -		Ш	Ш		
Agencies Notified Type Notific	ation	1 - 2-02	reet Add vergre	lress en Ave.				UU, J	UL 2	2 4 201	[3				
	Iment #			, Żip Code Iains, NJ(0707	6		ASBE	STOS	CONTR	OL &				
		7,80,30	ame of C	Contact / Miranda	1		L	к	Teler	hane M			6		
			FACILI	TY INFOR	MATIC	N				વ					
Name of Facility Where Abatement is Park Middle School	Taking Place (3)						×	of Facility (4) School (K-12))						
Street Address 580 Park Ave.								Subchapter 8 Other (i.e. pri etc.)	(Other vate &	commerci	2) ial build	lings	, hon	nes,	
City (5) Scotch Plains	9						Squa	are Feet	# of	Floors	В	ldg. A	\ge		
County (6) Union			ounty C	ode (7) SE ONLY)			Curr	ent Use (Prior	if bein	g demolis	hed)				
Name of Monitoring Firm Hired by Bu Envirovision Consultants, Inc.	ilding Owner (8)	_	ASCM 0079	No.				atement Cont		9)					
Street Address						Street	Addre				A-118-50				
20-21 Wagraw Rd City, State, Zip Code				-		City, S	tate,	Zip Code J 07011			- <u> </u>				7
Fair Lawn, NJ 07410 Project Manager for Monitoring Firm			elephon			Teleph	none l	No.		License	No.				
Fredric Larson Start Date (10)	Scheduled			6-9145 Date (11)		973-: Name	0 200-2011.41-	8828 SHA Monitor		00704					\dashv
08/12/2013	08/14/20	13				VMC						_			_
Occupancy Status During Abatemen Facility Closed/Vacated During Abatement Performed Outside	Entire Period of Ab	atem	ent					Zip Code		S					_
Other – Describe: occpied					_									200	
Scope of Work (Check All That Apply ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	× Re	novat moliti				2	l N	full Containme Mini-Enclosure Glovebag Prod Jon-Exempted	edure				ure		
		ocati										,	tem Type		i i
Location of Asbestos-Containing Material (A TO BE ABATED In Facility (13)	CM) Used Main Custo	tenar	ly by nce/	(i.e. t	os Cor herma surfa	escription taining I Il system acing, V/ miscella	Mater ns ins AT, or		(5	mount Specify or LF)	Removal	Kepair	Lincapodiano	Encansulate	Enclosure
Boiler Room	X	140	INA		Tan	k Insul	atior	רי ו	2	00 SF	X	1	+	1	
											_	+	-		
Name of Registered Waste Hauler		IN	JDEP V	Vaste	Cubi	c Yards		Name of	Regist	ered Land	Ifill				
Freehold Cartage, Inc		H	lauler ID	No.	of W 40Y			GROW							
City, State Freehold, NJ					Disp	osal Dat	е	City, Stat			36				
Completed by Vytek Roszkowski	Title Presid	dent				Signatu.	re>	seloc	Le		Date 07/14	/20	13		

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

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

Des Drai #1 2013				nt to NJAC		10000000000000000000000000000000000000			127					
D&S Proj. #: 2013			(Fuisua	III IO NJAO	0.00 8	الد الد 17	120)		5 E 1 E 1		7			
0							U)							
Date of Notification (1)	Na	me of Build	ling Owne	r/Operator (2)	-		17/			7111	П	- 12		
0 7 /1 7 /1 13	ll R	U EASY	LIVING	LLC			D		0 2 /					
Agencies Notified Type Notification		eet Addres					i u i	- 01	JL 2013 -	10				
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☐ Amendment #:		2000						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	LICENSING	~ 6				
Emergency		NEW BR		CK, NJ					Telephone	Number		-		
DOH (including justification)	Nai	me of Cont	act						relephone	Mullipel				
☐ DCA ☐ Cancellation		FIFI TIA	N											
			FACIL	ITY INFORM	ATION			0000000						
Name of facility where abatement is	taking plac	ce (3)	7/						Type of Facility (4)					
RESIDENTIAL BUILDING,	FIFI TIAN	1							_ =	ter 8 (Ot	her th	an K-	12)	
Street Address		*						_	Other (P			cial		
										omes, et		Pla	g. Ag	Δ
63 GUILDEN STREET		(0)			==			-	Square Feet #	of Floors	•	Diu	g. Ag	Е
City (5)	Count	y (6)				ty Code e use on			Current Use (Pric	or if being	dem	olishe	d)	_
NEW BRUNSWICK	MID	DLESEX		9	(Otate	J 430 011	• • • • • • • • • • • • • • • • • • • •		Current Ose (File	n nemg	delli	JIISHE	u)	
Name of Monitoring Firm Hired by			—т	ASCM No.		Name of	Abate	ment C	Contractor (9)					
riamo or momenty rimination	.					D&S	RES	TORA	ATION, INC.					
Street Address					-	Street A								
oli eet Address						20 C	aliforn	nia Av	re.					
City, State, Zip Code					<u>- </u>	City, Stat	e, Zip	Code						
						Pate	rson. l	NJ 075	503	*				
Project Manager for Monitoring Firm	1	Pho	one Numb	er		Telepho				License	Numb	er		
					- 11	973	-345-	8020		0	1169			
01-4-0-4-(40)	ISchod	Completio	n Date (11	1		Name of	OSHA	A Monit	tor					
Start Date (10)	Scried.	Completio	ii Date (11	17		_			on, Inc.					
08/02/13	08/16					Street A	ddress							
Occupancy Status During Abateme						20 Ca	aliforn	nia Av	enue					
Facility closed/vacated during	entire perio	od of abater	nent.		15	City, Sta	te, Zip	Code						
Abatement performed outside Describe:		acility nour	S-											
Other-Describe: NORMAL I	IOURS				- 11	Pate	rson, l	NJ 07:						
Scope of Work (check all that appl	4)						100	=	Full Containment w	negative	press	ure		
\boxtimes >3 sf or >3 lf	Renovatio	n							Mini-enclosure Glovebag procedure					
≥160 sf or ≥260 lf	Demolition	1							Non-Exempted (*)		friable	ргос	edure	
t K F	Is location	normally u	sed solely	/							R	R	E	E
Location of asbestos-containing		nance/cust	odial	Descript	ion of as	sbestos-	contain	ning	Amount	-	m	e p	n	n
material (acm) to be	staff(12)		Г	material	(ACM)				(Specify SI	- or	o v	а	а	L
abated in facility (13)	Yes	No	N/A						,		e	r	р	
BASEMENT		X		PIPE INSU	JLATI	ON			45 L FT		M			
BASEMENT		X		BARE HE	ATING	3 PIPES	3		70 L FT				\boxtimes	
							W. Carrie	223						
				1										
Registered Waste Hauler		EP Hauler I		Cubic Yards of	Waste	Name	of Reg	istered	Landfill	COLUET	37			
D & S RESTORATION, INC.	135			1 YD			- Contraction of the Contraction)WN,	RESOURCE RE	COVE	Y			15
City, State			Disposal [City,		OWA	DA					
PATERSON, NJ 07503			08/03/1			101	T X I (OWN,	, г.А	Date	_		-	
Completed by (Print or Type)	Title PRESID	ENT		Signature						07/17	201	3		
BOGDAN JOLDZIC			for ashes	tos licensure e	xempte	d activiti	es.			1				
4 CR_41	Do not us	C tillo lottli	.0. 03063				4.55							

				Ctot	o of NII									
D&S Proj. #: 2013	-	N (F	lotificat Pursuar	ion of As	e of NJ sbestos a C 8:60 a	Aba and	atement I 12:120		ECEIV		M			
00								3			111			
Date of Notification (1)	Nam	e of Building	g Owner	Operator ((2)		ILI	Ш	JUL 2 4 201	3	ע			
0 7 /1 6 /1 3	CA	RA VAN	ZILE					_		\rightarrow		-		-
Agencies Notified Type Notification EPA Initial	Stree	et Address						A	SBESTOS CONTR	ROL &				
DEP Amended	1	POST ROA							LICENSING				_	_
Amendment #:	-	State, Zip (
DOL Emergency		OMPTON		IS, NJ 07	444	-			Telephone Nu	ımber				_
DOH (including justification)	Nam	e of Contac	t						Coopiione	5				
☐ DCA ☐ Cancellation		ARA VA	NZILE					_		-21		_		_
			FACIL	ITY INFOR	RMATION			JUNE 2000						
Name of facility where abatement is to	aking place	(3)						TT	Type of Facility (4) School (K	- 12)				
									Subchapte		er tha	n K-1	2)	
CARA VANZILE			-			_		-	Other (Priv	rate/Com	merc			
Street Address									Bldgs./Hor	nes, etc. f Floors		Bldc	g. Age	
8 POST ROAD		(6)			T Com	nh.	Code (7)	-	Square Feet # o	1110013				8
City (5)	County	(6)					se only)	1	Current Use (Prior	if being o	demo	lished)	
POMPTON PLAINS	PASS	SAIC			_									
Name of Monitoring Firm Hired by Ble	dg. Owner	(8)		ASCM No	o.	100000	me of Abatem							
						_		ORA	TION, INC.		_			
Street Address						1.097,503	eet Address 20 Californi	~ A ***						
							y, State, Zip C		в.					
City, State, Zip Code						0,	Paterson, N		503					1
Project Manager for Monitoring Firm		Phor	ne Numb	er		Te	lephone Numi		L	icense N		er		
Project Manager for Monitoring 1 in			15.14.				973-345-8			01	169			
Start Date (10)	Sched.	Completion	Date (1	1)		100000	ame of OSHA							
	07/31/						D & S Rest	оганс	on, mc.					
07/25/13 Occupancy Status During Abatement	_						20 Californi	a Av	enue		-	y 11		
☐ Facility closed/vacated during €	entire perio	d of abatem	ent.			1	ty, State, Zip (
Abatement performed outside	of normal fa	acility hours	-		<u> </u>									
Describe: NORMAL HO	OURS						Paterson, N					_	_	_
Scope of Work (check all that apply									Full Containment w/n Mini-enclosure	egative	press	ure		
\boxtimes >3 sf or >3 lf	Renovation	1						M (Glovebag procedure				000-00-00-20	
≥160 sf or ≥260 lf	Demolition					_		Ц	Non-Exempted (*) ar	nd Non-f	riable R	Proce	E	
Location of	Is location	normally un nance/custo	sed solel odial		i-# *	g = L	estos-contain	inc	Amount		e m	e p	n	E n
asbestos-containing material (acm) to be	staff(12)				cription of erial (ACM		estos-contain	iiig	(Specify SF LF)	or	0	a	a	C
abated in facility (13)	Yes	No	N/A								v e	I r_	р	_
BASEMENT BOILER RM				PIPE I	NSULAT	TIO	N		25 L FT		X			무
BASEMENT REC. ROOM		X		PIPE I	NSULAT	ΓΙΟ	N		33 L FT		X	닏	뷔	쓔
BASEMENT REC. RM CLOSET		X		PIPE I	NSULAT	ΓΙΟ	N		6 FT		M	片	ዙ	ዙ
DRODADATIACO]							붜	붜	ዙ	片
				Cubic Yard	de of Most	ю Т	Name of Regi	steres	Landfill		111		1	1_
Registered Waste Hauler D & S RESTORATION, INC.	NJDI 135	EP Hauler II	D#	Cubic Yard	us of vvast		TULLYTO	WN,	RESOURCE RE	COVER	Y_			
City, State			l Disposal	Date			City, State							
PATERSON, NJ 07503			07/26/			_	TULLYTO	NWC	, PA	Date				
Completed by (Print or Type)	Title	T) IT		Signat	ure					07/16	/201	3	Marini W	
BOGDAN JOLDZIC	PRESID	ENT	for ashe	stos licens	ure exemp	oted	activities.							

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: 2013 Name of Building Owner/Operator (2) Date of Notification (1) 0 7 / 1 6 / 1 3 2013 OSCAR GIL Agencies Notified Type Notification Street Address Initial | EPA ASBESTOS CONTROL & **492 BROAD STREET** Amended DEP LICENSING City, State, Zip Code Amendment #: DOL BLOOMFIELD, NJ 07003 Emergency (including Telephone Number Name of Contact DOH justification) 7 DCA OSCAR GIL Cancellation FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) OSCAR GIL Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors 492 BROAD STREET County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) ESSEX BLOOMFIELD Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Telephone Number Project Manager for Monitoring Firm Phone Number 01169 973-345-8020 Name of OSHA Monitor Sched, Completion Date (11) Start Date (10) D & S Restoration, Inc. Street Address 08/16/13 07/27/13 Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Full Containment w/negative pressure Scope of Work (check all that apply) Mini-enclosure \boxtimes >3 sf or >3 If Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely E E е Location of e n by maintenance/custodial Amount asbestos-containing Description of asbestos-containing m p C staff(12) (Specify SF or C material (acm) to be material (ACM) 0 a LF) abated in facility (13) V Yes No N/A D 120 L FT M BARE HEATING PIPES BASEMENT 40 SQ FT M **BOILER INSULATION** BASEMENT Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# Registered Waste Hauler TULLYTOWN, RESOURCE RECOVERY D & S RESTORATION, INC. 13506 2 YDS Disposal Date City, State City, State 07/29/13 TULLYTOWN, PA PATERSON, NJ 07503 Date Signature Completed by (Print or Type) Title 07/16/2013 PRESIDENT **BOGDAN JOLDZIC**

Do not use this form for asbestos licensure exempted activities.



Line	= L	(F	ursu	ant to N	JAC 8:60 a	nd 12:	120)			3		B	_		7
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encies Notified	Type Notification			eet Addre 11 N Fro	ss nt Street	:			JUL	2 4	2013				
EPA DEP DOL	Initial Amended Amendment #_		Cit	y, State, Z amden Î	ip Code VJ 08091	I		L	SBEST	OS C	S LORTINO				
DOH	Emergency (indiguistification) Cancellation	cluding		me of Cor	ntact				L 0	Teler	hone Numbe	er 			
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ame of Facility Where Tyne Poynt School	Abatement is Taking l	Place (3)					_	X Scho	ol (K-12)	(Othe	r than K-12)		- ha	mar	
treet Address 300 Erie Street								Othe etc.) Square Fe		- E	commercial I		. Age	1165,	-
City (5) Camden City NJ (08102							1000		1+		35+			
County (6) Camden			C (S	ounty Coc	de (7) E ONLY)		_	-			ng demolished				
Name of Monitoring Fi	rm Hired by Building O	wner (8)	1	ASCM N	lo.	229		of Abatem aco Inc.	ent Contr	actor	(9)		•		
N/A Street Address						100		Address Box 329				20			_
City, State, Zip Code						- 1	City,	State, Zip C st Berlin I	ode VJ 0800	9					
Project Manager for M	Nonitoring Firm		7	Telephone	No.			hone No. -753-980	0		License No 00727				
Start Date (10)	T	Scheduled	Com	pletion Da	ate (11)		Nam	e of OSHA	Monitor						
7/19/13	i Ab -t	7/20/13	`			-+		et Address							
T = -Wit Classed	uring Abatement (Chec Vacated During Entire formed Outside of Norm e: after 4 PM	Period of At	atem	nent S		_	City,	State, Zip	Code						
Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf or ≥260	ck All That Apply)	Construction of the Constr	enova					Mini-	Enclosure	e cedur	th Negative F e and Non-Friat			9	بلتت
				. 1									Abate	ment pe	
Asbestos-Conta TO B	cation of ining Material (ACM) <u>E ABATED</u> Facility (13)	Use Mai	intena	ally ely by ance/ Staff?	Asbesto (i.e. f	os Cont thermal surfa	tainin I syste Icing,	ion of g Material (ems insulat VAT, or llaneous)	(ACM) ion,		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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				+-								_	-	-	-
									Nama	of Pag	istered Land	fill			L
Name of Registere				NJDEP \ Hauler II 22459			c Yar /aste	as	G.R.C						
City, State						Disp 7/22	osal 2/13	Date	City, St Morris	ate sville	PA 19067	,			
Elm NJ Completed by		Title	eide	nt		1-	Sign	ature	,			Date 7/19/1	13	CE	
Anthony T Peri	na 	116	Jide				-								2000

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te of Notification (1)			Mi	ke Swe	ding Owner eney Priv	r/Operal	ome	9								-
encies Notified	Type Notification			eet Addre 0 Morris				JU JU	L 24	201	3	الطا				4
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DCA			1	FACILITY	Y INFORMA	ATION		Type of Fa	cility (4)							+
ame of Facility Where like Sweeney Priv	Abatèment is Taking I vate Home	Place (3)		•				Scho	ol (K-12)	(Othe	r than K	(-12)	500000 FB			
reet Address 60 Morris Blvd								Other etc.) Square Fe	r (i.e. priv	rate &	Floors	ercial b		s, no	nes,	_
ity (5) Manahawkin NJ 0	8050							1000+ Current U		1		olished	35+			
ounty (6) Ocean			C (S	ounty Cod	de (7) E ONLY)		-	Home					·,			
	m Hired by Building O	wner (8)		ASCM N	lo.	F	err	of Abatem naco Inc.	ent Contr	actor	(s)			•	-	
Street Address						F	90	t Address Box 329								-
City, State, Zip Code						0	City, Wes	State, Zip C st Berlin N	ode 1J 0809	91			7			
Project Manager for M	lonitoring Firm		7	Telephone	No.		Feler 856	phone No. 3-753-980	0		Licen 0072					
Start Date (10)		Scheduled 7/23/13	Com	pletion Da	ate (11)	- 1	Nam Sar	e of OSHA me	Monitor							
7/21/13	. Ab stament (Char		· ·				Stree	et Address						59.		
0140	ring Abatement (Cheo racated During Entire or formed Outside of Normals:	Period of Ab	atem	nent		_	City,	, State, Zip	Code							
Scope of Work (Chec ≥3 sf or ≥3 lf ≥160 sf or ≥260	k All That Apply)		enova					Mini-	Containm Enclosure bag Pro Exempte	e cedur	_		le Prod	edure	<u> </u>	
		I lo	Loca	tion										Abate Ty	ment pe	
Asbestos-Contai <u>TO BE</u> In I	ation of ning Material (ACM) ABATED Facility (13)	Used Mai	orma d Sol ntena	ally ely by ance/ Staff?	Asbesto (i.e. t	os Conta thermal surfac	ainin syst	tion of ng Material (ems insulat , VAT, or ellaneous)	ACM) ion,		Amour (Specit SF or L	fy	Removal	Repair	Encapsulate	
		Yes	No			Floo	r Ti	ile only		-	700 S	F	x			1
Thro	oughout	-		X		F100	11	ile Offig								F
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						LG ::		rdo -	Name (of Rec	istered	Landf	ill			1
Name of Registered				NJDEP \ Hauler II 22459	Waste D No.	of Wa		us	G.R.C			00010100				
United Containe	313			22439		Dispo			City, S Morri	tate sville	PA 1	9067				
Elm NJ Completed by		Title						nature					Date 7/19/1	13		
Anthony T Pern	na	Pres	side	nt ———			_(1								-

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544	(Pu	ATION O	e of New Jersey OF ASBESTOS A NJAC 8:60 and	12:120)		CEIV				7
Date of Notification (1) 7/19/13			uilding Owner/Or	nerator (. 111 1 1 1 1	IFSTECK 2013		וש		
Agencies Notified EPA DEP DOL DOL DOH DCA Typle Notification Typle Notification Typle Notification Amended Amended Amendment #_ Emergency (inc justification) Cancellation	Start otte	Name of C	205 a, Zip Code Wood Contact Andreu	S. Duy	Barta	EST PARTE TRO LICENSING Telephone Num)			
Name of Facility Where Abatement is Taking F	Place (3)	FACILI	TY INFORMATION	NC NC	Type of Facilit	ty (4)				
Street Address	r ANG				Other (i.e etc.)	oter 8 (Other than K-12) e. private & commercia	l buildir		mes,	
City (5) Whodhury					Square Feet 4000	# of Floors 2.5 Prior if being demolish		12	3_	_
County (6) Albuckster		County Co	SE ONLY)	Nome	of Abatement	acant	, c	Ã	,	-
Name of Monitoring Firm Hired by Building Ov	vner (8)	ASCM	No.	Ī	21000 Address	Construc	hor	1 Co	P)
Street Address				2	82 Citate, Zip Code	reek Roa	d_{\perp}			4
City, State, Zip Code		Telephon	e No	6	ell ma		080	<u> </u>		-
Project Manager for Monitoring Firm	Scheduled Çor	30		870	HOLE-104	152 01	20	4_		\dashv
8/1/13	8/3	1/13)		Andre Address	W RICCO)			-
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	eriod of Abater	nent s		City, 8	282 () State, Zip Code BULM	reek Room		80	31	
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova Demoli				Mini-Enclo	inment with Negative F sure Procedure opted (*) and Non-Friat				
	Is Loca				12			Abaterr Type		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Norma Used Sole Maintena Custodial (12)	ely by ance/ Staff?	Asbestos Con (i.e. therma surfa	escriptio staining I systen acing, V miscella	Material (ACM) as insulation, AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Autorio	Yes No	N/A	Sidina			4000 SF	X		\top	
exterior exterior		Î	window	U Ca	WIK	75 If	X		_	
In levior - bathroom		X	Sloor 1	files		100 SE	X	\vdash	+	\dashv
Name of Registered Waste Hauler	May 1	NJDEP W		118 S	Nam	ne of Registered Landfi				\neg
RICCO Construction	Corp	Hauler ID	709	osal Da		Salem (un	ty		\dashv
City, State Blumawr NJ	Title		I	3D/ Signatu		Alloway	ate /	J_		\dashv
Completed by RICCO	1.1	ner		16	rdry \$	(cu)	_1	9//	3_	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	July 19, 2013				Name of Building	Owner/Ope DnA I		tion	ac	ナゴ	09	7	
Agencies Notified	Type of Notifica	tion			Street Address	787.			7 7	I E	5	1	
[X] EPA	[] Initial	Notifica				2156 (Campla	ib Road E	CEIV		7 \		
DEP X DOL		ided Noti idment #_	fication		City, State, Zip Co	ode Uilleb	orough	NJ 08844	0	.40	$\prod J$		
[x] DOH		gency (in	cluding	L	7 60	HIIISU	orougn	111 111 1	111 2 4 20		1	4	
[] DCA	157	cation) ellation			Name of Contact Antor	nio Dimuz	rio	1 11 "	elephone Numbe				
				FACT	LITY INFORM	MATION	-	ASE	ESTOS CON LICENSINO	ROL 8		1	
Name of Facility Where A		g Place (3)	11102	DITT III OTC.		Type	Facility (4)	A way was				
Res	sidence							[]	School (k-12) Subchapter 8 (o	ther than	n k12)		
Street Address	Sims Avenue							[x]	Other (i.e., priv			ial build	dings,
City		County	(6)		County Code (7)		Square	e feet	homes, etc.) # of Floors	Bldg	g. Age		
- City					STATE USE ONI	.Y)	1	500 sf	1			0	
Manasquan		Monn	nouth				Curre	nt Use (Prior if Residen	being demolishe	g			
Name of Monitoring Firm		Owner (8)	I	ASCM No.	Name of	Abatem	ent Contractor	(9)	Tura			
N/A Street Address	A					Street Ac	ddress	Guardia	n Contracting	, mc.		-	
									oute 9, Unit 6	l			
City, State, Zip Code						City, Sta	ite, Zip C		iver, New Jer	sey 08°	755-12	271	
Project Manager for Moni	toring Firm		Telephone N	Number		Telephor			License 00624	Number			
Scheduled Start Date (10)			Scheduled C	And the second second	n Date (11)	Name of		Monitor	L. Analytical				
07/19/13 Occupancy Status During		only one	07/22/1	3		Street A	ddress	- 2002902713-40029030					
	ility Closed/Vacate								elton Road				
	er – Describe	Outside (i Normai Fa	icility Ho	urs	City, Sta	ite, Zip C		way, New Jers	ev 088	854		
							l r	·	with Negative P				
Scope of Work (Check all	that apply)					[]	(1)	ni-Enclosure	. With Negative F	essure			
L 3	sfor≥3 lf		[]	Renovati		į	190	ovebag Proced					
[x] ≥16	60 sf or ≥260 lf		[x]	Demoliti	on	[x]	No	n-Exempted (*	and Non-Friable	Proced	ure		
					11	_				Aba	tement	Туре	
Location	of		Is Location ormally us		A	Descriptions bestos-Con		Ţ	Amount	R E	R E	E N	E N
Asbestos-Containing N	Material (ACM)		Solely by			Material (A	ACM)	- 10	(Specify SF	M	P	C	C
TO BE ABA		Maint	enance/Cu Staff	stodial		e., thermal sulation, su			or LF)	0	A	A P	C
(13)	.y		(12)			VAT,	or			V	R	S	S
85. 85.		MEG	NO	N/A	ot	her miscell	aneous))		A L		L	R
		YES	100000	N/A					1100 sf	X		E	E
Exterior			X		Asbestos sid	ing			1100 SI	A		-	
			-										-
									1	+			
Name of Registered Waste	e Hauler	l N	JDEP Wast			ards of Was	ste N	ame of Registe	ered Landfill				
Guardian Co	ontracting, Inc.		20	Disposa	al Date	City, S	tate	T.R.R.F.				-	
Toms River	, New Jersey			07/23	/13			ennsylvani	a/	T D			
Completed by (Print or Ty Nicholas Fer		Title Proje	ct Manage	er \	Signature	- bot	/	te/	/	7/1	e 9/201	3	
Tyleffolds Fel	inicola	110,0			1 111	1101							

DEMOLITION / RENOVATION NOTIFICATION

Date Received

Operator Project #:	Postmark:		Notificat	ASRESTOS CONTRO ion: LICENSING	-	
I. TYPE OF NOTIFICATION (O- Original R- Revised	C - Cancelled):	0	II.	IS ASBESTOS PRESENT? (Y
III. FACILITY INFORMATION (identify owner, removal co	ntractor and other	operator)				
OWNER NAME: DnA Demolition						
Address: 2156 Camplain Roa	d					
City: Hillsborough Stat	te: NJ		Zip:	08844		
Contact: Antonio Dimuzio			Tel:	732-713-4496		
REMOVAL CONTRACTOR: Guardian C	Contracting, Inc	. ·		NJ License: 0062	4	
Address: 1889 Route	e 9, Unit 61					
City: Toms River Stat	e: New Jers	sey	Zip:	08755		
Contact: Nicholas F	ernicola		Tel:	732-349-9932		
OTHER OPERATOR (if different)	· · · · · · · · · · · · · · · · · · ·			NJ License:		- 10
Address:						
City: Stat	e:		Zip:			
Contact:			Tel:			
IV. TYPE OF OPERATION (D- Demo O - Ordered Demo	R - Renovation	E-Emergency Re	enovation):	D		
V. FACILITY DESCRIPTION(Including building name, num	nber and floor or re	oom number)	0			
Building Name: Residence				100.00		
Address: 13 Sims Avenue						
City: Manasquan Stat	e: New Jers	ey	County:	Monmouth		
Site Location: Exterior						
Building Size: 1500 sf # of	Floors:	1	Age in Y	ears: 60		
Present Use: Residence		Prior Use:	Residence	ce		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD,	IF APPROPRIAT	E, USED TO DETI	ECT THE PRI	ESENCE OF ASBESTOS MAT	ERIAL:	
IS MATERIAL ASSUMED TO BE ASBESTOS? VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDIN	G. T			Г	T Nont	friable
		RACM			Asbestos	s Material To Be
Regulated ACM to be removed Category I ACM not removed		To Be Removed		LOCATION		noved
Category II ACM not removed		Kemoved			Cat I	Cat II
Pipes (Linear feet):						
Surface Area (Square feet): 1100 sf	Asbestos	siding		Exterior		11
RACM Off Facility Component (Cubic feet):						
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY) Start:	0719/1	3	Complete: 07/	22/13	F.1

x.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED.
	DEGELVE
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:
	Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheeting will be performed below and the asbestos will be removed by non-friable procedures. All waste will be placed in double 6 mil. Bags, sealed and labeled and placed in a locked container for disposal. LICENSING
xii.	WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.
	Address: 1889 Route 9, Unit 61
	City: Toms River State: New Jersey Zip: 08755
	Contact Person: Nicholas Fernicola
	WASTE TRANSPORTER #2 Name:
	Address:
	City: State: Zip:
	Contact Person:
xiii.	WASTE DISPOSAL SITE Name: T.R.R.F.
	Location: Bordentown Road
	City: Tullytown State: Pennsylvania Zip: 19007
	Telephone:215-943-9732 Permit #: 101494
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER
	Name: Title:
	Authority:
	Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):
XV.	FOR EMERGENCY RENOVATIONS
	Date and Hour of Emergency (MM/DD/YY):
	Description of the Sudden, Unexpected Event:
	Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSTDURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991)
	Nicholas Fernicola / Project Manager (Printed Name/Title) (Signature of Owner/Operator) (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.
	Nicholas Fernicola / Project Manager (Printed Name/Title) (Signature of Owner/Operator) July 19, 2013 (Date)

State of New Jersey	
NOTIFICATION OF ASBESTOS ABATEMENT	_
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Date of Notification (1)			Na	ame of Bu	uilding Ow	ner/Operat	or (2)	=		45	1		
July	19, 2013		100	(Corpo					- 6010	1111	H	-	\dashv
Agencies Notified	Type Notification			reet Add			шЦ	4	ju 2013 4 201		IU.	11	
⊠ EPA	☐ Initial				k Street				JUL - 4 KUI	13		1	
DEP	Amended		Ci	ity, State	, Zip Code			yah :	CATEOL &				
DOL	Amendment #	aludina	Av	enel, N	J 07001				FISTOR CONTE			-	_
⋈ рон	Emergency (in justification)	iciuaing	N	ame of C	ontact				Telephone Num	ber			
DOH DCA	Cancellation		Mi	ke Ping	itore				1				
					TY INFOR	MATION	T	e of Facility (4)				_	$\overline{}$
Name of Facility Where A	Abatement is Taking	Place (3)					Тур						
PQ Corp Rahway							$\neg \vdash$	School (K-12)) (Other than K-12	١			
Street Address								Other (i.e. pri	vate & commercia) al buildir	igs, h	omes	,
2 Paddock Street							-	etc.)		-1-0.00	-		_
City (5)							Squ	are Feet	# of Floors	Bld	g. Ag	е	
Avenel, NJ 07001													
County (6)				ounty Co			Cur		if being demolish				
Middlesex			G	STATE US	SE ONLY)				Production fac	ility	- 220		
Name of Monitoring Firm	Hired by Building (Owner (8)	1	ASCM I	No.	Na	me of Al	atement Conti	ractor (9)				- 1
						The	e MACI	K Group, LL	.C.				
AET Street Address						1010000	reet Addi						
						150	00 King	s HWY N, S	STE 209			20	
907 Doolittle Drive								Zip Code					
City, State, Zip Code	0.7							II, NJ 08034					
Bridgewater, NJ 088			Тт	elephone	e No		lephone		License N	0.			
Project Manager for Mor	nitoring Firm		1					- 5000	00781				
Eric Houseknecht		Scheduled		908) 218				SHA Monitor	100.0.				
Start Date (10)		Scheduled						K Group, LL	C				
7/22/1		t. O-b. O-a		3-31-13	<u> </u>	124.07.19	reet Add		_0.				
Occupancy Status Durin						100		gs HWY N, S	STE 209				
Facility Closed/Vac	cated During Entire	Period of Ab	atem	ent				, Zip Code	51L 200			- W	-
Abatement Perform Other - Describe:	ned Outside of Norm	ial Facility F	10015			104			ŕ				
						CI	ierry m	II, NJ 08034					
Scope of Work (Check /	All That Apply)	-								D			
≥3 sf or ≥3 lf			nova					Full Containme Mini-Enclosure	ent with Negative	Pressur	е		
≥160 sf or ≥260 lf		L De	moliti	ion				Glovebag Proc	edure				
								Non-Exempted	(*) and Non-Friable				
		ls l	ocati	on								ement pe	Ġ.
Location	u af	No	ormal	ly		Descri	iption of						
Asbestos-Containin	g Material (ACM)	Used	Sole		Asbest	os Contain	ing Mate	rial (ACM)	Amount (Specify	70		Ē	ш
TO BE A	BATED	Custo		191 2010/1920	(i.e.	thermal sy surfacin			SF or LF)	em	Re	cap	വറി
In Fac			(12)			other mis			(CT002 A000 V0A0 40	Remova	Repair	Encapsulate	Enclosure
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Name of Registered W	aste Hauler			NJ DEP W		Cubic Ya		Name of	Registered Landf	ıll			
1 12 X 10 10 X 10 X 10 X 10 X 10 X 10 X			1	Hauler ID		of Waste		GROV	V.S / T.R.R.F I	l andfi	II		
Rovic / Newark Car	ting / Freehold			45	09	Disposal	62 Date	City, Sta		Luituii			
City, State	67200 St. 1849 Market					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			lle, PA / Tullyt	own F	Α		
Riverdale / Newark	/ Freehold NJ	1	-				31-13 nature	IVIOITISVI		Date	7.3		
Completed by		Title				519				/19/13			
Mike Cooper		Presid	ent						11	13/13			
AND THE RESERVE TO THE PARTY OF													

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21/2013 08:44 FAX 1		ITOM	FICA'	MON OF	New Jen Abbesto	S AB	ATEMEN	八匠	C		VE	. I	e amir	
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Agencies Notified Type	Notification		Str	Colt R	oad			4	ODEST!	os C	ONTROL &	2019		Ļ
E EPA B	Initial Amended		GR	v. State.	Zio Code		-		110	EN	UN Z.	2013	□ -•	
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			1		YNFORM		M	ype of Fa	wilty (4)					=
Name of Facility Where Abele	ment le Taking P	SDS (3)		89				a Serba	ol (K-12)		20 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
House Street Address							5	9ubc	·	ectio) ete d	r than K-12) commercial i	pulldin	gs, h	om
24 Colt Road							_	ಕ್ಷಾ ಕ್ಷಾ ಕ್ಷಾ ಕ್ಷಾ ಕ್ಷಾ ಕ್ಷಾ ಕ್ಷಾ ಕ್ಷಾ			Floors	Bitch	J. Ag:	
City (5)			84	F.	•		N	I/A		NA		N/A	<u> </u>	_
Summit County (8)			C	OUNTY CO	de (7)	1		unent U louse	sa (Prior	M beir	demalished	2)		
Union		(9)	1	ASCM N			Name of	Abatem	ent Contr	actor	(9)			
Name of Monitoring Firm Hire N/A	4 by Briting Oa	Ultax folt		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					ent, Inc					
Bireet Address				11			5treet Ac	seu du e; gatees	n Aveni	(Q)				
OP Plate The Gode						-	CIN. Sum	t€, Zip C	ode			(4)		10000
City, State, Zip Code							Totowa		1512		Licerne No			_
Project Manager for Monitori	ng Firm		1	elephone	NO,	1	973-34	45-868			#00675		.0	
Sert Date (10)		Schedulad	Com	pletion D	sts (11)		Name of	OBHA	Monitor					
6/22/13		8/23/13				_	Street A	ddress						-
Occupancy Sistus During At	Buine Entire P	erlad of Ab	r stem	ant					n Aven	N.S				_
Abelement Performed Other - Describe: Occ.	THERE IN 19911 IN	al Facility h	loura			_	City, Sta Totow	rte, Zip C VB, NJ (ode 07512		3		75000	
Scope of Work (Check All TI	and the state of t						1							
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⊠ 23 sf or ≥3 lf ≥150 sf or ≥250 ff		. 🗀 📭	molit	ion			P	MINIM	HEM DICC	artitre	nd Non-Frlab	e Proc	edun	9_
<u> </u>		1 1-1	Local	lon T			-			************			Abak	pe pe
Location of		N	OTTAL		Achaetr	Die Corr	escription :	of Interial (A	ACM)		Amount			1
Asbestas-Contsining Me	iterial (ACM) ED	Alek:	ntena		(1.0. 1	emme	al systems acing, VAI	insulation	on,	5	(Specify of or LF)	Regimoval	Rapair	
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D&S Abatement, Inc.	1 AMERICAN		#	Heuler ID #20995	No.	TBE	/aste)		Market State Comment		agement o	I PA		_
City, State						Disp	COSE Date	1	City, Sta		PA			
Totowa, NJ		THE				101	Blot was	En c		-	· ID	ete	-	
Completed by Desnna Brkusanin	V2		ort R	ienager		,		PATRI	LU	Us	7 B	/21/1	3	_

ASS-41 (R-06-DB)

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Date of Notification (1) 7/18/2013					Building (M	.1111	2 A	2013		W,	
Agencies Notified	Type Notification			Street Ad	Idress IARKET	STRE	ET				000	- 4	2010			
EPA DEP DOL	Initial Amended Amendment				e, Zip Co OOD P		J 07	407	7	A	SBEST L	OS CON	ITRO IG	L&		
☑ DOH DCA	Emergency justification) Cancellation		- 1	Name of JOE S2	Contact ZULCZE	EWSKI					Telep	hone Nun	ber	•		
			-	FACIL	ITY INFO	DRMATI	ON			-				() () -		
Name of Facility Where SOUNDVIEW PAP Street Address 35 MARKET STRE	ER COMPANY								Scho	er (i.e. pri	:) 3 (Other	than K-12		ings,	home	es,
City (5) ELMWOOD PARK								S	etc.) Square F		# of F	loors	BI	dg. A	ge	
County (6) BERGEN	:			County C	ode (7) SE ONLY))		C	Current L	Jse (Prior	r if being	g demolish	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.					ent Cont		RACTIN	 G			
Street Address									ddress	RFORD	BLV	D.				
City, State, Zip Code	10-5-								ite, Zip C	ode J 0701	4		-	-		
Project Manager for Mor	nitoring Firm			Telephor	ne No.		Tele	phor	ne No. 56-870			License N	0.			
Start Date (10) 7/19/2013		Schedule 7/22/20		npletion [Date (11)		Nam	e of	f OSHA I							
Occupancy Status Durin	a Abatement (Che	. 24.00000000000000000000000000000000000			-		2000		ddress	, ,				-		-
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire	Period of A	Abaten		_	City,	Sta	ate, Zip C	ode							
Scope of Work (Check A	All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			lenova emoli					×	Mini-E Glovet	nclosure pag Proce	edure	Negative F			e	
		10	Locat	ion			2-15-5-							Abate		t
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Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Ma	d Sole intena todial ((12)	nce/ Staff?		tos Con thermal	taining I syster cing, V	Ma ms i /AT,	iterial (A insulation , or		(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
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WAREH	JUSE		^				PIPE				- 10	LI	Λ.			
										-		×				
Name of Registered Wa	ste Hauler		1	NJDEP W	aste	Cubic	Yards	1	l N	lame of F	Register	ed Landfil				1
TWO BROTHERS		G	H	Hauler ID I 8743		of Wa			١	WASTE	MAN	AGEME		R.C).W.	S.
City, State CLIFTON, NJ						Dispo 7/22/	sal Da 2013	2.1	100	ity, State		E, PA				

Signature

Title

PROJECT COORDINATOR

Date

7/18/2013

VIVECA RAMOS

Completed by

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ate of Notification (1) /18/2013	200	80	עמאטע	IEW PAPER	COM	PANY		11151 7 2	013	-	_	Н
pancies Notified Type Notification EPA Initial		10		RKET STRE	ET			sum	UL	2 4	. 2	018
DEP Amended Amendment #		EL	, Sizte. ,MWO	Zip Code OD PARK, N	J 074	07	WAI			-		
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	PA (1)		PACILIT	Y INFORMATI	ON	Type of	Facility (4)			-		7
isme of Fedilly Where Adamment is Taking Pie BOUNDVIEW PAPER COMPANY - BI	DG 3	7					hoo! (K-12)	Other than K-12)				
TOUS Address IS MARKET STREET					85	(OI	ner (l.e. přiv	ate & commercial	-			
XIY (5) ELMWOOD PARK						Square		# of Places	77.532.63	g. Age		
County (6) BERGEN		Cc (2	runty Co	do (7) Z ONLY)		Curren	Use (Prior	edeilameb gniea ?	d)			
Name of Monitoring Firm Hirad by Building Own	er (A)	7	MOEA	No.	Name	of Abate	THERS C	ector (9) ONTRACTING	3			
N/A Street Address					Stree	Ad dress						
City, State, Zip Code		-			City.	State, Zp	Code					7
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Project Manager for Monitoring Firm			elephoni		975	3-956-8	700	00494			_	_
	heduled 22/201		terion D	Ble (11)	Nam SA	e of OSH ME A8	A Monitor (9) ABOV	/E				
Occupancy Status During Abatement (Check C					Stree	at Address	1					
Facility Closed/Vecated During Entire Per Abstament Performed Duteids of Normal Other - Describe: 3:30 PM START	lod of Al Facility	alemi Heura	int		CIQ.	State, Z	p Code					
Scope of Work (Check All Thet Apply)	-					F e	Cocteinme	nt with Negative P	luzsen'	0		
≥3 sfor ≥3 lf ≥160 sfor ≥260 lf		filoma ifiloma				A Mr	1-Enclosure	edure				
						□ No	n-Exampled	(") and Non-Frieb	le Pro	Abale	ment	\neg
1 N at	N	Localic	y	Ţ	Dascript	lo ne			-	Ty	pb	\dashv
Location of Asbestos-Containing Material (ACM) 10 SE ABATED 1n Facility (13)	Mal	Solel ntenar odial S (12)	ice/	Asbestos Co (i.e. them su othe	nai syste Micina	g Materis oms Insul VAT, or itaneous)	aton,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Endosure Endosure
(1.0)	Yes	No	N/A					API F	1	-	· ·	H
WAREHOUSE		X	-	· · · · ·	PIP	E		15 LF	×	-	-	\Box
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			1000	Vente I C	bie Yeur	-	Name of	Registered Lands	161	_		\dashv
Name of Registered Waste Hauter TWO BROTHERS CONTRACTING		. 1	IJDEP V (euler 10 8743		elsevV			E MANAGEM		3.R.	O.W.	.8.
City, State					22/201		City, Sta	SYLLE, PA				
CLIFTON, NJ	Tilla				Talga	AVA	1/	1	Date	2013	5075	

A95-41 (R-06-08)

* Do not use this form for sabestos licensule exempted activities.

State of New Jersey

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D to state with 141		Na	me of		Owner/0	an rockert carter, its	Security Education Security		1-31	11 .		Che	ck #	721	6
Date of Notification (1)	7/17/13			n Cou		Орск	B(0) (2)	1	II II JUI	2 4 2	013				
Agencies Notified	Type of Notifica			ldress ewark	Ave					-02.001	TDC:				
[] EPA [] DEP	[x] Initial Notification			-					ASBES	TOS CON	1HO	-			
[X] DOL	[] Emergency	, Cit		e, Zip C City,	ode NJ 07	306	i	1							
[x] DOH	Notification Amend	ı Na	me of	Contact					Tele	ephone Nur	nber				
[] DCA	[] Cancellatio	n Ra	ay G	alagei	r				-						
					FACILITY	Y INF	ORMATION	1 =	: : t (4)						
Name of Facility When Hudson County								1 y	pe of Facility (4)		than K-13	2)			
Street Address	rubiic Salet	Dullali	ig	-					[x] Subchap [] Other (i.e homes, e	. private an	d commer	cial bu	ilding	js,	
555 Duncan Ave	enue							86	quare Feet	# of Floo	re	Bldg.	Age		
City (5)		County (6)				Code (7)	4	0000	3		~ 50	rige		
Jersey City		Hudso	n		(ST		USE ONLY)	Of	urrent Use (Prior ffice building	if being de	molished)				
Name of Monitoring Fi		ing Owner		SCM No).	Na	ame of Abatem		Contractor (9) iter Environr	mental S	envices	Inc			
Whitman Compa	anies, Inc.		0	0110		St	treet Address	Jupi	ILEI LIIVIIOIII	ileritai O	CIVIOCS	, 1110.	3.5	-	
7 Pleasant Hill F	Road	10					3		nn Court						
City, State, Zip Code)E40					Ci	ity, State, Zip C		coln Park, N	I.I 07035	i				
Cranbury, NJ 08 Project Manager for M		Telep	hone	Number		Te	elephone Numb		contrain, is	0,000		se Nur		0.00	2000
Kevin Lovely		732	-390	-5858				973	3-709-0200				00	85	2
Scheduled Start Date 8/2/13	(10) Sch	ed. Compl 8/6		Date (11)	N	ame of OSHA		S Environn	nental La	aborato	ries,	LLC	;	
Occupancy Status Du	ring Abatement (0 d/Vacated During	Check only	one)	f Abaten	nent	S	treet Address	233	3 Route 22	W					
[] Abatement Pe	erformed Outside	of Normal	Facilit	y Hours	-	C	ity, State, Zip C								
	cribe: <u>partially va</u>	cated						Uni	ion, NJ 0708	33					
Scope of Work (Check	k all that apply)								r 1 Full C	Containmen	t with Nea	ative F	ress	ure	
[] Demolition [x] ≥3 sf or ≥3 lf				[X]	Renov	ation	Ĺ		[x] Mini - [] Glove	- Enclosure ebag Proce - Friable Pr	dure	jative i	1033	uic	
[] ≥160 sf or ≥2	60 If	1 1-	1 4	i					[] Non-	- Fliable Fi	ocedure		Ab	aten	nent
		Non	Locat mally I	Jsed			Desc				Amou	int	Ty R		EE
Locatio Asbestos – C			olely i enanc	by ce/Cus			Asbestos Mater	rial (A	ACM)		(Spec	cify	E	E	NN
Material (TO BE AE	(ACM)	todia	al Staf	f (12)			(i.e., ther insulation, s				SF or	LF)	M O	P	CAL
In Fac (13)	ility	Yes	No	N/A			or other m						V A L	I R	P C S S U L
Narcotics Division C	Office		Х		Plaste	er/sp	ray-on ceiling	9			24 SF		X		
	102-10-10-10-1										JX.				
Name of Registered V Jupiter Environn		es Ha	DEP \ uler II 04782		100000	ubic of Wa	Yards ste 2		Name of Registe Minerva Lar		ı			_	
City, State							sal Date		City, State	a OU					
Lincoln Park, N. Completed By (Print of		Title	-		3	8/9/	13 Signature		Waynesbur	g, On	Da	ite	_	-	-
Pane Repic	л туре)	35375000	eral	Mana	ger		1/2		(R		7/	17/13	3		
ASB-41							1								

State of New Jersey



NOTIFICATION OF ASBESTOS ABATEMENT

1.8				(Pursuan	t to NJA	AC 8:6	0-7 and 12:1	120	A F C	FIW	Check#	1218			= 0
Date of Notification (1)					uilding O					111)/- 9						
Date of Normania, ()	7/17/13				Colleg	e of N	/lorris	S	_	1151	:) 001	. 111	 	-		=
Agencies Notified	Type of No	tification	Street	Add	ress nter Gr	ove F	hens			jUl	2 4 201	3				
[] EPA	[x] Initial		214	Cei	itel Gi	OVE I	\Uau						1			_
[] DEP	Notific	cation	City.	State	, Zip Cod	le		110000000000000000000000000000000000000		10050	TOS CONTI	ROL &				
[X] DOL	[] Emerg	ency	Ran	dolp	oh, NJ	0786	9			ASSES	ICENSING		_			
[X] DOH	Notific		Name	of C	ontact					Tele	ohone Numbe	er				_
[x] DCA	[] Cance	llation			Pontu	ro										
P.1 -	[] Cance	illation	3050	spn				DMATION		I						
					FA	CILITY	INFO	RMATION	17	Type of Facility (4)						-
Name of Facility When	e Abatement	t is Takin	g Place (3)						[] School (K- x) Subchapt	12) er 8 (Other th private and c	an K-12)				
LRC Building - C	CCM						2		+	Other (i.e.	private and c	ommercial b	uilding	S,		
Street Address	.a Dood									homes, et	0 - 8 20-20-20-20-20-20-20-20-20-20-20-20-20-2					_
214 Center Grov	ve Road									Square Feet	# of Floors	Bld ~ 5	g. Age			
City (5)		Co	ounty (6)			Cour	nty Co	de (7)	-	40000 Current Use (Prior	if being demo				- 10	_
Randolph		M	lorris			(STA		SE ONLY)	1	educational		330650202304 (A.				_
Name of Monitoring F	irm Hired by	Building	Owner	AS	CM No.		Nan	ne of Abatem	ner	nt Contractor (9)		-dena In	_			
Whitman Compa				00	110				Ju	piter Environn	nental Sel	vices, in	·		-	-7
Street Address		-					Stre	et Address	2 1	unn Court						
7 Pleasant Hill F	Road						0:4			Lynn Court						
City, State, Zip Code	0800000000						City	, State, Zip (Ιi	incoln Park, N	J 07035				*	
Cranbury, NJ 08	3512		Teleph	no N	lumber		Tele	ephone Num				License N			_	200
Project Manager for N	Monitoring Fi	rm			5858		10.	-p.1.0.1.5	9	73-709-0200			00	85	2_	_
Kevin Lovely Scheduled Start Date	(10)	Sched	Complet			\neg	Nar	ne of OSHA	Mo	onitor			11.6			
7/29/1			8/12/						_	& S Environm	ientai Lab	oratories	, LLC		_	- 2
O Status Di	uring Abatem	nent (Che	ck only o	ne)			Stre	eet Address	00	333 Route 22	Λ/					
[x] Facility Clos	betsps//he	During E	ntire Pei	ou o	r Abatem v Hours -	ent	200				V V					
Des	cribe:			aome	, ,,,,,,,,		City	, State, Zip	11	Inion, NJ 0708	33					
[] Other - Des	cribe: partial	ly vacate	d						_	7111011, 140 01 04						200
Scope of Work (Chec	k all that app	ply)								[] Full C	ontainment w	ith Negative	Press	ure		
01 0 0 0 0					[]	Renova	tion			[x] Mini -	- Enclosure					
[] Demolition [x] ≥3 sf or ≥3 l	f										ebag Procedu - Friable Proc	ire cedure				
[] ≥160 sf or ≥	260 If									[] Non-	- Triable : Te		At	ater	ment	
	y (2)		(5/50/50)	ocati	20000			Des	scri	ption of			Ty	pe_		
Locati	on of		Norm	lely b				Asbesto	os –	- Containing		Amount (Specify	R	R		E N
Asbestos –			Mainte	nanc	e/Cus					al (ACM) nal systems		SF or LF)	M	P	C	C
Material			todial	Staff	(12)			insulation,	, SL	urfacing, VAT,			O V	A	A	L
<u>TO BE A</u> In Fa					7			or other	mis	scellaneous)			A	R	S	S
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The sect building			+-+	X		Pipe i	nsula	tion				205 LF	X	-		
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City, State								al Date		City, State	- OH					
Lincoln Park, N	1 J						8/12			Waynesbur	g, Un	Date	-		1000	
Completed By (Print	or Type)		Title	100	t)			Signature	/	7 /	1-	7/17	/13			
Pane Repic	58-350 BM		Gene	eral	Mana	ger		A	1	¿ L						
100.44								0								
ASB-41																



Date of Notification (1) 07/15/2013	40				Building OS ROE			(2)							
Agencies Notified	Type Notification		$\neg +$	Street Ad	ddress				$\dashv \exists \cap$		3 [HV	3	F	7
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X DEP X DOL	Amended Amendment				te, Zip Co HOPE N		374			Jl	IL 24	2013		IU,	
DOH DCA	Emergency justification)		1	Name of	Contact	GA				Tel	ephone Nu		1		
LI DCA	Caricellation				LITY INFO		ON		-	Humber	LICENTON	v n Ô	L &		\vdash
Name of Facility Where A	Abatement is Takin	g Place (3	3)					Туре	of Facility	(4)	11/5/10/3/10				
Street Address									School (K- Subchapte		er than K-1	2)			20
2 COURSEN ST.								F	Other (i.e. etc.)				dings,	hom	es,
City (5) STANHOPE N.J.									re Feet	# 0	Floors 2	E	Bidg. A		
County (6)				County C			-		ent Use (Pr	ior if bei	ng demolis	hed)			- des
Name of Monitoring Firm	Wired by Ruilding	Oumor (9)		ASCM	ISE ONLY,		Nome	N/A	itement Co	ntractor	(0)				
N/A	Trired by Building	Owner (6)		ASCIV	1 140,		SHA	RON	QUALIT			TION	LLC		ă.
Street Address								Addre AN O	ss RDEN F	L.				•	
City, State, Zip Code	T								ip Code SACK N.	J.					
Project Manager for Mor	nitoring Firm			Telephor	ne No.		C15-11-11-11-11-11-11-11-11-11-11-11-11-1	none N	o. 4270		License 1	Vo.			
Start Date (10)				npletion [Date (11)			September 1	HA Monitor					-	
07/17/2013	a Abatamant (Observ	07/18/2							ALYTICA	AL, INC) 				
Occupancy Status During Facility Closed/Vac				nent			100000000000000000000000000000000000000	Addres	ss ST 38TH	STRE	EET.				
Abatement Perform Other – Describe:	ed Outside of Norr	nal Facility	Hours	•					ip Code RK NY.	10018					
Scope of Work (Check A	II That Apply)											-	110000		
≥3 sf or ≥3 if ≥160 sf or ≥260 if			Renova Demolit				×××	Min	II Containm ni-Enclosus ovebag Pro	re ocedure					
		Т.	7. 1					_ No	n-Exempte	ed (*) and	d Non-Fria	ble Pro	cedur Abate		
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(13)		Yes	No	N/A		otner n	niscellar	neous)				val	1	ulate	sure
BASEMI	ENT	les	X	TIVA	DUC	T PAPI	ER IN	SULA	TION	7	O LF	x			
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Name of Registered Was			1.0	JDEP W	77.77.77 : :	Cubic of Was					red Landfi				
SHARON QUALITY	CONSTRUCTI	ON LLC		033967		TB			MINEF	RVA EN	NTERPR	ISE II	VC.		
City, State HACKENSACK N.J.						Dispos TBI	sal Date D		City, Sta WAYN		RG OHIO	D.			2
Completed by CARLOS ESQUIVE	<u></u>	Title SAFE	ETY N	ИANAG	ER	S	ignature	105,	much	Des		ate 7/16/2	2013		
ASB-41 (R-06-08)	· · · · · · · · · · · · · · · · · · ·			****		,	* Do no	ot use t	this form fo	r asbest	os licensui	re exer	npted	activi	ties.

Date of Notification (1) 07/18/13			N 5	lame of Spectru	Building Cum Cons	Owner/Op structio	perator	(2) evelopment C	o <u>?</u> , lլnc 2				\ /	
Agencies Notified	Type Notification		1000	treet Ad			1-	1 1 001					155	
EPA DEP DOL	Initial Amended			2000	ox 275 e, Zip Cod	de	+	ASBEST	JS 001	ITROL &		+		
X DOL	Amendment a				sunna, N	J 0787	76		\$ C			<u></u>		
DOH DCA	justification) Cancellation	riciduling	- 23		Contact nald J. [Ovrness	3		Telep	phone Num	ber			
					ITY INFO				- 0			-		
Name of Facility Where Residential Propert		Place (3)						Type of Facility						
Street Address	.,							School (K-1	r 8 (Other					
94 Washington Ave	enue							Other (i.e. petc.)	private &	commercia	l build	lings,	home	s,
City (5) Morristown					*			Square Feet 1,900 +	# of I	Floors		dg. A)+	ge	
County (6)				County C	code (7)			Current Use (Pri		g demolish		-	-	
Morris			(STATÉ U	ISE ONLY)		_	The same of the sa			×2.018			
Name of Monitoring Firm	n Hired by Building C	Owner (8)		ASCM	No.			of Abatement Co mid Contractir						
Street Address	75.188 2 185	1172						Address Sargeant Aver	nue					
City, State, Zip Code		W. Tarris					City, S	State, Zip Code						
							100000000000000000000000000000000000000	on, NJ 07013			200			
Project Manager for Mo	nitoring Firm			elephor	ne No.			none No. 689-6281		License No 01099	Ο.			
Start Date (10) 07/20/13		Schedule 07/22/1		pletion [Date (11)			of OSHA Monitor Environmenta		atories L	LC			
Occupancy Status Durin	ng Abatement (Check	k Only One	e)					Address	sonate.			-		
	cated During Entire F			ent			70 CANADA	Route 22 We	st					
Other – Describe:	ned Outside of Norm	al Facility	Hours			_		State, Zip Code on, NJ 07081						
Scope of Work (Check A	All That Apply)						-	-			rasar-	121		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Suprement .	enovat emoliti				> >	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	re ocedure	illio.			a	
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Asbestos-Containing TO BE AB		Mai	ntenan odial S	ce/		thermal	system	Material (ACM) s insulation,	(S	nount pecify	Re	D D	Enca	Ē
In Fac (13)		Cust	(12)	laii!		surfact other m	ing, VA		SF	or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							<u>=</u>		ate	6
Mechanica	al Room			Х	٧	Vhite D	uct In:	sulation	8	LF	Х			
First Floor	Room			Х		Blac	k Ma	stic	15	5 SF	x			
Name of Registered Wa	ste Hauler		N.	JDEP W	/aste	Cubic '	Yards	Name of	Register	red Landfill				
Pyramid Contracting			100,000	auler ID 2613	No.	of Was	ste		.W.S., I					
City, State Clifton, New Jersey						Dispos 07/22		City, Sta	ville, Pe	7 en/sylyar	nia			
Completed by Dimo Golcev		Title Presid	dent			S	ignatur	MW	4	Da 07	te '/18/1	13		
2		1.1031					-0		1—	/ 51				
ASB-41 (R-06-08)							* Do n	ot use this form	or asbesto	os licensure	e exen	npted	activi	ties.

Location of		ACCURA			Description of					Pu	_
Asbestos-Containing Material (ACM) <u>TO BE ASATED</u> In Facility (13)	Ma	Intene	Staff?		stos Containing Materia thermal systems insul surfacing, VAT, or other miscellaneous)	ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
£ ±	Yes	No	N/A					==		100	
FROUT ROOF			X	F	LADITIDE		20SF	×			1
157 + 2 m FL. STAIRS			×		TICE			-		-	
IST FLOOR			×	P	LASTER		1900 SF	Х			
Name of Registered Waste Hauler Rovic Transport			NJDEP W lauler ID 20785		Cubic Yards of Waste	1	Registered Landilli Bethlehern La	ndfill	Çar	p.	
City, State Riverdale, New Jersey 07457		120100			Disposal Date 7/20/13 cm	City, State Bethlet	nem, PA 18015	<u> </u>			

Signatore

Title

President

Completed by

R. McDonald

Date

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Date: 7/19/ 5me: 2:19	N		ATION O	of New of Asbes NJAC 8:	STOS AE				C	E [ck # V [8	7	<u>.</u>
Date of Notification (1)		N		ivilding O P.6			(2)		JUL	2 4 20	13_			
Agencies Notified Type Notification		S	reet Add	iress WE	ST P	955 A	uc s	LEET				T		
区 EPA 区 Initial Amended Amendment #		С	ate Sinte	Zin Corl	lo .		NO	ASB	ESTO	S CONTI ENSING	10L 8		+	-
DOL Amendment # Energency (Inc. justification) DOA Cancellation	luding	- N	ame of C						Tele	phone Nun	ber		•	
				TY (NFO		N		- Jan Tun						_
Name of Facility Where Abatement is Taking F Fous E / BEATO	lace (3)						☐ Sat	Facility (4 nool (K-1)	2)	r than K-12	4			
I 9 JAMES ST.							etc.	ner (f.e. p .)	rivate &	. commercia	il build	- 54		3,
City (5) ENGLEWOOD							Square 1	00		Floors 3		6 C	je	
County (6) BERGEN	,		ounly Co	ode (7) SE ONLY)		_	Current	Use (Prid	DE DE	ng dermolisi NG	ed)			
Name of Monitoring Firm Hired by Building Ow	mer (8)		ASCM	No.			of Abater ac Con			(9)			•	
Street Address				· ·			Address Lowell	Road						
City, State, Zlp Code							tate, Zip Rock,		452	***************************************		• •		
Project Manager for Monitoring Firm		1	elephon	e No.			one No. 262-58	41		License N 00156	Ö.			
Start Date (40) / 5	ichedule		pletion D	ate (11)			of OSHA		ntal S	erviçes b	ıc.			
Occupancy Status During Abatement (Check	Only On	ie)		•			Address							
Facility Closed/Vacated Duning Entire Pe Abatement Performed Outside of Normal Other – Describe:	riod of / Facility	\balem Hours	ent		_	City, 5	Huyler tate, Zip kensaci	Code	7606		-			
Scope of Work (Check All That Apply)		w									****	-		-
23 sf or ≥3 if ≥160 sf or ≥260 lf		lenovat Jemoliti	on '			8. Class B. A.	Mini-	Enclosum ebag Pro	edure	Negative f			;	
	ls	Location	מו									Abate Ty	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Vormall od Solel Intenar todlal S (12)	y by ce/		tos Conti	system ing, V	daterial (/ s insulati T, or		. (5	mount Specify For LF)	Remova	Repair	Encapsulate	Endoswe
	Yes	No	N/A				- IFW				-		ä	Ð
1ST + 200 FLORE HALL			X		FLOOR	146				50 SF				
1 ST FLOOR RM 2,3,4			X		FLOG 2					80 SF	7			
2 NA FLOOR RM 3			X		FLOUR	166	<u></u>			505.5	×		-	
Name of Registered Waste Hauler Rovic Transport		14	JOEP W aulor ID 0785		Cubic of Was	ite Z		IESI P	A Beti	ared Landii nlehem L		I Cor	р.	l
City, State Riverdate, New Jersey 07457					Dispos 7	Day 2-0/1		City, Sta Bethle	te hem,	PA 1801	5			
Completed by R. McDonald	Title Pres	sident			Ś	Ignativi	14.7	1	92 - W.W.	0	ate /	19)	13	

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August of Figure & Senior Services						-				Cho	ok:	# 8	1-6-1	5
Date: 7649 Timo: 2310	ł	OTIFI (P	CATION	ite of Nev OF ASBE TO NJAC I	ESTOS 4	BATE		E C		V E				
Date of Notification (1)				Building G				JUL	² ₄ ₂₀	13			100	
Agencies Notification			Street Ar	dress		-	arc c	TREET	4 20	13		4		•••
EPA Initial Company Amended		ŀ		te, Zip Co		msp.n	AS AS	BESTO	S CONTR	101 8		+		
X DOL Amendment		_	Roc	HELLI	E PA	ed_	NJ	000	ENSING	02.04				
DOH justification) Cancellation	iiiciucing		Name of E 0	Contact 0/2 A	nirch				Telopho	me Num	ber		7	***
Name of Facility Where Abatement is Taking	Plane (3	37	FACII	LITY INFO	RMATI	ON	Tune	f Facility (41					
HOUSE / MENO	i moe ie	,,					-	chool (K-1	MAT 2					
Street Address		4 11114					S	ubchapter	6 (Other the			linos.	homi	ės.
47 JAMES ST		_						c.)	# of Flo			idg. A		
ENGLEWOOD								200	3			60	84	
County (8) BENGEN			County C (STATE L	Code (7) ISE ONLY))				nrif being d		ed)	meeste.		
Name of Monitoring Firm Hired by Building (Owner (8)		ASCM	No.				ment Cor ntracting	ntractor (9) g inc.					
Street Address							Address Lowell	500000						
City, State, Zip Code		-				Cily, S Gier	iate, Zip 1 Rock	Code N.J. 07	452	1000				
Project Manager for Monitoring Firm		1	Telephor	ne No.			hone No.			ense No).	-		
Start Date (10) 7/20/13	Schedul		npletion (Dale (11)				A Monitor	ental Serv	ices In				_
Occupancy Status During Abatement (Chec		· (-1.7				Address		mar Corv	1000				
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other - Describe:	eriod of al Facilit	Abater y Hour	ग्राभ्रती इ				Huyler state, Zip	Street	A P. LANCISCON					
					- 1	Hac	kensad	k, NJ 0	7608	41.440				
Scope of Work (Check All That Apply) 23 sf or ≥3 lf ≥180 sf or ≥260 lf		Renova Demoli	ation				Full	Containm	ent with Ne	gative Pr	essu	æ		
[6] 5 100 21 04 55 00 II	IN (J EIII01	aid) (Glov	Enclosur ebag Pro Evernote		n-Erishli	o Pro	redut	Á	
	I:	Local	ion			, ,,,,	1.411	Lancon Iprix	4,7,00,75	ALT TROOP		Abate	men	t
Location of		Norma ed Şok		4-5	Des	scription	n of	0.010				L'y	pe	E
Asbestos-Containing Material (ACM) <u>IO BE ABATED</u> In Facility	Me	aintene itodial	moe/ Statt?		tos Cont thermal		s insulat		Amou (Spec SF or	ify	Rепюча	Re	Encapaulate	Endosure
(13)		(12)				niscellar			3 1 3 1	u. y	1BACU	Repair	ateşme	osure
Star - Class	Yes	No	N/A		Rest	r. 11.0		9		A #	_			_
FRONT ROOF	+		×		/ Coor	-1 20				00 SF	X.			
Name of Registered Waste Hauler	<u> </u>	L.,	JDEP W	asle	Cubic	Yards	- Y	Name of	Registered	Landill				ــــــــــــــــــــــــــــــــــــــ
Rovic Transport		1	tauler ID 20785		of Wa		ł		A Bethler		ndfil	Cor	р.	
City, State Riverdale, New Jersey 07457			-47 00		Dispo	Sal Didle ∂∪//3	ACC	City, Sta						
Completed by	Title		·		1	Ignakin		V	1391111 17 17	Dat	e /		<u> </u>	
R. McDonald		ident				111	M-	And		1	7/1	9/	13	



Check No.	

Date of Notification (1) July 18, 2013 Agency Notified EPA DEP Manual Process DOL DOH DCA Name of Facility Where N/A		ification		F		an Dyk	Owner/Operator	性	<u> </u>						
Agency Notified EPA DEP Minging Stelling 102004 DOL DOH DOA Name of Facility Where	☑ Initial ☐ Amend	ification									111		- 12	_	
□ EPA □ DEP Ntimpindpr SteRey 11/2004 ☑ DOL ☑ DOH □ DCA Name of Facility Where	☑ Initial ☐ Amend	ification		St	reet Ad	dress									
Name of Facility Where	☐ Amen			7.5			11111	Ì	JUL 24	2013	<u>ال</u> ا				
Name of Facility Where	Amen			0.00		CATTERNOTORI PRESENTATION	Avenue	1	JUL - 4	-	-				
☑ DOH ☐ DCA Name of Facility Where						e, Zip Co		44		-5010					
DCA Name of Facility Where		dment # gency (including					J 07506-154	A	SEESTA CO	NTROL & Telephone N	umbet				
Name of Facility Where	justific	cation)				Contact	. \		LIUSIN	relepitorio 13					
	☐ Cance	ellation		35.50		an Dyk						12			
					FACILI	TY INFO	RMATION	-	- f F ilit. / /	()		_	-		
N/A	Abatement	is Taking Place	(3)						pe of Facility (4)					
						-			School (K-12)	Other than K-1 2)					
Street Address									Subchapter 8 (Other (i.e. priva	ate & commer	& commercial buildings,				
323 North 4th Av	enue								homes, etc.)						
City (5)			How 19					Si	quare Feet	# of Floors	Bldg. A	estat.			
Hawthorne, NJ 07		4							1,500)	2	45 +	-			
County (6)				C	county C	Code (7)	(STATE USE	C	urrent Use (Pric	or if being den	nolished)				
Bergen				C	NLY)				Residential	<u></u>					
Name of Monitoring Fir	m Hired by	Building Owner	A	SCM N	No.		Name of Abater			20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1751 				
®/A	•••		N	I/A			B&N&K Re	sto	ration Co., I	nc., 22-26	74200				
Street Address							Street Address		1	E CONTRACTOR OF THE SECOND					
Street Address						1	223 Randol	lph	Avenue						
City, State, Zip Code							City, State, Zip	Cod	le						
Oity, otato, air 1111							Clifton, N.J	07	011						
Project Manager for Mo	onitoring Fir	m	Tele	ephone	e No.		Telephone No.			License No.					
,							973-478-46	(200 (107)		00120					
Start Date (10)	ate (10) Scheduled Completion Date (11)								nitor		1.32				
July 29, 2013 July 31, 2013									onmental S	ervices, L.	.L.C.			-	
Occupancy Status Dur	ing Abatem	ent (Check only	one)				Street Address		2 2						
☑ Facility Closed/Vac	ated During	Entire Period of	Abate	ment					ook Avenue						
☐ Abatement Perform	ed Outside	of Normal Facility	/ Hou	rs			City, State, Zip			•					
☐ Other - Describe:						- 48	Lyndhurst	, NJ	J 07071-1998	3					
Scope of Work (Check	all that app	oly)					□ Fu	II Co	ntainment with	Negative Pres	ssure				
⊠ ≥ 3 sf or ≥ 3 lf					Renc		☐ Mir	ni-En	closure						
					☐ Demo	olition	☐ Glo	oveb on-Ex	ag Procedure cempted (*) and	Non-Friable					
					T		23 110	o sich distribution				Abaten			
		1		Locati ormall	92000							-	Ty	pe	
	ation of			Sole			Descriptio stos Containing	n of	orial (ACM)	Amou	unt			m	
Asbestos-Contai		al (ACM)		ntena	20000000	Asbes (i.e.	stos Containing ., thermal system	ns in	sulation,	(Spec	cify	Re	Z.	nca	
	ABATED acility	1		ustodi Staff?		(surfacing, V	AT,	or	SF or	LF)	Removal	Repair	Encapsulate	
	(13)			(12)			other miscella	aneo	us)			/al	=	ate	
		-		100	L										
D			Yes	No	N/A	Ther	mal Systems	s In	sulation		113 In f	Ł		\times	
Basement				-				-v 950						I	
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						7						1	\top	\Box	
			1	DE5.	Mosts II	loules	Cubic Yards o	of T	Name of Regis	tered Landfill					
Name of Registered V			113355	DEP V No.	Vaste H	auier	Waste	/1							
B&N&K Restora	tion Co.	, inc.,	11000000	2695			0		Minerva Er	nterprises	, Inc.				
22-2674200	<u> </u>					_	Disposal Date		City, State						
City, State						7/20/43 - 1/3/1		Waynesbu	rg, OH						
Cliffon NI 1 070						-	Signature	1	/		Date				
Clifton, N.J 070	Completed by Title							41			 1 170,000,000,000 		42		
	idza	Vice-Presi	dent				Jen	1		?	7/18	/20	13		

3410

Date of Notification (1)			, N	lame of F	Building Own	ner/Operat	or (2)) E G		EF	7		\neg	
7/19/13			F	Robert	DeCristofa	ano Priva	ate Hom	-						
Agencies Notified EPA	Type Notification			. 1950/1030/100	rton Drive			JUI	2 4 201	3				
EPA DEP DOL	Amended Amendment				e, Zip Code awkin NJ (08050		ASSEST	OS CONTR	01.8				
DOH DCA	Emergency (injustification)	ncluding	1000	Name of (Contact			L	Aelephone N	ŭmbêr —				
DCA	Cancellation				ITY INFORM	ATION		- T	1		ã		-	
Name of Facility Where				PACIL	III INFORM	MATION	Type	of Facility (4)			-			
Robert DeCristofan	o Private Home							School (K-12)		12)				
Street Address 143 Morton Drive							× S	Other (i.e. pri etc.)	(Other than K- vate & comme	rcial build			3,	
City (5) Manahawkin NJ 08	050						Squar 1000	e Feet	# of Floors		dg. Aq 5+	je		
County (6)				County C	ode (7)			nt Use (Prior	if being demol					
Ocean Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM		Nar		tement Cont	ractor (9)					
N/A Street Address							eet Addres							
Gilder / idarese					1200		D Box 32							
City, State, Zip Code							y, State, Z est Berli	ip Code n NJ 0809	91					
Project Manager for Mon	nitoring Firm	***		Telephor	ne No.		ephone N 6-753-9		License 00727					
Start Date (10) 8/1/13		ed Con	npletion [Date (11)	10000	me of OSI	HA Monitor							
Occupancy Status Durin	ng Abatement (Che	8/9/13 ck Only On	e)			Str	eet Addres	ss						
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Norr	Period of Anal Facility	Abaten Hours	nent S		Cit	y, State, Z	ip Code					-	
Scope of Work (Check /	All That Apply)													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	*	-	Renova Demolit	6			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
		T	1 1				in No	III-Exempled	() and Non-i		Abate	ement		
Location	on of	1	Locat	lly		Descrip	otion of			-	Ty	ре	_	
Asbestos-Containin <u>TO BE Af</u> In Fac (13	g Material (ACM) BATED illity	Ma	d Sole intena todial (12)	nce/ Staff?	(i.e. th	s Containing ermal system surfacing other misco	tems insul , VAT, or	ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
		Yes	No	N/A					1100	_	\vdash			
Exterior	Siding			×		Exterior	Siding		1100	x	-			
				-						-	-	-	-	
			-							-	-	-		
Name of Decistered W	esta Haular	L .	NJDEP V	Vaste	Cubic Yar	rds	Name of	Registered Lar	ndfill	ļ		_		
Name of Registered Williams United Containers	asie naulei			Hauler ID 22459	No.	of Waste 2		G.R.O.	55					
City, State Elm NJ						Disposal [7/23/13	Date	City, Stat Morrisv	e ille PA 1906	67				
Completed by Title Anthony T Perna Preside						Sign	Signature- Date				Date 7/19/13			

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Notification (1) Arie Wilensky 7-18-2013 0 Street Address Type Notification Agencies Notified Pleasant Ave. 339 Mt.Pleasant Ave./341 [X] Initial []EPA Notification City, State, Zip Code 1 2013 4 []DEP Livingtion, NJ, 07039 []Amended [X] DOL Notification Tole Name of Contact [X]DOH []EMERGENCY Arie Wilensky []DCA []Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) []School (K-12) Same as above []Subchapter 8 (Other than K-12) [X]Other (i.e., private & commer-Street Addres cial buildings, homes, etc.) Bldg. Age # of Floors Square Feet 150 2 County Code (7) 5050 County (6) Essex City (5 Current Use (Prior if being demolished) (STATE USE ONLY) ESSEX Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm hired by Building AZTECH MANAGEMENT, Inc. Owner (8) N/A Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 00371 (973) 744-8800 N/A Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) N/A 7-30-2013 7-28-2013 Year Month Year Month Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code []Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» []other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) []Full Containment with Negative Pressure [x]Mini-Enclosure [X] Renovation [X]≥3 sf or ≥3 lf [X]Glovebag Procedure []Demolition []>160 sf or >260 lf []Non-Friable Procedure Type Abatement TS Location Description of MCHOND NCAPSUL Location of Normally Amount REP Asbestos-Containing EMOV Asbestos-Containing Used (Specify Material (ACM) Solely By Main Material (ACM) (i.e., thermal systems SF or AIR TO BE ABATED LF) tenance/ insulation, surfacing, VAT, A In Facility Custodial or other miscellaneous) Staff (12) (13)Yes No N/A X 2 LF Pipe Insulation X Basement @ 341 X 150 SF VAT 1st Fl. Kitchen @ 341 X 25 SF VAT X 2nd Fl. Bathroom @ 341 85 SF X VAT 1st Fl. Bathroom @ 339 Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler Hauler ID No. 17040 G.R.O.W.S. of Waste 2.0 AZTECH MANAGEMENT, INC. City, State Disposal Date City, State Morrisville, PA 19067 Montclair, NJ 07042 Date Signature Completed By (Print or Type) 7-18-2013 President Constantine Vivian

Title Completed By (Print or Type) President Constantine Vivian

Montclair, NJ 07042

Signature

Date 7-18-2013

Date of Notification (1)	333 135-		Name of Building Owner/Operator (2) JUL 2 4 2013											
7–23–13			10.51.	Street Address										
Agency Notified	Type Notification				State Stree	et L	ESTOS CONTR	BOL &						
⊠ EPA	☑ Initial ☐ Amended		City.	State, Zip	Code	ASE	FOUR DOLLE	4		\pm		\dashv		
□ DEP ☑ DOL	Amended Amendment #		The state of the s	enton		<u> </u>								
ACCOMPANIES	☐ Emergency (including	1		e of Conta			Telephone Num	ber	-	-	-	٦		
☑ DOH ☑ DCA	justification) Cancellation		1											
			FAC	CILITY INF	FORMATION									
Name of Facility Where	Abatement is Taking Place	(3)				Type of Facility	(4)					٦		
H.B. Wilson S	chool													
Street Address 855 Woodland	Street				8	☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial building homes, etc.)								
City (5)						Square Feet	# of Floors	Bldg.	Age			7		
Camden, NJ						30,000	3	555	55yrs.					
County (6) Camden			Coun) (STATE USE	Current Use (Pr vacant	ior if being demoli	emolished)						
Name of Monitoring Firm	Hired by Building Owner	ASC	M No.			nent Contractor (9								
(8) McCabe Envi	ronmental		0118		Plymouth	Environme	ntal Co.,I	nc.						
Street Address	,		70110		Street Address		13.							
464 Valley I	Brook Avenue				923 Haws	Avenue	••							
City, State, Zip Code					City, State, Zip C		rese of							
Lyndhurst, 1					Norristo	wn, PA 19	401 .							
Project Manager for Moni	toring Firm	San	one No.		Telephone No.	0020	License No.							
John McCabe			438-		610-239-9		00398					_		
Start Date (10)	Scheduled Com	pletion [)ate (11)	Name of OSHA									
8-5-13	11-8-13				Plymouth Street Address	Environmen	ntal Co., Ir	ic.				\dashv		
Occupancy Status During	Abatement (Check only t	one)				3	t is							
☐ Abatement Performed ☐ Other – Describe:	During Entire Period of A Outside of Normal Facility	Abateme Hours	nt ·		923 Haws City, State, Zip C		i							
Scope of Work (Check all	that apply)		W 122		NOTTISLOW	VII, PA 1940	!							
			ПР	novation		Containment with Enclosure	Negative Pressur	e						
$\square \ge 3$ sf or ≥ 3 lf $\square \ge 160$ sf or ≥ 260 lf	in the second			molition	☑ Glove	Slovebag Procedure Ion-Exempted (*) and Non-Friable Procedure								
· · · · · · · · · · · · · · · · · · ·		12.17.22.2		T	Q NOII-	Exempled () and		occure :	Ab	ate	men	t		
06		Is Loca Norm			2		75 S a		-	Typ	e	_		
Location		Jsed So	lely by	Ashas	Description of stos Containing Ma	PPX	Amount				m			
Asbestos-Containing TO BE AB		Mainten Custo			, thermal systems		(Specify		Rer	20	nca	Enc		
IN Faci	lity	Staf			surfacing, VAT other miscellane		SF or LF)		Remova	Repair	Encapsulate	Enclosure		
(13)		(12)	1	Other miscendine			7	8		ale	ē		
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see attached									H	-	-	_		
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		MIDED	Masta '	laula-	Cubic Yards of	Name of Regis	torod Landfill		Ш					
Name of Registered Wast		NJDEP ID No.	waster	nauler	Waste	Control of the Contro								
Service Transp	OLL	SW2	117		300 cy	Minerva 1	LandIIII		<u> </u>	٠				
City, State 58 Pyles	Lane		Disposal Date	City, State	¥									
New Cast		10-31-13	Waynesbur	g, OH										
Completed by	Title				Signature	1/1/21	11/1/1	Date	17					
James Kelly	President				Jun 1	1///	1111	7–23	-13			_		
ASB-41	* Do not use	e this for	m for as	bestos lici	ensure exempted	activities. / /								

(Pursuant to NJAC 8:80-7 and 12:120-7) Notification of Asbestos Abace. PARSON EMERGENCY 1280400

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30m	+	16.2	Ma L	-
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			· paper an	

2013-127 8 & 3 proj. #: Name of Building Owner/Operator (2) Clara Maasa Medical Center Date of Notification (1) 1017/11/18/11/13 Type Notification 1 Clara Maass Drive Agancies Notified City, State, Zip Code ☐ EPA Inklat Believille, NJ 07109 O DEP Amendment Name of Contact 図 DOL Rachel Bymas Type of Facility (A) E DOH Camobiletion FACILITY INFORMATION School (K - 12) Subchapter & (Other than K-12) ☐ DCA Diter (Private/Commercial Name of facility where abatement is taking piace (3) Bidgs. Hames, etc. Bldg Age Main Hospital, Kiddie Hall (NON SUB 9) Square Feet | # of Floore Current Use (Prior is being demolished) County Code (7) Street Address Hospital NON SUB 8 1 Clara Maass Drive (Siste use only) County (8) Name of Abatement City (8) Essax B & G Restoration, Inc. ASCM No. Name or Monitoring Firm Hired by Bldg. Owner (8) Sweet Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Cansa Number Street Address 00378 Telephone Number (973)698-8869 City, State, Zip Code Phone Number Name of OSHA Monitor Project Manager for Manitaring Firm B & G Restoration, Inc. sched, Completion Date (11) Street Address 105 Ryerson Road Scheduled Start Date (10) 07/18/2013 City, State, Zip Code Occupancy Status During Abatement (Chack only one) Facility dosed/vacated during entire period of abelement. Lincoln Park, NJ 07035 Absternant performed outside of normal facility hours Gloveped tupsednue Describe: Occupied & Start; 4; 300m E Full Containment wittegative pressure Non-frable procedure Scope of Work (check all that apply) Mini-andosure E Renovation 9 n a m P Amount ☐ ≥180 st or ≥280 lt (Spacify SF of LF) Demalition ¢ Description of asbestos-containing is location normally used solely Q L 图>3时的25年 by mainmange/custodial material (ACM) 国口 sta#(12) Location of Eniniethoo-coreedes 2 fittings NIA NO 23 \$1 meterial to be abated in facility (13) Ves pipe finings scraping damaged ceiling plaster. 1st floor payroll dept. Name of Registered Landfill
Tullytown Resource & Recovery Center 1 st floor payroll dept UDIO YEIGE OF IVES NJDEP Havier ID. 19563 3/4 yard City, State Tullytown, PA Rogistories Wasta Paular B& G Restoration, Inc 07/20/2013 07/16/2013 Gurdana Gura Signature Lincoln Park, NJ City, State Secretary/Treasurer Completed by (Print or Type Gordena Luna

B & G proj. #:	2013-127		Pursuant)	to NJA	3 G E N	C Y *	****		J. Fill	der " po	19		1			
Backet								11'	221	י)	1 2013	117	1			
Date of Notification	(1)	Name of Bu	uilding Owner	ical Cel	nter			11	1111	_1111_2	Δ 2013	-	+	•		
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Agencies Notified	Type Notification	Street Add	ress					1			CONTRO)[α		_		
Agencies Rotalis	X Initial	1 Clara	a Maass D	rive	-				7	SDES. S LIC	ENSING		344			
□ DEP		City, State	, Zip Code	400							webor					
	☐ Amendment	Bellev	rille, NJ 07	109		-			Te	lephone N	lumbei					
X DOL		Name of C	Contact						4					=		
X DOH	☐ Cancellation	Rach	el Byrnes		=									_		
DCA		1_===	FAC	CILITY IN	FORMATI	ON			Type of Facility (4) School (K - 12)							
	i - tokin	nlace (3)						1	ᅵᅵᅵ	School	oter 8 (Other	than K-1	2)			
Name of facility	where abatement is taking) piace ()							ᅵ닏		rivate/Comm	ercial	0			
Main Hospit	al, Kiddie Hall (NON	SOR 8)						·	X	Bldgs./H	omes, etc.		. Age			
Street Address									Square	Feet #	of Floors					
1 Clara Ma	ass Drive					Count	y Code	(7)			ior if being de	molishe	d)			
		County (6)			1	(State	use on	y)	Currer	nt Use (Pr	V SUB 8					
City (5)	1	Essex			1				Host	or (9)						
Belleville				TASC	CM No.	7	Name of	Abatement	U Continuos						_	
Name of Monit	toring Firm Hired by Bldg.	Owner (o)					B & (3 Restora	ation, inc							
112	N/A					7	Street A	Ryerson	Road				-	-	-	
Street Address	3		- 1		1971/1914	_						7				
							City, Sta	ate, Zip Cod ncoln Park	. NJ 070	035					=	
City, State, Zip	Code						LII	one Numbe	r		License N	umber 79				
			Phone N	Number			(9	73)696-6	869		003	10			-	
Project Manag	ger for Monitoring Firm						Name	of OSHA M	lonitor						120	
		To-bod C	ompletion Da	ate (11)			B 8	G Resto	ration, I	nc.					-	
Scheduled St	art Date (10)						Street	Address						700.0	_	
07/49/2	013	07/19/			-		10	5 Ryersor	n Road							
	- Lange	(Check only	one)	nt		1	City,	State, Zip C	ode							
☐ Facility	Status During Abatement y closed/vacated during e	ntire period	of abatement				H	ncolnPark	NJ 070	035				- 11 -	=	
						_		icolin an		===						
Descr Other	ibe:	start. 4.	Jopin						otive	nressure	Glove	bag proc	edure			
Scope of V	Vork (check all that apply)				X		ontainment	w/negative	, proce	☐ Non-	friable pr	ocedu	re	_	
☐ Dem	olition	Kelloration					Mini-€	enclosure				TRI	R	E	E	
× >3 s	for >3 If	≥160 sf or ≥	260 lf	ad solely						Amou	ınt	e m	200	n c	n C	
		Is location	normally use nance/custoo	dial	1 11650	ription (of asbes	stos-contain	ing	(Spec	cify SF or	0	a	a p	Ĺ	
ashe	ation of estos-containing	staff(12)			mate	rial (AC	(M)			LF)		е	-	-	F	
at-	erial to be ted in facility (13)	Yes	No	N/A						2 fitti	ngs	X	븻	片	누	
aoa	ted in laboury (-	X	pipe fit	ttings			leator	23 st		X	븻	片	누	
1st floor	payroll dept.			×	scrapi	ng da	mage	d ceiling p	laster			ᆚ	빍	븎	뉴	
1st floor	payroll dept.	-										ᆜᆜ	믬	븕	뉴	
		-]									Ш	Τ,	
			-]	T \ A	Tacte II	Name of Re	gistered La	andfill	0 Parovi	erv Cer	iter		_	
	0.00	INJI	DEP Hauler I	D#	Cubic Yard 3/4 y	as or w	vaste	Tull	ytown r	esource	& Recove	1				
Register	ed Waste Hauler Restoration, Inc.		19563	Dienosal	Date		-	City, State	ytown, P	PΑ					11	
Cit. Sta	ate.			0	7/20/20	13					Da	te	2012			
Linco	In Park, NJ				Signa	ture	9	Gordana -	Luna			07/16/	2013		==	
Comple	ted by (Print or Type)	Title	tary/Treas	urer												
Gord	ana Luna	_														

NOTIFICATION OF ASBESTOS ABATEMENT

		(Pursua	ant to NJAC 8	:60-	7 and 12:120-7)					-			
Date of Notification	n (1)		Name of Build Sandra (Owner/Operator		O PI	W E	-	11			
7-17-2013			Sandra (JIa	DOWSKI	ME	CEL	<u>V</u>	ال ـ	111			
Agencies Notified	Type Notifica	ation	Street Addres		QL				111	111			
[]EPA	[X] Initial Notific	ation	12 Thoma	as	Street	IIUII	JUL 2 4	2013	1	2			
[]DEP		acion	City, State,			11 11	JUL - 4		1				
[X]DOL	[]Amended Notific	ation	Caldwel.	L,N	J, 07006			- TOO!	2		1		
[X] DOH	[]EMERGENC	1.77.77	Name of Conta			Telephon	e promoters CO	iC Altroi					
[]DCA			Sandra (Gra	bowski								
-	[]Cancella	tion	FACTL	Trp Y	INFORMATION						-		
Name of Facility Who	ere Abatement	is Takir				Type of Facili	ity (4)						
Same as above					-	[]School (K-12)							
Street Addres						[]Subchapter 8 (Other than K-12) [X]Other (i.e., private & commer-							
otteet mues							buildings, homes, etc.)						
						Square Feet	# of Floors	Blo	ig. i	Age			
City (5		County	(6) Essex		nty Code (7)	2400	2	1	07				
		BCCB.	77		AID COD CADI,	Current Use (Prior if being demolished							
Name of Monitoring I	Firm hired by	ESSE.			Name of Abater	ment Contractor	cractor (9)						
Owner (8)			,			ANAGEMENT							
N/A Street Address					Street Address								
					86 Chris	topher St	•						
City, State, Zip Coo	de .		200	- 12	City, State, 2								
					Montclai	r, NJ 0704	12						
Project Manager for	Monitoring Fi	rm Tel	ephone Number	r	Telephone Numb	per	Lic	ense	Numb	er			
		N/	A		(973)744	-8800	0	037	1				
Scheduled Start Date	e (10) Sche	d. Compl	etion Date (11)	Name of OSHA N	Monitor							
7-26-13		7-27			N/A								
Month Day Y Occupancy Status Dur			only one)		Street Address	3							
[X]Facility Clo of Abatemen		uring En	tire Period										
[]Abatement Pe	rformed Outsi			7	City, State, 2	Zip Code	-						
Hours - Desc []other - Desc	ribe: «OffHour ribe: «Other O												
Scope of Work (Check					1			·					
		10 Table			T. J. D. WELLER & S. C.	Containment wit	th Negative P	ressu	re				
[X] <u>></u> 3 sf or []>160 sf or		0.70	X]Renovation]Demolition		77 11 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Enclosure bag Procedure							
7					그 기를 가장하는 것이 없었다.	riable Procedu	re				2		
		E E	Is					Aba	eme	nt T	ype_		
Location	o of		ocation		Description Asbestos-Conf	n of	Amount	R	R	NC	C		
Asbestos-Cor	ntaining		Used		Material (ACM)	(Specify	M	P	A P	P		
Material	(ACM)	P	Solely Main-		(i e . thermal	systems	SF or LF)	V	A	S	S		
TO BE AF		t c	enance/	ir	or other misce	acing, VAI, 11aneous)		A	R	L	R		
(13)	2000 - TO	St	aff (12)				27 6:11	-	X	·	E		
		Yes	X		EAN PIPE F		27 fitt	. X	-		-		
Basement		-		AS	BESTOS DEE	RIS	30 SF	-	-	-	-		
CRAWL SPACE							istered Landf	i11					
Name of Registered	Waste Hauler		JDEP Waste	C	ubic Yards f Waste 1.0	G.R.O.W.							
AZTECH MANA	GEMENT, I	NC.	auler ID No.		5.0 Telephone Sewalay								
				P	isposal Date	Morrisvi	ille. PA	190	67				
City, State Montclair, N	J 07042		7-29-13	L	- //_								
		Signatur	e	17/	Date	≩ 7-13							
Completed By (Prin	C OT TIPE,	itle Presid	ent		1	112 hart 161	MAL	/-1	, 13				
Constantine	ATATOM		100-01 (100 000)	-	10	101 610 Com	7010						
					1	1	•						

								The l	E C	EI	W	E	3	Γ
Project#	N	(Pur	ATION Suant t	te of New OF ASBE o NJAC 8:	STOS :60 an	ABATEN d 12:120)		Che	ck # 20				上
Date of Notification (1)				Building O			(2)	17 7	UUL	4	2010	1	_	
07/12/2013				uth Univ	versit	у								\perp
Agencies Notified Type Notification			treet Ac					I A	SBEST	ros co	NTRO	L &		
EPA Initial	18			dar Ave			LICENSING							
DEP Amended Amendment #		- 1	2500	e, Zip Coo ong Bra		N I 077	7G.1							
Emergency (in		15000		Contact	ngn,	NJ UTT	04	à	Teler	phone Nu	mber			
DOH justification) Cancellation			imothy						100	onone ita	11110			
DCA Cartesiation		11	-	ITY INFO	RMAT	ION								
Name of Facility Where Abatement is Taking	Place (3))	17,01	in i	T CONTRACT	.]	Type	of Facility ((4)					
Monmouth University								School (K-1	12)					
Street Address								Subchapter	8 (Other				L	
590 Ocean Blvd		¥.						Other (i.e. patc.)	orivate &	commerc	iai build	ings,	nome	is,
City (5)						2	Squar	e Feet	# of	Floors	BI	dg. A	ge	
Long Branch,NJ 07764							75,00	William Commence						
County (6)				Code (7) USE ONLY)			Curre	nt Use (Pri	or if bein	g demolis	shed)			
Monmouth	20-0-0-0-0	(
Name of Monitoring Firm Hired by Building C	wner (8)		ASCN	No.		WASTER SON		tement Co		9)				
AHERA								ration L	LC					
Street Address							Addres							
P.O BOX 385								de Rd						
City, State, Zip Code								ip Code						
Oceanville, NJ 08231			Telepho	N-				NJ 078	69	License	Na			
Project Manager for Monitoring Firm	John Smoyer						none N			01133	NO.			
			52-1833 Date (11)		973-9		A Monitor		01133		-			
	07/22/2		pietion	Date (11)				onmenta						
Occupancy Status During Abatement (Check					-	CONTROL OF	Addres							_
			ont			2333								
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm			atement					ip Code						
Other – Describe:							n, NJ	07083						
Scope of Work (Check All That Apply)			Johno											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novation molition					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Proce					e	
		Location											ement	t
Location of		Normall d Solei				escription					11	1)	pe	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intenar	ice/			ntaining f al system				mount pecify	_z		5	
In Facility	Cust	todial S (12)	taff?	(1.0.	surf	acing, VA	T, or	2110111		or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		(12)			other	miscella	neous)				oval	a-	ulat	sure
	Yes	No	N/A										0	
Apartment 41 A&B		×		joint co	mpo	und .			260 S	F	×			
Apartments 42 A&B / 43 A&B		×		joint co	mpoi	und			469SF	=	×			
Apartments 44A&B / 45 A&B	Apartments 44A&B / 45 A&B								552 S	F	×			
Apartments 43A&B 44A&B 45A&B	×		Floorin					340 S		×				
Name of Registered Waste Hauler	100000	JDEP V			c Yards		Name of	Registe	red Landi	ill				
ATC		- 1	aulei IU	140.	TBC	of Waste TBD Minerva Enterprises								
City, State Shirley, NY 11967			Disposal Date				Date City, State Waynesburg, OH							
Completed by	Title		I Cimate				Cienatius / Deta							
Elvira Mrda	Presi	dent				Ell	ua	Mice	(7/12/2	2013		

5254

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) 07/22/2013			2		Name of Buildin Exxon-Mobil Te	ng Owner/Cechnology (Oberator (2)				M				
Agencies Notified		Notification '	Type		Street Address		111 111 .	··· ·)	7		11 111				
Agencies (Volinea		11001110011011	1160				III II J	UL 2	4 20	13	U				
(X)EPA		(X) Initial No	tification		600 Billingspor	Road									
(X) DOL		() Amende	d Certification	on [City, State, Zip	Code	L				1				
(X) DOH		() Cancelle	d			1	ASRE	STOS O	ONITO						
() DCA				1	Paulsboro, NJ	08066		LICEN	DUNIA	OL &					
• •					Name of Conta	ct		Tel. Nu	mber						
				-	Bill Nelson										
				FACILITY IN	ORMATION				*	S2 W					
Name of Facility Where Ab	atement is T	aking Place (3)		Type of Facility	(4)									
IVAITIC OF FACILITY VVIICIO FICE	otomone io 1	aning r 1000 to	21		() School (K-1										
Exxon-Mobil Technology					() Subchapter	8 (other th	an K-12)								
Street Address					(X) Other (i.e. p	orivate & co	mmercial bldg	s., home	es, etc.						
<u>Greet Address</u>															
600 Billingsport Road					Sq. Feet	# of F	loors								
City (5)	County (6)		County Co	ode (7)	i i i i i i i i i i i i i i i i i i i	Total Series									
Paulsboro	Gloucester		(State Use		Bldg. Age										
1 44100010	0.0000010		,		Current Use (p	rior if being	demolished)_	Outsid	Outside Shed not Utilized.						
Name of Monitoring Firm	Hired by Blda.	Owner (8)	ASCM No				Name of Cor	tractor ((9)						
Name of Worldoning 1 mm	mod by blug	0		_			NCM Demoli	tion and	Remed	liation, L	.Р				
Environmental Manageme	nt Internation	al													
Street Address					Street Address										
<u>Out out / tour out</u>					395 Turner Ind	ustrial Way	/								
34 East Germantown Pike						•									
City, State, Zip Code					City State, Zipo	Code									
,,,					Aston, PA 190	114									
East Norriton, Pa 19401															
Project Manager for Monit	oring Firm	Telephone	Number		Telephone Nur	mber		License	e Numb	er					
Ray Giordano	av Giordano 610-277-0405							01066							
Managed Control of the Control of th										Action of the Contract					
Scheduled Start Date (10)		Scheduled	Completion	Date (11)	Name of OSHA	A Monitor									
08/07/2013		08/08/2013			Testor Techno	logy									
Occupancy Status During	Abatement (0	Check only or	ne)		Street Address										
() Facility Closed/Vacate	d During Entir	e Period of A	batement												
(X)Abatement Performed	Outside of No	rmal Facility	Hours -		10-59 Jackson Avenue										
					City, State, Zip Code										
Describe_segregated area	a, no other tra	ides			Long Island, NY 11101										

Other - Describe -															
Source of Work (Check al	I that apply)														
	0000073 00000														
() Demolition (X) Rene	ovation				0154014	\	: / - 0 = 0 = = =	40154	CNA						
() Large Proj. >160 SF or	r >260 LF AC	M) (X)M P	oj. (>25<160) SF or >10 <260	J LF ACIVI) () Milhor Pro), (<25 SF 01 <	IU LF A	(CIVI)						
() Full Containment with						Amount /	Specify SF or	I E \	Abata	ment Ty	200				
Location of Asbestos-		ation Normall		Description of a thermal system	ACM (I.e.	Amount (Specify SF of	LF)	Abate	Hent Ty	pe				
Containing Material (ACM		by Maint./Cu	stodiai												
Facility (13)	Staff? YES	NO NO	NA	surfacing, VAT miscell.)	, or other				Rem.	Rep.	Encap	Enclose			
Outside Chad	- 153	X	INA	Transite Panel	c	140			X	1		T			
Outside Shed		^	-	Transite Failer	3	140									
8										_		+			
											1	+			
						F \Manta		Name	of Poc	Landfill					
Name of Reg. Waste Hauler NJDEP Waste Hauler ID #					Cubic Yards of 1 cyds	waste		-	al Landf						
Sanica Transport Group					1 Cyus			impeni	ai Laiiui	m.					
Service Transport Group							Disp. Date		10	City, Sta	to				
City, State				08/12/2013			mperial,								
New Ceetle, DE							00/12/2013		- 1	mpenal,					
New Castle, DE	ino)	Title			Signature			Date							
Completed by (Print or Ty	pel	Title Project Mar	00002		Signature	1	1	07/22/	2013						
Pussell King		Project Ma	nagei		1.1	-		UIIEEI.							
Russell King					0										