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

Check No.

No Fee - PA Project

			(Fu				0.00 and 12-1	(0)	750-11	570.				
Date of Notification (1)							g Owner/Operator							1
May 14, 2014				_			NJ, Newark Li	iberty interna	tional Airpor				_	
Agency Notified	Type Not	ification			Street A Build	Address ing 12	5		JUN -2 AM					
EPA Homography State Reg. 19204	☐ Initial ☑ Amen	ded			City, Sta	ate, Zip (Code	0.00	ESTUS CON	V	100			
DOL DOL		dment # 1			Newa	rk, NJ	07114	ð	LICENSIN	THEL				
E DOLL		ency (including		-		of Contac			Telephone Num	ber				
☑ DOH □ DCA	☐ Cance	cation) ellation			Ralph	Camp	oione							
					•		ORMATION		L			_		
Name of Facility Where	Abatement	is Taking Place	(3)		FACIL		ORMATION	Type of Facility	(4)					
Newark Liberty In			80000					☐ School (K-12						
Street Address		· ·						☐ Subchapter 8	(Other than K-1 2	2)				
Terminal B								Other (i.e. pr homes, etc.)	ivate & commercia	al building	gs,			
City (5)					-			Square Feet	# of Floors	Bldg.	Age			
- Ang (S. 1900)								320,000	6	50 +	in out-one			
Newark				-	County	Code (7) (STATE USE		or if being demol				-	
County (6) Essex					ONLY)	0008 (1	/ (OTATE OOL	Terminal	II Doing doinor					
Name of Monitoring Fire	m Hired by	Building Owner	A	SCM	No.		Name of Abatem	nent Contractor (9	9)	-	-			
A of NY & NJ			- 1	N/A	- Control Paris			toration Co.,						
Street Address				4,7,4			Street Address						_	_
241 Erie Street, R	00m 236	- 0					223 Randoli	nh Avenue						
City, State, Zip Code	00111 230	<u> </u>					City, State, Zip (2				-
	7240						Clifton, NJ							
Jersey City, NJ 07 Project Manager for Mo		~	Tol	onho	ne No.		Telephone No.	77011	License No.				_	_
AND THE PROPERTY OF THE PROPER	nitoring Firi	18	1000000		24-689	10	973-478-468	4	00120					
Ralph Campione		Scheduled Con	-	-		0	Name of OSHA		00120				_	
Start Date (10)					87 186				Services, L.L.	C				
June 08, 2014 Occupancy Status Duris	na Abatama	September		2014	+		Street Address	VIIOIIIIeiitai	Jei vices, L.L.	<u>. </u>		_		-
Occupancy Status Duni	ng Abateme	ent (Oneck only	onej					Brook Avenue	a					
☐ Facility Closed/Vaca							City, State, Zip (_	_
Abatement Performe □ Other - Describe:	d Outside o	Normal Facility	Hou	rs				NJ 07071-199	18					
Scope of Work (Check a	all that appl	v)					Lynanaist,	110 07071 100	,,,					
	an that app.	• • • • • • • • • • • • • • • • • • • •			⊠ n	6!			Negative Pressu	re				
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B 2 100 SI 01 2 200 II			200000		and the same of th		□ Non	-Exempted (*) and	d Non-Friable Pro	cedure	,			
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Asbestos-Contain		(ACM)		i Sole ntena	ely by	Asbe	stos Containing M		Amount		_		щ	m
TO BE A	ABATED			ustod		(i.e	., thermal systems		(Specify		Ren	Re	cap	ncle
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City, State			8.07				(Fri) / (Non-Fri Disposal Date	(Friable City, State) (NO	I Habit	-1	W-2 10		-
250 Rutherford B	oulovara	Cliffon N	חלת	114	1312		06/05/14 - 09/15/14	957774	e, PA / Penn A	ravl. F	PΑ			
Completed by	Julevall	Title	010		.012		0: 1	1	/ ////	Date			-	
G. Roger Woodm	an	Project Ma	nage	er				W		5/29/	201	4		

NO CK.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

					(P	ursua	nt to NJA	4C 8	:60 and 5:1	 (a) (b) (c) (c) (c) 	EWE	7				
Date of Notification (1)						Nam	e of Buildin	g Ow	ner/Operator ((2)	1 1 1 h	. 4.3	10011-000			
	4	/ _	14			Ne	w Jersey	Dep	partment of	Transportation	O 8M	c. c .				
Agencies Notified	Type No	tifica	ation			Stre	et Address			FILE JUR -	C Ari	b: e1				
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⊠ DOH			ent #4			4 - 5	enton, NJ			à LIL	EHSIN	6				
DCA (NJAC 5:23-8)	☐ Eme			luding	1		e of Contac	Service Committee			Tolopho	ne Numbe				
(113/10/3.23-0)	☐ Cano					0.000	drew Yor				relepho	ie iaminis				
+×						FA	CILITY IN	NFO	RMATION			-				
Name of Facility Where Ab	atemen	t is T	aking	Place	(3)	300/00				Type of Facility	(4)					
Parcel M-56 - Forme	r Dynai	mic	Truci	king						School (K-12	2)					
Street Address										Subchapter 8						
177 Pennsylvania Av	/enue									Other (i.e., property)		commerc	ial bu	ilding	IS,	
City (5)						17				Square Feet	# of Flo	ors	Bl	dg. A	ne .	
Kearney, NJ										38400	2	0.0	1	30+	90	
County (6)						Cou	inty Code (7	7)(STA	TE USE ONLY)	Current Use (Pri	or if being	demolish	1			-
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Name of Monitoring Firm H	lired by	Build	ling O	wner (8)	ASCA	1 No.	Na	me of Abatem	ent Contractor (9)						
Shaw Environmenta	l Inc					***************************************		E	Bristol Envir	onmental Inc						
Street Address								Str	eet Address							
128 S. Tryon Street -	Interst	tate	Towe	er				1	123 Beaver	Street						
City, State, Zip Code								City	y, State, Zip C	ode						
Charlotte, NC 28202								E	Bristol, PA 1	9007						
Project Manager for Monito	oring Firr	n			Tel	ephone	No.	Tel	ephone No.		License	No.				
Gary Wywra					7	32-93	9-3707	2	15-788-6040)	0050	9				
Start Date (10)		S					ate,(11)	Nai	me of OSHA N	Monitor	1			-		_
3 / 17 /	14		ON.	SITO	= 6	728-	5/30/14	S	haw Enviro	nmental Inc						
Occupancy Status During A	Abateme	ent (C	Check	only o	ne)	-	. ,	Stre	eet Address							
☑ Facility Closed/Vacated								1	28 South Tr	yon Street, Inte	erstate T	ower				
☐ Abatement Performed 0									, State, Zip Co							
Time of Abatement: 8:0	00AM-4:	00P	M/	P	M- <u></u>	AN	I.		harlotte, NO							
Scope of Work (Check all t	hat apply	y)	NO.	7				_	ANGER ANGE							
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Asbestos-Containing M TO BE ABAT		AÇM,)			ance/			Containing Ma rmal systems		Amo (Spe		Removal	Repair	Encapsulate	Enclosure
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Throughout									Mastic		4200	SF	×			
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Along Elevated Loadin	g Dock	(S				\boxtimes	Ext. Ex	pans	sion Joint M	aterial	254	LF	\boxtimes			
Name of Registered Waste	Hauler				10108		Waste	5375555	oic Yards of	Name of Regis	tered Land	Ifill				
Waste Management						Hauler SW1		Wa	ste	GROWS No	orth Land	dfill				
City, State								Dis	posal Date	City, State			= -30		19	
Camden, NJ										Morrisville	, PA					
Completed By (Print or Typ	e)		Title						Signature	200	1	Date	9 /		,	
Patrick T. DeCaro			Es	timat	or				Patrick	2. D. Co	w/jel	5	1/2	1/	14	/

NO CK.

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

Date of Notification (1)					Building C			(2)								
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Name of Facility Where	Abatement is Taking	Place (3)		1 ACIL	iri iki O	IVIIIA	TOR	Туре	of Facility (4)					0.27	-
Glenwood Baptist	Church							П	School (K-12)						
Street Address									Subchapter 8	(Othe				59		
1863 County 565									Other (i.e. pr etc.)	ivate 8	k comme	rciai bu	liair	ngs,	nome	.s,
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Glenwood, NJ								2,50		1			50)+-		
County (6)				County C					nt Use (Prior	r if bei	ng demol	ished)				
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Name of Monitoring Firm	n Hired by Building C	wner (8)		ASCM	No.		A CONTRACTOR OF THE PARTY OF TH		tement Cont							
N/A							4	a transmission of	Contracto	ors, L	LC					
Street Address							The contracts of	Addres								
City, State, Zip Code						M-10-77			ip Code							
City, State, Zip Code							- COMP		J 07461							
Project Manager for Mor	nitoring Firm		Тт	elephor	ne No			one No			License	No.	1000			
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Start Date (10)	T	Scheduled	Com	pletion [Date (11)	_	Name	of OSH	HA Monitor	-			_	-		
06/09/14		06/13/14			,		Ame	riSci								
Occupancy Status Durin	ng Abatement (Check	(Only One)					Street	Addres	ss	101111111111111111111111111111111111111						
☐ Facility Closed/Vac	ated During Entire P	eriod of Aba	ateme	ent			117	East :	30th Stree	et						
	ned Outs <mark>ide of Norm</mark>	al Facility H	ours						ip Code							
Other – Describe:					5-17-		New	/ York	, NY 1001	6					07750	
Scope of Work (Check A	All That Apply)	in the						-								
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≥160 sf or ≥260 lf		☐ Der	nolitio	on					ni-Enclosure ovebag Proc	edure						
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Marko Stankovic		Presid	ent				llon	10	Stan	in		05/2	//1	4		

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	Cancellati	ion		M	lelida Den			Tetephone t		7		
Name of Facility Where Abate	ment in T	aldo- i			FACILIT	Y INFORMATION	7,	—- <u>-</u> -	<u></u>			
Private home		avinā s	riace (2	3)			Type of Fac	ility (a)				
Street Address							School /	K-17)			8	,
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City (5)							Diner (i.	iter 8 (Other than K. e., private and com etc.)	mercia	J Eulk	dino	8
Fair Lawn, NJ 07410			1100000	8			Square Fee	9(C.)	×			
County (6)	,						Adnute L66	# of Floors		Bldg	. Age	
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Name of Monitoring Firm Hired	by Hulldi	ng Owl	ner (S)	AS	CM No.	Name of all-the	1		25	-	P	
Street Address						Name of Abateme	ont Contractor	(8)	(2) -	ted.		- 7
an oet Wildless						Gr Tech LLC			3)=	7.1	ò	+
City Division in the						Street Address			- r d-		(1)	
City, State, Zip Code						576 Valley Rd#	283					
						City, State, Zip Co						
Project Manager for Manitoring	Firm			-11		Wayne, NJ 0747	0					
18	3.30			elepho	he No.	Telephone No.		License No.			Tree Library	
Start Date (10)	T trai					973-638-1777		I.				
05 / 29 / 14	30	neoule:	a Comp	etion	Date (11)	Name of OSHA Mo	onltor	01127				
Occupancy Status Dudle-		- 03		30_	/ _14	1						
Occupancy Status During Abate	nent (Ch	eck on	ty one)			Envirovision Con Street Address	Suitants, Inc					
Abatement Performed Outsid	ig Entire	Pariod	of Aba	tameni		1 No. 200 (1997)				-		
Time of Abatement: A	e ci Notu	tal Fac	ility Ho	urs - D	edinoce	20-21 Wagaraw R City, State, Zip Cod	load, Bldg	# 34A				
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cope of Work (Check all that ap	ply)				-	Fair Lawn, NJ 070	110					1
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≥ 160 sf or ≥260 lf			Sychel			Mini-Fricing	inment with N	egative Pressure	- P100	Muic		
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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8: 60-7 and 12: 120-7) Date of Notification (1) Name of Building Owner/Operator (2) 0 5 2 9 / 1 4 RAMAPO COLLEGE OF NEW JERSEY 2014 JUN -2 AM 6:49 Agencies Notified Street Address 505 RAMAPO VALLEY ROAD EPA ADDESTUS CONTROL & LICENSING [X] Initial Notification City, State, Zip Code [X] DOL Amended Notification MAHWAH, NJ 07430 Amendment [X] DOH Cancellation Name of Contact Telephone Number [] DCA Emergency GINA MAYER-COSTA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) FACILITES BOILER ROOM School (K-12) [] Street Address [] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commercial 505 RAMAPO VALLEY ROAD buildings, homes, etc.) City (5) County (6) County Code (7) Square Feet # of Floors Bldg. Age (STATE USE ONLY) Current Use (Prior if being demolished) MAHWAH BERGEN Name of Monitoring Firm Hired by Building Owner (8) ASCM Name of Abatement Contractor (9) USA ENVIRONMENTAL MANAGEMENT INC. 00112 J.R. CONTRACTING & ENVIRONMENTAL CONSULTING, INC. Street Address Street Address 344 WEST STATE STREET 1141 ROUTE 23 City, State, Zip TRENTON, NJ 08618 WAYNE, NJ 07470 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number WILLIAM WEISGARBER 609-656-8101 973 628-9500 00408 Scheduled State Date (10) Scheduled Completion Date (11) Name of OSHA Monitor | 3 | 0 | 0 5 0 5 3 1 1 1 ENVIRO VISION CONSULTANTS INC. 1 Month Day Year Month Day / Year Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period 20-21 WAGARAW ROAD, BLDG. #34A of Abatement Abatement Performed Outside of Normal Facility [X] Hours - Describe: 7:00 a.m. - 3:30 p.m. FAIR LAWN, NJ 07410 Other - Describe: Scope of Work (Check all that apply) Demolition Full Containment With Negative Pressure [X] Renovation Mini-Enclosure $[X] \ge 3 \text{ sf or } \ge 3 \text{ lf}$ Glovebag Procedure ≥ 160 sf or ≥ 260 lf [X] Non Exempted (*) and Non-Friable Procedure (Wrap & Cut) Abatement Type ENCA ENCL Location Normally Description of Asbestos-Containing R E M Location of Amount R E Asbestos - Containing Used Material (ACM) (Specify Material (ACM) TO BE ABATED in Facility (13) Solely by (i.e., thermal systems SF or LF) 0 P P S U L 0 Maintenance / insulation, surfacing, VAT, or other miscellaneous) Ā S Custodial Staff (12) A R Yes No N/A BOILER #3 - DOORS X THERMAL INSULATION 20 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill Hauler ID No. J.R. Contracting & Environmental Consulting, Inc. 17819 G.R.O.W.S City, State City, State Disposal Date Wayne NJ 07470 Morrisville PA Completed by (Print or Type) Title Signature Date Jerry Bijelonic Project Manager 05/29/14

ASB-41

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	Joseph Versium	Operation	NS .			y V	oraling		3/	29	117	

State of New Jersey APPROVED! TOM VOORHEES, NJPOH

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

	(Pui	rsua	nt t	0 <u>N</u>	I.J.A.(<u>C.</u> 8:60 and	12:1	20) P=05	OR T	#20	62	6		
Date of Notification (1) 5/28/14		1000000				Owner / Operato	of Edj	ucation	1 Lef June	(_)				
☐ DOH ☐ Eme		Si P Ci M	treet atric ity, S latav ame	Add k To tate wan of C	rocc	dministration code 1747	ال Blda،	14 11 1h	AE 56	Tel	epho		umbe	er
				CILI	TY INF	ORMATION								4 2
Name of Facility Where Abaten McDivitt ES Street Address 1 Manny Martin Way City (5)	County (6)		nty C	ode	(7)	Subchap Other (i.e Square Feet 50000	K-12) oter 8 (e. priva	NON SUB-CH Other than K- ate & commen # of Floors	12) cial bui	ldings,	hom g. Ag			
Old Bridge	Middlesex					School	(Prior	if being demol	ished)					
Name of Monitoring Firm Hired Environmental Connection Street Address 120 North Warren Street City, State & Zip Code Trenton, NJ 08010		er (8)		AS	CM No.	ACCUSED AND ACCUSE	ironn ss er Stre Zip Co	eet ode	9)					
Project Manager for Monitoring		Геlерһ				Telephone No	umber			se Nun	nber			
Ryan Broadwater Scheduled Start Date (10) 5/29/14	Scheduled Comp	509-3 pletion 5/29/	n Dat			Name of OSH Bristol Env	НА Мо		00509	9				
Occupancy Status During Abate Facility Closed/Vacated Abatement Performed (Describe: 4 PM to 1 Facility Occupied During Scope of Work (Check all that a	During Entire Pe Outside of Normal 2:30 AM g Abatement	riod of Hour	f Aba	7am ovati	to 3pm	Street Address 1123 Beave City, State & Bristol, PA	r Stre Zip Co	ode	re		ative	Pres	ssure	
								Non-Exempte						
Location of Asbestos-Containi Material (ACM) TO BE ABATED in Facility (13)		Norma Sol Mainte Custoc	lely benan	Jsed by ce or		Description Asbestos-Con Material (Additional strength of the control of the cont	taining CM) ystem cing, V	s AT	Amour (Specif SF or L	fy	Removal	Repair	ent Encapsulate	Enclsoure
Receiving Storage Room			\boxtimes			Pipe Insula	ition		8 LF		X			
Name of Registered Waste Had	ıler		Ha		Waste ID No.	Cubic Yards of Waste 1/2 Cu Yd		e of Registere		fill				
Service Transport Inc. City, State			20	JJU		Disposal Date		State						
New Castle, DE						5/30/14		nesburg, O	hio	T-				
Completed By (Print or Type) Gino Pizzigoni				e ojec inad		Signature Line 1	O-	Marry 1	1 x	110	Date 5/28	/14		

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

Ck# 2625 RECTIVED

											Marie Marie	100			
Date of Notification	(1) 5/14/14				e of E		Owner / Operator	r (2)	nes	I IIIN G	B.M.				
Agencies Notified	Type Notifica	tion	5	Stree	t Add	dress			2814	JUH-2	Aff	o•	2		
☐ EPA	[]						Street		£ 18 3	#ESTUS	i line	I PX S	51		
☐ DEP ☐ DOL	│ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │	ded R#1-5/27/	- F F F F F F F F F F F F F F F F F F F			e & Zip C ati, OH				& LICE			<i>.</i> .		
	100000	gency	-			Contact	43202			C LIGHT		-	ne Nu	ımbe	er
☐ DOH		ellation			Wen							• 1000000000000000000000000000000000000		P	
				FA	CIL	ITY INF	ORMATION							1000000	
Name of Facility W	here Abateme	ent is Taking Pla	ace (3				Type of Facili				- 0,223				
Macys Store							School (F			14.46					
Street Address									Other than		dinas	h		۱۵۱	
180 Route 35									# of Floor		Bldg			(6.)	
City (5)		County (6)	Co	untv	Code	e (7)	- Square reer		# 01 1 1001		Diag	. rigi	•		
Eatontown	a	Monmouth		uiitj	000	· (.)	Current Use (Prior	if being de	molished)					0.
Latontown		Monnoan					Retail	V S 1,0333	•					100	
Name of Monitoring		y Building Own	er (8)		AS	SCM No									
Pennoni Associa	ates, Inc.			_			Bristol Env		nental, In	C.					
Street Address 515 Grove St.							Street Addres		oot						
City, State & Zip Co	nde				-		City, State &								
Haddon Heights							Bristol, PA						10.72		
Project Manager fo	r Monitoring F		Telep			mber	Telephone No			License		ber			
Alan Lloyd						7760	(215)788-60 Name of OSH		nitor	00509				_	
	neduled Start Date (10) Scheduled Co					11)	Bristol Env			.					
Occupancy Status	During Abater						Street Addres	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
		During Entire Po				nent	1123 Beave								
Total Control	Performed Ou 10 PM to 7 AM	utside of Norma	al Ho	urs -			City, State &								
10004	cupied During						Bristol, PA	1900	-						
Scope of Work (Ch													-		
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≥160 sf ≥26	50 II		Ш	DE	emolit	uon		H		mpted and f		iable	Pro	cedu	re
L	ocation of		ls	Loca	ation		Description	n of		Amoun			teme		
	stos-Containin	g			Use	d	Asbestos-Con	tainin	g	(Specify					
	terial (ACM) BE ABATED			olely	by ince o	or	Material (A (i.e., thermal s			SF or LF	-)	76	70	Enc	5
	in Facility		Custo				insulation, surface					Removal	Repair	Encapsulate	Enclosure
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Service Transpo	ort Inc.					r ID No. 1990	of Waste 1/4 Cu Yd	Min	erva Lan	dfill					
City, State							Disposal Date		State						
	New Castle, Delaware						5/30/14		ynesburg	, OH					
	일 없었다. 그는 아이를 하게 하면 하는데 보고 있다.	.0		- 1	itle Proje		Signature		/	-,		ate	/	./.	,/
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

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13/	#1670
L	11000

Date of Notification (1) 5/14/14		Name	of Bui	lding O	wner / Operate	or (2)						-
Agencies Notified Type Notific	ation		ys Inc.									
EPA Type Notific	ation		Control of the Contro		Street							
☐ DEP ☐ Initia			State &			-						
DOL 9425 Amer	nded		innati,									
□ DOH3/0 0 □ Emer	gency	Name	of Cor	ntact	3202				Tolopha	no M	L	
DCA Cand	ellation		Venric						Telepho		ETP.	
		FA	CILITY	/ INFO	RMATION							_
Name of Facility Where Abateme	ent is Taking Place	e (3)			Type of Faci	lity (4)				-	_	-
Macys Store		77			School							
Street Address						Tarrie and Car	Other than K-	12)				
180 Route 35							ate & commer		as, hom	nes. e	tc.)	
					Square Feet		# of Floors	~	3ldg. Ag		,	_
City (5)	County (6)	County (Code (7	7)								
Eatontown	Monmouth				Current Use	(Prior i	being demol	ished)				
-					Retail			***				
Name of Monitoring Firm Hired b	y Building Owner	(8)	ASCI	M No.	Name of Aba	atement	Contractor (9	3)				
Pennoni Associates, Inc.					Bristol Env	/ironm	ental, Inc.					
Street Address					Street Addre							
515 Grove St.					1123 Beav		Control of the second s					
City, State & Zip Code					City, State &							
Haddon Heights, NJ 08035 Project Manager for Monitoring F	irm ITo	lonhono	Alexander		Bristol, PA							
Alan Lloyd		lephone 6-656-2		er	Telephone N (215)788-60			License N	lumber			
	Scheduled Comple		and street,		Name of OSI			00509				
5/27/14		28/14	le (11)		Bristol Env							
Occupancy Status During Abaten					Street Addre		entai inc.				-	
Facility Closed/Vacated D	uring Entire Perio	d of Aba	atemen	t	1123 Beave		et					
Abatement Performed Ou	tside of Normal F	lours -			City, State &							
Describe: 10 PM to 7 AN	1				Bristol, PA							
Facility Occupied During												
Scope of Work (Check all that ap	ply)					_			-03	20.00		
≥3 sf or ≥3 lf	F	l Don	ovation				Full Containm		legative	Press	sure	
≥3 sf or ≥3 lf ≥160 sf ≥260 lf	É	•	nolition	ki.			Mini-Enclosur					j
] Dell	iontion				Glove Bag Pro Non-Exempte		. Falabla	D		
Location of	T	s Locati	on		Description				Aba			
Asbestos-Containing	10000	rmally L			Asbestos-Con			(Specify	ADa	детте	nt i	/pe
Material (ACM)		Solely b			Material (A	CM)	l s	F or LF)			m	_
TO BE ABATED	Ma	intenan	ce or		(i.e., thermal s			67	Remova	교	Encapsulate	Enclosure
in Facility (13)	Cu	stodial S (12)	taπ?		sulation, surfact r other miscell				VOL	Repair	nso	OSL
(10)	Ye		N/A	U	outer miscen	aneous	,		<u> </u>		ate	6
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Throughout		N	n		Debris			5 SF		H	H	ㅐ
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Name of Registered Waste Haule	r	NJE	DEP W	aste C	ubic Yards	Name	of Registered	Landfill				
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Service Transport Inc.			20990		¼ Cu Yd		va Landfill					
City, State New Castle, Delaware				D	isposal Date 5/30/14	City, S	tate esburg, OH		22			
Completed By (Print or Type)		Title		-	gnature	vayi	osburg, On		Deta		-	
Gino Pizzigoni		18.00	ject	3		-	. / .	2	Date _/		/	/
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			STATE OF THE PARTY OF THE		- //	0 1	//					





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

CK 4121

Date of Notification (1) 5/29/14					Building O Conroy F				<u> </u>	•	•					
Agencies Notified	Type Notification	10-10-10-10	1	reet Ad 33 We	dress est Wildv	vood	Ave.					<u> </u>	21	3	ental.	
EPA DEP DOL	Initial Amended Amendment				e, Zip Cod od NJ 0)				g	S-C	MOC		N	
DOH DCA	justification) Cancellation		10000	ame of o	Contact					Tele	phơi	ne Num	ber !)	no in in its	
				FACIL	ITY INFO	RMA	TION				2	22 c-	75		E.W.	
Name of Facility Where Maria Conroy Priva		g Place (3)							of Facility (4 School (K-12	2)	G		6:		T	
Street Address 433 West Wildwoo	d Ave.		Nov. Low				46.00	X	Subchapter (Other (i.e. pr etc.)	ivate &	con	nmercia	l build	100000		s,
City (5) Wildwood NJ 0826	0							1000		1	Floo		3	dg. A	ge 	
County (6) Cape May	*				ode (7) SE ONLY)			Curre	nt Use (Prio e	r if beir	ng de	emolish	ed)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.		STATE CONTRACTOR	of Abar aco Ir	ement Conf	tractor	(9)					
Street Address							-	Addres	_							
City, State, Zip Code		700000				*****			p Code n NJ 0809	91						Siles =
Project Manager for Mo	Project Manager for Monitoring Firm							none No 753-9				ense No 727).			
Start Date (10) 5/30/14							Name		IA Monitor							
Occupancy Status Durin	ng Abatement (Che	ck Only One)					Street	Addres	is		_					
	cated During Entire med Outside of Nor			nt			City, S	State, Z	p Code							
Other – Describe:						_										
Scope of Work (Check	All That Apply)	-						7				_				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novatio molitio	2,000				Mir	l Containme ni-Enclosure ovebag Prod n-Exempted	edure	_				e	
		le L	ocatio	,						() =			T	Abate	ement	
Location Asbestos-Containin			rmally		Ashasi		Description		(ACM)	Δ	mou	ınt	-	Ту	ре	
TO BE AI	BATED :	Custoo	(12)	aff?		therm sur	nal systen facing, V r miscella	ns insula AT, or		(5	Speci or L	ify	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A												
Exterior	Siding			Х		Ex	terior S	iding		12	00	SF	x			
											4		-		_	
										4		-				
Name of Registered Wa	Name of Registered Waste Hauler					Cub	ic Yards		Name of	Registe	ered	Landfill				
United Containers			0.000	uler ID 459	No.	of V 3	Vaste		G.R.O.\							
City, State Elm NJ	Elm NJ						oosal Dat /14	е	City, State Morrisv		A 19	9067				
Completed by		Title					Signatu	re-				Da				
Anthony T Perna		Presid	ent				(1			` .	5.	29/1	4		

& Emergency &

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

Date of Notification (1)			Name of Bui	ilding Oue	n=10====:	, (1120			
5/28/14			Clive & Li	nda Thar	by Priva	r (2) ate Home		Se C			
Agencies Notified Type Notifi	cation	-+	Street Addre		~, i iive			50	JUN	98	1 10
EPA Initial			1044 c Lo		h Blvd			0	-2		į.
DEP Amen	ded	-	City, State, Z					mc.	- 1	04	-
[Property of the control of the con	dment #		North Bea	ch NJ 08	8008			25	3	:	40
DOH justific	ency (including ation)	ig	Name of Cor	ntact			Telopho	one Ni imb	or or		1
	llation		Clive				releptio) HEAVI IMP			
Name of Facility Where Abatement is	Taking Diago	(2)	FACILITY	INFORMA	TION	1			14		_
Clive & Linda Tharby Private	Home	(3)				Type of Facility	(4)			_	
Street Address						School (K-	12)				
1044 c Long Beach Blvd	_					Subchapte Other (i.e.	r 8 (Other the private & cor	an K-12)		92	
City (5)						etc.)	private & cor	nmerciai	uilding	s, ho	me
North Beach NJ 08008						Square Feet	# of Floo	ors	Bldg		
County (6)			County Code	(7)		1000+	1		35 +	•	
Ocean		1	County Code	ONLY)		Current Use (Pri	or if being de	emolished)		
Name of Monitoring Firm Hired by Bui	ding Owner (8		ASCM No.		I Nom						
N/A			100111110.		Pern	of Abatement Cor aco Inc.	ntractor (9)		11=3-80		
Street Address						Address				•	
						Sox 329					
City, State, Zip Code					A CONTRACTOR OF THE PARTY OF TH	tate, Zip Code	-				
S. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.					West	Berlin NJ 080	91				
Project Manager for Monitoring Firm		T	elephone No).		one No.		ense No.			_
Start Date (10)					753-9800	007					
5/29/14	Schedule	ed Comp	oletion Date (11)	Name	of OSHA Monitor					
21.005.0000000000	5/30/14				Same						
Occupancy Status During Abatement (Street /	Address		1			_
Facility Closed/Vacated During Er Abatement Performed Outside of	tire Period of	Abateme	ent								
Other – Describe:		Hours			City, St	ate, Zip Code					
Scope of Work (Check All That Apply)						W.					
] ≥3 sf or ≥3 lf	П.										
≥160 sf or ≥260 lf		Renovation Remolition			H	Full Containme	nt with Nega	tive Press	ure		
						Mini-Enclosure Glovebag Proc					
					X	Non-Exempted	(*) and Non-	-Friable Pr	ocedu	re	
Leasting	330	Location lormally	1						Abat	emen	nt
Location of Asbestos-Containing Material (ACM	Used	d Solely	by .	De	scription o	of		_	Ty	/pe	_
TO BE ABATED	l Maii	intenance odial Sta	e/ Ast	i.e. thermal	taining Ma	iterial (ACM)	Amount	9 8 9 9		Ш	
In Facility (13)	Cusio	(12)		surfa	cing, VAT	or I	(Specify SF or LF	em	Repair	lcap	
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Pottom of autoin	Yes	No	N/A					-		ite	
Bottom of exterior house			x	Tran	site Boa	ird	600 SF	x	1		H
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					-						L
		-									L
me of Registered Waste Hauler		NID	EP Waste	O. L.	Vand						
ited Containers			er ID No.	Oubic of Was		Co-constant recognises	egistered Lar	ndfill			
		2245		2	e entre de	G.R.O.W	.S.				
y, State n NJ						City, State				_	_
mpleted by				5/30/1	al Date 4		e PA 1906	37			
thony T Perna	Title			Si	gnature			Date			_
	Presid	ent			()	2		5/28/14	1		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT MO#21590143402 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 05 27 / 14 Daniel Orellana Agencies Notified Type Notification Street Address 2014 JUN -2 AM 5: 59 ☐ EPA X Initial X DOLWO 62 Union Place Amended X DHSS AGUESTUT LUNTROL Amendment # City, State, Zip Code ☐ DCA Emergency (including & LICENSING Ridgefield Park, NJ 07660 (NJAC 5:23-8) justification) Name of Contact Cancellation Telephone Number Daniel Orellana FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Private home Type of Facility (4) School (K-12) Street Address Subchapter 8 (Other than K-1 2) 62 Union Place Other (i.e., private and commercial buildings. City (5) homes, etc.) Ridgefield Park, NJ 07660 Square Feet # of Floors Bldg. Age County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Bergen Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Street Address Gr Tech LLC Street Address City, State, Zip Code 576 Valley Rd #283 City, State, Zip Code Project Manager for Monitoring Firm Wayne, NJ 07470 Telephone No. Telephone No. License No. Start Date (10) 973-638-1777 Scheduled Completion Date (11) 01127 Name of OSHA Monitor 06 / 06 / 14 __06__/__07__/__14 Occupancy Status During Abatement (Check only one) Envirovision Consultants, Inc X Facility Closed/Vacated During Entire Period of Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe 20-21 Wagaraw Road, Bldg .# 34A Time of Abstement: ____AM-___PM/_PM___AM City, State, Zip Code Scope of Work (Check all that apply) Fair Lawn, NJ 07410 Clean up and decontamination with negative pressure >3 sf or >3 lf = 160 sf or >260 lf Full Containment with Negative Pressure Renovation Mini-Enclosure Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure is Location Location of Normally Asbestos-Containing Material (ACM) Abatement Type Used Solely by Description of TO BE ABATED Asbestos Containing Material (ACM) Maintenance/ Repair Removal Encapsulate Enclosure Amount (i.e., thermal systems insulation, IN Facility Custodial Staff? (Specify surfacing, VAT, or (13)(12)SIF or LF) other miscellaneous) Yes No N/A Basement X Pipe insulation -wrap & cut 50 LF X Name of Registered Waste Hauler NUDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Gr Tech LLC 0033785 TBD City, State T.R.R.F. Inc Disposal Date City. State Wayne, NJ 07470 Completed By (Print or Type) TBD Tullytown, PA Title Signature N.Jevtic Date Owner ASB-41 Werrao 05/27/2014 MAY 11 * Do not use this form for asbestos licensure exempted activities.

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

Date of Notification (1)		- 1		Name	of Buildin	g Owner/Operator ((2)		-50			
	30 1 20			R	egen	ay GARN	Dens Nu	VSING Ce	nte,	C		
Agencies Notified	Type Notification			V 000000000000000000000000000000000000	t Address	, 1						
□ EPA	Initial				que	Itam bu	9 1010	YOURE				
DOLWD	Amended Amendment #			City,	State, Zip (Code	1	1				
DOH	☐ Emergency (i			11/	aur	0 1) 7						
DCA (NJAC 5:23-8)	justification)	iciuaing	3	Name	of Contac	K + 1V J		Telephone Num	her			
(NJAC 3.23-0)	Cancellation			1	10 00,110	JARV M.	enedik	1 ejephone wan	Dei	ì	-	
				L]'	MC. II		man	l•	1-		0	
Name of Facility Where A	batement is Takin	g Place	(3)	FA	CILITYIN	FORMATION	Type of Facility	(4)				
Regences	Coursen		41 .	JRS.	van /	2.100	School (K-12					
Street Address	Crock-beke	2	101	10-70	7	THUIL -		Other than K-12)			
296 Ham	burg Ji	Mm	oik	N. V.	,		Other (i.e., p homes, etc.)	rivate and comme	rcial bu	uilding	JS.	
City (5)	11-		1	7.5		-	Square Feet	# of Floors	1	dg. A	**	
Wayne 1	\cup \cup						65,000			- 5	0	
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
1assare							Nursin					
Name of Monitoring Firm	Hired by Building	Owner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)	V. A				
Htl						PLOSE	VILESI	uc				
Street Address	aell Ra					Street Address	100.1	11.	B .3		Ut	-KD
City, State, Zip Code	rell M		-	-		City, State, Zip Co	Linea)	n Highu	ray		St 5	wo
Media	8H		19	06	3	Tykn	a Pa	- 193	+1			
Project Manager for Moni			-	phone	-	Telephoné No.	1 1	License No.				
ERIC House	seknech	+	90	829	6-1132	494 872	-8884	DILLE)			
Start Date (10)		duled C	omple	tion Da	te (11)	Name of OSHA M	lonitor					
061 091	14 0	10 1	20	2 / .	14	9ms	1_					
Occupancy Status During	Abatement (Chec	k only o	ne)			Street Address						
☐ Facility Closed/Vacate						200 R	pute 130	North				3
Abatement Performed	Outside of Norma	Facility	Hour	s - Des	cribe	City, State, Zip Co						
Time of Abatement:	- DFAM- 3.34P	VI/	_РМ-		AM	Cinna	ninson	NOT	08	0	77	
Scope of Work (Check all	that apply)	0.00					- 77	ati a Dana				S
≥3 sf or ≥3 If		Rei	novati	on		☐ Full Cont	ainment with Neg	ative Pressure				
≥160 sf or ≥260 lf			molitic			Glovebag						
		,				☐ Non-Exe	mpted (*) and No	n-Friable Procedu	e			
		10000	Locat						Ab	atem	ent Ty	уре
Location o		Use	lorma d Sole	lly Iv hv		Description o			Z.	R	ū	Ш.
Asbestos-Containing N TO BE ABA			ntena			stos Containing Ma , thermal systems i		Amount (Specify	Remova	Repair	тса	Endosure
IN Facility		Cust	odial S	Staff?	(i.e.	surfacing, VAT,		SF or LF)	ova	=	psu	INS(
(13)			(12)	1		other miscellane		J. J. L. ,	-		Encapsulate	G,
1		Yes	No	N/A	- Property	7			>-6			
Lower level		DY			7	>I		200 LF	X			Ш
Michanie	al Space										Ш	
Name of Registered Waste	1	_	1000000	JDEP V	0.763377	Cubic Yards of	Name of Regis					
Waste Mounge	net of N	J		aulei it	No.	Waste	GROW	US				
City, State						Disposal Date	City State					
Trenton,	NU					TBD	Mollis	ulle, PA				
Completed By (Print of Typ	pe) Title				7184	Signature	0.0.	Da	te,		- 273	
	unno N	ana	Û8	1		There	Ph Och	und 3	5/31	011	4	
SB-41			1	-			V 100		1	1		

JAN 13

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

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

Date of Notification (1)			Building Own	er/Operator	(2)	Fact III - 1	7 E	1		
3/28/14		P.S.E.					1000			
Agencies Notified Type Notifica	tion	Street A 4000 H	ddress HADLEY RO	ď AC	2	114 JUN -2	AM 8	3: 2	0	
DEP Amende			ite, Zip Code H PLAINFIE	ELD, NJ (7080	& LICENS	UHI	Re	L	
DOH Emerge	ncy (including ion)	Name of	f Contact		14 -	Telephone Nun	hber G		•	
DCA Cancella			STAVO) A JERA					99
Name of Facility Where Abatement is T	aking Place (3)	FACI	LITY INFORM	ATION	Type of Facility (4)				
1564G					School (K-1					
Street Address	Λ.					8 (Other than K-12 rivate & commercial		linas	home	es.
17-01 NEVINS	ROAL	7			etc.)	# of Floors		2 C10 7 1200		-
FAIRLAWN	10				Square Feet	# 01 F10015		ldg. A		res
County (6)			Code (7)	· · · · · · · · · · · · · · · · · · ·	Current Use (Price	or if being demolish				~
BERGEN			USE ONLY) _			CH STA	471	on	7	
Name of Monitoring Firm Hired by Build ENVIRONMENTAL TACTICS	ing Owner (8)	ASCN 004			of Abatement Cor QUE SYSTEMS		A			
Street Address 64 BROAD STREET					Address WHITEHEAD A	AVE.				
City, State, Zip Code					State, Zip Code					\neg
MATAWAN, NJ 07747					JTH RIVER, NJ					
Project Manager for Monitoring Firm TOM GEIGER		732-29	ne No. 92-2217		hone No. 432-8350	License N 01111	0.			
Start Date (10)	Scheduled C	ompletion	Date (11)		of OSHA Monitor	S OF AMERICA	١			
Occupancy Status During Abatement (Check Only One)	77	1		Address	edermon				
Facility Closed/Vacated During Er					WHITEHEAD A	AVE.				
Abatement Performed Outside of Other – Describe: Merens		City, State, Zip Code SOUTH RIVER, NJ 08882								
Scope of Work (Check All That Apply)					_					\neg
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Reno Demo	vation		-	Full Containme	ent with Negative F	ressur	re		
	_ being	JII GOIT		Ē	Glovebag Prod	cedure	la Des		_	
	Is Loc	ation			Non-Exemple	d (*) and Non-Friab	1		ement	
Location of	Norm	ally		Description	n of			Ту	ре	
Asbestos-Containing Material (ACM TO BE ABATED	wanter	nance/			Material (ACM) is insulation,	Amount (Specify	D D	222	E	m l
In Facility	Custodia (12	Mile amenda	s	urfacing, V/ ner miscella	AT, or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes No		- Oil	iei miscelia	neous)		val	=	ulate	ure
(0 = A (B)	2000	N/A	ACM			11110	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
CONTROL ROOM	n	-	mingon	CAULKI	09+G/AZiNG	64 LF	X			\vdash
Name of Registered Waste Hauler		NJDEP W Hauler ID		ubic Yards Waste		Registered Landfill			Altria de la companya del companya del companya de la companya de	
WASTE MANAGEMENT		1125	Af	ex 2		S NORTH				
City, State ELIZABETH, NJ			1	sposal Date		e SVILLE, PA				
Completed by	Title		1.	Signatur	exal Lac	And the Contract throughout the Contract of	ites/	/	/	
CAROL RAIMO	OFFICE	MGR.		Ca	tal Xac	ma	12	8/	14	

D&S Proj. #: 2014-218

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

Date of Notification (1)	Name of Bui	lding Owne	er/Operator (2)			2014 JUN -2	AM 8: i	B					
0 5 /2 7 /1 4	JANICE S	SYLVIA											
Agencies Notified Type Notificati	Street Addres	SS				かる者とり しじし	JUNTR®	L					
_ _ Amended	470 BELO	GROVE I	DRIVE			& LICEN	SING	20000					
Amendment #:	City, State, Z	ip Code		7/01/23 2/01		8.							
DOL Emergency	— KEARN	Y. NJ 07	032			9							
DOH (including	Name of Con	No. of the last of				Telephon	e Number						
justification)	IANICE	SYLVIA				_		3					
Cancellation	JANICE	SILVIA					_ ,						
5		FACI	LITY INFORM	ATION									
Name of facility where abatement i	s taki <mark>n</mark> g place (3)					Type of Facility (
JANICE SYLVIA							I (K - 12)		V	10)			
Street Address							apter 8 (Other Private/Com			12)			
Street Address							Homes, etc.		oidi				
470 BELGROVE DRIVE						Square Feet	# of Floors	П	Blo	ig. A	ge		
City (5)	County (6)				ity Code (7)					_			
TCC DATE	THIDGON			(State	e use oniy)	Current Use (Pr	rior if being o	demo	olishe	d)			
KEARNY Name of Monitoring Firm Hired by	HUDSON		ASCM No.		Name of Abatemen	t Contractor (9)		_		_			
Name of Monitoring Firm Filled by	blug. Owner (b)		ASCIVI NO.										
Street Address					D & S RESTOR	CATION, INC.							
Street Address					20 California A	ve							
City, State, Zip Code				-	City, State, Zip Code			-		-	-		
ony, orato, zip oodo					Paterson, NJ 0								
Project Manager for Monitoring Firm	I Ph	one Numb	er		Telephone Number	7505	License N	umb	er				
				- 11	973-345-8020)	011	69					
Start Date (10)	Sched. Completic	on Date /11	1		Name of OSHA Mo	nitor					- Ale		
**	*	on Bate (1)	,		D & S Restora	tion, Inc.					-		
06/17/14	06/30/14			[Street Address								
Occupancy Status During Abatemen	224 200 H				20 California A								
Facility closed/vacated during Abatement performed outside				- 11	City, State, Zip Cod	e							
Describe:	and the second s				Paterson, NJ 0	7503							
Other-Describe: NORMAL F				- 11	Faterson, NJ C		/						
Scope of Work (check all that apply 3 sf or >3 lf	503				-	Full Containment v Mini-enclosure	//negative pi	ress	are				
	Renovation					Glovebag procedu	re						
≥160 sf or ≥260 lf	Demolition					Non-Exempted (*)					9		
Location of	Is location normally by maintenance/cus		The second second	47-00	Self 01 yeared statement	Amount		R e	R e	E n	E		
asbestos-containing material (acm) to be	staff(12)		Descripti material		bestos-containing	(Specify S	SF or	m o	p	С	l n		
abated in facility (13)	Yes No	N/A	material	(/(01/1)		ĹF)		v	a i	a p	L		
DAGEN CENTER			DIDE DIO	IT A TOY	ON	240 l ft		e X	f		1		
BASEMENT	X		PIPE INSU	LAII	OIN	240111		4	무	片	卄		
		#						뷔	금	片	十十		
		-		-		_		뷕	금	H	H		
		#			***************************************			╡	片	片	十十		
Registered Waste Hauler	NJDEP Hauler I	JN# 1.0	ubic Yards of	Waste	Name of Registere	ed Landfill	<u>l</u>	_	ᆜ	Ш	1-		
D & S RESTORATION, INC.	13506		YDS			I, RESOURCE RI	ECOVERY	7					
City, State		Disposal D	ate		City, State								
PATERSON, NJ 07503		06/18/1	4		TULLYTOW	N, PA							
Completed by (Print or Type) Title Signature							Date		V				
BOGDAN JOLDZIC PRESIDENT							05/27/14	4			-		
ACR 41	* Do not use this form	for asbest	os licensure ex	cempted	activities.								

D&S Proj. #: 2014-219

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

									745.25					
Date of Notification (1)	Na	me of Build	ding Own	er/Operator (2))		2014 JU	N-2	AM 8:	15				
0 5 / 2 7 / 1 4		chard dou	ıek											
Agencies Notified Type Notific	Str	eet Addres	S				- 3€ E 3 L	TUS	CUNTR	ĐL				
☐ DEP ☐ Amended		3 midlan		;			Oz [.IUEP	SING					
DOL Amendment	#: Cit	y, State, Zi	p Code				f e.							
Emergence		MONTCL		J 07042										
DOH (including justification	n) Nai	me of Conta	act				T	elephor	ne Number					
DCA Cancellati		richard do	ouek					_	Þ					
			FACI	LITY INFORM	ATION									
Name of facility where abatemen	t is taking plac	e (3)					Type of		(4) ol (K - 12)		i seri			
richard douek							1 H		napter 8 (C	ther th	ıan K⋅	12)		
Street Address								Other	(Private/C	omme		/		
33 midland avenue							Square		/Homes, e		Blo	lg. Aç	ge	
City (5)	Count	y (6)			Cou	nty Code (7)				100			ň.	
50 702						te use only)	olishe	d)						
MONTCLAIR	ESSI				L,		<u> </u>	(0)						
Name of Monitoring Firm Hired b	y Bldg. Owner	(8)		ASCM No.		Name of Abatemen								
~					_	D & S RESTOR	RATION,	INC.						
Street Address						20 California A								
City, State, Zip Code					_	City, State, Zip Code								
ony, onato, zip oodo						Paterson, NJ 0								
Project Manager for Monitoring Fi	rm	Pho	ne Numb	er	_	Telephone Number			License	Numb	er	-	(VE)/(A)	
,						973-345-8020			0	1169				
Start Date (10)	Sched	Completion	Date (1	1)	_	Name of OSHA Mor	nitor							
2 2	8	- 5		,		D & S Restorat	tion, Inc.							
06/07/14 Occupancy Status During Abatem	06/30/		-		_	Street Address	20.12.54.04E-2.15E-2.15E-2.15E-2.15E-2.15E-2.15E-2.15E-2.15E-2.15E-2.15E-2.15E-2.15E-2.15E-2.15E-2.15E-2.15E-2							
Facility closed/vacated during			nent.			20 California A City, State, Zip Code								
Abatement performed outside						Oity, State, Zip Cour								
Describe: NORMAL	HOURS			0		Paterson, NJ 0	7503							
Scope of Work (check all that ap							Full Conta	inment	w/negative	press	ure			
							Mini-encio							
≥160 sf or ≥260 lf	Demolition					¥	Glovebag Non-Exen	•		friable	proce	edure	62	
Location of	Is location	normally us	sed solely	/			1 NOT EXCIT	iptou (, and reon	TR	R	E	1	
asbestos-containing	by mainter staff(12)	ance/custo	odial	Descripti	on of a	sbestos-containing	8 9000	mount		e m	e p	n c	E n	
material (acm) to be abated in facility (13)		Ne	NUA	material	(ACM)			Specify F)	SF or	0 V	a	a	C	
	Yes	No	N/A							е	r	р		
BASEMENT		X		PIPE INSU	JLAT:	ION	60 L	FT					10	
										H	Щ	ᆜ	쁜	
							_			#	닏	닏	1	
							_			무	屵	님	1	
Registered Waste Hauler	INITE	D Haulas I	# 10	ubic Yards of	Masta	Name of Registere	d Landfill			<u> LL</u>	Ш	Ш	Ш	
D & S RESTORATION, INC		P Hauler ID)6		YD	vvasie	TULLYTOWN		RCE R	ECOVE	RY				
City, State		IC	isposa! [ate		City, State								
PATERSON, NJ 07503			06/08/1			TULLYTOWN	N, PA		_					
Completed by (Print or Type) Title Signature									Date 05/27	2014				
BOGDAN JOLDZIC PRESIDENT * Do not use this form for asbestos licensure 6					cempte	d activities			05/27	2014			-	

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

Date of Notification (1) 05/30/2014		Name of Building Owner/Operator (2) WOODBRIDGE HOUSING AUTHORITY Street Address 20 BUNNS LANE													
Agencies Notified	Type Notification Initial		74	20 BL	Address JNNS L										
EPA DEP DOL	Amended Amendment				ate, Zip C DBRID(ode SE NJ 0	7095			& LIC	ENS	INC	Rel		
DOH DCA	Emergency justification) Cancellation	-			of Contact Y STEC				Te	ephone	· ber	:vQ			
Name of Facility Where A	Abatement is Takir	ng Place (3)	FAC	ILITY INF	ORMATIO	NC	Type of Facility	(4)						
COOPER TOWERS								School (K-	12)	*	0				
Street Address 1422 OAK TREE R	OAD								ochapter 8 (Other than K-12) her (i.e. private & commercial buildings, homes,					es,	
City (5) ISELIN			*******					Square Feet	# 0	Bldg. Age					
County (6) MIDDLESEX				County Code (7) Current Use (Pri						ing demol	lished)				
Name of Monitoring Firm DETAIL ASSOCIAT		Owner (8)		ASCN 12	M No.			of Abatement Co			OITA	1			
Street Address 300 GRAND AVENU	JE							Address WATCHUNG	AVE						
City, State, Zip Code ENGLEWOOD NJ 0	y, State, Zip Code NGLEWOOD NJ 07631					City, State, Zip Code WEST ORANG									
Project Manager for Monitoring Firm STEPHEN JARACZEWSKI				Telepho 201-56	ne No. 69-6708	3		none No. 243-9872		License 01231	No.		1-303-0		
Start Date (10) 06/11/2014		Schedule 06/20/2		npletion	Date (11)	18	Name	of OSHA Monitor							
Occupancy Status During	Abatement (Chec	k Only Or	ne)				Street	Address							
Facility Closed/Vaca Abatement Performe Other – Describe: W	ed Outside of Norm	nal Facility	Hours	;	ILDING		City, S	tate, Zip Code			- 20-10-00-1				
Scope of Work (Check All	That Apply)			114						-					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit	ition Mini-Encl					e cedure	Negative			re.		
		ls	Locati	on					- ()	- 11011111		Abat	emen	t	
Location Asbestos-Containing I		Use	Normal d Sole	ly by	Aches		cription	of laterial (ACM)	Δ	mount	-	Ι.	/pe		
TO BE ABA In Facilit (13)	TED		intenar todial 3 (12)	7.000		thermal s	ystems	insulation, T, or	(5	Specify or LF)	Remova	Repair	Encapsulate	Enclosure	
		Yes	No	N/A			-			24. 14			ate	G.	
BOILER RO	T. (27 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -		X		SPRA	AY-ON F	IREP	ROOFING	6	0SF	х				
BOILER RO	2000000		X		PIPE		-	SULATION		5LF	X				
BOILER RO	OOM		X			DOOR	GAS	KET		3LF	X		_		
Name of Registered Waste	500 CO SC			JDEP W auler ID		Cubic Y of Wast				red Landf		FAG	L	Y	
City, State LINDEN, NJ					Disposal Date City, State TULLYT					rte /TOWN, PA					
Completed by Title PRESIDEN				٧T		Sig	nature	laca 1	ceb	1	Sate /	3	//	7	

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) May 2	Name o	of Building (rator (2) \(\frac{1}{2} \)	CEIVED) 1/2	<u> </u>					
	of Notification Initial Noti		Street A	Address			N-2 AM 6:	ig.	<u>5 i</u>	1		
[x] DOL [x]	Amendmer	(including		tate, Zip Coo	le Spring	g Lake, NJ 07752	TIOTIANILA	(a)				
[] DCA	Cancellatio		Name	of Contact Richar	d Hyde		Telephone Number		Å			
Name of Facility Where Abatement	is Taking Place		ACILITY	INFORM	ATION	Type of Facility (4)						
Residence		(3)					School (k-12)					
Street Address 342 North	6 th Street					[x]	Subchapter 8 (other than k-12) Other (i.e., private & commercial buildings, homes, etc.)					
City	Con	unty (6)		Code (7) E USE ONL	٧)	Square feet 2000 sf	# of Floors	Bldg.		50		
Surf City	Oc	ean	(011112		- /		if being demolished)			0		
Name of Monitoring Firm Hired by N/A	ASCM	No.	Name of	Name of Abatement Contractor (9) Guardian Contracting, Inc.								
Street Address			Street Address									
City, State, Zip Code		1889 Route 9, Unit					A Description of the Company of the					
Project Manager for Monitoring Fir	ber		Telephor	Toms in Number	River, New Jers License N		55-12	271				
Scheduled Start Date (10)	oletion Date (11)		9-9932 OSHA Monitor	00624							
5/29/14	+ (Clll	5/30/14				E.M.S	.L. Analytical					
Occupancy Status During Abateme [X] Facility Clos		ne) ng Entire Period of a	Abatement		Street A		Stelton Road					
Abatement P Other – Desc		le of Normal Facility	Hours	City, State, Zip Code Piscataway, New Jersey 08854								
Scope of Work (Check all that apply	y)				[]	Full Containmen	t with Negative Pres	sure				
>3 sf or ≥3 l:	F®	[] Rer	ovation		[]	Mini-Enclosure Glovebag Proced	lure					
[X] ≥160 sf or ≥	260 If	5 5	nolition		[x]		*) and Non-Friable I	Procedur	re			
*						1	T	Abate	ment '	Гуре		
Location of		Is Location Normally used			Description of the Description o		Amount	R E	R E	E	E N	
Asbestos-Containing Material		Solely by aintenance/Custod	:-1	N	Material (A	ACM)	(Specify SF	M	P	C	C	
TO BE ABATED in facility	Mia	Staff	iai		, thermal lation, su		or LF)	0	A I	A P	L	
(13)	-	(12)			VAT, o	or		V	R	S	S	
	YE	ES NO N/	A	oth	er miscell	aneous)		A L		U L	U R	
Exterior		X		estos sidin	σ.		1700 sf	X		Е	E	
Exterior			ASOC	23103 31411	5		1700 31	A			\vdash	
Name of Decisional Waster II		NIDED W V	-lan ID Ma	Louis	1 ())	L IN CO	17 100					
Name of Registered Waste Hauler Guardian Contracti	ng, Inc.	NJDEP Waste Ha 2022		Cubic Ya	rds of Was	te Name of Regist T.R.R.F.	ered Landfill					
City, State Disposal Date Toms River, New Jersey 6/2/14					City, St		a					
Completed by (Print or Type) Nicholas Fernicola	Signa	ture	hol	I av		Date 5/28	/2014	1				

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

CK. 19037

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

Date of Notification (1) 5/28/2014		v.		er/Operator (2) SON UNIVERSITY										
Agencies Notified	Type Notification		Street A		N ROAD		2014 JU	N -	2 AM	61 (1	Ů.			
EPA DEP DOL	Initial Amended Amendment #			ite, Zip Co IE, NJ 0		11	433E3		S CUI		l.			
☑ DOH DCA	Emergency (in justification) Cancellation	cluding		f Contact ED MAK	HLOUF			Tele	ephone N	lumber	125	,		
		***************************************	FACI	LITY INFO	ORMATION			1						
Name of Facility Where WILLIAM PATERS Street Address			PARKING	GARA(GE .		of Facility (4) School (K-12) Subchapter 8) 3 (Othe						
300 POMPTON RO	DAD					⊠ c	rivate & commercial buildin				dings, homes,			
City (5) WAYNE							are Feet # of Floors			Bldg. Age				
County (6) PASSAIC				Code (7) USE ONLY)		Current Use (Prior if being demolished)								
Name of Monitoring Firm	n Hired by Building O	wner (8)	ASCN	ИNo.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ement Contr			ING				
Street Address	•				Stree	et Addres	s							
Other State 7th Code						0 RUTH State, Zip	IERFORD	BLV	/D.					
City, State, Zip Code					IFTON,									
Project Manager for Mor		Telepho	ne No.		phone No 3-956-8			License 00494						
Start Date (10) 5/29/2014					2000		IA Monitor (9) ABOV	/E						
Occupancy Status Durin	Only One)			Stree	et Addres	s								
	ated During Entire Pened Outside of Norma EXTERIOR				City,	State, Zij	p Code		+					
Scope of Work (Check A											-		_	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	н ттас хругуу	A 100 MARK TO 1	Renovation Demolition				Containmer i-Enclosure vebag Proce	edure	_			re		
			100			L NO	1-LXempted	() and	u 140(1-1-1	able 11	100000	emen	t	
		2,000,000,000	cation nally		D							уре		
Location Asbestos-Containing TO BE AB In Faci (13)	n Material (ACM) <u>ATED</u> lity	Mainte Custodi (1	olely by nance/ al Staff? 2)		Description tos Containing thermal system surfacing, V other miscell	Material ms insula /AT, or		(S	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure	
ROADWAY BY FOR	RMER CHILLER	\	<	TRA	ANSITE PIP	E - CLE	EAN	2	1 LF	_				
				U	P ONLY OF	DEBR	IIS							
											_			
									- 4	25 /				
Name of Registered Wa	ste Hauler		NJDEP W		Cubic Yards of Waste		Name of R							
TWO BROTHERS	CONTRACTING		Hauler ID No. of Waste 18743			WASTE MANAGEMENT G.R.O.W.S				S.				
City, State CLIFTON, NJ				< 2	Disposal Da 5/29/20/14		City, State MORRIS		VILLE, PA					
Completed by VIVECA RAMOS		Title SECRE	TARY		Signatu	veca lana 5/28/2014								

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) May 28, 2014		Name of Building	Owner/Operator (2) Schweitzer-Maudui	RECEIVE	1437	7					
[l Notification	Street Address	85 Main Street 2	N JUN -2 AM 6	: 18						
[x] DOL Ame	nded Notification ndment # rgency (including	City, State, Zip Co	Spotswood, New Je	rsey 08884-0401 H T	ROL.	2011 1800					
IX I DOM	fication) cellation		ernstein	Telephone Number	•						
	FA	CILITY INFORM									
Name of Facility Where Abatement is Taking Schweitzer-Maud			Type of Facili	ty (4)] School (k-12)] Subchapter 8 (oth	er than k-12)						
Street Address 85 Main Street				homes, etc.)	Other (i.e., private & commercial building						
City	County (6)	County Code (7) (STATE USE ONL		sf 1	# of Floors Bldg. Age 1 80						
Spotswood	Middlesex		R'	Current Use (Prior if being demolished) RTL Building							
Name of Monitoring Firm Hired by Building Guardian Contrac		ASCM No.		ractor (9) uardian Contracting,	Inc.						
Street Address 1889 Route 9, Un	it 61		Street Address 1889 Route 9, Unit 61								
City, State, Zip Code Toms River, NJ 0	18755		City, State, Zip Code	oms River, New Jers	ev 08755-1						
Project Manager for Monitoring Firm	Telephone Numb	er	Telephone Number	License N							
Nicholas Fernicola	732-349-9932		732-349-9932	00624							
Scheduled Start Date (10) 6/16/14	Scheduled Comp 6/18/14	letion Date (11)	Name of OSHA Monitor E	M.S.L. Analytical							
Occupancy Status During Abatement (Check		hatamant	Street Address)56 Stelton Road							
	ed During Entire Period of A I Outside of Normal Facility										
	ea we are working in is		City, State, Zip Code	iscataway, New Jerse	ey 08854						
Scope of Work (Check all that apply)			[] Full Conta	inment with Negative Pres	ssure						
[x] >3 sf or ≥3 lf	[x] Ren	ovation	[x] Glovebag	Procedure							
[] ≥160 sf or ≥260 lf	[] Den	nolition	[] Non-Exem	apted (*) and Non-Friable	Procedure						
					Abatement	Туре					
Location of	Is Location Normally used	A	Description of bestos-Containing	Amount	R R E E	E N	E N				
Asbestos-Containing Material (ACM)	Solely by		Material (ACM)	(Specify SF	M P	С	C				
TO BE ABATED	Maintenance/Custod Staff		e., thermal systems sulation, surfacing,	or LF)	O A	A P	L				
in facility (13)	(12)	1	VAT, or	100	VR	S	S				
8-7		100	her miscellaneous)		A	U	U R				
	YES NO N/.				L	Е	Е				
Steam supply line	X	Asbestos pip		25 lf	X	-	-				
Condensate return line	X	Asbestos pip	e insulation	25 lf	X	+-					
Name of Registered Waste Hauler Guardian Contracting, Inc		3 2	T.R.I	Registered Landfill R.F.							
City, State Toms River, New Jersey	6/	sposal Date 19/14	City, State Tullytown, Pennsy	lvânia	_	9					
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature //	hol te	f	Date 5/28/201	4					

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

NO CK

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

OTTE OT	11	00001
CHECK	#	20931

Date of Notification (1) 05-27-14			Name of Building Owner/Operator (2) New Jersey Turnpike Authority											
Agencies Notified	Type Notificati	on		et Address 1 Main Stre	eet		JUN	2 20	14		- Mariana Maria			
DEP X DOL	Amended Amendme	ent #_1		, State, Zip C odbridge,						4				
DOH DCA	justification Cancellat			ne of Contact ve Colella			Telephone N	e Number						
			F	ACILITY INF	ORMATION									
Name of Facility Where A						Type of Facility (4	2)							
Street Address Pump House at Pie	r 52 Ben <mark>e</mark> ath	NJ Turnpik	e betwe	en Exits 1	15X & 15W		8 (Other than K rivate & comme	K-12) nercial buildings, homes,						
City (5) Secaucus						Square Feet 5,915	# of Floors 2	Bldg. Age 76 yrs.						
County (6) Hudson		*-0.03	Cou (STA	nty Code (7) TE USE ONL	n	Current Use (Prio Station	r if being demo	lished)		59				
Name of Monitoring Firm	Hired by Buildin	ng Owner (8)	A	SCM No.		of Abatement Cont nacle Environme								
Street Address					-									
City, State, Zip Code	Aut sa					State, Zip Code stadt, NJ 07072								
Project Manager for Monitoring Firm				phone No.	CH (1981) 19	hone No. -939-6565	License 00756							
Start Date (10) 05-28-14(1)Project	Scheduled 07-31-14		ion Date (11)		of OSHA Monitor n-Air Inc.									
Occupancy Status During	neck Only One)		Street	t Address									
Facility Closed/Vaca					10-5	nue								
Other – Describe: _						State, Zip Code g Island City, N	Y 11101	*1.						
Scope of Work (Check Al	II That Apply)				r	7	amont with Negative Pressure							
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		per many	novation molition			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedur				a				
		la l	ocation			1 Non-Exempled	() and (voil-)	able 1 10	Abate					
Location	of	No	ormally		Description	n of			Ту	ре				
Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Main Custo	Solely by tenance/ dial Staff (12)	Asbes	stos Containing I thermal system surfacing, VA other miscella	Material (ACM) as insulation, AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure			
		Yes	No N	/A						6				
Roof			,	(Roofing & Tr		600SF	x						
Interio	MA _{ERICAN} E		,	(Gasket		12LF	х						
Interio	or		,	(Wire Wr	ар	200LF	x						
Name of Registered Was	te Hauler		NJDE	P Waste	Cubic Yards	Cubic Yards Name of Registered La								
Auchter Industrial Se	ervices		Haule 1428	r ID No. 9	of Waste TBD	Waste Cubarland County Landfill								
City, State Linden, NJ 07036					Disposal Date		g, PA 17240	i i						
Completed by Joseph Patrick		Title Projec	t Manag	jer	Signatur	Signature				Date 05-27-14				

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

-				,,											
Date of Notification (1) May 29, 2014	1			Name of B	Building (Owner/Ope Disant	rator (2) tis Contracting, I	LLC	70	Fin	2				
1	al Notifi			Street Add	lress	313 H	alyard Road		<i>V</i>	170	1				
[x] DOL Am	endment ergency (including		City, State	, Zip Cod		Beach, NJ 087:	JUN 2	2014		j	1			
I DCA	fication) cellation			Name of C		Disantis		Telephone Number	-	.		ذ			
			FAC	CILITY IN	FORM	ATION									
Name of Facility Where Abatement is Takin Residence	g Place (3)					Type of Facility (School (k-12)							
Street Address 106 West Bay W	ay			18			[x]	Subchapter 8 (other than k-12) Other (i.e., private & commercial buildings, homes, etc.)							
City	Cour	nty (6)		County Cod (STATE US		7)	# of Floors	Bldg	g. Age	50					
Toms River Twp.	Oce	ean			r if being demolished dence)									
Name of Monitoring Firm Hired by Building N/A	Owner	(8)		ASCM No.		Name of	Abatement Contract	tor (9) dian Contracting,	Inc.	.,					
Street Address					Street Address 1889 Route 9, Unit 61										
City, State, Zip Code		City, State, Zip Code						ersey 08755-1271							
Project Manager for Monitoring Firm	mber				ne Number 9-9932	License N 00624		755-1	2/1						
Scheduled Start Date (10) 5/30/14	mplet	ion Date (11)			OSHA Monitor	S.L. Analytical									
Occupancy Status During Abatement (Check [X] Facility Closed/Vacate			f Aha	tement		Street Ac	ldress	Stelton Road							
Abatement Performed															
Other – Describe					_			taway, New Jerse		54					
Scope of Work (Check all that apply)						[]	Full Containme Mini-Enclosure	ent with Negative Pres	ssure						
$\begin{bmatrix} & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ \end{bmatrix} > 3 \text{ sf or } \ge 3 \text{ lf}$ $\begin{bmatrix} & & & \\ & & & \\ & & & \\ \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ lf}$			enova emol			[] [x]	Glovebag Proc Non-Exempted	edure ! (*) and Non-Friable	Procedu	ire					
	Ī			T					Abat	ement	Type				
9		Is Location				Description			R	R	Е	Е			
Location of Asbestos-Containing Material (ACM)		Normally used	l			estos-Cor		Amount	E	E	N	N			
TO BE ABATED	Mai	Solely by ntenance/Custo	odial			faterial (A , thermal		(Specify SF or LF)	М	P A	CA	C			
in facility		Staff				lation, su		0.21)	0	I	P	0			
(13)		(12)			-41-	VAT, o			V	R	S	S			
	YES	S NO 1	V/A		otno	er miscell	aneous)		A L		LE	R E			
Exterior		X		Asbesto	os sidin	g		800 sf	X		-				
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste F 202	23		Cubic Yar 3	rds of Wast	T.R.R.F.	stered Landfill							
City, State Disposal I Toms River, New Jersey 6/3/14						City, St.	own, Pennsylvar	nia/							
Completed by (Print or Type) Nicholas Fernicola Title Project Manager				Signature	1:0	hot	11-		Date 5/29	9/201	4				

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