CH 3919	NOT	(Purs	TION O suant to	of New J F ASBES NJAC 8:6	TOS A 0 and	12:120)		D) <u>E</u>	CE					
Date of Notification (1) 03/09/2017				uilding Ow rigorian	/ner/Op	perator	(2)				MAR 1	5 20	17		L	4
Agencies Notified Type Notification		Sti	reet Add	ress						ASE	ESTOS	CON	TRO	OL (<u>]</u>	
EPA DEP Amended Amendment # Emergency (in justification) Cancellation	cluding	Li	ttle Silvame of C					-			LICEI	NSINO	3			_
DCA Cancellation		5		rigorian TY INFOR	MATIC	ON								W.		
Name of Facility Where Abatement is Taking Private House	Place (3)			.,			Ty	7 Scho	acility (4 ool (K-12)	u than V 1	2)				
Street Address							×	-	er (i.e. pr	ivate 8	r than K-1 commerc	ial build				1
City (5)							S	quare F	eet	# of	Floors	В	ldg.	Age	9	
Little Silver		C	ounty Co	nde (7)			С	urrent L	lse (Prio	r if beir	ng demolis	shed)			77-7	
County (6) Monmouth				SE ONLY)			H	House								
Name of Monitoring Firm Hired by Building O Brinkerhoff Environmental Services	wner (8) Inc.		ASCM 00100			Savi	ic C	Constr	ent Cont uction ((9)					
Street Address 1805 Atlantic Avenue						205	Ro		Suite	15						
City, State, Zip Code Manasquan, NJ 08736						Toto	SWC	te, Zip C a, NJ C								
Project Manager for Monitoring Firm Jason P. Hooper			elephon 32-22	e No. 3-2225		973-	-33	ne No. 39-973			License 01034	No.				
Start Date (10)	Scheduled 03/20/20		oletion D	ate (11)		Savi	Name of OSHA Monitor Savic Construction Corp									
Occupancy Status During Abatement (Check								ddress oute 46	3 Suite	15						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of Ab al Facility F	ateme lours	ent		_	City, State, Zip Code Totowa, NJ 07512										
Scope of Work (Check All That Apply)																
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		novati molitic					×	Mini-E	nclosure	e cedure	n Negative			dure	:	
	ls I	ocatio	on												ment	1
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	ormally Solely itenan	y by ice/ taff?	Asbest (i.e. t	os Con therma surfa	escription staining I syster acing, V miscella	Ma ms i /AT	aterial (A insulation, or	on,	(Amount Specify F or LF)	Removal		Repair	Encapsulate	Enclosure
	Yes	No	N/A		sio flo	or tilo		nd thin	set	1	30 SF	x	+			
Bathroom	-		X	cerar		dow gl			361		200 LF	X				
all house			^		WILL	JOW 91	Iaz	ing					\dagger			
	+															
Name of Registered Waste Hauler Savic Construction Corp		Н	JDEP W auler ID 2253		Cubic of Wa		3		GROW	/S	tered Land	Hill				
City, State Totowa NJ					Dispo	osal Da	ite		City, Sta Morrise	te eville,	PA					
Completed by Milos Savic	Title Projec	ct Ma	anager	9		Signati	ure	A.		0		Date 03/09	/20)17		

011 17/00F	- S1	tate of Ne	w Jer	sey - Notific	cation of Asbestos A	Abat	emen		G	E [\mathbb{V}			
GAC Project # 060-17)				. 8:60-7 and 12:120-7)		P	1				A Company		
Date of Notification (1)					Name of Building Owner/				MAR		017	20000		
March 10 Agencies Notified	, 2017	Notification	Type		RUTGERS, THE ST Street Address	TATE	UNIV	/ERSI	TY OF	NJ				
□ ЕРА		□Initial N	otificat	tion ification #1	ENVIRONMENTAL 27 ROAD 1, BLDG							. &		
DCA DOL		(new start		pletion dates)	City, State, Zip Code PISCATAWAY, NJ	0885	4							
☑ DEP- No Longer REQUIRED ☑ DOH)	justific	ation)		Name of Contact MICHAEL SMITH, E			Telep	hone Nu	ımber				
		□ Cancell	eu		HEALTH & SAFETY									
		. 51 (6)		FACILITY INF	SWITCH CO. 1 (1997) 1997 CO. 1 (1997) 1997 CO. 1									
Mame of Facility Where Abatement MEDICAL SCIENCE, BLI					Type of Facility (4) School (K-12)									
Street Address					Subchapter 8 (other than					Λ.				
RBHS NEWARK CAMPU	IS				Sq. Feet: N/A #				g. Age:		ears			
NEWARK	unty (6) ES	SEX		Code (7) Use Only)	Current Use (prior if being	g dem	olished)	: ACA	DEMIC					
Name of Monitoring Firm Hired by ATC	Bldg. O	wner (8)	ASCM 0098		Name of Contractor (9)									
Alo			0030		GREENWOOD ABAT	ГЕМЕ	ENT C	USNC	LTAN	rs, inc).			
3 TERRI LANE					Street Address									
					268 MAIN STREET									
City, State, Zip Code BURLINGTON, NJ 08	016				City State, ZipCode BUTLER, NJ 07405									
Project Manager for Monitoring Fir		Telephone N	umber		Telephone Number			Licens	e Numb	er				
BRIAN KEARNY	_	609-386-			973-492-0477			0084	n	_				
Scheduled Start Date (10)		Scheduled C	ompletio	n Date (11)	Name of OSHA Monitor									
03/17/17	1	03/20/17			ENVIROVISION, INC.									
Occupancy Status During Abate					Street Address									
□ Facility Closed/Vacated Durin □ Abatement Performed Outside				nt	20-21 WARGARAW ROAD									
Describe					City, State, Zip Code									
Schedule: 5PM - 5AM (24 H)	OURS	& WEEKE	NDS AS	S NEEDED)	FAIRLAWN, NJ									
Scope of Work (Check all that app	ly)				*									
									vith Neg	ative Pr	essure			
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ $\boxtimes > 160 \text{ sf or } > 260$	1f			☑Renovation ☐ Demolition			i-Enclos		ıre / Wra	n & Cur				
<u> </u>	11.			■ Demonton	10 <u></u>				and No			edure		
Location of Asbestos-Containing Material (ACM) in Facility (13)		ation Normall by Maint./Cu			estos Containing Material al systems insulation, surfaci		Amoun (Specif	t I		nent Typ				
Material (AGM) III Pacinty (13)	Staff? YES	(12)	NA	VAT, or other misc		ng,	or LF)	y or	Remove	Repair	Encap	Enclose		
C Level Corridor		X		VAT			1300	SF	X					
Name of Dag Wests Having		NIDED West	a Haular	ID #		45.0	· ·	Nomo	of Regis	torod Lo	odfill			
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Wast	e naulei	10#	Cubic Yards of Waste:	15 C	Υ		D.W.S.			iII		
Hauler #1) Greenwood Abatemen	t Consu	ıltants, Inc. –	Butler, N	NJ 07405	and the second	Disp	osal Dat	<u>e</u>		City, Sta		Aill		
NJDEP # 12561 Hauler #2) Newark Carting, Inc.,	Newarl	k, NJ 04509				03/2	20/201	7		Rd. Mor 19067		3000000		
110 1721 # 4505										215-736	1700			
Completed by (Print or Type)	_			_	Signature			<u>Date</u>	19.	1171-64				
RAYMOND C. PEDALING	1000	NJ DEP # 4509 Completed by (Print or Type) RAYMOND C. PEDALINO SENIOR PROJECT MANAGER						Raymond C. Pedalino March 10,2017						

CK126	60	Stat	e of No	ew Jer (Pursi	sey - Notific	cation of Asbestos A . 8:60-7 and 12:120-7)	bater	nen	E	Chic	图书	W2	至中			
GAC Project # 060-17	green strongs	teritoria.	th.					112	(
Date of Notification (1)			7			Name of Building Owner/C	perator	(2)								
March	1, 201	7	and the same of th	and the same		RUTGERS, THE ST	ATEL	JNIV	ERS	TMA BI	FNJ	2017	اسا			
Agencies Notified	manufactural (i)		otification	Туре	-65	Street Address		1								
					tion	ENVIRONMENTAL H	HEALT	TH &	SAF	ETY	DEPT.					
□EPA			Amend	ed Noti	fication #							\$TRO	L&			
□ DCA		79(5)					000, 2	1			ENSIN					
⊠ DOL		_			ricidaling		2254									
DEP- No Longer REQUII	RED	_		(Control Control Contr			0004		Tolon	hone N	ımhor					
			Cancell	ea			NIN/	1	- I GIGD	HOHE IN	umbei					
								Ĩ								
					EAGU ITV IN											
Name of Equility Where Abote	mont in T	Takina I	Diago (2)		FACILITY INF											
Agencies Notified																
MEDICAL SCIENCE, I	BLDG	# /25	07													
Stroot Address																
	DILE															
RBHS NEWARK CAW	1703					Sq. Feet: N/A # 0	of Floo	rs: 8	Bldg	g. Age:	60+ y	ears				
City (5)	County	(6)		County	Code (7)	1										
NEWARK	E	SSE	X			Current Use (prior if being	demolis	shed):	ACA	DEMIC						
	100		75/72													
Name of Monitoring Firm Hired	. Owne	er (8)	ASCM	No.	Name of Contractor (9)											
						GREENWOOD ABATI	EMEN'	TCC	NSU	LTAN	TS, IN	С.				
Street Address																
3 TERRI LANE																
						268 MAIN STREET										
City, State, Zip Code						City State ZipCode			- VIII							
	08016															
	A CONTRACTOR OF THE PARTY OF TH		lephone N	umber		The state of the s			Licens	e Numb	er					
	4 1 11111								2100110	0 1101110	<u> </u>					
The state of the s					Part S	973-492-0477			0084	0						
Scheduled Start Date (10)		Scl	heduled C	ompletio	n Date (11)	Name of OSHA Monitor										
03/10/17		03	3/13/17	- 446												
	26.50	11000	Medde		~	ENVIROVISION, INC.										
						Street Address										
▼ Facility Closed/Vacated D	uring Er	ntire Pe	eriod of A	batemer	nt											
■Abatement Performed Out	tside of I	Norma	I Facility I	Hours -			ROAD									
BURLINGTON, NJ 08016 Project Manager for Monitoring Firm BRIAN KEARNY Scheduled Start Date (10) 03/10/17 Occupancy Status During Abatement (Check Start Classed) Abatement Performed Outside of Normal Describe Soft Other – Describe:		85.0			City, State, Zip Code											
☑Other – Describe:																
Schedule: 5PM - 5AM (24	HOUF	RS & 1	WEEKE	NDS AS	S NEEDED)	EAIDLAWN NI										
				2.00	•	I AIRLAWIN, NO										
Scope of Work (Check all that	apply)		472-417	0.00												
							Full Co	ntain	ment v	vith Neg	ative Pr	essure				
≥ 3 sf or ≥ 3 lf					X Renovation		Mini-Er	nclosu	ıre							
区 > 160 sf or > 2	260 If				Demolition		Glove I	bag P	rocedu	ire / Wr	ap & Cu	t				
						\boxtimes	Non-E	xemp	ted (*)	and No	n-Friab	le Proce	edure			
Location of Asbestos-Containing	ng Is I	Locatio	on Normall	y Used	Description of Ast			mount			nent Typ					
Material (ACM) in Facility (13)				stodial				pecify	SF			_	F1			
=					VAT, or other mis	cell.)	or	LF)		Remove	Repair	Encap	Enclose			
	YE	=5	NO	NA												
C Level Corridor			X		VAT		1:	300 5	SF	X						
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									-		+-	-				
Name of Rea Waste Hauler	- Jan	NII	DED Wast	o Haular	ID#	[a	15.01		Nomo	of Pogis	tered La	ndfill				
	2				10 #	Cubic Yards of Waste:	15 61				North		ill			
	ment Co	nsultar	nts, Inc	Butler, N	NJ 07405	1	Disposa	I Date	di Ostani		City, Sta 100 Nev		ASII.			
	article		T 0 4500							THE R. P. LEWIS CO., LANSING, MICH.	Rd. Mor					
	nc., New	ark, N.	J 04509				03/13/	201	7		19067	noville,	. 4			
NJ DEF # #JUJ									ALLES WETTER		215-736	-1700				
Completed by (Print or Type) Title						Signature		- 4	Date		Titolin	William.				
						, ,	197	Date	Marc	h 1,20	17					
TAT MORD O. PEDALI						Raymond C. Ped	lalino	ST.		maic	1,20					
			William .	An.			day.									

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

Date of Notification (1) / 17			Name of Bu HOPES CA	uilding Owner / Oper P. INC	rator (2)								
$\frac{03}{3} / \frac{13}{3}$	/			Street Addr	ess		10)-5		- U U					
Agencies Notified EPA DEP DOH		Initial Amended Amendment _		301 GARDE City, State, HOBOKEN, Name of Co ANA MEJIA	Zip Code NJ 07030 ontact		Telephon	MAR 1 e Number	5 201	7				
DOL DOL		Cancellation					ASI	RESTOS		20L &				
Lond			FA	CILITY INF	ORMATION	L		LICE	NSING					
Street Address		ent is Taking F	Place (3)		Other (l.e bldgs., ho	er 8 (Other to ., private & comes, etc.)	commerc	ial						
City (5) SOMERSET			County Code (Square Feet 3,000 Current Use (Prior if DAYCARE	# Of Floors 2 being demo		Building	Age 47+					
			er (8)	ASCM NO 00126	NORTHSTAR CONT	RACTING G	ROUP. IN	IC.						
Street Address	TE 407				Street Address 32 Williams Parkway									
FAIRFIELD, NJ 0700)4		Training N		City, State, Zip Code	9								
	lonitoring Fi	rm	Telephone Nu 973-774-3300		East Hanover, NJ 07	036								
Sheduled Start Date	, ,	Sched. Comp	letetion Date (1	11) /17	Telephone Number 973-884-8682		License		0860					
Occupancy Status I	Ouring Abate	ement (Check	Only 1) tire Period of		Name of OSHA Mor NORTHSTAR CONT	itor RACTING G	ROUP. IN	IC.						
Abateme	nt				Street Address									
Hours - I	Describe:	WEEKENDS			32 Williams Parkway City, State, Zip Code									
Other - L	escribe:	. 7.00AIVI-7.00A	(IVI	East Hanover, NJ 07036										
Scope of Work (Ch	eck All That	Apply)												
≥3sf or_≥	3lf	▽	Renovation		Full Containment w Mini - Enclosure Glovebag Procedu Non-Exempted (*) a	re	able Proc	edure						
Location	of	ls	Ι .	Descript	ion of		Abatem R	ent Type	lΕ	ΙE				
TO BE ABA	TED	Location Normally Used Solely by Maintenance/ Custodial Staff (12)	(l inst	sbestos - C Material I.e., therma ulation, sur other misc	(ACM) I systems facing, VAT,	Amount (Specify SF or LF)	E M	R E P A I R	N C A P S U L	N C L O S U R				
	UOF OLIOP	YES NO N/	FLOOR TILE			60 SF	1							
1ST FL MAINTENA	AIRWELL		FLOOR TILE			18 SF	V							
2ND FL KITCHEN			FLOOR TILE			576 SF 12 SF	7	++	1 1					
		uler	FLOOR TILE NJDEP Wast		Name of Registere	d Landfill								
NEWARK CARTING	3		Hauler ID No 450	9 of Waste	The second secon	RAND CENTI	KAL)							
City, State NEWARK, NJ				Disposal Date	PEN ARGYLE, PA									
Completed by (Pri	nt or Type)		Title		Signatu	re	\circ		Date					
PAUL MAST	DOL Cancellation Teet Address D HAMILTON AVENUE Ty (5) DMERSET The of Monitoring Firm Hired by Bldg. Composed Markers Taking the decided Start Date (10) DMERSET The decided Start Date (10) DM			DENT	(la	Un	101		0	3/13/17				

Location of Asbestos Containing TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abateme R E M O V A L	R E P A I R	E N C A P S U L	ENCLOSUR
	YES NO N/A						
2ND FL PHONE CLOSET		FLOOR TILE	36 SF	7			
2ND FL REC ROOM		PLASTER CEILING	1600 SF	7			
2ND FL OFFICE		PLASTER CEILING	630 SF	7			
		İ					
	1000						
	1000						
	1000						
	1000			n			
					1 1		



D&S Proj. #: 17-73

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

D)-	EC	E		\mathbb{V}	E	n
	MAR	1 !	5	2017	and the same	

								111	MAR	15	201	7	$\ U\ $
Date of Notification (1)		Name of	Building Ov	vner/Operator (2)								100000
		BERN	ADETTE	VISSANI				AS	BESTO	S CO	NITE	01.5	2
Agencies Notified Type Notif	rication	Street Ad	ldress							IIGNI:		OL C	х
DEP Amended	d	I											
Amendmen	nt #:	City, Stat	e, Zip Code		-						_		
DOL ☐ Emerger	ncy	UNIC	N, NJ 070	183									
DOH (including justificati		Name of 0						Teleph	one Numb	er			
D DCA	VA.65	DEDA	JADETTE	MICCANII				T Clopi	TOTAL TRUTTE	-			
Cancella	tion	DEKI		VISSANI		W-2013					-		
Name of facility where abateme	nt in takin-	-1 (0)	FA	CILITY INFORM	MATIC	DN .							
realine of facility where abateme	nt is taking	place (3)					Ту	pe of Facilit	y (4) ool (K - 1)	٥١			
BERNADETTE VISSANI								=	chapter 8		thon.	V 40	
Street Address								Othe	er (Private/ s./Homes,	Comm			
City (5)	1.00						Sc	uare Feet	# of Flo	ors	T	3ldg.	Age
City (5)	100	unty (6)				unty Code (7)							
UNION		NION			(5)	ate use only)	C	urrent Use ((Prior if be	ng de	nolis	hed)	rice-
Name of Monitoring Firm Hired b	y Bldg. Ow	ner (8)		ASCM No.	-	Name of Abater	ment Contr	ractor (9)			_		
						D & S REST	ORATIO	ON, INC.					
Street Address						Street Address							-
City, State, Zip Code						_20 Californi							
Oily, State, Zip Code						City, State, Zip C	Code						
Project Manager for Monitoring Fin	rm	l r	Phone Numb			Paterson, N							
r reject manager for Monitoring Fil	1111		Phone Numi	per		Telephone Numi 973-345-8			License				
Start Date (10)	ICoho	d Carrie	tion Date (I	4)		Name of OSHA)1169			
10 140			tion Date (1	1)		D & S Resto		ıc.					
03/20/17		1/17				Street Address							
Occupancy Status During Abatem						20 California	a Avenue						
Facility closed/vacated durin Abatement performed outsid	ig entire per le of normal	iod of abat	tement.			City, State, Zip C	ode						
Describe:		racinty not	u15-		_								
Other-Describe: NORMAL	TALL THE PARTY OF				-	Paterson, N.	J 07503						
Scope of Work (check all that app							Full Co	ontainment	w/negative	press	ure		
	Renovati	nc					The state of the s	nclosure					
≥160 sf or ≥260 lf	Demolitio	n					Gloveb Non-E	pag procedi xempted (*	ure	friabla	2500		
Location of	Is location	n normally	used solely	/				xcripted () and Non-	R	R	E	
asbestos-containing material (acm) to be	staff(12)	enance/cus	stodial	Descriptio	n of a	sbestos-containing	g	Amount		e m	е	n	E n
abated in facility (13)	Yes	No	NI/A	material (A	ACM)	**		(Specify S	SF or	0	a	c a	C
	1	INO	N/A							v e	i	р	L
BASEMENT		X		PIPE INSUI	LATI	ON	50) 1 ft		Ň		П	\Box
												F	I
										in	Ē	Ħ	IT
										F	F	Ħ	Ħ
											一	Ī	T
Registered Waste Hauler D & S RESTORATION, INC.		EP Hauler		bic Yards of W	aste	Name of Registe							
Dity, State	135	00	Disposal Da	yd.		TULLYTOW	N, RESO	URCE RI	ECOVER	Y			
PATERSON, NJ 07503			03/21/17			City, State	AL DA						
Completed by (Print or Type)	Title		-5/21/17	Signature	_	TULLYTOW	N, PA		To				
BOGDAN JOLDZIC	PRESID	ENT		2.3					Date 03/08/	2017			
ASB-41	* Do not use	e this form	for asbesto	s licensure exer	mpted	activities.			03/08/	201/			

D&S Proj. #: 17-72

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



								15 %				- 1	
Date of Notification (1)				r/Operator (2)				ASBE	STOS	CON	TRO	L &	
Agencies Notified Type Notification		AVID SF eet Address	CHOCK- DAVIS CONTRACTOR	,				1	LICE	HSH	3		
☐ EPA ☐ Initial	11300	et Addres.	3										
DEP Amended	1	11110 - 711	0.1.000										
Amendment #:_		, state, ZI		050.10									
Lemergency	-	MAPLEW		IJ 07040				Telephone	Number		-1-2		
DOH (including justification)	Nan	ne of Conta	act					1,000	#0#0#100000000000000000000000000000000				
☐ DCA ☐ Cancellation	<u> </u>	LARRY S	SPRAGU	JE				=		=		_	_
			FACI	LITY INFORMA	ATION		1=		0				
Name of facility where abatement is	taking place	e (3)					Тур	oe of Facility (4)	(K - 12)				
DAVID SPRAGUE								Subchar		her th	an K-	12)	
								Other (P				-	
Street Address								Bldgs./H					
							So	uare Feet #	of Floors	5	Bla	g. Ag	е
City (5)	County	/ (6)				ty Code (7)	_		101		l'alaa	1/	
					(State	e use only)	C	urrent Use (Prid	or if being	g demo	olisne	1)	
MAPLEWOOD	ESSE			100111		Name of Abatemer	ot Cont	ractor (9)				_	
Name of Monitoring Firm Hired by B	ldg. Owner	(8)		ASCM No.									
					_ -	D & S RESTO	RAII	JN, INC.				_	
Street Address													
					_	20 California				-			
City, State, Zip Code						City, State, Zip Cod							
					.	Paterson, NJ (Telephone Number			License	Numb	er		
Project Manager for Monitoring Firm		Pho	ne Numb	er		973-345-802				1169	01		
					-	Name of OSHA Mo							
Start Date (10)	Sched.	Completion	n Date (11)		D & S Restora		Inc.					
03/27/17	04/14/	17			- 11	Street Address	ttion, .	ine.					
Occupancy Status During Abatemen						20 California	Avenu	e					
Facility closed/vacated during			nent.		11	City, State, Zip Coo							
Abatement performed outside	of normal fa	acility hours	S-										
Describe: NORMAL Ho	OURS				-11	Paterson, NJ	07503						
Scope of Work (check all that apply					_ 11		TFull (Containment w/	negative	press	ure		
		28						-enclosure	ă				
	Renovation	1					Glov	ebag procedure	Э				
≥160 sf or ≥260 lf	Demolition			,		L	Non	-Exempted (*)	and Non-	TR	Proce	E	1
Location of	Is location by mainter	normally u						Amount		е	е	n	E
asbestos-containing material (acm) to be	staff(12)	10110070000		Descripti material		sbestos-containing		(Specify S	For	m o	p	c a	n c
abated in facility (13)	Yes	No	N/A	material	(/ (0())			LF)		V	i	p	L
20 TO 10 TO			1.35	1	TX ACTIV	ONI				e	l r	П	\vdash
BASEMENT BOILER Rm.		X		PIPE INSU						ዙ	H	Η	ዙ
BASEMENT FAMILY Rm.		_X_		PIPE INSU	JLATI	UN				+	금	Η	ዙ
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										片	片	片	井
								-1611				Ш	1
Registered Waste Hauler		P Hauler I		Cubic Yards of	Waste	Name of Registe TULLYTOW	red Lar N RF	atili SOURCE RE	COVE	RY			
D & S RESTORATION, INC.	1350		Disposal I	2 yds.		City, State	Y, ICE	JOURCE RE		-			
City, State PATERSON, NJ 07503			03/28/1			TULLYTOW	N. PA						
Completed by (Print or Type)	Title		03/20/	Signature		1			Date				
Rosalie Aguirre	Secretary	/							03/08	3/172	017		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

			(Pi	ursuan	nt to NJA	C 8:60 and 5:16	6) Check		112	2			
Date of Notification (1)	13 /	17		1		g Owner/Operator (: Park Township S		IN E	C I	3	\[\varthing{\bar{V}}		
Agencies Notified	Type Notifica	ation		Street	Address	-			<u> </u>			1	
⊠ EPA	☐ Initial	20011		700-700	Washing	ton Ave							
□ DOLWD	☐ Amended	i			State, Zip C			11111	AAR-	15	20	17	
□ DOH	Amendm	ent #	•			Park, NJ 08010		feet le					
☐ DCA	Emergen		g		of Contac			Telephone Num	XX.				
(NJAC 5:23-8)	justification Cancellat			100000000000000000000000000000000000000		n/Nancy Lane		[hilb: [) [] [] by perior was		7.0	TMC	ROL	
						IFORMATION					-		
Name of Facility Where	Abatement is T	aking Place	(3)				Type of Facility (4	4)			500		
Anne C Jacques S	chool						School (K-12)						
Street Address							Subchapter 8			حالمال			
25 Washington Ave	e, Beverly, N	J 08010					Other (i.e., pri homes, etc.)	vate and commer	Clai Du	nang	5,		
City (5)	-						Square Feet	# of Floors	Ble	dg. Ag	ge		
Beverly, NJ 08010							30,000	1	1	50+			
County (6)		50		Cour	ntv Code (7)(STATE USE ONLY)	Current Use (Price	or if being demolis	shed)				
Burlington				2-	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	School		,				
Name of Monitoring Firm	Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abateme							
Epic Environmenta	al Services					Controlled E	nvironmental S	ystems					
Street Address	***************************************					Street Address							
1930 Brown Rd						1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code						City, State, Zip Co	ode		-				
Newfield, NJ 08344	!					Spring House	e, PA 19477						
Project Manager for Mon	itoring Firm		Tele	ephone	No.	Telephone No.	2.02.3	License No.					
James Eberts			8	56-205	-1077	215 542 7000		00847					
Start Date (10)	5	Scheduled C	omple	etion Da	te (11)	Name of OSHA N	lonitor	L.					
3 / 24 /	_17	4/	2	/	17	CES							
Occupancy Status During	g Abatement (Check only	one)			Street Address							
☑ Facility Closed/Vacate	ed During Entir	re Period of	Abate	ment		1121 N. Beth	lehem Pike - Su	ite 60					
Abatement Performed					cribe	City, State, Zip Co	ode				2.00		
Time of Abatement: _	AM-3:00	PM/P	M-12	MA <u>00</u> :	M = 1	Spring House	e, PA 19477						
Work on Walkeno - s Scope of Work (Check al	Il that apply)	4 6 3:30	moco	747	an Michiga	4							
			enovat				tainment with Nega	ative Pressure					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			emoliti				g Procedure						
		_				⊠ Non-Exe	mpted (*) and Non	-Friable Procedu	re				
		24 7.5	Loca						Ab	atem	ent T	уре	
Location		115-	Norma	ally ely by	A - L -	Description of		A	Re	Re	Щ	四四	
Asbestos-Containing TO BE ABA		17	ainten			stos Containing Ma ., thermal systems		Amount (Specify	Remova	Repair	cap	Enclosure	
IN Facil		Cus		Staff?		surfacing, VAT	, or	SF or LF)	Val		Encapsulate	sure	
(13)		Vac	(12)	1	-	other miscellane	ous)				ate) sections	
Uellowy/Deiler reem	Cailings	Yes	No		Dwarel	L Jaint Commons	a d	>25 SF					
Hallway/Boiler room					 	I Joint Compour						분	
Doorways Througho	ut				ACM II	ransite Doorway	Paneis	808 SF				片	
					-				井			분	
.,,	All I I I I I I I I I I I I I I I I I I		Ш		<u> </u>	Tour				Ш			
Name of Registered Was			100	NJDEP N Hauler II		Cubic Yards of Waste	Name of Regist		iv I a-	AE11			
Geppert Recycling						10		erks Communt	y Lar	uilli			
City, State Hatfield, PA						Disposal Date	City, State Birdsboro,	PA 19508					
		T:4				The second secon							
Completed By (Print or T	ype)	Title	N //		Patron 1800 3/13/1								
Patricia Visco		Office	iviana	iger		Halin	w VADCE	T	2/1	3/1	17		