(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2 Date of Notification (1) Type Notification Street Address Agencies Notified Initial EPA City, State, Zip Code ASBESTOS CONTROL & DEP Amended Amendment # DOL Emergency (including Telephone Number Name of Contact DOH justification) Eric Plackis DCA Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) # of Floors Bldg. Age Square Feet City (5) Current(Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) Brick Industries Inc. Street Address Street Address P.O. Box 915 City, State, Zip Code City, State, Zip Code Brick, New Jersey 08723 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 01196 (732)899-7499 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Amount Asbestos Containing Material (ACM) Encapsulate Asbestos-Containing Material (ACM) Maintenance/ (Specify (i.e. thermal systems insulation, Remova TO BE ABATED Repair Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)Yes No N/A Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler Hauler ID No. of Waste GROWS Inc. Brick Industries Inc. 21602 City, State Disposal Date City, State PA Brick, New Jersey Date Signature Completed by Title President Eric Plackis

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (* NJDOT July 27, 2016 Street Address Agencies Notified Type Notification JUL 1035 Parkway Ave; P.O. Box 600 **EPA** Initial City, State, Zip Code DEP Amended × Trenton, NJ 08625 DOL Amendment # ASBESTOS CONTROL & Emergency (including Telephone Number Name of Contact DOH justification) Karl Bevans Cancellation DCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) NJDOT - Route 280, Route 21 Interchange Improvements School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, Rt 21 / Rt 280 etc.) # of Floors City (5) Square Feet Bldg. Age Newark N/A County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) County (6) Bridge Structures Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) George Harms Construction Co., Inc. N/A Street Address Street Address 62 Yellowbrook Road City, State, Zip Code City, State, Zip Code Howell, NJ 07731 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 01055 732-751-2089 Start Date (10) Name of OSHA Monitor Scheduled Completion Date (11) August 8, 2016 August 6, 2016 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Bridge Reconstruction / Demolition Scope of Work (Check All That Apply)

≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Demoliti				Mini-Enclosur Glovebag Pro				e	
1		Location Normali			Description of					ement pe	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Solel aintenan todial S (12)	y by nce/		Description of stos Containing Mate thermal systems in surfacing, VAT, o other miscellaneo	sulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							le	
Bridge Abutments			X	Ast	estos Roofing C	Cement		X			
~		L.,,	IDED IA		Cubic Yards	N	Desistand I and SI				
Recovery Environmental Services	e of Registered Waste Hauler NJDE Byvery Environmental Services 3247					NO SERVICE CO.	Registered Landfil Management	I			
City, State Augusta, NJ			Disposal Date TBD	City, Sta Pen Ar	te gyl, PA						
Completed by Sam Hahn Title Project Enginee					Signature	nt Ahr	W D	ate 7/	27/	1891	6

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

				(Pt			C 8:60 and 5:	,	U	ab#	10	31	0	
Date of Notification (1)					Name	of Buildin	g Owner/Operator	r (2)) F	7 P @		7.77	7 [=	
	27 /		_		3 C	linton St	reet Partners, I	LLC		n <u>e</u> c				
Agencies Notified	Type Notific	ation			Street	Address				531			3-1112	111
⊠ EPA					71	Hyde Par	rk				1 20	201	C	
⊠ DOLWD	☐ Amended				City, S	State, Zip (Code			 [] 	L 28	-201	0	15
☑ DOH ☐ DCA	Amendm Emergen	_			Do	ylestown	, PA 18902		i	į				
(NJAC 5:23-8)	justificati		Gluding	Į.	Name	of Contac	t	5,000		Telephone No	imber (NTR	01.8	2
	☐ Cancella	tion			Joe	Price			L		MAN NS!	NG		
					FA	CILITY IN	FORMATION							
Name of Facility Where A	batement is	Taking	Place	(3)				112	Type of Facility (4					
Garage Structures									☐ School (K-12) ☐ Subchapter 8		40)			
Street Address									Other (i.e., pri			uildin	IS.	0.0
3 Clinton Street									homes, etc.)			000000000000000000000000000000000000000	5-1	
City (5)									Square Feet	# of Floors	В	ldg. A	ge	
Lambertville, NJ 08	530								2000	1		50÷		
County (6)					Cour	nty Code (7)(STATE USE ONLY,) (Current Use (Prio		olished)			
Hunterdon	Ulid by D. 11			(0)	10011		1		Commercial	Garage				
Name of Monitoring Firm Health & Safety Ser		aing C	wner (8)	ASCM	No.	Name of Abaten		nt Contractor (9) vironmental Sy	ratama				
Street Address	V1000						Street Address	LIII	vironinientai Sy	stems				
PO Box 365								hle	hem Pike - Su	ite 60				
City, State, Zip Code		2.10					City, State, Zip (110 00				
Berlin, NJ 08009							Spring House							
Project Manager for Monit	toring Firm			Tele	phone	No.	Telephone No.			License No.				-
Jim Proctor				(8	56) 45	2-1311	215 542 700	0		00847				
Start Date (10)	1.00000	Sched	uled C	omple	tion Da	te (11)	Name of OSHA	Мо	nitor					
8/_8_/	16	8	3 /	_ 12	/ .	16	CES							
Occupancy Status During							Street Address							
☐ Facility Closed/Vacate	d During Enti	re Per	iod of	Abate	ment		1121 N. Betl	hle	hem Pike - Su	ite 60				
Abatement Performed Time of Abatement: 7:						cribe	City, State, Zip C	Cod	le					
		101/		_			Spring Hous	se,	PA 19477					
Scope of Work (Check all	that apply)							ntoi	inment with Nega	rtivo Drosovro				
\supseteq \ge 3 sf or \ge 3 lf				novati			☐ Mini-En			llive Plessure				
≥160 sf or ≥260 lf			⊠ De	molitio	n				Procedure pted (*) and Non-	Erioble Dress	al wa			
			ls	Locat	ion	T	△ 14011-EX	CIII	pted () and Non-	- Hable Floce		atem	ont T	V/D0
Location	of			lorma			Description	of						
Asbestos-Containing N		1)		d Sole intena			stos Containing M			Amount	Rem	Repair	nc	incl
TO BE ABA	The state of the s				Staff?	(i.e	., thermal systems surfacing, VA			(Specify SF or LF)	Removal	<u>=</u> .	apsı	Enclosure
(13)	<u>.</u>			(12)	_		other miscellan			01 01 11)	-		Encapsulate	re
Doof	No	N/A												
Roof			Roof Co	pating			2000 SF							
East Garage window					\boxtimes	Windov	v Caulk			5 LF				
Rear Side Wall						Tar Sea	m Patch			352 LF				
Name of Registered Waste	e Hauler			10.00	JDEP \		Cubic Yards of		Name of Registe	ered Landfill				
Geppert Recycling				Н	auler II	No.	Waste		Western Ber	rks Commur	ntiy Lar	ndfill		
City, State							Disposal Date		City, State					
Hatfield, PA							8/12/16		Birdsboro, F	PA 19508				
Completed By (Print or Type) Title							Signature		_ 1.		Date	i	1	
Patricia Visco		Of	fice N	lana	ger		Va	L	ecro V.	12co	7/	27	116	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

				(Pt	ırsuar	nt to NJA	AC 8:60 and 5:10	6) () _\	18 L #	- 18	28	11	
Date of Notification (1)	27 /	16					g Owner/Operator (& Copewood, LI	1 7	EGE	Ŵ	L	n	
Agencies Notified	Type Notific	ation			Street	t Address							
⊠ EPA					826	Broadw	ay, 9th Floor		JUL 28	2016	ì	L	1
☑ DOLWD	Amende				City, S	State, Zip (Code	14 4					+
☑ DOH □ DCA	Amendm		dina		Nev	w York, N	IY 10003				01.0]	
(NJAC 5:23-8)	☐ Emerger justificat		aing			of Contac			Telephone:Num	ber	<u> </u>		-
9. 1 19.0 19.0 19.0 19.0 19.0 19.0 19.0	☐ Cancella	ation			Ah	kilah Joh	inson	L	1 . [10]	1770			_
					FA	CILITY IN	FORMATION		•				
Name of Facility Where A	batement is	Taking Pl	ace (3)				Type of Facility					
Haddon Ave								School (K-12	2) 8 (Other than K-12	٥١			
Street Address								Other (i.e., p	rivate and comme	c) rcial b	uilding	IS.	
1675-1677- Building	g #1 HADD	ON AVE	NUE	Re	siden	ces		homes, etc.)					
City (5)								Square Feet	# of Floors	10	ldg. A	ge	
Camden								15,600	1		50+		
County (6)					Cour	nty Code (7	7)(STATE USE ONLY)	The state of the s	ior if being demoli				
CAMDEN	6								Commercial F	aciliti	es		
Name of Monitoring Firm	Hired by Buil	iding Own	er (8)	ASCM	No.	Name of Abateme						
Street Address								nvironmental S	Systems				
Street Address							Street Address	lehem Pike - S	uite 60				
City, State, Zip Code							City, State, Zip Co		uite ou				
							Spring House						
Project Manager for Monit	toring Firm			Tele	phone	No.	Telephone No.		License No.				
							215 542 7000		00847				
Start Date (10)		Schedule	d Cor	mple	tion Da	ite (11)	Name of OSHA M	Ionitor					
8 /8 /	16	8	_ /	30	_ / .	16	CES						
Occupancy Status During	Abatement (Check or	ily on	e)			Street Address					7,7110-37	
□ Facility Closed/Vacate							1121 N Bethle	ehem Pike -Su	ite 60				
Abatement Performed						scribe	City, State, Zip Co	ode					
Time of Abatement: 7:		PIVI/	_PIVI-	2011517	_AM		Spring House	e, PA 19477					
Scope of Work (Check all	that apply)												1300
≥3 sf or ≥3 If			Reno	ovati	on		☐ Mini-Enc	tainment with Neg losure	gative Pressure				
≥160 sf or ≥260 lf			Dem				☐ Glovebag	g Procedure					
			la I			1	⊠ Non-Exe	mpted (*) and No	n-Friable Procedu	1	-	Nable C	
Location	nf			ocat rma		1 .	Description o			Ab	atem	ent T	ype
Asbestos-Containing N					ly by	Asbe	stos Containing Ma	terial (ACM)	Amount	Removal	Repair	Encapsulate	Enc
TO BE ABA			Main Custo		nce/ Staff?	(i.e	., thermal systems i		(Specify	Nov	air	aps	Enclosure
(13)	у			(12)			surfacing, VAT, other miscellane		SF or LF)	<u>m</u>		ulat	īe
1		Y	es	No	N/A							O	-
Car Port Roof						Flashin	g		15,600 SF				
] [П	П	П	П
			1 1	7									
			1 [7			***						
Name of Registered Wast	e Hauler			N	JDEP \		Cubic Yards of	Name of Regis	tered Landfill			_	
BULL WASTE & REG		INC		4550	auler II 21435	O No.	Waste 500	SCIA,					
City, State				-	£ 1400	,	Disposal Date	City, State					
Berlin, NJ 08009							10/30/16	ALLOWAY	, NJ				
Completed By (Print or Ty	Title					Signature	111		ate /		i		
Patricia Visco		Offic	e Ma	ana	ger		Vat	1/10	ar .	7/-	17	li	

CK# 4021				BESTOS ABATEM 2 8:60 and 12:120			<u>L</u>	U	U L
Date of Notification (1)		Na:		ng Owner/Operator	MicHOL	JUL	Z	. 4	Ulb
Agencies Notified Type Notificatio	n ,	_	eet Address			ASBEST		,	
DBP Amended Amendment Emergency (justification)	including		, State, Zip R (O GRAW	DE, A	Telephone Numb	_	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	.,
DCA Cancellation			, Si	AME		-			
	- 51 /		ACILITY IN	FORMATION	T = 4 F = - 1114				
Name of Facility Where Abatement is Taking ESIDENC	ng Place ((3)						dinas	
					homes, etc				W
City (5) MINDLE T	WP.				Square Feet	# of Floors	_	So. A	ge T
COUNTY (6) CAPE MAY		_ US	ounty Code (SE ONLY)		_ VAC	Prior if being demolis	hed)		
Name of Monitoring Firm Hired by Building (8)	Owner	ASC	M No.		nent Contractor (0.00			
Street Address						UCE ALE			
City, State, Zip Code				City, State, Zip C	ode LE SHA	HOE NJ.	08	305	52
Project Manager for Monitoring Firm		Telephon	e No.	Telephone No.	9-047	License No.	141	1	
Start Date (10) Sche	duled Cor	npletion I	Date (11)	Name of OSHA N	Monitor うちとやみ \	Cuman			
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Pe				Street Address	S. Spr	EUCE ALE			
Abatement Performed Outside of Norma Other - Describe:	l Facility H	Hours		City, State, Zip Co	ode		80	05	2
Scope of Work (Check all that apply)				Article and a	*				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Reno	ovation olition		☐ Mini-End ☐ Gloveba	closure g Procedure	egative Pressure on-Friable Procedur	e		
, ,	Is Loc	nally		5			Α	bater Typ	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Mainte Cust Sta (1:	odial aff? 2)	(i.e.,	Description of tos Containing Mate thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate
5101WG	Yes 1	No N/A	1	RANSIT	-	125050	X		+
010700 69		1		CPVQ JII	<u> </u>				
Name of Registered Waste Hauler	-	NJDEP Hauler		Cubic Yards of Waste	Name of Reg	istered Landfill)_	A	
City, State MAPLE SHADE	N			Disposal Date	City, State	OD BIALLE	١	7 (-
Completed By	14			Signature	1 1	Date			

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

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Date of Notification (1) 07/20/16					Building O Propertie			(2))	M	E	(C)	Ĺ.		-	- 1	
Agencies Notified	Type Notification		1 7	Street Ad 1350 T	ldress ioga Ter							.1111	2.5	20	16		1
DEP DOL	Initial Amended Amendment	#		City, Stat Ocean	e, Zip Cod City,NJ	le ,08226	6			No. No.		(111)					
DOH DCA	Emergency justification) Cancellation			Name of Craig	Contact Troilo						Tele	phone	Num	per	nu-		
				FACIL	ITY INFO	RMATI	ON										
Name of Facility Where T&T Property	Abatement is Takin	g Place (3)		TAGIL	arr avi o	1 (111)		T	ype of Facil								
Street Address 1350 Tioga Ter								>	Subchar Other (i. etc.)						ings,	home	≱S,
City (5) Ocean City									Square Feet 1758		2	Floors		1	dg. A 924	ge	
County (6) Cape May				County C STATE U	ode (7) ISE ONLY)			C	Current Use	(Prior	if bei	ng dem	olishe	∍d)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.		Name Asb	of	Abatement stos Robo	Contr tics c	actor liv.of	⁽⁹⁾ India	n Arı	ow l	ndsı	ıtries	3
Street Address									ddress Iill St.								
City, State, Zip Code				200					te, Zip Code son NJ 07								
Project Manager for Mon	nitoring Firm			Telephor	ne No.				ne No. 53-9652			Licen:					
Start Date (10) 07/30/16		Scheduled 08/08/16		pletion [Date (11)				OSHA Mon Igev	itor							
Occupancy Status Durin	ng Abatement (Che	ck Only One)					Street	t Ac	ddress	1000	_						
Facility Closed/Vac				ent			144	M	ill St								
Abatement Perform Other – Describe:	ned Outside of Norr	mal Facility H	ours	- The second		_			ite, Zip Code son NJ 07								
Scope of Work (Check A	All That Apply)						9,50	- 95									
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Locatio Asbestos-Containing		Used :	Solel	y by	Ashest		scription		or iterial (ACM)		Α	mount				ш	
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In Fac			12)				cing, VA				SF	or LF)).	Remova	Repair	Encapsulate	Enclosure
(13)	10	Yes	No	N/A		0.1101	11.0001141		.000)					<u> 20</u>	7.	late	Ire
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Name of Registered Wa			Н	JDEP W auler ID	1333	of Wa			1	e of R		ered La	ndfill				
City, State	u 165 00		3	6031		TBD	sal Date	e	10000000	State							
Paterson NJ				TBD			Moi	rrisvi	lle P	4							
Completed by Goran Igev		V.P.					Signatur	re	4	1			Dat 07	e 7/20/	16		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.IAC 8:50 and 12:120)

		(1)	ursuant	to NJAC 8:60 8	and 12:12	(U)		-	EG	E	W		1
Date of Notification (1)			Name of	f Building Owne	r/Operator	r (2)		KI			2,12,11		
Agencies Notified Type Notification EPA Initial			Street A	ddress HADLEY RO	AD			U U	JUL	2 3	, 2Û	1ô	14
DEP Amended Amendment				ate, Zip Code 'H PLAINFIE	LD, NJ (07068	3	Ĺ	ASBEST	OS C	ONT	ROL	<u></u>
Emergency (justification) DCA Emergency (justification) Cancellation	including		Name o	f Contact	LGAR	R.'-	TY	Tele	nhana Neer		SINIT		
Name of Facility Where Abatement is Taking	Dless /		FACI	LITY INFORMA	TION		1						
P. S. E. 7 C	Place (3)				Тур	e of Facility (4						
Street Address 284 N. PARK	AVE	-				N	School (K-1 Subchapter Other (i.e. p etc.)	8 (Othe			dings,	home	ıs,
E. ORANGE	1,00	-		9,255		Squ	are Feet	1000	Floors N/A	E	Bldg. A	ige A	
County (6)				Code (7) USE ONLY)		Curr	ent Use (Prid	or if beir	ng demolish	ned)	- //	7	8
Name of Monitoring Firm Hired by Building C ENVIRONMENTAL TACTICS	Owner (8)		ASCN 0045				atement Con SYSTEMS	tractor	(9)	4			
Street Address 64 BROAD STREET			1			t Addre	ess TEHEAD A	AVE.					
City, State, Zip Code MATAWAN, NJ 07747							Zip Code RIVER, NJ	0888	2				
Project Manager for Monitoring Firm TOM GEIGER			Telepho 732-29	one No. 90-2217		hone 1 -432-	No. 8350		License N 01111	0.			
Start Date (10) 5-//6	Schedul	ed Cor	npletion	Date (11)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		SHA Monitor SYSTEMS	S OF A	AMERICA	A			
Occupancy Status During Abatement (Chec		12-40	- //	6		t Addre	ess TEHEAD A	\\/E				*********	
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: Melessar	al Facility	/ Hours		и	City, S	State, 2	Zip Code RIVER, NJ		 ວ່				
Scope of Work (Check All That Apply)	/			/		J 1111	CIOLIC, 140	- 0000		_			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolii			Transit Market Branch Branch	M	ull Containme ini-Enclosure lovebag Proc on-Exempted	e edure				۵	
	1	Locat						() 00			Abate	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Vormal ed Sole intena todial ((12)	ely by nce/ Staff?	Asbestos C (i.e. therm	Description ontaining I nal system rfacing, V/ or miscella	Materia ns insu AT, or	lation,	(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes								•- /	Ĭ,		ate	Ġ
GARAGE		×		ACM Bo	IER	INS	ulation	1	25=	X			
Name of Registered Waste Hauler		IN	JDEP W	Vaste Cut	oic Yards		Name of	Registe	red Landfill	1			
WASTE MANAGEMENT		1	lauler ID I 125	AP			GROW	S NOF				ii ke ne di	
City, State ELIZABETH, NJ	17/10	posal Date BD	9	City, State MORRI		E, PA							
Completed by CAROL RAIMO	Title OFF	ICE N	/IGR		Signatur		Rai	·	Da Da	te /	61	16	

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

Date of Notification (1)					Name	of Building	Owner/Operator (2)	100		-	-UECE	
7 /	25 /	16					or Citizens Runr	5	/ Job #1502-	1959 (hk.	1395	;
Agencies Notified	Type Notifica	ation	-5000		Street	Address			EGE	П	1/7 1	3 a	
⊠ EPA					100	Runnym	nede Drive) <u>E</u> <u>E</u>	Ш	y [3	M
	☐ Amended					State, Zip C		HID	1			7/	Ш
□ DHSS □	Amendme					yne, NJ 0		111.1	11 1111 2	0 00		111	
DCA (NJAC 5:23-8)	Emergen justification		luding			of Contact	316 316 316 316 316 316 316 316 316 316	19 1	JUL 2		16	111	7/
(143/10/3.23-6)	☐ Cancellat					cy Bruno			Telephone Nun				-1
					FA	CILITY IN	FORMATION		ASBESTOS U	ONTA	OL 8		+
Name of Facility Where At	patement is T	aking	Place	(3)	1515-71			Type of Facility	-IOLIV	SING			-
Edward Sisco Sr. Ci								School (K-12	3000 —				
Street Address			57-51					Subchapter	8 (Other than K-1)				
100 Runnymede Driv	ve							Other (i.e., p homes, etc.)	rivate and comme	ercial b	uilding	s,	
City (5)		- 7// -						Square Feet	# of Floors	В	ldg. A	ge	
Wayne								9000	1		40		
County (6)		11/2			Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demol	ished)			
Passaic								R-2		2000 100 2000 10 6 0			
Name of Monitoring Firm I	Hired by Build	ding Ov	wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Criterion Laboratorio	es						Asbestos and	d Mold Service	es, Corp.				
Street Address							Street Address						_
3370 Progress Drive	, Suite J						3859 Sylon B	oulevard					
City, State, Zip Code			V				City, State, Zip Co			-		1	
Bensalem, PA							Hainesport, N						
Project Manager for Monito	oring Firm			Tel	ephone	No.	Telephone No.		License No.				
Mike Panepresso				2	15-244	-1300	609-702-0400	E	00862				
Start Date (10)	5	Schedu	led C	omple	etion Da	te (11)	Name of OSHA M	Ionitor			-		
_8 / _5 / _	16	8	/	6		16	EMSL Analyt	ical, Inc.					
Occupancy Status During	Abatement (Check	only o	ne)			Street Address						
☐ Facility Closed/Vacated	d During Entir	re Peri	od of	Abate	ment		200 U.S. Rou	te 130 North					
Abatement Performed	Outside of No	ormal F	acility	y Hou	rs - Des	cribe	City, State, Zip Co						
Time of Abatement:	AM	PM		_PM		AM	Cinnaminson						
Scope of Work (Check all	that apply)								1020 1000				
≥3 sf or ≥3 lf			⊠ Re	novat	ion		☐ Full Cont	tainment with Neg	gative Pressure				
☐ ≥160 sf or ≥260 lf] De				☐ Glovebag	g Procedure					
							⊠ Non-Exe	mpted (*) and No	n-Friable Proced	ure			
Lagation	£			Loca Norma						Ab	atem	ent T	уре
Location o Asbestos-Containing M		1)			ely by	Ashe	Description o stos Containing Ma	£	Amount	Re	Re	En	En
TO BE ABAT	ED	1			ance/		., thermal systems	insulation,	(Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)			Cusi	(12)	Staff?		surfacing, VAT, other miscellane		SF or LF)	Va.	,	sula	sure
(13)			Yes	No	N/A		other miscellane	ous)				ate	
Units 108, 114, 208, 21	4, 308,					Popcor	n Ceiling (1 " st	rip per unit)	approx. 5 SF				
314, 408, 414, 508, 514					\boxtimes				ner unit				
SAME UNITS AS ABOV	VE				\boxtimes	Floor Ti	ile & Mastic (14	SF per unit)	140 SF				
											П	П	
Name of Registered Waste	Hauler		57 57	1	JDEP \		Cubic Yards of	Name of Regis	stered Landfill				
Carnevale Disposal				F	lauler II 17297		Waste 5	GROWS L					
City, State					11201		Disposal Date	City, State					
Hamilton, NJ							8/7/16		, PA 19067				
Completed By (Print or Type) Title							Signature		D	ate			
Kimberly A. Trumbet	ti	Off	ice C	coor	dinato	•	12 V			7-2	5-	16	

ASB-41 MAY 11

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

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

2016-106 B & G proj. #: Check # 7949 Date of Notification (1) Name of Building Owner/Operator (2) 10 17 1/12 15 1/11 16 1 Richard T. Allen Type Notification Agencies Notified Street Address T EPA JIII Initial DEP City, State, Zip Code Amendment Glen Ridge, NJ 07028 DOL AGDE Telephone Number ICENSING S JOHIL Name of Contact X DOH Cancellation Richard T. Allen ☐ DCA **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Richard T. Allen Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) Essex Glen Ridge, NJ 07028 residential Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 08/06/2016 08/05/2016 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) ★ Glovebag procedure Full Containment w/negative pressure Demolition X Renovation Non-friable procedure ★ Mini-enclosure ≥160 sf or ≥260 lf \times >3 sf or >3 If F Is location normally used solely E e Location of e n by maintenance/custodial Amount n Description of asbestos-containing asbestos-containing m C staff(12) (Specify SF or C material to be material (ACM) 0 a a abated in facility (13) Yes N/A D No X 12 If Y pipe insulation crawl space Name of Registered Landfill NJDEP Hauler ID# Cubic Yards of Waste Registered Waste Hauler Tullytown Resource & Recovery Center 19563 B & G Restoration, Inc. Disposal Date City, State City, State Tullytown, PA 08/08/2016 Lincoln Park, NJ Date Signature Completed by (Print or Type) Gordana Luna 07/25/2016 Secretary/Treasurer Gordana Luna

State of NJ Notification of Asbestos Abatement

B & G proj. #:	2016-113		(Pursua	ant to	NJAC 8: NON S		and 12:120-7)		Check # 7	7948			_	20
Date of Notification	(1)	I I Nama s	of Building Ov	wner/C	nerator (2)						72			
10 17 1/12 15			of Hoboke		perator (2)				ME	C E		W	E	
Agencies Notified	Type Notificatio			-					11-77	9 5		11/		#
☐ EPA	X Initial	First	t Street & \		ington Av	enue	:			ш 2	0	2016		
DEP		(3)	ate, Zip Code		_	3.74.771 182			-	- 200	0	2010	ĺ	_
X DOL	Amendm	1100	oken, NJ	0703	0			-	I Talanta Aleksa	LUKAS (201	TDO	1	
X DOH	П . о !! - !		f Contact						Telephone	LICEN	SIN	HHO G	L &	
☐ DCA	☐ Cancellat	Doi	minic Sciar	retta	/ Claremo	nt Co	onstruction Group	, Inc.			_			_
			F <i>F</i>	ACILIT	Y INFORMA	MOITA		1-	- 5 F 111b - (4)					
Name of facility wh	ere abatement is	taking place (3)					Lype	e of Facility (4) School (K - 12)				
Hoboken Libra	ary								Subchapt	ter 8 (Othe	er tha	an K-	12)	
Street Address									X Other (Pr	ivate/Com				
500 Park Ave	nue							Car	Bldgs./Ho	of Floors	_	Bld	g. Ag	
		County (6)				Cou	nty Code (7)	Joyc	Jaie reel #	01110013	1		33	
City (5)		County (o)			- 1		te use only)	Cu	rrent Use (Prior	r if being o	lemo	olishe	d)	
Hoboken, NJ	07030	Hudson						-	rary					
Name of Monitorin	g Firm Hired by E	Bldg. Owner (8)		A	SCM No.		Name of Abatement	Contra	actor (9)					
							B & G Restora	tion, I	nc.					
Street Address							Street Address 105 Ryerson	2024						
								_		-				
City, State, Zip Coo	е						City, State, Zip Code Lincoln Park,		7035					
			Phone Nu	ımhor		_	Telephone Number			icense N	umb	er		
Project Manager fo	r Monitoring Firm		Phone Nu	minei			(973)696-686			003	78			_
Scheduled Start Da	ate (10)	Sched. Cor	npletion Date	(11)			Name of OSHA Mon B & G Restora		Inc					
08/04/2016		08/05/20	016				Street Address							
Occupancy Status	During Abatemen	t (Check only o	ne)		4		105 Ryerson F	Road						
Facility close	d/vacated during	entire period of	abatement.				City, State, Zip Code							
Abatement p	erformed outside	of normal facilit	y hours-				l l . D l . N	1107	225					
Other-Descri	be:					-	LincolnPark, N	13 070	J35 		_			
Scope of Work (ch	neck all that apply	')							_					
Demolition	X	Renovation					Full Containment w/ne	egative	pressure X	Gloveba	_			
\times >3 sf or >3 lf		≥160 sf or ≥260	If			X	Mini-enclosure			Non-fria		-		_
Location of		Is location nor by maintenant	mally used so	olely					Amount		R e	R	E n	E
asbestos-co	•	staff(12)	e/custoular		Description material (asbestos-containing		(Specify SF	or	m o	p a	c a	n
abated in fac	332	Yes	No N/	A	material	/ (Olvi)			LF)		V	i	p	L
	L		X		pipe insula	ation		-	8 If		e X			
sement elevato	i mech room			-	Pipe moun	au Oil								
				#										
						0								
				7						[
Registered Waste	Hauler	NJDEP H		Cub	oic Yards of	Waste	Name of Registere	d Land	ifili ource & Rec	overy C	ent	er		
B & G Restora	ition, Inc.	1956	Dispos	al Dat	1/2 te		City, State	11163	ouroc a ricc	overy C	JIII		-	-

City, State Lincoln Park, NJ Completed by (Print or Type)

Gordana Luna

Title Secretary/Treasurer Signature Gordana Luna

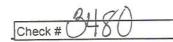
08/08/16

Tullytown, PA

07/25/2016

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г	10		1	77

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



- (1) (5 (1)		- I N	ama of	Building O	wnerlO	nerator	(2)	Г							\neg
Date of Notification (1)						53		nol Sobol	\Box		7 1	= [M	7 [
07/21/2016			treet Ad		JIISHIC	WIIK	egio	nal School	1		2 1	3 L	U	1	7
Agencies Notified Type Notification		100	4 Mair						7						
EPA Initial			5 T.E. S. V. V. S. S. S.	e, Zip Cod	Α		-		111	Jl	11 7	28	201	6	+
EPA Initial Amended Amendment #		1000		pan, NJ		6		1.	4 1	. 00	,	- 0	201	0	14
Emergency (Ir			OCCUPATION OF THE PARTY OF THE	Contact	0112		_		Te	ephone	Numb	er			
DOH justification) Cancellation		100		ietrucha	a			1		. ~				OL 8	2
DOA Cariconation				ITY INFO		ON					LIVL	1 v 311	VG_		
Name of Facility Where Abatement is Taking	Place (3)						Тур	e of Facility (4)	61					
Taylor Mills School								School (K-1	2)						
Street Address								Subchapter Other (i.e. p	8 (Oth	ner than h	<-12)	huildi	nac l	omes	
77 Gordons Crossing Rd								etc.)			ercial				3,
City (5) Manalapan, NJ							Squ	are Feet	# 0	of Floors		Blo	dg. Ag	je	
County (6)				Code (7)			Cur	rent Use (Pri	or if be	ing demo	olishe	d)			
Monmouth County		(STATE	ISE ONLY)		_									
Name of Monitoring Firm Hired by Building C	wner (8)		ASCN	No.		Name	of Al	atement Cor	tracto	r (9)					
AHERA			and-toos cas			Nick	Res	toration LI	_C						
Street Address						Street	Addr	ess							
P.O BOX 385						72 Br	ook	side Rd							
City, State, Zip Code						City, S	State,	Zip Code							
Oceanville, NJ 08231						Rand	lolph	NJ 078	69						
Project Manager for Monitoring Firm	ject Manager for Monitoring Firm					Telepi	hone	No.		Licens					
John Smoyer						973-9	933-	2550		0113	3				
	Schedule	d Com	pletion l	Date (11)		Name	of O	SHA Monitor							
08/03/2016	08/05/2	016				J&S I	Envi	ronmenta							
Occupancy Status During Abatement (Check	Only On	e)				Street									
Facility Closed/Vacated During Entire P	eriod of A	batem	ent			2333	200000				-				
Abatement Performed Outside of Norm	al Facility	Hours						Zip Code							
Other – Describe:						Unior	n, N	J 07083							
Scope of Work (Check All That Apply)							-								
≥3 sf or ≥3 lf		tenova				F		ull Containm		th Negati	ve Pr	essur	е		
≥160 sf or ≥260 lf		emoliti	on				1	Aini-Enclosur Slovebag Pro		9					
								Non-Exempte	d (*) a	nd Non-F	riable				_
	Is	Locati	on										Abate Ty	ment	
Location of	35536	Normall	2000		De	scription	n of				1		1 9	T	-
Asbestos-Containing Material (ACM)		d Sole intenar			tos Con	taining I	Mater	ial (ACM)	100	Amount		71		四	ш
TO BE ABATED In Facility		todial S		(i.e.		I system				(Specify SF or LF)	. 1	Remova	Repair	cap	nclo
(13)		(12)				miscella						oval	air	Encapsulate	Enclosure
96 - 220	Yes	No	N/A									0.007		6	(1)
3 locations	×		Wrap 8	k Cut				14 F	ittings		×				
				·											
	+														
	-			_											
N		Ты	JDEP V	Vocto	Cubic	Yards		Name of	Regis	tered La	ndfill				-
Name of Registered Waste Hauler	77.5	auler ID		of Wa				•	u La	. ratuli				=	
Nick Restoration LLC	Nick Restoration LLC							G.R.O.	2000						
City, State Randolph, NJ 07869				Dispo	sal Date	е	City, Sta		PA						
Completed by	Title					Signatur	re	1.			Dat	e			
Elvira Mrda	Presi	dent				4	(1)	10 lli	ac,	,	07/	21/2	016		

State of New Jersey

Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) ck#2598" 07/25/16 Bound Brook Board of Education Agencies Notified Notification Type Street Address 2016 28 JUL 111 W Union Ave X EPA ☑ Initial Notification City, State, Zip Code □ DCA ☐ Amended # Bound Brook, NJ 08805 Telephone Number POL & X DOL ☐ Emergency notification (including Name of Contact O DEP justification) Ernie Turner **MODIXI** ☐ Cancelled FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Lamonte School ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings., homes, etc.) 337 W 2nd Street Sq. Feet: 100,000 # of Floors: 3 Bldg. Age: 1960's Current Use (prior if being demolished): High School City (5) County (6) County Code (7) Bound Brook Union (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) RK Occupational & Environmental Panoramic Window & Door Systems Inc. Street Address Street Address 401 Saint James Ave. 712 Sergeantsville Road City, State, Zip Code City State, Zip Code Phillipsburg, NJ 08865 Stockton, NJ 08559 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Jon Gilbert 908-454-6316 P (732)926-0900 01237 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08/04/16 IAQ GURU LLC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 87 Main Street City, State, Zip Code ⊠Other - Describe: Tue & Wed 3:00- 11:00 PM Lincoln Park, NJ 07035 Source of Work (Check all that apply) \geq 3 sf or \geq 3 lf □ Renovation ☐ Mini-Enclosure ≥ 160 sf or ≥ 260 if ■ Demolition Location of Asbestos-Is Location Normally Description of Asbestos Containing Material Amount Abatement Type Containing Material (ACM) in Used Solely by (ACM) (i.e. thermal systems insulation, (Specify SF or Facility (13) Maint./Custodial Staff? surfacing, VAT, or other misc.) LF) Remove Repair Encap (12)Enclose YES NO NA Basement Cafeteria & X Window Glaze and Caulk 240 LF X Kitchen X Basement Faculty Room IXI Window Glaze and Caulk 100 LF X X Southwest Stairwell X Window Glaze & Caulk & 1 Transom Door 80LF X X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste Name of Registered Landfill 0036057 Chrin Landfill Panoramic Window & Dr Sys Inc Disposal Date City, State Easton, PA Completed by (Print or Type) Signature Date

7-25-16

Mark M Jovic

Project Manager

State of New Jersey

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

Date of Notification (1)	1	Name of I	Building Ov	vner/Oper	ator (2)								
July 25, 2016					13		Managem	ent		D		Me	B
[] DEP [] Amer [x] DOL Amer	tion Notificatio I Notificatio Inded Notific Indment # Igency (inclu	cation		Street Add	dress e, Zip Code		artin Lut	08701	JUR	905 DEAVIOR (\$	2 80		
[] DCA justifi	ication) ellation			Name of	Contact Bruce F	Robinson	n		Telephone Number	OPE	S)QQP	OBOL G	. &
			FACII	ITY D	VFORM.	TION			<u> </u>				and the same of th
Name of Facility Where Abatement is Taking Apartment Buildin			11101				Type of I	Facility (4)	School (k-12)			543	
Street Address 114A Martin Luth	er King I	Orive						[x]	Subchapter 8 (oth Other (i.e., private homes, etc.)			l buildi	ngs,
City	County (6)		County Co STATE U	ode (7) JSE ONLY)		00 sf	# of Floors 2	Bldg	. Age 50)	
Lakewood	Ocean							Apart	if being demolished) ment Building				
Name of Monitoring Firm Hired by Building Guardian Contrac			A	ASCM No).		Abatement		or (9) lian Contracting,	Inc.			
Street Address 1889 Rte. 9, Unit	61					Street A			Route 9, Unit 61				
City, State, Zip Code Toms River, NJ 0	8755				1	City, Sta	te, Zip Cod		River, New Jerse	ey 087	755-12	71	
Project Manager for Monitoring Firm Nicholas Fernicola				732-34	ne Number 19-9932		License N 00624						
Scheduled Start Date (10) 7/25/16	Scheduled Start Date (10) Scheduled Cor						OSHA Mo		S.L. Analytical				
Occupancy Status During Abatement (Check [X] Facility Closed/Vacate [] Abatement Performed [] Other – Describe				Street A City, Sta	ddress ite, Zip Cod	le	Stelton Road taway, New Jerse	y 088	54				
Scope of Work (Check all that apply)						[x]	1	Containme -Enclosure	ent with Negative Pres	sure			
$\begin{bmatrix} & & & \\ & & & \\ & & & \end{bmatrix} $ >3 sf or \geq 3 lf $\begin{bmatrix} & & & \\ & & & \\ & & & \end{bmatrix} $ \geq 160 sf or \geq 260 lf		L 1	Renovati Demoliti]	3	ebag Proce Exempted	edure l (*) and Non-Friable l	Procedi	ıre		
	T									Abat	ement	Гуре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	ed stodial		Asb N (i.e. insu	faterial (, , thermal lation, so VAT,	ntaining ACM) systems urfacing,		Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E		
throughout	throughout X							7.77	800 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc. NJDEP Waste Haule 20223					Cubic Ya	rds of Wa		me of Reg Γ.R.R.F.	istered Landfill				
City, State Disp						City, S		3 ov -1	nio				
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola	7/27/1	Signat	ure	Tully	town, Pe	HIISYIVA	//	7/2	e 5/201	6			



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

5586 Name of Building Owner/Operator (2) Date of Notification (1) kathryn Gras & George Piech Private Home 7/25/16 Type Notification Street Address Agencies Notified EPA Initial City, State, Zip Code 8 2016 Amended DEP Amendment # Medford NJ 08055 × DOL Emergency (including Telephone Number Name of Contact justification) DOH ONTROL & Kathryn Cancellation DCA LICENSING **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) kathryn Gras & George Piech Private Home School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, × # of Floors Square Feet Bldg. Age City (5) 1000+ 2 35 +Medford NJ 08055 Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) House Burlington Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Pernaco Inc. N/A Street Address Street Address PO Box 329 City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 Telephone No. License No. Telephone No. Project Manager for Monitoring Firm 00727 856-753-9800 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Same 7/26/16 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure × Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ (i.e. thermal systems insulation, Enclosure (Specify Remova TO BE ABATED Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)Yes No N/A 1500 SF X **Exterior Siding** X Exterior Siding Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler of Waste Hauler ID No. G.R.O.W.S United Roll Off 22459 4 City, State Disposal Date City, State Morrisville PA 19067 7/27/16 Elm NJ Date Signature Completed by Title 7/25/16 President Anthony T Perna

Check#2557

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

Check#2557			(Pur	suan	t to NJA	C 8:60	and 5:1	16)								
Date of Notification (1)				Name of Building Owner/Operator (2)													
07/25/16								,	,-,	F) R	R	e n	7.77	r		
Agencies Notified Type Notification					Colleen Kirk Street Address						JE	<u> </u>		W_	民	H	
☐ EPA ☐ Initial										113	3(1					11 11	
☑ DOLWD ☐ Amended					City, S	state, Zip C	ode			- 1	-111-	JUL	20	2016		11/	
DHSS Amendment #										14	П	UUL	2 0	2010	1		
DCA Emergency (including justification)					Millburn, NJ 07041 Name of Contact						Telephi	one Nur	nher		-		
Cancellation						ary Tuoh					Telephone Number ROL &						
				LIU	LI YUII	14											
Name of Facility Where Abatement is Taking Place (3)									1	Type of Eacility	'A)		-				
									1	Type of Facility (4)							
Private house Street Address									-1	School (K-12) Subchapter 8 (Other than K-1 2)							
Street Address										Other (i.e., private and commercial buildings,							
City (5)									-	homes, etc.)							
Millburn, NJ 07041									18	Square Feet # of Floors Bldg. Age							
County (6)					Count	v Code (7)	STATE	USE ONLY)		Current Use (Prior if being demolished)							
Essex						,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(0.,,,,	002 01121)	out one (i flor it being defilolished)								
Name of Monitoring Firm Hired by Building Owner (8)					ASCM	No.	Name	of Abaten	ement Contractor (9)								
							Gr Tech LLC				V-7						
Street Address								Street Address									
					576 Valley R					#283							
City, State, Zip Code					City, State, Zip Co					Name of the Control o							
					Wayne, NJ 0747)							
Project Manager for Monitoring Firm Tel					hone	No.	Telephone No.				License No.						
							973-638-1777				01127						
Start Date (10) Scheduled Comple							Name of OSHA Monitor										
					_ / _	16	Envir	Envirovision Consultants,Inc									
Occupancy Status During Abatement (Check only one)					Street Address												
Facility Closed/Vacated During Entire Period of Abat							20-21 Wagaraw Road, Bldg .# 35E										
Abatement Performed Outside of Normal Facility Horitime of Abatement:AMPM/PM/PM/PM/PM/PM/PM/PM/PM/PM/PM/PM/				ours PM	s - Des	cribe AM	City, State, Zip Code										
					Fair Lawn, NJ					07410							
Scope of Work (Check al	I that apply)					3	F			and decontamin			ve pres	sure			
≥ >3 sf or >3 If				vatio	ion \square M				containment with Negative Pressure Enclosure								
≥ 160 sf or ≥260 lf Demolit							\triangleright	Gloveb	ag	g Procedure Tent with Negative Pressure impted (*) and Non-Friable Procedure							
			le L	ocati	00] NOII-EX	Kell	ipted () and No	n-rnable	Proced		1	t T.		
Location of				rmal			Description						batem				
Asbestos-Containing Material (ACM)			sed : Maint		ly by		estos Containing Ma			erial (ACM)	Amount		Remova	Repair	Encapsulate	Enclosure	
TO BE ABATED IN Facility					Staff?	(i.€	e., thermal systems insulation, surfacing, VAT, or				(Specify SIF or LF)			a:	psu	nso	
(13)			(12)		1	other miscellaneous)			15000	0.1	or Er /	<u>a</u>		late	6	
		Ye	s	No	N/A										U.		
Basement					\boxtimes	Pipe ins	ulation	i			110 LF						
		П	T	7									Г	1 🖂	П	П	
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Nome of Designated March Hards]						F		15.1		1	Ц	Ш	
Name of Registered Waste Hauler					EP Wast	e Hauler ID No	. Cubic	Cubic Yards of Waste Name of Registered Landfill									
Gr Tech LLC				0	03378	35	3000	TBD T.R.R.F. Inc									
City, State							Dispo	Disposal Date City, State									
Wayne, NJ 07470							T	TBD Tullytown, PA									
Completed By (Print or Type) Title								Signature /			Date						
N.Jevtic	Jevtic Owner)	Hewic Wenad 07/25/16								

State of NJ Notification of Asbestos Abatement

D'&S Proj. #: 16-223 (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) JUL 28 2016 10 |7 |/|2 |2 |/|1 |6 | NALIN LOOMBA Agencies Notified Type Notification Street Address \boxtimes Initial EPA ASBESTOS CONTROL & Amended DEP City, State, Zip Code Amendment #: DOL Emergency tenafly, nj 07076 (including DOH Name of Contact Telephone Number justification) DCA NALIN LOOMBA Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) NALIN LOOMBA Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) BERGEN Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Project Manager for Monitoring Firm Telephone Number Phone Number 01169 973-345-8020 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. 08/08/16 Street Address 08/26/16 Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure > 3 sf or > 3 lfMini-enclosure □ Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Ε Location of E e by maintenance/custodial n asbestos-containing Amount Description of asbestos-containing n m staff(12) р C material (acm) to be (Specify SF or material (ACM) C 0 a a abated in facility (13) Yes No N/A p e PIPE INSULATION 380 L FT X BASEMENT Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 5 YDS TULLYTOWN, RESOURCE RECOVERY Disposal Date City, State City, State PATERSON, NJ 07503 08/09/16 TULLYTOWN, PA Signature Completed by (Print or Type) Date Title BOGDAN JOLDZIC 07/22/2016 PRESIDENT

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ASB-41

State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: 16-221 Name of Building Owner/Operator (2) Date of Notification (1) 10 |7 |/|2 |1 |/|1 |6 | andy moody 2 8 2016 Agencies Notified Type Notification Street Address 🔀 Initial **EPA** Amended DEP City, State, Zip Code Amendment #: **ICENSING** DOL Emergency MADISON, NJ 07940 (including DOH Name of Contact Telephone Number justification) ☐ DCA andy moody Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) andy moody Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. # of Floors Bldg. Age Square Feet City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) MADISON Morris Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. D & S RESTORATION, INC Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 01169 973-345-8020 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 08/03/16 08/15/16 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure \times >3 sf or >3 If Mini-enclosure \boxtimes Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely E Location of E a by maintenance/custodial asbestos-containing Amount Description of asbestos-containing n m staff(12) p C material (acm) to be (Specify SF or material (ACM) 0 a a abated in facility (13) Yes No N/A V e PIPE INSULATION BASEMENT 52 1 ft X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 TULLYTOWN, RESOURCE RECOVERY 1 yd. Disposal Date City, State City, State PATERSON, NJ 07503 08/04/16 TULLYTOWN, PA Completed by (Print or Type) Signature Date BOGDAN JOLDZIC PRESIDENT 07/21/16 Do not use this form for asbestos licensure exempted activities.

ASB-41

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC, 8:60 and 12:120) D&S Proj. #: 16-222 Name of Building Owner/Operator (2) Date of Notification (1) JUL 2 8 2016 0 |7 |/|2 |2 |/|1 |6 | ROSEMARIE OLIVIERI-GUILLOTY Agencies Notified Type Notification OS CONTROL 8 Street Address ✓ Initial **EPA** ASBESHOS OGNTROL & Amended DEP City, State, Zip Code Amendment #: X DOL ☐ Emergency rutherford, nj 07070 (including DOH Telephone Number Name of Contact justification) DCA ROSEMARIE OLIVIERI-GUILLOTY Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) ROSEMARIE OLIVIERI-GUILLOTY Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) BERGEN rutherford 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 Telephone Number License Number Project Manager for Monitoring Firm Phone Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. Street Address 08/16/16 08/30/16 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) \boxtimes >3 sf or >3 lf Mini-enclosure Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure E Is location normally used solely Location of E е by maintenance/custodial Amount asbestos-containing Description of asbestos-containing m p staff(12) C (Specify SF or material (acm) to be C material (ACM) 0 a a abated in facility (13) Yes No N/A ٧ PIPE INSULATION 54 L FT X BASEMENT Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# D & S RESTORATION, INC. 13506 TULLYTOWN, RESOURCE RECOVERY 1 yd. Disposal Date City, State City, State 08/17/16 TULLYTOWN, PA PATERSON, NJ 07503 Signature Date Completed by (Print or Type) **BOGDAN JOLDZIC** PRESIDENT 07/22/2016 Do not use this form for asbestos licensure exempted activities. ASB-41