| 741 Haldit | - 10-19 | -1 | 1 | a | fn | -lu | A |] | | | | | Pri | n |
|--|----------------------------|---|-----------------------------|---------|--|--|-------------------------------|-----------------------------|------------------|-------------|--------|------------------|-------------|----|
| | | IFICATION | ate of New N OF ASBE | STOS | ABATE | | | - Branch | 7 | | 5 | | V | 7 |
| Date of Notification (1) 5/24/18 | NEED! | Name o | of Building O | wner/C | perator | (2) | | | | J | UN | - 6 | 20 | 16 |
| Agencies Notified Type Notification EPA X Initial | n | Street A | Address Main St | | | | | | led A | 000 | STO | 2.00 | NIT! | 10 |
| DEP Amended Amendmer Emergency | | Pleas | ate, Zip Cod antville, N | | 232 | | | L | | | LIC | ENSI | NG | |
| DOH justification Cancellatio | 1) | | f Contact | | | | | 33-33-33 | ephone 9-204- | | | | | |
| Name of Facility Where Abatement is Taki Units A308 and A102 | ing Place (3) | FAC | ILITY INFO | RMATI | ON | _ | of Facility (| | | | | | | |
| Street Address 156 N Main St | | 2/20/ | | | | | Subchapter | 8 (Othe | | | | buildings, homes | | |
| City (5) Pleasantville | | | | | | Squar | e Feet | | Floors | | | dg. A | ge | |
| County (6) Atlantic | | (STATE | Code (7) USE ONLY) | | | Current Use (Prior if being demolished) home | | | | | | _ | | |
| Name of Monitoring Firm Hired by Building Street Address |) Owner (8) | ASCM No. Name of Abatement Contractor (9) AAA LEAD PROFESSIONA Street Address | | | | | | | LS | | | | | |
| City, State, Zip Code | | | | | 6 WHITE DOVE COURT City, State, Zip Code | | | | | | | | | _ |
| Project Manager for Monitoring Firm | | Telepho | ne No. | | LAKEWOOD, NJ 08701 Telephone No. License No. | | | | | | | | _ | |
| Start Date (10) | Scheduled C | | | | 732-6 | 668-9 | | | 1200 | | | | | |
| 6/4/18 Occupancy Status During Abatement (Che | 6/11/18 | * | | | | LEAD Addres | PROFE | SSIO | NALS | | | | | - |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: | | | | | City, S | tate, Zi | DOVE CO p Code DD, NJ 0 | | | | | | | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | ovation olition | | | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of | Is Loc Norn Used Sc | nally | | | scription | | | | | | | Abate Ty | | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Maintei Custodia (1: | nance/ al Staff? | taff? (i.e. th | | aining M systems cing, VA niscellar | s insula T, or | | Amour (Speci SF or L | | | Remova | Repair | Encapsulate | |
| INTERIOR Unit A308, A102 | Yes N | o N/A | Flo | or Tile | es and | l mast | ic | 11 | 00SF | | × | | te | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler AAA LEAD PROFESSIONALS | | Hauler ID No. of V 04509 10 | | | | of Waste 10 ACUA | | of Registered Landfill A | | | | | | |
| City, State LAKEWOOD, NJ | | | | | tate HARBOR TWP NJ | | | | | | | | | |
| Completed by JOSEPH PERLSTEIN | Title OWNER | } | | S | ignature | 2 | | | | Dat | е | | | - |

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

| T PARE | | | | (D. 11.1 | - 10 | . (0) | | Power F | 9 | FI | I W | 7 6 | 3 - |
|---|-------------|--------------------|----------|---------------------|------------------|---------------|----------------------------|---|------------------|---------------|-------------|------------------|-------------------|
| Date of Notification (1) | | | Name o | f Building Ow | | | Deno | | . U [| 5 L | 1 V | 10 | |
| Agencies Notified Type Notification | | | Street A | ddress | 14 1000 | | Gre | 11 111 | الماليال | 1 | 201 | n | Table of the last |
| ☐ EPA ★ Initial ☐ DEP ☐ Amended | 211 | | | ate, Zip Code | | | - 1 | 1 | Roo | Cl | 201 | 8 | 1 |
| DOL Amendment | | - [| | ewell | | 17 | 0 | 8080 | | | 2 100000 | -C-1O | J |
| DOH justification) | | | Mame o | f Contact | anch | , | | Telèp | hone Num | iber Na | 6 | 190 | 5 |
| | | | | LITY INFOR | | | | |) (e · v | | | | |
| Name of Facility Where Abatement is Taking | Place (3 | , T | | // | | 1 | of Facility | | | - | | | |
| Street Address J | 1 | | we | lling | | | School (K- Subchapte | r 8 (Other | | | | | |
| | | | | | | / | Other (i.e. etc.) | | | | | | es, 👵 |
| City (5) | .1. | | 117 | T 08 | 036 | Squa | are Feet ` | # of F | loors | | ldg. A | | |
| County (6) | ing | | | Code (7) | 000 | Cum | ent Use (Pr | ior if being | demolish | ed) | |) + - | |
| anden | humas /0\ | | ASC | USE ONLY) _ | | 5 | ingle | - far | | D | النار | 11. | 25 |
| Name of Monitoring Firm Hired by Building O | Si C | \$ | ASCI | NA | INdi | EP | | Chn | | ie! | | In | 10 |
| Street Address R.O. Box 33 | 37 | | | | Stre | et Addre | | 337 | ļ. | | | | |
| City, State, Zip Code | A/ T | | 20 | 533 | City | State, 2 | Zip Code | . 4 4 | TIA | Λ | 06 | 12 | 2 |
| Project Manager for Monif of gr.Firm | / \ | , | Telepho | ne No. | Tele | ephone N | ESY | | icense No | | 0 | 10 | |
| Steve Schenken | Cabadula | | | 758-33 Date (11) | | | 3-330 HA Monitor | | O |) (| 7 | 7 | |
| Start Date (10) | Jun | | 3. | 2018 | INdi | | C Tec | | sies | \mathcal{I} | 20 | | |
| Occupancy Status During Abatement (Check | | | | | Stre | et Addre | ss | 111.00000000000000000000000000000000000 | ~ | | | | |
| Facility Closed/Vacated During Entire Po | | | | | City | , State, Z | Box Zip Code | . 231 | | | | | |
| Other – Describe: | | | | | | | Egypt | N | JC | 183 | 53 | 3 | * |
| Scope of Work (Check All That Apply) | | | | | | | - (, | | | | | -310200000 | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | tenovat emoliti | | | | | II Containm ni-Enclosur | | egative Pi | ressur | re | | |
| | , | | | | 32 | | ovebag Pro on-Exempte | | lon-Friabl | e Prod | edur | 3 | |
| | | Locatio | | | (| | | | | | Abate Ty | ement | |
| Location of Asbestos-Containing Material (ACM) | Use | lormall d Solel | y by | Asbestos | Descripti | | I (ACM) | Amo | ount | | ., | | |
| TO BE ABATED In Facility | | intenan odial S | | (i.e. the | rmal syste | ms insul | | (Spe | | Remova | Re | Encapsulate | Enclosure |
| (13) | 2 | (12) | | | her miscel | | | 0. 0. | , | loval | Repair | sulai | sure |
| | Yes | No | .N/A | | CI | _ | | | | | | 6 | |
| exterior walls | | | X | Sidi | us Ot | ling | cs_ | 150 | 30 SF | X | | | |
| | | | | | J | U | | | | | | | |
| | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | N. | JDEP W | /aste C | ubic Yards | 5 | Name of | Registere | d Landfill | | | | |
| EPC Technologies | | Ha | uler ID | | Waste | 12 | Was | teMa | 1 11 a G e 21 | 20-1 | L | e P | A |
| City, State | | | 1 / 01 | | isposal Da | | City, Sta | te . | | 4 | | | • |
| 1.000 = 100. | VJ Title | Ň | | | o - 15 Signat | | Morn | u'sville | e P | A | | | |
| Steve Schen Kee | | side | nt | | Signat | lesso | Sch | h | 6 | 0-1 | 4-1 | 8 | |

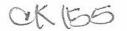
| - | | | - | |
|---|-----|----|-----|----|
| u | rir | 11 | 1-0 | rm |
| | | | | |

| INT ZIC |) + | | | | ON OF ASBESTOS | | | brand LEI | 0 | E | ΠΠ | V/ [8 | | | | | |
|--|-----------------------------|----------|----------------------|------------------------------------|---|---------------|---|-------------------------------|------------------------|--------|-------------|----------------|--|--|--|--|--|
| (4) - | | | (| (Pursuant to NJAC 8:60 and 12:120) | | | | | | | | | | | | | |
| Date of Notification (1) | | | | Name | of Building Owner | Operato | r (2) | | - | | | ar tord Strawn | | | | | |
| (0/4/1) | | | | A | -fordable | Hus | infAlia | nce little | | | | | | | | | |
| Agencies Notified | Type Notification | | | | Address | | 0 | | JUN | (| 20 | 18 | | | | | |
| ☑ EPA I | Initial | | | 35 | 35 Rte | - 66 | Parkeno | 140 BJ.1d | ing (| 4 | | | | | | | |
| DEP [| Amended | | | City, S | tate, Zip Code | | | () +>> ASBESTOS CONTRO | | | | | | | | | |
| DOL | Amendment : Emergency (i | | a | No | ptone, L | ew. | Sarry 1 | 0 37530 | LIC | ENS | ING | 106 | | | | | |
| DOH | justification) | | | Name | of Contact ' | | 0 | Telephone No | mber | ~~ | ~ ^ | | | | | | |
| DCA [| Cancellation | | | | nayer | | | 7329622820 | | | | | | | | | |
| Name of Facility Where Al | natement is Taking | Place | (3) | FAC | CILITY INFORMAT | TON | Type of Facility | . (4) | | | | | | | | | |
| | | | | 0,001 | enter | | 1 | , | | | | | | | | | |
| Affordobe Ho Street Address | N3(11 A) | 1101 | i Cr | 1. 1 |) | | School (K | (-12) er 8 (Other than K-1 | 2) | | | | | | | | |
| 179 Creek | RA | | | | | | Other (i.e. | private & commerc | | dings | hom | es, | | | | | |
| City (5) | | | | | | | etc.) Square Feet # of Floors Bldg. Age | | | | | | | | | | |
| Keensburg | C ₁ | | | | | | 1800 2 50+ | | | | | | | | | | |
| County (6) |) | | | County | Code (7) | | Current Use (Prior if being demolished) | | | | | | | | | | |
| Monmo | 44 | | | | USE ONLY) | - | (es de Le | | | | | | | | | | |
| Name of Monitoring Firm H | lired by Building C | wner (8 | 3) | ASC | M No. | Name | me of Abatement Contractor (9) | | | | | | | | | | |
| | | | | İ | | A | CL In SUIST, SO COITO | | | | | | | | | | |
| Street Address | | | | -1 | | Street | aet Address | | | | | | | | | | |
| | | | | | | 195 | 5 Mon trosp ord | | | | | | | | | | |
| City, State, Zip Code | | | | | | City, S | State, Zip Code | | | | | | | | | | |
| | | | | | Acceptance of the Contract of | (0 | 1+3 hed | < NJJ777 | -0- | X | | | | | | | |
| Project Manager for Monito | ring Firm | | | Telepho | one No. | Teleph | phone No. License No. | | | | | | | | | | |
| | | | | | | 170 | 7294175 | 7 1000 | 7 7 | 9 | | | | | | | |
| Start Date (10) | | Schedu | led Cor | npletion | Date (11) | Name | of OSHA Monito | г | | | | | | | | | |
| (1)13/18 | 1 | 0 | 191 | 18 | | | | | per mover and a second | | | | | | | | |
| Occupancy Status During A | | 13.70 | - St | | | Street | Address | | | | | | | | | | |
| Facility Closed/Vacate Abatement Performed | ed During Entire Po | eriod of | Abaten | nent | | 077 0 | | | | | | | | | | | |
| Other – Describe: | TA: | 7-7 | DM | 5 | | City, S | tate, Zip Code | | | | | 100 | | | | | |
| Scope of Work (Check All T | That Apply) | | , . | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf | | п. | | | | Г | 7 | | | | | | | | | | |
| ≥160 sf or ≥260 lf | | | Renova Demolit | | | | Full Containn Mini-Enclosur | nent with Negative P | ressu | re | | | | | | | |
| | | 7 | | | | | Glovebag Pro | ocedure | | | | | | | | | |
| | | | | | | <u>EX</u> | Non-Exempte | ed (*) and Non-Friab | 1 | | | - | | | | | |
| | | | s Locati Normal | | | | | | | | ment pe | | | | | | |
| Location of Asbestos-Containing Ma | | Use | ed Sole | ly by | Asbestos Cont | scription | | Amount | | | | \neg | | | | | |
| TO BE ABATI | | | aintena stodial S | | (i.e. thermal | systems | s insulation, | (Specify | 75 | | Enc | m l | | | | | |
| In Facility (13) | | Ous | (12) | Julii : | | cing, VA | | SF or LF) | Remova | Repair | aps | Enclosure | | | | | |
| / | | Vac | N/a | T N//0 |) Oaler i | noceian | coasy | | val | Ŧ | Encapsulate | ure | | | | | |
| | | Yes | No | N/A | | | | | | | (D) | | | | | | |
| 2xterior | | | | X | Wall b | OCC | 9 | 7900 D | X | | - Control | | | | | | |
| | | | | | _ | | | _ | | - | | | | | | | |
| | and the state of | | | | | | | | | - | - | \dashv | | | | | |
| | | | | | | | | | \vdash | | - | - | | | | | |
| Name of Registered Waste | Hauler | | l M | JDEP W | aste Cubic | Varde | Mome of | Projetore d.L | | | | | | | | | |
| A | Λ | | | auler ID | No. of Was | | Name of | Registered Landfill | | | | | | | | | |
| MCRTUSICH | NA (3) | (| | 170 | 50 | \mathcal{L} | | rios | | | | | | | | | |
| City_State | 115 | | | | 1 / 1 | al Date | City, Sta | te oA | | | | | | | | | |
| CO 145 NOCK | (10) | | | | 1011 | 7/18 | 100 | ton, plt | | | | | | | | | |
| Completed by | | Title | 1 - | | Si | gnature | y N | Dat | 1 . | 0 | | | | | | | |
| Breemicour | (| 760 | CTO | A 1116 | 55-6- | | D. / > | _ (0 | M | 110 | | | | | | | |

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



| | UAIII | | | | | N-1- | | - 5% | [| - | - | and the second | Nature and Assessment | | |
|---|---|-------------------|----------------------------|-------------------------------|------------------------|--|--|--------------------|--|--|-------------------------|----------------|-----------------------|-----------------------|--|
| Date of Notification (1) 6-3-18 | 生 五次及及少 | | | | of Building PAPORT | | | | The man divine |)) [| C | | \mathbb{V} | | |
| Agencies Notified | Type Notification | | | Street A | Address MAXWE | ELL LA | NE U | NIT 3 | 26 | | HOU | · · | | Contractor and | The state of the s |
| DEP DOL | Initial Amended Amendment | # | | City, Sta | ate, Zip Co OKEN, N | ode | 30 | | 100 | Contraction of the contraction o | JUN - | - 0_2 | 018 | 100 | 4 |
| □ рон | Emergency justification) | (including | | Name o | of Contact | | | | Design | #8B | phone N | umber | TROL | & | Platfor PELISION |
| ✓ DCA | Cancellation | | | | OLIVEIF | | ION | | \$ | 973 | 3-223-5 | 4000 | - | er er arrivalen (en e | war. |
| Name of Facility Where 23-KING STREET | Abatement is Takin | g Place (| 3) | FAC | ILIT INF | JRIVIAT | ION | Туре | of Facility (| 4) | | | oren ese | | |
| Street Address 23-KING STREET | | | | | | | | | School (K-1 Subchapter Other (i.e. p | 8 (Other | | | dings | home | es, |
| City (5) CHATHAM, NJ | | | | | | 115_1782(N-11 | 770 | | etc.) re Feet 0 | # of F | Floors | | 3ldg. <i>F</i> +50 | \ge | |
| County (6) ESSEX | | 2-911-E-141-18 | | | Code (7) USE ONLY |) | Current Use (Prior if being de ONE FAMILY | | | | | | | | 19 |
| Name of Monitoring Firm | n Hired by Building | Owner (8) | | ASCN | M No. | - 224 2 | | | tement Con ENVIRON | | | | | | |
| Street Address | | | | | | Street Address 339-LAFAYETTE STREET | | | | | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Code NEWARK , NJ 07105 | | | | | | | | | |
| Project Manager for Mor | nitoring Firm | | Telepho | ne No. | | Telepi 973 | Telephone No. 973-491-0877 License No. 01240 | | | | | | | | |
| Start Date (10) 6/12/18 | | Schedul 6/13/1 | | mpletion | Date (11) | | Name | of OSI | HA Monitor | | | 64-00 H | | | |
| Occupancy Status Durin | ng Abatement (Chec | k Only O | ne) | | | | Street | Addre | ss | | | | | | |
| | ated During Entire I ned Outside of Norn | nal Facility | / Hours | | | | City, S | State, Z | ip Code | | | | | | |
| Scope of Work (Check A | | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | Renova Demoli | | | | - | Mir | I Containme ni-Enclosure ovebag Proc n-Exempted | e cedure | | | | ۵ | |
| | | Is | Locat | ion | | | | <u> </u> | II-Exempled | i () anu | INOIT-I III | IDIE FIC | Abate | ement | |
| Location | | | Norma ed Sole | lly | | | scription | | | | | - | Ty | ре | |
| Asbestos-Containing <u>TO BE AB</u> In Faci (13) | ATED lity | Ma | intena todial s (12) | nce/ | | | | s insula \T, or | | (Sp | ount ecify or LF) | Removal | Repair | Encapsulate | Enclosure |
| EXTERIOR | SIDING | 165 | X | IN/A | | TR | ANSI | ΓF | | 1400 | SQF | X | | | |
| EXTERNOR | | - | | 1.17 | 711101 | - | | 1400 | | - A | - | | | | |
| | | | | | | | | 2 | | + | | | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Was | | | H | IJDEP W lauler ID 14509 | | Cubic of Was | Yards ste | | | Name of Registered Landfill ISES BETHLEHEM LANDFIL | | | | I | |
| City, State NEWARK, NJ | | | Dispos | Disposal Date City, State | | | 741 | ILEHEM DA. | | | | | | | |
| Completed by CARLOS GOMES | SIDE | NT | | S | Signature Date 6/3/18 | | | | | | | | | | |



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

| | | | (Pursuant to NJAC 8:60 and 12:120) | | | | | | | E | C | E | 7 | // [E | | | | |
|---|------------------------------------|--|------------------------------------|-------------------------|---------------|---|--|--|---------------------------|---------------------------|------------------------|---------|--------|-----------------------|--------------------|--|--|--|
| Date of Notification (1) 5/29/2018 | | | | of Building nan Mall | | Operato | r (2) | and the state of t | H | | | | U I | Terror all full local | 1 T | | | |
| Agencies Notified Type Notifica | tion | | Street A | Address | | | | | | | JUN | - 1 | -20 | 18 | | | | |
| ▼ EPA □ Initial □ Amende ▼ DOL ■ Amende | | - | | ate, Zip C gfield N | | 1 | | Listing of | | ASB | EST | | | HOL | & | | | |
| | ncy (including | - | | of Contact | | | | 1 | Tele | ephon | # 1910/j 140 - 5 1 id. | ber | iiNG | Lengton | 100 mar. (a 100 m) | | | |
| DCA Cancella | | | | | | | Manager | 25. 25 | | | | | | | | | | |
| Name of Facility Where Abatement is T | aking Place (| 3) | FAC | ILITY INF | ORMAT | ION | Type of F | acility (4 | ty (4) | | | | | | | | | |
| N/A | | **: | | | | | | ool (K-12 | , | | | | | | | | | |
| Street Address | | | | | | | Subo | chapter 8 er (i.e. pr | 8 (Othe | | | | dings, | hom | es, | | | |
| City (5) Springfield | | | | yan | | | Square Fe 2500 | eet | # of | Floors | S | | ldg. A | ge | | | | |
| County (6) Union | | | | Code (7) USE ONL | 0 | Current Use (Prior if being demolished Residence | | | | | | | | | | | | |
| Name of Monitoring Firm Hired by Build | ing Owner (8 |) | ASCI | M No. | | Name Che | of Abateme ckmark Ir | ent Cont ndustri | Contractor (9) ustrial | | | | | | | | | |
| Street Address | 3129 | | | | | | Address Norgan D | r | | | | | | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Code Sparta NJ 07871 | | | | | | | | | | | | |
| Project Manager for Monitoring Firm | | | Telepho | ne No. | | Telephone No. License No. 01334 | | | | | | | | | | | | |
| Start Date (10) 5/30/2018 | Schedul 6/5/20 | | npletion | Date (11) | | | of OSHA N ckmark Ir | | al | | | | | | | | | |
| Occupancy Status During Abatement (C | heck Only O | ne) | | | | | | | | | - | - | | | | | | |
| Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe: | ire Period of a lormal Facility | Abatement S4 Morgan Dr City, State, Zip Code Sparta NJ 07871 | | | | | | | | | | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | Ори | 114 140 07 | V. V. I | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | Entering . | Renova Demolit | | | | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Proc | | | | | | | | | | | | |
| | Is | Locati | ion | | | | 11011 EX | Cimpica | () and | 14011- | Habi | | Abate | ment | | | | |
| Location of Asbestos-Containing Material (ACM) | Llas | Normal ed Sole | 4 | | | scription | | | | | | | Ту | pe | | | | |
| TO BE ABATED In Facility (13) | Ma Cus | intenar todial S (12) | nce/ | | thermal surfa | | faterial (AC s insulation, T, or neous) | | (S | nount pecify or LF) | | Removal | Repair | Encapsulate | Enclosure | | | |
| basement | basement X | | | | | | | _ | 445 | 0.00 | | | | æ | | | | |
| baoomen | | | floor tiles | | | | | 50 SF | | Х | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler Atlantic Carting | | 1000 | JDEP Wauler ID | | Cubic of Was | | E | Name of Registered Landfill Waste Management | | | | | | | | | | |
| City, State Wayne NJ | | Disposal Date City, State Tulleytown PA | | | | | | | | | | | | | | | | |
| Completed by Corey Stankovic | | | S | ignature | (Sta | Tkon | 2 | | Dat 5/2 | e 29/20 |)18 | | | | | | | |

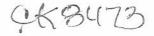
UNICO 1

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

| Date of Notification (1) | | | | Nam | o of Buildin | ng Owner/Operator | (0) | 11000 | | | | | | | | |
|--|---------------------|-----------------|---------------|--------------|-------------------------|--|--|-----------------------|----------|---------|----------------|-----------|--|--|--|--|
| | 18 | | | | ty of Brid | | The second secon | JUN - | G. | 2018 | Aberra directa | | | | | |
| Agencies Notified Type Notif | ication | - | | Stree | et Address | | | 1 7 7 7 | | | | - | | | | |
| ☐ EPA ☐ Initial | | | | 200000000 | | ommerce Street | 4 | | | | | | | | | |
| ☐ Amend | | | | | State, Zip | | | ASB | ESTOS | | | L& | | | | |
| | ment # 2 | | | 1 5000 | | | | | LICE | VSIN | <u> </u> | - | | | | |
| DCA Emerge | ency (inclu | uding | | | idgeton I e of Conta | | | | | | | | | | | |
| (NJAC 5:23-8) justificat | | | | | | | | Telephone | | | | | | | | |
| Caricer | alion | | | | nnis Sha | • | | 856-455 | -3230 X | -223 | | | | | | |
| N | | | | FA | CILITY II | NFORMATION | | | | | | | | | | |
| Name of Facility Where Abatement is | Taking F | lace (| 3) | | | | Type of Facility | lity (4) | | | | | | | | |
| Fire Damaged House | | | | - | | | School (K-12 | 2) | | | | | | | | |
| Street Address | | | | | | | Subchapter | 8 (Other than | K-12) | | | | | | | |
| 24 Bank Street | | | | | | | Other (i.e., p homes, etc.) | nivate and cor | nmerciai | DUIIGII | ngs, | | | | | |
| City (5) | | | | | | | Square Feet # of Floors Bldg. A | | | | | | | | | |
| Bridgeton, NJ | | | | | | | 50+ | | | | | | | | | |
| County (6) | | | | Cou | nty Code (| 7)(STATE USE ONLY) | molished | 1975 | - | | | | | | | |
| Cumberland | | | | | | 74 | Holished | , | | | | | | | | |
| Name of Monitoring Firm Hired by Bu | ildina Ow | ner (8 | | ASCM | No | Name of Abateme | Abandonde | | | | | | | | | |
| N/A | 3 | , , , | | | | | rironmental Se | | | | | | | | | |
| Street Address | | | | | | | /ironmental Se | ervices inc. | | | | | | | | |
| | | | | | | Street Address | | | | | | | | | | |
| City, State, Zip Code | | | | | | | Rd, Suite 102 | 1.214.4-2-2-2-2-2-2-2 | | | | | | | | |
| ony, orace, 21p code | | | | | | City, State, Zip Co | | | | | | | | | | |
| Project Manager for Maritaria Fi | | | | | | Kinnelon, NJ 07405 | | | | | | | | | | |
| Project Manager for Monitoring Firm | | | Tele | phone | No. | Telephone No. | | | | | | | | | | |
| Charl Data (40) | | | | | | 908-218-0880 | | | | | | | | | | |
| | Schedule | | | | | Name of OSHA M | | | | | | | | | | |
| 6/6/18 | 6 | | | _ / . | 20 | Yannuzzi Env | ironmental Se | rvices Inc. | | | | - 1 | | | | |
| Occupancy Status During Abatement | | | | | | Street Address | | | | | | - | | | | |
| □ Facility Closed/Vacated During Ent | ire Period | of At | aten | nent | | 135 Kinnelon | Rd, Suite 102 | | | | | | | | | |
| ☐ Abatement Performed Outside of N | lormal Fa | cility F | Hours | s - Des | cribe | City, State, Zip Co | | | | | | | | | | |
| Time of Abatement:AM | PM/_ | | PM | | AM | Kinnelon, NJ | | | | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf | | Reno | votio | | | ☐ Full Conta | ainment with Neg | ative Pressure | Э | | | | | | | |
| ≥160 sf or ≥260 lf | | Demo | | | | ☐ Mini-Encl | | | | | | | | | | |
| | 11755 | | | | | Non-Exer Non-Exer | npted (*) and Nor | n-Friable Proc | edure | | | | | | | |
| | | Is Lo | ocati | on | | | | | | hatom | ent T | vna | | | | |
| Location of | | No | mall | У | | Description of | | | 1000 | 2000 | | | | | | |
| Asbestos-Containing Material (ACN TO BE ABATED | A) ' | Jsed : Maint | solel enar | y by ice/ | Asbe | stos Containing Mat | erial (ACM) | Amount | Remova | Repair | inc | Enclosure | | | | |
| IN Facility | | Custoc | | | (i.e | thermal systems in surfacing, VAT, | | (Specify | 107 | a- | aps | losu | | | | |
| (13) | _ | (| 12) | | | other miscellaneo | ous) | SF or LF) | <u>B</u> | | Encapsulate | лге | | | | |
| Frame | Y | | No | N/A | Frame | | | | | | e | | | | | |
| | | | | | Trame | | | | | | | | | | | |
| Entire Structure | | | | | Entire S | tructure | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | | NJ | DEP V | Vaste | Cubic Yards of | Name of Regist | Registered Landfill | | | | | | | | |
| Yannuzzi Group Inc. | 323 | uler ID | | Waste | a | | | | | ont | | | | | | |
| City, State | 1/46/ 200 Authoritu | | | | | | | | | | | | | | | |
| Kinnelon NJ | | | | | City, State | | | | | | | | | | | |
| Completed By (Print or Type) | | | 6-7-18 | Millville | | | | | | | | | | | | |
| 53. 8 | | | Signature | On 1 | | Date | | | | | | | | | | |
| John Mucha | ang | er | | Soln | 1 Juda | | | 5/18/2 | 018 | | | | | | | |
| | | | | | | | | | | | | | | | | |

ASB-41 JAN 13

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



| Date of Notification (1) 06/04/2018 Agencies Notified Type Notification Name of Contact Telephone Number Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Paterson County (6) Middlesex Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) |
|--|
| Agencies Notified Type Notification Street Address 1 Cherry Hill Ln City, State, Zip Code Amendment # Emergency (including justification) DCA Name of Contact Eric Prieto Telephone Number 732-727-1414 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Glenwood Apartment Street Address 6-8 Cherry Hill Ln City (5) Paterson County (6) Middlesex Name of Monitoring Firm Hired by Building Owner (8) Street Address ASBESTOS CONTROL & LICENSING Telephone Number 732-727-1414 Talephone Number 732-727-1414 Talephone Number 732-727-1414 School (K-12) Subchapter 8 (Other than K-12) Cother (i.e. private & commercial buildings, homes, etc.) County (6) Middlesex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) |
| EPA DEP Amended Amende |
| DEP Amended Amendment # Emergency (including justification) |
| DOL |
| Emergency (including justification) |
| DCA Cancellation Eric Prieto 732-727-1414 |
| Name of Facility Where Abatement is Taking Place (3) Glenwood Apartment Street Address 6-8 Cherry Hill Ln City (5) Paterson County (6) Middlesex Name of Monitoring Firm Hired by Building Owner (8) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age 2000 2 60 + Current Use (Prior if being demolished) Apartment Name of Abatement Contractor (9) |
| Glenwood Apartment Street Address 6-8 Cherry Hill Ln City (5) Paterson County (6) Middlesex Name of Monitoring Firm Hired by Building Owner (8) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age 2000 2 60 + Current Use (Prior if being demolished) Apartment Name of Abatement Contractor (9) |
| Street Address 6-8 Cherry Hill Ln City (5) Paterson County (6) Middlesex Name of Monitoring Firm Hired by Building Owner (8) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age 2000 2 60 + Current Use (Prior if being demolished) Apartment Name of Abatement Contractor (9) |
| 6-8 Cherry Hill Ln City (5) Paterson County (6) Middlesex Name of Monitoring Firm Hired by Building Owner (8) City (5) County Code (7) (STATE USE ONLY) ASCM No. County Code (7) (STATE USE ONLY) Name of Abatement Contractor (9) |
| City (5) Paterson County (6) Middlesex Name of Monitoring Firm Hired by Building Owner (8) Square Feet # of Floors Bldg. Age 60 + County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Apartment Name of Abatement Contractor (9) |
| Paterson County (6) Middlesex County Code (7) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) County Code (7) (STATE USE ONLY) Apartment Name of Abatement Contractor (9) |
| Middlesex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) |
| Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) |
| |
| N/A DIA General Construction, Inc. |
| Street Address Street Address |
| City, State, Zip Code 1360 Clifton Avenue, PMB Suite 218 City, State, Zip Code |
| Clifton, NJ 07012 |
| Project Manager for Monitoring Firm Telephone No. Telephone No. License No. |
| 973-389-0089 00693 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor |
| 06/15/2018 DIA General Construction, Inc. |
| Occupancy Status During Abatement (Check Only One) Street Address |
| Facility Closed/Vacated During Entire Period of Abatement 1360 Clifton Avenue, PMB Suite 218 |
| Abatement Performed Outside of Normal Facility Hours Other – Describe: City, State, Zip Code Clifton, NJ 07012 |
| Scope of Work (Check All That Apply) |
| ≥3 sf or ≥3 lf Example 2160 sf or ≥260 lf Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure |
| Is Location Abatement |
| Location of Normally Description of Used Solely by |
| |
| Maintenance/ Custodial Staff? (12) Maintenance/ Custodial Staff? (13) Maintenance/ Custodial Staff? (12) Maintenance/ Custodial Staff? (13) Maintenance/ Custodial Staff? (14) Maintenance/ Custodial Staff? (15) Maintenance/ Custodial Staff? |
| Yes No N/A |
| 6 A-D Cherry Hill Ln X Pipe/Elbow Insulation 180 LF 🔞 |
| 8 A-D Cherry Hill Ln X Pipe/Elbow Insulation 150 LF 🔞 |
| |
| |
| Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste |
| Service Transport Group Hauler ID No. 20990 of Waste 6 CY Minerva Landfill |
| City, State Disposal Date City, State New Castle, DE 19720 06/04/2018 Waynesburg, OH 44688 |
| New Castle, DE 19720 06/04/2018 Waynesburg, OH 44688 Completed by Title Signature / , Date |
| Milan Njezic Vice President Vice President |

OK 3474

| | | | m |
|--|--|--|---|
| | | | |
| | | | |

| PA | M | State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) | | | | | | | | | G | | V | | | | |
|--|-----------------|--|---|---|--------------------|--|--|------------------------------|-------------|------------------------|----------------------|-----------------------|-----------|-------------------|-----------|--|--|
| Date of Notification (1) 06/04/2018 | | | | f Building | | | (2) | | | J | UN | - 6 | 201 | 8 | | | |
| Agencies Notified Type Notifica | ation | - | Street A | | artifici | 11.5 | | ind | lood (| - S. | | | 200 | | 1 | | |
| | 111011 | | | rry Hill L | n | | | 2) Diplomenta | L | | (Mind have pupe | - | | discount français | - Table | | |
| EPA Initial Amende | ed | - | 727 2000 000 | ate, Zip Co | | | | - | | ASBE: | | <u>S COI</u> ENSIN | | OL& | | | |
| X DOL Amenda | ment # | | | ridge, N | | 7 | | L | - Contract | NAME OF TAXABLE PARTY. | £104 | _11/011/ | G | | | | |
| ➤ DOH Emerge | ency (including | | | f Contact | | | | | 1 | Telepho | ne N | umber | | | | | |
| DCA Cancell | | | Eric P | rieto | | | 732-727-1414 | | | | | | | | | | |
| | | | FACI | LITY INFO | ORMATI | ON | | | | | | | | | | | |
| Name of Facility Where Abatement is T | Taking Place (| 3) | | | | | Type | of Facility | (4) | | | | | | | | |
| Glenwood Apartment | | | | | | School (K-12) Subchapter 8 (Other than K-12) | | | | | | | | | | | |
| Street Address | | | | | | | | Other (i.e. | | | | | ildine | is hor | nes | | |
| 12 & 16 Cherry Hill Ln | | | | | | | E-1 | etc.) | | | | | | | | | |
| City (5) Paterson | | | | | | | Squa 200 | re Feet | 1 | of Flo | OFS | | | . Age | | | |
| County (6) | | | County | Code (7) | | | | | | | | | 60 | | | | |
| Middlesex | | | | USE ONLY | | Current Use (Prior if being demolished Apartment | | | | | | snea) | | | | | |
| Name of Monitoring Firm Hired by Build N/A | ding Owner (8) | | ASCN | / No. | | Name of Abatement Contractor (9) | | | | | | | | | | | |
| Street Address | | | | | | DIA General Construction, Inc. | | | | | | | | | | | |
| 0.130171047000 | | | | | | | Street Address 1360 Clifton Avenue, PMB Suite 218 | | | | | | | | | | |
| City, State, Zip Code | | 127 | | | | City, State, Zip Code | | | | | | | | | | | |
| Project Manager for Maniterian Firm | | | T-11- | | | Clifton, NJ 07012 | | | | | | | | | | | |
| Project Manager for Monitoring Firm | | | Telepho | ne INO. | | Telephone No. 973-389-0089 | | | | | License No. 00693 | | | | | | |
| Start Date (10) | Schedul | ed Corr | nletion | Date (11) | | Name of OSHA Monitor | | | | | | | Charle | | | | |
| 06/15/2018 | 06/20/ | | .p.ot.orr | 50.0 (11) | | | | eral Cons | | tion I | nc. | | | | | | |
| Occupancy Status During Abatement (0 | Check Only Or | ne) | | | | Street | | | | | | | | | | | |
| Facility Closed/Vacated During En | tire Period of | Abatem | ent | | | 1360 | Clift | on Avenu | ue, F | PMB S | Suite | 218 | | | | | |
| Abatement Performed Outside of Other – Describe: | Normal Facility | Hours | | | | City, State, Zip Code | | | | | | | | | | | |
| | | | | | | Clifton, NJ 07012 | | | | | | | | | | | |
| Scope of Work (Check All That Apply) | 1000 | | | | | - | | | | | | | | | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | | Renova Demoliti | | | | Full Containment with Negative Pressure Mini-Enclosure | | | | | | | | | | | |
| | | | | | | Glovebag Procedure Non-Exempted (*) and Non-Friable P | | | | | | able Pr | Procedure | | | | |
| | Is | Locati | on | | | | | | | | | | | atemer | nt | | |
| Location of | 1 | Vormall | у | | Des | scription | of | | | | | | _ | Туре | | | |
| Asbestos-Containing Material (ACM | | d Solel intenar | | | tos Cont | aining M | laterial | | | Amou | | | | ш | | | |
| TO BE ABATED In Facility | 0.000 | todial S | 100000000000000000000000000000000000000 | (i.e. | thermal surface | systems cing, VA | | ation, | | (Speci SF or L | | Ren | 7 | ncap | nclo | | |
| (13) | | (12) | | | | niscellan | | | | | | Remova | Kepaii | Encapsulate | Enclosure | | |
| | Yes | No | N/A | | | | | | | | | = | | ate | 0 | | |
| 12 A-D Cherry Hill Ln | X | | | Р | ipe/Elb | ow Ins | sulatio | on | | 180 L | .F | X | | | | | |
| 16 A-D Cherry Hill Ln | erry Hill Ln X | | | | | | | Pipe/Elbow Insulation 150 LF | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | N | IDED W | DEP Waste Cubic Yards Name of Registered Landfill | | | | | | | | | | | | | |
| Service Transport Group | | H | auler ID 0990 | D No. of Waste | | | | | | | | | | | | | |
| City, State | | 001 | | | | | | | | | | | | | | | |
| New Castle, DE 19720 | | al Date | | City, Stat | | ra O | 1 44 | 688 | | | | | | | | | |
| Completed by Title | | | | | | | 06/04/2018 Waynesburg, OH 44688 Signature Date | | | | | | | | | | |
| Milan Njezic | | Presi | dent | | | (2) | 14 | 1th | <i>></i> | | - | 06/04 | /20 | 8 | | | |
| | | - B" | 4 | 1 | | | | | | | | | | | | | |

CK7296

State of NJ
Notification of Asbestos Abatement

| D&S Proj. #: 18-119 | | (Pu | ırsı | uant to NJA | 2 8:6 | 30 and 12:120) | former passes and appropriate to the second | D)EG | | \mathbb{V} | E | | - Anderson - | |
|--|---|----------------------------------|--------------|------------------------|--|--------------------------------|--|--|-------------------------|--------------|-----------------------|-------------|---------------------|--|
| Date of Notification (1) | nic | e of Building (k and cliford | | ner/Operator (2 ike |) | | A COLUMN TO A COLU | JUN | -6; | 2018 | | J | THE SALE SALE SALES | |
| Agencies Notified EPA DEP Type Notifica Initial Amended Amendment # | Street | t Address State, Zip Coo | de | | | | - The state of the | ASBESTO | | TROL | 2 | | | |
| DOL Emergency (including | ne | w milford, r | | 07646 | | | h.m. | | | | | | | |
| □ DCA justification) □ Cancellation | | ck and clifor | rd l | ake | | | | Telephon | e Numbe | r. | | - Maria and | | |
| | | F | AC | ILITY INFORM | ATIO | N | | ······································ | | | | | | |
| Name of facility where abatement nick and cliford lake | is taking place | (3) | | | | | | Type of Facility (| 4) I (K - 12) | | | | | |
| Street Address | | | | | 10 | | - | Subch | apter 8 (0 Private/0 | | | (-12) | | |
| | | | | | | | 1 | Bldgs./ | Homes, e | etc. | | ldg. A | ne | |
| City (5) | County (| 6) | | | 4,000,00 | unty Code (7) | - L | | | | | | .90 | |
| new milford | bergen | | | | (St | ate use only) | ig dem | nolish | ed) | | | | | |
| Name of Monitoring Firm Hired by | Bldg. Owner (8 |) | | ASCM No. | | Name of Abatem | | 50.5 | | | | | | |
| Street Address | | | _ | | _ | D & S RESTO | ORAT | ION, INC. | | | | | | |
| | | | | | | 20 California Ave. | | | | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Co | ode | TO PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRES | | | | | - | |
| Project Manager for Monitoring Firm | | Phone Nu | ınah | | _ | Paterson, NJ Telephone Numb | | 3 | | N | | | | |
| , reject manager for Montoring Film | LE | Phone No | ar i ic. | er | | 973-345-80 | | | License 0 | 1169 | er | | | |
| Start Date (10) | Sched. Co | mpletion Date | (1 | 1) | - | Name of OSHA | | | - | | | | | |
| 06/12/18 | 06/29/18 | | | | | D & S Resto Street Address | ration, | Inc. | | | | | | |
| Occupancy Status During Abatemer | 30 | | | | | 20 California | Aven | ue | | | | | | |
| Facility closed/vacated during Abatement performed outside Describe: | of normal facili | abatement. ty hours- | | | | City, State, Zip Co | ode | | | | | | | |
| Other-Describe: NORMAL H | | | | | | Paterson, NJ | 0750 | 3 | | | | | | |
| Scope of Work (check all that apply | Renovation Demolition | | | | | | ☐ Min ☑ Glo | Containment wai-enclosure vebag proceduren-Exempted (*) | е | friable | proc | edure | | |
| Location of asbestos-containing material (acm) to be | Is location nor by maintenand staff(12) | | olely | 1 | | asbestos-containing | 9 | Amount (Specify S | F or | e m | R e p | E n c | E n | |
| abated in facility (13) | Yes | No N/A | ٩ | material (/ | -(CIVI) | | | LF) | . 0. | o v e | a i r | a p | L | |
| basement | | X | | PIPE INSU | LAT | ION | | 175 l ft | | X | | | | |
| | | _ | | | | | | | | 붜 | | 부 | 뷰 | |
| | | _ | | | | e subseque se de seguir e | | | | 片 | $\frac{\sqcup}{\Box}$ | H | H | |
| | | | | | | W. | | | | H | 급 | 一 | 旨 | |
| Registered Waste Hauler D & S RESTORATION, INC. | NJDEP H 13506 | auler ID# | | ubic Yards of V yds | Is of Waste Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY | | | | | | | | | |
| City, State PATERSON, NJ 07503 | | Disposa 06/02 | al D | ate | | City, State | | | | | | | | |
| Completed by (Print or Type) Title Signal BOGDAN JOLDZIC PRESIDENT | | | | | | TULLYTOW | N, PA | A. | Date 06/01 | /2019 | | | | |
| | ne liceneure eye | mnte | d activities | | | 00/01 | 2010 | | | | | | | |

CK7294

BOGDAN JOLDZIC

PRESIDENT

DAI D&S Proj. #: 18-118

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

05/31/2018

Date of Notification (1) Name of Building Owner/Operator (2) 0 5 / 3 1 / 1 8 **AMALCO** Agencies Notified Type Notification Street Address Initial ☐ EPA Amended DEP City, State, Zip Code Amendment #: X DOL M Emergency mountainside, nj 07092 (including DOH. Name of Contact Telephone Number justification) ☐ DCA RICK TURNER Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) AMALCO Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) mountainside union Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) 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 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 06/04/18 07/15/18 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 lf Renovation Mini-enclosure Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of E by maintenance/custodial asbestos-containing е e n Description of asbestos-containing Amount staff(12) n m material (acm) to be p C (Specify SF or material (ACM) C abated in facility (13) 0 a a LF) Yes No N/A L V p ground level boiler insulation (EXTERIOR) 100 SQ FT X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 2 YDS TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 06/05/18 TULLYTOWN, PA Completed by (Print or Type) Signature

TO A TER D&3 Proj. #: 18-117

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

| D | EC | EI | | | M |
|--|--------|------|-------|-----------------------------|---|
| Continue of the state of the st | JUN | - 6 | 2018 | EVER OFFICE OFFICE COMPRISE | |
| A | SBESTO | s co | NTROI | _ & | |

| 240 (10). | 10-117 | | | (i disc | dant to 140/10 | 0.00 | 5 and 12.120) | | D) L | 5 6 | | | | | | | | |
|--|---------------------------|-----------|--------------------|--------------|---------------------------|----------------------|---|--------------|--|------------|--------|--------|------------|-----------|--|--|--|--|
| Date of Notification (1) Name of Building Owner/Operator (2) | | | | | | | | | 11111 | 111 6 | | | 111 | | | | | |
| 0 6 /0 4 | 1/1/1/8/1 | 1 | NJAM | ERICAN V | WATER | | | | | JN - 6 | 20 | 18 | | <i>//</i> | | | | |
| Agencies Notified | Type Notifica | tion | Street Add | | | | | | | | | | | | | | | |
| ☐ EPA | Initial Amended | | 1341 N | ORTH AV | /ENUE | | | | ASBESTOS CONTROL & | | | | | | | | | |
| DEP | Amendment # | : | | , Zip Code | 10 | | | | - Comment of the Comm | LICENS: | NG | - | | 1 | | | | |
| DOL | | | PLAIN | IFIELD, N | J 07060 | | | | | | | | atorio) | | | | | |
| □ DOH | (including justification) | - 1 | Name of C | | | | | | Telephone | e Number | | | | | | | | |
| ☐ DCA | Cancellation | | MART | TY NAUD | ZIUNAS | | | | 908-338 | 3-4531 | | | | | | | | |
| | | | | FAC | ILITY INFORM | IOITAI | ١ | | | | | | | | | | | |
| Name of facility wh | ere abatement | is taking | place (3) | | | | | TT | Type of Facility (4 | | | | | | | | | |
| NJ AMERICAN | JWATER | | | | | | | | = | (K - 12) | | | | | | | | |
| Street Address | WATOR | | | | | | Subchapter 8 (Other than K-12) Other (Private/Commercial | | | | | | | | | | | |
| | | | | | | | | | | Homes, e | | i Ciai | | | | | | |
| 60 PENN LYLI | E ROAD | 10 | . (0) | | | | | - [| Square Feet | # of Floor | s | В | ldg. A | ge | | | | |
| City (5) | | Co | | | | | inty Code (7) ite use only) | 1 - | Current Hoo (Prior if being do no link of) | | | | | | | | | |
| WEST WINDS | ST WINDSOR MERCER | | | | | (Sta | ite use only) | | Current Use (Prior if being demolished) | | | | | | | | | |
| Name of Monitoring | Firm Hired by | Bldg. Ow | ner (8) | | ASCM No. | | Name of Abatem | nent Co | ontractor (9) | | | | | | | | | |
| | | | | | | | D & S RESTORATION, INC. | | | | | | | | | | | |
| Street Address | | | | | | \neg | Street Address | | | | | | | | | | | |
| <u> </u> | | | | | | | 20 Californi | - | | | | - | | - | | | | |
| City, State, Zip Code | | | | | | | City, State, Zip C | | | | | | | | | | | |
| Project Manager for | Monitoring Firm | | Tr | Dhana Numb | 205 | | Paterson, NJ 07503 Telephone Number License Number | | | | | | | | | | | |
| Project Manager for Monitoring Firm Phone Number | | | | per | 973-345-8020 | | | | 01169 | | | | | | | | | |
| Start Date (10) Sched. Completion Date (11) | | | | | _ | Name of OSHA Monitor | | | | | | | | | | | | |
| | | | | tion Date (1 | 1) | | D & S Resto | oration | n, Inc. | | | | | | | | | |
| 06/06/18 | | | 29/18 | | | | Street Address | | | | | | | | | | | |
| Occupancy Status D Facility closed | | | | tomont | | | 20 California | | nue | | | | | | | | | |
| Abatement pe | | | | | | | City, State, Zip C | ode | | | | | | | | | | |
| Describe: Other-Describ | NORMAL H | IOURS | | | The same was a second | - | Paterson, N. | I 0750 |)3 | | | | | | | | | |
| Scope of Work (che | | | | | | | | | Il Containment w/ | nogativo | proce | uro | | _ | | | | |
| 3 sf or 3 If | П | Renovat | tion | | | | | = | ni-enclosure | negative | picss | uie | | | | | | |
| ≥160 sf or ≥26 | 50 If | Demoliti | | | | | | | ovebag procedure | | | | | | | | | |
| | - Z | | | used solely | / | | | ∐ No | on-Exempted (*) a | and Non- | riable | proc | edure E | _ | | | | |
| Location of asbestos-cont | aining | by mair | ntenance/cu | | 1 | nn of a | sbestos-containin | a | Amount | | e | е | n | E | | | | |
| material (acm abated in facil | | staff(12 | 1 | T - | material (| | SDCSIOS COMMININ | 9 | (Specify SF | or | m o | p a | c a | С | | | | |
| abated iii iacii | ity (13) | Yes | No | N/A | | | | | LF) | | v e | i | p | L | | | | |
| BUILDING EXT | ERIOR | | X | | SHINGLES | | | 700 SQ FT | | Ĭ | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Pagintared Wests III | vilos. | | | | | A7 | 1 | | 1 | | | | | | | | | |
| Registered Waste Ha D & S RESTORA | | | DEP Haulei 3506 | 100 | ubic Yards of V 10 YDS | vaste | Name of Registe | | andfill ESOURCE RE | COVER | Y | | | | | | | |
| City, State | | | | Disposal D | | | City, State | 11,10 | LUCOROL RE | COTEN | | | | | | | | |
| PATERSON, NJ | | | | 06/07/1 | 8 | | TULLYTOV | VN, P | A | | | | | | | | | |
| Completed by (Print | | Title | DEL'A | | Signature | | | | | Date | | | | | | | | |
| BOGDAN JOLDZIC PRESIDENT | | | | | | | | | | 06/04/ | 2018 | | | | | | | |

| OK#/7 | 7 7 | > / | / | | | | | | | | | Γ | Pr | int l | |
|--|--------------------|---|---------------------------------|-----------------------------------|---|---|---|-----------------------------|--|---------------------------|--------------|--------|-------------|-----------|--|
| HITOLO | | NOTE | CATIO | ate of Me V.OF ASBI To NJAD | ESTOS A | BATE | MENT | | | E C | U.S. | l W | | -1 | |
| Date of Notification (1) 5/9/18 | | Name of Building Owner/Operator (2) Nani Atma LLC | | | | | | | MAY | 1 4 | 20' | 18 | | | |
| Agencies Notified Type Notification | | Street A | Address | 200 | | | | | | | | | | | |
| EPA Initial Amended | | | City St | ate, Zip Co | de | Assistant of the Holl & | | | | | | | | | |
| DOL Amendment | | | | sboro, N. | |) | | | | | | | **- * * | | |
| ✓ Emergency justification) ✓ DCA ✓ Cancellation | | | Name of Contact Andrew Ricco | | | | | | Telephone Number | | | | | | |
| Name of Facility Where Abatement is Takir | a Place / | (3) | FAC | ILITY INFO | ORMATIC | N | Tuno | of English | (4) | | | | | _ | |
| Vacant SFD | ig riace (| (3) | | | | | Туре | of Facility School (K- | | | | | | | |
| Street Address | 8 | | Subcha | | | | | | (K-12) apter 8 (Other than K-12) i.e. private & commercial buildings, homes, | | | | | | |
| City (5) Deptford | | | | | | | | Floors | Bidg. Age | | | | | | |
| County (6) Gloucester | | | County (STATE | | _ | Current Use (Prior if being demolished) SFD | | | | | | | | | |
| Name of Monitoring Firm Hired by Building |) | ASC | √l No. | | | of Abatement Contractor (9) o Construction Corp | | | | | | | | | |
| Street Address | | | | | | Street Address 282 Creek Road | | | | | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Code Bellmawr, NJ 80031 | | | | | | | | | |
| Project Manager for Monitoring Firm | | | | | | bhone No. License No. 01339 | | | | | | | | | |
| Start Date (10) 5/19/18 | Schedu 7/31/1 | | npletion | Date (11) | | | of OSHA Monitor rew Ricco | | | | | | | | |
| Occupancy Status During Abatement (Chec | k Only O | ne) | | | | Street Address | | | | | | | | | |
| Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: | | | | | | 282 Creek Road City, State, Zip Code Bellmawr, NJ 80031 | | | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | Dem | 100 001 | , 140 000 | J 1 | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | ition ion | | | E | Mir Glo | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | | | | | | | | |
| | s Locati | | | | | | | d () and | 140:1-1:1181 | Abatement | | | | | |
| Location of Nom | | | ły | A=1 | | escription of | | | | | - | Ту | rpe | | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | | Maintenance/ Custodial Staff? (i.e. therma | | | | | taining Material (ACM) I systems insulation, acing, VAT, or miscellaneous) | | | nount pedify or LF) | Removal | Repair | Encapsulate | Enclosure | |
| Exterior | Yes | No | N/A | | Teas | to Ci- | dina | | 440 | 0.05 | | | 9 | 1000 | |
| Interior | _ | | X | | | ite Siding | | | | 0 SF | X | | | | |
| Interior | | | X | | | | ng Tile w Glazing | | | SF SF | X | | | | |
| intorior | | 1 | | | *************************************** | ., 010 | -1119 | | 100 | , UI | 1^ | | | | |
| Name of Registered Waste Hauler Ricco Construction Corp | Hauler ID No. of W | | | | | Name of Registered Landfill siste Salem County | | | | | l | - | | | |
| (5) | | | | | Disposa TB | - | // | City, State // Alloway, No. | | | | | | | |
| Completed by Andrew Ricco | Title Pres | Title President | | | | nature | 1/1 | all les | h | | ate /9/18 | | | | |