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

	D W ⊗	N	otification of Asb suant to NJAC 8	:60-7 and	12:120-	7)	Check #	6420					
V 02402	2014-32	(Pur	Suam to No.						1 7				
B & G proj. #:			(2)						- 1				
- us tien	(1)	Name of Buildin	g Owner/Operator (2)			*				-			
Date of Notification	(.,	Chris Chap	man		-			_	0014				
10131/1014	Type Notification	L Address					MAR	_/_	2014			7	
Agencies Notified	Type	31 East Ch	nrystal Street										
_	M Initial	City State, Zip	Code			SI #		- Murr	her	-		-	
☐ DEP	Amendment	Dover, N.	07801				Telepho	ne Ivuii	IDCI				
DOL DOL		Name of Conta	act				1=			_=		=	
DOH.	Cancellation	Chris Ch	apman									_	
☐ DCA			FACILITY INFO	RMATION		T_T_	pe of Facili	ty (4)					
			TACIL			1 1,			- 12)	on K-12	`		
	where abatement is taking	g place (3)	122				Su	bchapte	r 8 (Other th	rcial	6		
							Oth	ner (Priv	rate/Comme nes, etc.		-		
Chris Chap	man						Square Fee		f Floors	Bldg.	Age		
Street Address	5			7000				4		<u></u>	_		
31 East Ch	nrystal Street			Cour	ity Code (Current Us	e (Prior	if being der	nolishea)		
		County (6)		(Stat	e use only	" 11	resident	ial					
City (5)		Morris			Name of	Abatement C	ontractor (9)					
Dover	by Bldg	Owner (8)	ASCM	No.	D&C	Restoration	n, Inc.						i
Name of Mon	nitoring Firm Hired by Bldg N/A				Street A	ddress							
	INA			1	105 F	everson Roa	d						
Street Addres	SS				City Sta	te, Zip Code							=
					Line	coln Park, N.	7 07035		License No	umber			
City, State, Z	ip Code		N. whor	-	Teleph	one Number			0378		_	_	=
	ager for Monitoring Firm		Phone Number		973	of OSHA Mor	itor						
Project Mana	ager for Monte				Name	G Restorat	ion, Inc.						==
	D-45 (10)		pletion Date (11)		Street	Address		110					
Scheduled S	Start Date (10)	03/17/2	014		10	S Rverson R	oad						
03/17/2	2014	(Check only or	ne)		City.	State, Zip Cod	le						
Occupancy	/ Status During Abatemen	entire period of	abatement.		1.1								
☑ Facil	lity closed/vacated during tement performed outside	of normal facility	y hours-		- L	incoln Park,	NJ 07033		wrap	& cut			
Dac	cripe.								Glove	bag prod	edure	3	
· [7] Oth	or-Describe:	v)			☐ Full C	ontainment w	negative pr	essure	□ Non-	friable pr	ocedu	те	
Scope of	f Work (check all that appl	Renovation			Mini-	enclosure				TRI		E	Е
		400 of or >26	O If					Amou	nt	e m	e p	n	n
☑ > <u>3</u>	sfor>3 lf		-mally lised solery	D-seriatio	on of asbe	stos-containin	g	(Spec	ify SF or	0	a	а	L
Lo	ocation of	by maintena	nce/custodial	material (ACM)			LF)		v e	1	р	1
as	sbestos-containing	staff(12)	No N/A					00 lf		W	旦	닏	卄
a	bated in facility (13)	Yes	140	oipe insula	ation			00 11			目	님	1
			X								부	岩	+
Base	ment							-			뷰	#	+
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						Name of Reg	istered Lan	dfill		ter			
			P Hauler ID#	ubic Yards o		Name of Reg Tullytown	Resource	& Rec	overy Cen	tol		===	
Dogiel	tered Waste Hauler	NJDE 195	P Hauler 15	1 yd		City, State				<u>a</u>			
B &	G Restoration, mer		Injenosal	Date 18/2014		Tullytown	n, PA	-	D	ate	12.20		
	Otata			T Signature	-	Gordana -	Luna		0	3/04/2	J14		-
T in	coln Park, NJ 07055	Title	III - a a surer			yourna a							
Com	npleted by (Print or Type) ordana Luna	Secretar	y/Treasurer			15							
<u>G</u>	Oluana Dani		920										

State of NJ Notification of Asbestos Abatement

2014-31

Completed by (Print or Type)

Gordana Luna

Secretary/Treasurer

(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: Check #6419 Date of Notification (1) Name of Building Owner/Operator (2) 10 | 3 | / 10 | 4 | / 1 | 4 | Jackie Millington Type Notification Agencies Notified Street Address ☐ EPA 1539 Long Hill Road Initial V ☐ DEP City, State, Zip Code Amendment N DOL Millington, NJ 07946 Telephone Number Name of Contact DOH Cancellation Jackie Millington ☐ DCA FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) Jackie Millington Other (Private/Commercial Street Address Bldgs./Homes, etc. # of Floors Bldg. Age Square Feet 1539 Long Hill Road County Code (7) County (6) City (5) Current Use (Prior if being demolished) (State use only) Millington Morris Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. B & G Restoration, Inc. N/A Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 0378 973-696-6869 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. Street Address 03/14/2014 03/14/2014 Occupancy Status During Abatement (Check only one) 105 Ryerson Road City, State, Zip Code ✓ Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: wrap & cut Scope of Work (check all that apply) √ Glovebag procedure Full Containment w/negative pressure Demolition Non-friable procedure Mini-enclosure ≥160 sf or ≥260 lf $\sqrt{} > 3 \text{ sf or } > 3 \text{ If}$ E is location normally used solely 0 n Amount Location of by maintenance/custodial m Description of asbestos-containing p C asbestos-containing (Specify SF or C staff(12) 0 a a material (ACM) material to be V p abated in facility (13) N/A No Yes 5 If pipe insulation Boiler Room Name of Registered Landfill Cubic Yards of Waste NJDEP Hauler ID# Registered Waste Hauler Tullytown Resource & Recovery Center 19563 1/4 vd B & G Restoration, Inc. City, State Disposal Date City, State Tullytown, PA 03/15/2014 Lincoln Park, NJ 07035 Date Signature

Gordana Luna

03/04/2014

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

D&S Proj. #: 2014-80		(Pur	rsuant	to NJAC 8	8:60 and	d 12:120)	F	(2 T)		Γ.	1-1		
Chack # ODES	538								- 1		- 1	1_	_
Date of Notification (1)	Nai	me of Building C)wner/O	perator (2)				MAR	- 7 201	4			
0 3 /0 3 /14	P	AMELA DEL	MUR	0			117	IAIL	(_		+	
Agencies Notified Type Notificat	11	eet Address								1	•		
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Amendment #							******						
Emergency			07410				+	Telephone	Number				
justification) [[T 14T II	BO.			1	1	h				_
☐ DCA ☐ Cancellatio	n .				TION					-			
			FACILIT	Y INFORMA	ATION		Type	of Facility (4	.)				
Name of facility where abatement	is taking place	e (3)					1,750	School	(K - 12)				
PAMELA DEL MURO									pter 8 (Oth			2)	
Street Address								Other (I Bldgs./I	Private/Con Homes, etc	imerci			_
4 15 HARTI EY PLACE							Squ	are Feet	# of Floors		Bldg	. Age	
City (5)	To HARTLEY PLACE To y (5) County (6) BERGEN The of Monitoring Firm Hired by Bldg. Owner (8) Seet Address State, Zip Code								ior if being	demol	ished'		_
	EPA								ioi ii being	uoino.			
Fair Lawn			TA	ASCM No.	Na	ame of Abatemen	t Contra	ctor (9)			(
Name of Monitoring First Three b	y Diag. Owne					D & S RESTOR	RATIO	N, INC.					_
Street Address					St	reet Address							
0.1001.1441-1-1						20 California A ty, State, Zip Cod	The state of the s				-		_
City, State, Zip Code					Ci	Paterson, NJ (
		Phone	Number		— T	elephone Number			License 1		r		
Project Manager for Monitoring Fi	rm	Priorie	Number			973-345-802	.0		01	169		_	_
	Ischer	Completion Da	ate (11)		_ N	D & S Restora							
Start Date (10)	Air Lawn BERGEN The of Monitoring Firm Hired by Bldg. Owner (8) State, Zip Code State, Zip Code State (10) Art Date (10) Art Date (10) Sched. Completion Date (11) O3/28/14 State (13/14 State (10) Phone Number O3/28/14 Sched. Completion Date (11) Alayley (13/14 Sched. Completion Date (11) Alayley (13/14) Sched. Completion Date (11) Alayley (13/14) Sched. Completion Date (11) Sched. Completion Date (11)												_
03/13/14	t Address 5 HARTLEY PLACE (5) County (6) County (7 State unit of the properties of Monitoring Firm Hired by Bidg. Owner (8) ASCM No. I t Address State, Zip Code of Manager for Monitoring Firm Phone Number of Manager for Monitoring Firm Phone Number of Date (10) Sched. Completion Date (11) 03/28/14 pancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-Describe: NoRMAL HOURS pe of Work (check all that apply) >3 sf or >3 If Renovation ≥160 sf or ≥260 If Demolition												
☐ Facility closed/vacated duri	ng entire per	iod of abatemen	ıt.			ity, State, Zip Coo							
Abatement performed outs	ide of normal	facility hours-				50 000 50 2012	.==						
Describe: NORMA	L HOURS				$- \bot$	Paterson, NJ			/n agativa	procei	ire	_	=
Scope of Work (check all that a	oply)					<u> </u>		Containment enclosure	w/negative	picssi	no.		
\boxtimes >3 sf or >3 lf						Ī	Glove	ehag proced	ure	iriabla	proce	dure	
≥160 sf or ≥260 lf							Non-	Exempted (*) and Non-	R	R	E	E
	ls location	on normally used tenance/custodi	a solely al		ition of as	hestos-containing	.	Amount		e m	e p	n	n
asbestos-containing material (acm) to be	staff(12)				(ACM)			(Specify LF)	SF or	0 V	a i	a p	C L
abated in facility (13)	Yes	No	N/A		7					e	-		
BASEMENT				PIPE INS	ULATIO	ON		90 L FT			H	片	ዙ
										片	H	H	恄
										旨	盲		
Registered Waste Hauler	INJ	DEP Hauler ID#	С	ubic Yards o	of Waste	Name of Registe	ered Lan	ndfill	DECOVE	ov			
D & S RESTORATION, IN		3506	1	yd		TULLYTOW City, State	N, RE	SOURCE	ECUVE.	<u> </u>			
City, State			sposal D 03/14/1			TULLYTOV	WN, PA	Δ					
PATERSON, NJ 07503 Completed by (Print or Type)	Title			Signature		L 			Date	2/1.4		COLUMN TO SERVICE	8
BOGDAN JOLDZIC		DENT				1 0 34 -			03/0	5/14			

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

D&S Proj. #: 2014-79 Name of Building Owner/Operator (2) Date of Notification (1) 0 3 /0 3 /1 3 MICHAEL CINGARI Type Notification Agencies Notified Street Address X Initial ☐ EPA 202 LINCOLN DRIVE Amended DEP City, State, Zip Code Amendment #: 冈 DOL OCEAN, NJ Telephone Number Emergency Name of Contact (including DOH justification) MICHAEL CINGARI ☐ DCA Cancellation FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) MICHAEL CINGARI Other (Private/Commercial Bldgs./Homes, etc. Street Address Bldg. Age # of Floors Square Feet 202 LINCOLN DRIVE County Code (7) County (6) Current Use (Prior if being demolished) (State use only) MONMOUTH **OCEAN** Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) D & S RESTORATION, INC Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 01169 973-345-8020 Name of OSHA Monitor Sched. Completion Date (11) D & S Restoration, Inc. Start Date (10) Street Address 00/28/14 00/13/14 20 California Avenue Occupancy Status During Abatement (Check only one) City, State, Zip Code Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-Paterson, NJ 07503 Describe: Other-Describe: NORMAL HOURS Full Containment w/negative pressure Scope of Work (check all that apply) Mini-enclosure \times >3 sf or >3 lf Renovation Glovebag procedure Non-Exempted (*) and Non-friable procedure Demolition >160 sf or ≥260 lf E E Is location normally used solely Amount by maintenance/custodial m Location of Description of asbestos-containing (Specify SF or C asbestos-containing 0 a a staff(12) material (ACM) LF) material (acm) to be N/A abated in facility (13) Yes No 冈 180 L FT PIPE INSULATION BASEMENT Name of Registered Landfill Cubic Yards of Waste NJDEP Hauler ID# TULLYTOWN, RESOURCE RECOVERY Registered Waste Hauler 2 YDS D & S RESTORATION, INC. 13506 Disposal Date City, State TULLYTOWN, PA 03/14/14 PATERSON, NJ 07503 Date Signature Title Completed by (Print or Type) 03/03/14 PRESIDENT ROGDAN JOLDZIC

State of NJ Notification of Asbestos Abatement

	No	otification	of Asbest	co and	12:120)							
D&S Proj. #: 2014-78	(Pt	ursuant to	NJAC 8:	00 and	12.120)				7	2 7		
Check# 00553	Name of Building	Owner/Ope	erator (2)								1	9
pate of Notification (1)						- 9	1110		.00	_	-	-
0 3 / 0 3 / 1 3	AL BOLT Street Address					7	191731 1	- / 40	714		.	
Agencies Notified Type Notification Initial			PART III								_	_
Amended	104 MOUNT		ENUE									
DEP Amendment #:	City, State, Zip C		> T 07006			i	- A C					-
☑ DOL ☐ Emergency	NORTH CA		L, NJ 07000)		Te	elephone Nur	nber				
DOH (including justification)	Name of Contact											_
DCA Cancellation	AL BOLT			FION								
		FACILITY	/ INFORMAT	TION		Type of F	Facility (4)	10)				_
Name of facility where abatement is take	ting place (3)				1	1 4	School (K		than l	K-12)		
						1 4	Subchapte Other (Priva	r 8 (Otner	ercial	(-12)		
AL BOLT							Bldgs./Hom	nes, etc.				_
Street Address						Square	Feet # of	Floors	E	3ldg.	Age	
104 MOUNTAIN AVENUE				County	Code (7)						_	=
City (5)	County (6)		1	(State	use only)	Curren	t Use (Prior	if being de	emolis	hed)		_
NORTH CALDWELL	ESSEX			LIN	ame of Abatemen	t Contracto	r (9)					
Name of Monitoring Firm Hired by Bld	g. Owner (8)	A	SCM No.		D & S RESTOR							_
				= =	treet Address	dillor,						
Street Address					20 California	Ave.						
					ity, State, Zip Cod							
City, State, Zip Code					Paterson, NJ							_
		- Number		— _T	elephone Numbe	r	L	icense Nu		M		
Project Manager for Monitoring Firm	Pho	ne Number		- 11	973-345-802	20		011	69		_	_
				_	Name of OSHA M	onitor						
Start Date (10)	Sched. Completion	Date (11)			D & S Restor	ation, Inc.						_
	03/28/14				Street Address	62°000 (3.0°000) (4.0°00)						
03/11/14 Occupancy Status During Abatement					20 California					_		_
FT - wwwtanadhracatad during e	infire period of abates	nent.		1	City, State, Zip Co	ae						
Abatement performed outside of	of Horman lability from	S-		-11	Paterson, NJ	07503						
Describe: NORMAL HO	OURS			$- \square$	Paterson, 143	Full Cor	ntainment w/	negative p	ressu	ire		
Scope of Work (check all that apply)						Mini-en						
	Renovation					To Olamahi	an procedure	e d Non fi	iable	nroce	dure	
1 1 1 1 1 1 1 1 1 1 1 	Demolition					Non-Ex	cempted (*) a	and Non-I	R	R	E	E
	Is location normally	used solely					Amount		e m	e p	n c	n
Location of asbestos-containing	by maintenance/cus	todial	Descrip	otion of a	sbestos-containin	9	(Specify S	F or	0	a	a	C L
material (acm) to be	staff(12)	1	materia	al (ACM)			LF)		v e	i	р	-
abated in facility (13)	Yes No	N/A					8 L FT		×			
TARREST OF STREET	X		PIPE INS	SULAT.	ION		SQFT		X			
BASEMENT BASEMENT	X		CHIMNE	EYPAC	KING		0 L FT				X	
BASEMENT	X		BARE H	EATIN	G PIPES		OLII					
BASEMENT									愩			
				-6/67: -	Name of Regis	tered Land	fill					
Registered Waste Hauler	NJDEP Hauler	10"	Cubic Yards	of waste	TULLYTO	WN, RES	OURCE R	ECOVE	RY			
D & S RESTORATION, INC.	13506	Disposal	1 yd Date		City, State							
City, State		03/12/		32	TULLYTO	WN, PA		Train			_	
PATERSON, NJ 07503	Tests	-]	Signature	е				Date 03/01	/14			
Completed by (Print or Type)	Title PRESIDENT							03/01	717			

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

Dog Park Harrison		(Pursua	int t	o NJAC 8	3:60 and	12:120)					_		
D&S Proj. #: 2014-82	~	,					. 12		可厚		Γ		
(hoc. 1 + 00553	9	Building Owne	rlOr	perator (2)		- 14							
Date of Notification (1)	11			erator (L)						4	,		_
0 3 / 0 3 / 1 3		GALLEGO	OS					MAH - /	2014		T		
Agencies Notified Type Notification EPA Initial				Lie		1.5	4			Ī			_
DEP Amended		OUNTAIN'	WΑ	Y				110 110	4000000	1	1		
Amendment #:		e, Zip Code		-050		0		1	44		لــــــــــــــــــــــــــــــــــــــ		
☑ DOL ☐ Emergency		ERFORD,	NJ (7070				Telephone N	lumber_				
DOH (including justification)	Name of								D194 Ellinson				500
☐ DCA ☐ Cancellation	SUSA	AN GALLEC					_	Carrie Galler					_
		FAC	ILIT	/ INFORMA	TION		TT.	e of Facility (4)					-
Name of facility where abatement is	aking place (3)						Typ	School (K - 12)				
								Subchap	ter 8 (Othe	er than	K-12)	
SUSAN GALLEGOS			_					Other (Pr	ivate/Com	mercia	al		
Street Address							- 50	The state of the s	omes, etc.	\top	Bldg	Age	_
336 MOUNTAIN WAY			_		0	Code (7)	1 34	uale i coi					_
City (5)	County (6)					ise only)	C	urrent Use (Pric	or if being o	demoli	shed)		
DAMMED FORD	BERGEN	1						78				_	_
RUTHERFORD Name of Monitoring Firm Hired by B			A	SCM No.	1 1	ame of Abatemer							
Name of Worldoning Firm Fire 2 y	•					0 & S RESTO	RATIO	ON, INC.			_	_	_
Street Address			1=		St	reet Address							
Street Address						20 California							
City, State, Zip Code					Cit	y, State, Zip Cod							
2.3,					_ -	Paterson, NJ (0/303		License N	lumbe	r		_
Project Manager for Monitoring Firm		Phone Nun	nber			973-345-802			01	169			_
					N	ame of OSHA M							
Start Date (10)	Sched. Con	pletion Date	(11)	6-		D & S Restor		Inc.					
03/14/14	03/28/14				s	treet Address							
Occupancy Status During Abatemer	nt (Check only or	ne)				20 California		1e			_	_	_
T Facility closed/vacated during	entire period of	abatement.				ity, State, Zip Co	de						
Abatement performed outside	of normal facilit	y hours-				Paterson, NJ	0750	2					
Describe: NORMAL F	IOURS				$-\bot$	Paterson, NJ	0750.	Containment w	/negative	pressi	ure		
Scope of Work (check all that appl						Į.		i-enclosure	moganio				
	Renovation						M CIO	webar procedu	re			duro	
≥160 sf or ≥260 lf	Demolition						☐ No	n-Exempted (*)	and Non-	R	R	E	_
Location of	Is location no	mally used so	olely				9	Amount		e m	e	n	E n
asbestos-containing	by maintenan staff(12)	ce/custodiai		Descrip	otion of as al (ACM)	bestos-containin	g	(Specify S	SF or	0	p a	c a	C L
material (acm) to be abated in facility (13)	Yes	No N/	Α	matena	ii (AON)			LF)		v e	i	р	-
abated in facility (10)	res	140		D.Y.	THE ATT	ON		53 L FT		×			
BASEMENT		$X \sqcup$	_	PIPE INS	OLAIN	JN							
			-										
	INIDER	Hauler ID#	TO	ubic Yards	of Waste	Name of Regist	tered L	andfill	ECOME	ρV			
Registered Waste Hauler D & S RESTORATION, INC			_	YD		TULLYTOV	VN, R	ESOURCE R	ECOVE	N I	_		
City, State		Dispo				City, State TULLYTO	WN I	PA ·					
PATERSON, NJ 07503		03/	15/1	4 Signature		TULLITO	,, 14, 1		Date			- Fold	
Completed by (Print or Type)	Title PRESIDEN	JТ		Signature	•				03/03	3/14			
DOCDAN IOI DOIC	LEKENIDEL	1.1		1									

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

1 01 17		NOII	Purs	uant to N	JAC 8:60	and 12:12	0)							
No Check		,			lding Owne									
atte of Notification (1)	4		1	S.E.G.				A September 1	17 7	5) 13 °	Ŋ	F		+
gencies Notified Type	Notification		Str 40	reet Addre	ess OLEY RO	DAD			127 1	2 20 2	· ·	¥2.		
DEP S	Initial Amended		Cit	v State	Zip Code PLAINFIE		07080		M	如 一刀 .	2774			
. 1	Amendment # Emergency (includ	ing		ame, of Co				- 1	Teler				-	J
DOH DCA	justification) Cancellation		6	1)161	LIAM	1 /	MONI	AGUE	<u> </u>				~	j
ame of Facility Where Abater	ment is Taking Plac	e (3)	Α.	FACILIT	Y INFORM	ATION	Туре о	f Facility (4)	****		÷		14 2200]_
PSEYG	7						⊣ ⊓ s	chool (K-12) ubchapter 8	Other	than K-12) commercial b	g uilding	ıs. ho	mes.	
treet Address	AYETTÉ		P	0				tc.)	# of F			. Age		
ity (5)	1							NA	R	11	NI			24
FORDS	<u> </u>		C	County Co	de (7)		Currer	nt Use (Prior	if being	demolished) * .)		
MINN	IFSE)	\leq	16			Na	ne of Abat	ement Contr	ractor (ATIC) /			_
lame of Monitoring Firm Hire ENVIRONMENTAL TA	d by Building Owne CTICS	er (8)		ASCM N 0045	NO.	U	NIQUE S	YSTEMS	OF A	MERICA				
Street Address 64 BROAD STREET					,	39		EHEAD A	VE.					_
City, State, Zip Code						Cit	y, State, Zi OUTH R	ip Code IVER, NJ	08882	2				
MATAWAN, NJ 07747 Project Manager for Monitoring	ng Firm			Telephone			lephone N 32-432-8			License No. 01111				
TOM GEIGER Start Date (10)	Sch	heduled	- 1	poletion D		Na	me of OSI	HA Monitor	S OF A	MERICA				
Occupancy Status During Ab	atement (Check O	2/ nly One	ر ()	5//	T -	St	reet Addre							
Tacility Closed Warsted	During Entire Peri	od of Al	batem	nent		4	ly, State, Z							
Abatement Performed (1Thooks	acinty i				- S	OUTH F	RIVER, NJ	0888	2		-		
Scope of Work (Check All Th	nat Apply)						Пы	ıll Containm	ent with	Negative Pr	essure	:		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoli				H M	ini-Enclosure	e cedure				,	
							⊠ N	on-Exempte	d (*) an	d Non-Friable	A 100	Abate	ment	5
		2235	Locat			Descri	ption of				-	Ту	pe	_
Location of Asbestos-Containing Ma		Use	d Sole	ely by ance/	Asbest	os Contain	ing Materia stems insu	al (ACM)	100	Amount Specify	Z.	70	Enc	Ī
TO BE ABATE In Facility	D			Staff?	(i.e. t	surfacin	g, VAT, or cellaneous			F or LF)	Remova	Repair	Encapsulate	Filotophia
(13)		Yes	No			Other mis	Conditional	,			<u></u>		ate	L
outsibe Su	05707301	100	×		121	PNSi7	E Pi	PE	10	DOLF	X			L
DUISIBE SU	DIGITION										-			+
												-		-
	11 1-			NJDEP V	Vaste	Cubic Y	ards	Name o	f Regis	tered Landfill			1	-
Name of Registered Waste				Hauler ID		of Waste		GROV		ORTH				
City, State						Disposa	Date GÀ	City, Sta	ate RISVII	LLE, PA			<i></i>	
ELIZABETH, NJ		Title				Sig	nature	100		n Da	ate /	3/	16	1
CAROL RAIMO		OFF	ICE	MGR.			(a	ral X	ac	100	/_	//	/	-

CK# 5/27

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

	NOTIFI (P	HISUS	ant to NJ	AC 8:60 an	d 12:120)						-300		2
([F] [9 13 1	Till			
14					4		1						-
Type Notification		400	oo HAD	LEY ROA	ND			N. F	4 8 - 7	2014		1	-
Initial Amended		City	, State, Zi	p Code _AINFIEL	D, NJ 0	7080		100			-	7.5.3 4 .	-
Emergency (includi	ng	Nan	ne of Con			The second of	116	-			~ =		1
Cancellation		a) / LL FACILITY	INFORMA									-
e Abatement is Taking Place	e (3)					□ Scho	ol (K-12)						
+ G		^				Subc	+ _ 0 /	Other thate & co	nan K-12) Immercial bu	ildings	, hor	nes,	
FAYETTÉ	9	PI	5			etc.)	288			Bldg.	Age		
- 1						N	IA			N/	A		_
AS	34	Co	ounty Cod	e (7) ONLY)		Current U	se (Prior i	if being	ATIC				-50
DIESEY	r (8)				Nam	F Abatam	ant Contra	actor (9)					
AL TACTICS	(0)						STEMS	OF AN	MERIOA			1111111111111	_
					396	WHITEH		VE.					
EE1					City	State, Zip C	code ER, NJ (08882					
07747		To	elephone	No.	Tele	phone No.		T	icense No.				
		7	32-292	-2217	Mar	ne of OSHA	Monitor						-
12/14 Sch	neduled 3	Com	pletion Da	ite (11)	UN	IIQUE SY	STEMS	OF A	MERICA				_
During Abatement (Check O	nly One	10	1	/ —	Stre 39	eet Address 6 WHITE	HEAD A	VE.					
A reseted During Entire Peri	od of Ab	atem	ent		Cit	v, State, Zip	Code						
be: OUTDOORS	<u> </u>				S	OUTH RIV	ER, NJ	08804					
eck All That Apply)		מחממ	tion			Full (Containme	ent with	Negative Pre	essure	6		
O If						11 0	-Las Dros	andura	Non-Friable	Proce	edure		
					F212	Non-	-Exemple	u () and	14011-1100	F	bate	ment	
	N	ormal	lly		Descri	otion of			mount		- 7		i de
aining Material (ACM)	Mai	ntena	ince/	Asbestos (i.e. th	nermal sys	tems insulat	ion,	(8	Specify	Rem	Rep	ncaps	
Facility	Cust				surfacing other miso	g, VAT, or cellaneous)		0.	J. L.)	oval	air	sulate	
(13)	Yes	No	N/A							1		.875	-
SUBSTATION		X		1RA	NSiTE	E Pip	8	10	OLF				t
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	-												I
ed Waste Hauler			NJDEP V	Vaste	Cubic Ya	ards	1						
AGEMENT			Hauler ID 1125) NO.	20	ク							
					Disposa	I Date Q À	MORI	ale RISVII	LE, PA				
NJ	Title				Sig	nature	On	1	D	ate //	0/	14	1
0	OFF	ICE	MGR.			Car	al X	au	11-0	100	14	/ 5	-
	Amended Amendment #	Type Notification Type Notification	Type Notification X	Renovation Renovation Renovation Renovation Redement Rescaled R	Pursuant to NJAC 8:60 an Name of Building Owner/P.S.E.G.	Name of Building Owner/Operator of P.S.E.G. Type Notification	Removation Rem	Pursuant to NJAC 8.60 and 12:120 Name of Building Owner(Operator (2) P.S.E.G. Type Notification	Representation Repr	County Code (7) County Cod	Repursament to NJAC 8.69 and 12:1740	Removable Remo	Pursuant to NIAC 8:60 and 12:140 Name of Building Owner/Operator (2) P.S.E.G. Type Notification

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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4 215020:	(Pur	suant	to NJA	C BIND AIRC DE	-,		APPROVED	G. 53	-	- 10/1
e of Novification (1)	+			Owner/Operator	(2)	N. Dept. of	Health & Senio	Services	11.1	
03 / 03 / 14		iric Jo	hn B, Ar	igeles		- DOWN				
	- 1		Address			ماد ا	2 656	8:03 A	M-	-b01/
SHOLES INCOME.		25 Dat	tmouth !	Street		Date:	Time		en /	701
Dechema I Amended	. 1	City, S	tate, Zip	Code			1	37		3
Amendment #		Edisor	o, NJ 088	837			alaphona Numb	10		- 1
1 Y Frierdency (in	cluding	Name	of Conta	ct .		1.11	altibutiona waste			- 1
THE PLACE OF			ohn B. A		X)					
Cancellation		Erics	OHI D. I	NFORMATION						
		FA	CILITY	MEQICINATION	Typ	e of Facility (4)		*		- 1
ame of Facility Where Abatement is Takin	ig Place (3)	0.5			p	0-book (10.12)				
						Subchapter 8 (C Other (i.e., privi	Other than K-1 4	a rcial bulldin	Q5.	1
ivate home treet Address					180	other (i.e., privi homes, etc.)	SIE BING COMMO	OLD F	* (3)3	1
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City (5)						rrent Use (Prior	If halps demal	ished		
dison, NJ 08837		Co	unty Code	(7) (STATE USE ON	ILY) C	rrent use (Prior	I II PAINS GOMO			
County (6)			94980 ES 8							
Aiddlesex	n Dyrser (R)	TASC	M No.	Name of Abi	atement	Contractor (9)				
Middlesex Name of Monitoring Firm Hired by Building	A Owlige (n)	1,00		Gr Tech LL						
				Street Addre			SEPARA SI			
Street Address				576 Valley		33	·			
5.0513				City, State,	Zio Carl	2				
City, State, Zlp Code				The second section of the second			4	- Marcage		
Only agent -1	215 State (1982)			Wayne, NJ Telephone	Wa 1470		License No.			
Project Manager for Monitoring Firm		elepho	ne No.	34		194	01127			
				973-638-1	777		01127			
- Is	checuled Cor	ipjeljor	Date (1	Name of O						1
Start Date (10)	03 /	05	1 14	- Envirovisi	on Con	sultants, Inc				
				Street Add					X()	
Occupancy Status During Abatement (C	e Parind of A	r, bateme	ent	20-21 Wa	garaw !	Road, Bldg .#	34A	·		
Cocupancy Status burning Adactive Facility Closed/Vacated During Entir Abatement Performed Outside of No. AMA.	e renda orr	Hours .	Describe	City, State	, Zip Co	de		V3		
Abatement Performed Outside of No. Time of Abatement:AM	PM	PM	MA	Access The		****		P. P.	III.	
				1 1 7	יוון מממור	and decontem	ination with neg	ative pressi	TLE	
	0.			П	Full Cont	ainment with No	DOUBLE PLANE	4		
Scope of Work (Check all that apply)				Jan. 1		ATI ISAN		-the Droce		
Scope of Work (Check all that apply)	52 Ren	pvatiar	1		vini-Enc		Tent with Neg	Stine Lieza	III(e	
NA sa ef or ≥3 if	Rer Der	notition	1				Tent with Neg			-10 -10
S 2-2	☐ Der	notition	 - 			p Procedure C mpted (*) and N	Tent with Neg			int Type
NA sa ef or ≥3 if	☐ Der	Location	on	Des	Gloveba Non-Exe	g Procedure L mpted (*) and N		Ab	ateme	nt Type
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

e of Notification (1)			Name	of Buildi	ing Owner/0	Operator (2	2)		7a 1 <u>2 5 5</u>	7 12		7	
ARCH 5, 2014			JCP	1000000			11			(1) L			1
encies Notified Typ	e Notification		300	Address Madis	on Avenu	е	1					-	+
EPA DEP	Initial Amended Amendment #		City, S Mor	State, Zip ristowr	o Code n, NJ 079	62			AR - 7 20)14	112	4	-
DOL	Emergency (including iustification)	ding	Name	e of Cont RK PR	act OSTKO		į	-		16.54		_	-
DCA L	Cancellation		F/	ACILITY	INFORMA	TION	1	"	1 -1 -1 -1 1/1 3		P-1		1
ame of Facility Where Abat BANDONED RUG L	ement is Taking Pla AUNDRY FACIL	ce (3) ITY			I E		Subch	K-12)	ner than K-12) & commercial	building	s, hon	nes,	
reet Address 500 SEWALL AVENU	JE						Other etc.)	T	of Floors	Bldg.	Age		
ity (5) ASBURY PARK		2					4000 sf	2			+ yr	S 	
ounty (6) MONMOUTH			Cou (STA	nty Code	e (7) ONLY)		abando	ned for 15	eing demolishe years, prio	r Rug	Laun	dry	_
lame of Monitoring Firm Hi Langan Engineering I	red by Building Own	er (8) s., Inc.	A.	SCM No).	Name Fini	of Abateme shing Tou	ent Contracto ch Asbest	or (9) os Abateme	ent Cor	p.,In	c.	
Street Address						Stree 580	t Address Broadwa	ıy, Suite A					
PO BOX 1569 City, State, Zip Code						City, Lor	State, Zip C ng Branch	^{ode} , NJ 0774	0				
Doylestown, PA Project Manager for Monito	ring Firm		Te	lephone	No. 6500	Teler	ohone No. 2,222.837	2	License No 00040) .			
John Musco Start Date (10)	S	cheduled (Compl	etion Da		Nam N/A	e of OSHA	Monitor					
March 19, 2014		March 22	-	14 			et Address						
Occupancy Status During	Abatement (Check C	Only One)		-4									
✓ Facility Closed/Vacat Abatement Performe Other – Describe:	ed During Entire Per d Outside of Normal	riod of Aba Facility H	ours			City	State, Zip	Code					
Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	That Apply)		novatio molitio		Į.		Mini-	Enclosure	with Negative ure) and Non-Fria	ble Proc	edure		
		T	1000	T			1100				Abate Ty	ment	
Location Asbestos-Containing TO BE AB/ In Facil	Material (ACM) ATED	Used Mair	ocation ormally Solely otenan odial S (12)	y by ce/	(i.e. th	Descrip s Containir ermal syst surfacing, ther misce	ng Material (ems insulat VAT, or	ACM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
(13)		Yes	No	N/A		VA	ΔT		130 SF	X			-
FIRST FL	OOR		-	X			AT	+	15 SF	X			1
FIRST FI				X			FING	- '	900 SF	Х			1
REAR R	OOF			X		1100							1
Name of Registered Wa	ste Hauler bestos Abateme	ent Corp		NJDEP V Hauler ID 12058	Vaste No.	Cubic Ya of Waste 15 CY	<u></u>	GROWS	egistered Land S NORTH L	ANDF	ILL		_
Tillishing receive						Disposal	Date	Morrisvi	ille. PA				
City, State Oceanport, NJ 077	57-0400					3/25/14	nature	William		Date			

¥													Pillo	LFO
Checr # 3955	NO		CATION		Jersey STOS AB :60 and 12				Ē			7 F	7.	7
Date of Notification (1) 3/4/14				Building O	wner/Ope School	erator (2)	111	1 1	MAR -	7 20	14		11
Agencies Notified Type Notification		- 1	Street Add		-	٠			1			_	1	
EPA Initial Amended Amendment	#			e, Zip Cod					•		14			
DOH justification) DCA Cancellation	including	-	Name of 0						1 +	ا≰ د دره طود.				
Cancellation		L`		ITY INFO	RMATION	J								-
Name of Facility Where Abatement is Takin	g Place (3)		FACIL	iii iiti O	KINATION	·	Type o	of Facility (4	1)					
Highland High School Street Address						_	×	School (K-12 Subchapter	2) 8 (Othe			· \		
450 Erial Rd						_	ш е	Other (i.e. poetc.) re Feet		Floors		dg. Ag		s,
Blackwood NJ 08012			O	-do (7)			1000)+	2	ag domolie	35	5+		
County (6) Camden				SE ONĹY)		_		nt Use (Prid			neu)		- 122	
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	No.			of Abat aco Ir	tement Con	tractor	(9)		•		
Street Address			1		1 3		Addres	37.00					M3-17-	
City, State, Zip Code								p Code n NJ 080	91					
Project Manager for Monitoring Firm		7	Telephon	e No.			one No		-	License I	No.			
	F0-1-1-1-1			, , , , , , , , , , , , , , , , , , ,			753-9			00727				
Start Date (10) 3/17/14	Scheduled 3/21/14	Con	npletion L)ate (11)	31 8	Same	30.0.000	HA Monitor						
Occupancy Status During Abatement (Che	ck Only One)			5	Street	Addres	SS						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: during normal hours	nal Facility H				_	City, S	tate, Z	ip Code				240-6-		
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova		8 2		×	Mir Glo	ll Containm ni-Enclosure ovebag Pro- n-Exempte	e cedure	3.T)		cedure		
	0.000	_ocati	A COLUMN TO THE PARTY OF THE PA		-					*		Abate Ty		t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	Sole ntena	ly by .		tos Contai thermal s surfacii other mi	ystem: ng, VA	Materia s insula T, or		(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
auto shop office	+	X	1.07.1		Floor ti	le / m	nastic	2.	1	30 Sf	×			
											-			
Name of Registered Waste Hauler United Containers		F	NJDEP W Hauler ID 12459		Cubic Y of Wast 2			Name of G.R.O.		ered Land	ill			
City, State Elm NJ					Disposa 3/21/1		!	City, Sta	te /ille P	A 19067			•	

Signature

Date

3/4/14

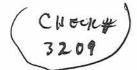
Completed by

Anthony T Perna

Title

President

^{*} 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)

			1								-11
Date of Notification (1)	14 114		Nam ·	e of Buildir	DATI T	ECIS CON	TRACTION	7 201 <u>~</u>	4		
Agencies Notified	Type Notification	1	Stre	al Address		1				ŗ	71
□ ®A	☑ Unitial		1		155 ROW	FE 50					
	☐ Amended		City.	State, Zip							$\exists I$
□ por	Amendment			(ONG FAFI	ELP, N.J.	08230				
Оон	justification)	Lawing	Nam	e of Cools	CI.		Telephone Num	ber			7
□ CA	Cancellation			Bn	ICE BRE	UNINE					_
				CILITY IN	FORMATION					3110031	
Name of Facility Where	Abatement is Takir	g Place (3)				Type of Facilit	y (4)				
	DENCE					School (K-	12) r 8 (Other than K-1	21			
Street Address 3705	OXFORD	LAN	٢				private & commerc		ngs,		
0 707	DAI DAY					Square Feet	# of Floors	Bìag	Age		\exists
Ciry (5)	W CITY					1000	.2_	4	10 t		
	- 6 /1/		1 00	shi Code	7) (STATE		nor if being demol	ished)			=
County (6) 1	May			E ONLY)	17 101711		CANT				
					I Name of Abote	ment Contractor					\dashv
Name of Monitoring Firm	n Hired by Building	Owner	ASCA	NO.	Name of Abate	100 Tr	Je,				
(8)	//				2 1 4 4 4 4 4					===	=
Street Address					J La	S. SPA.	CE AVE.				
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City, State, Zip Code					City, State, 20	PI = CHO	DE NJ	0805	۲.		. 1
			1		Telephone No.	i c c sirie	DE, N.J.				-
Project Manager for Mo	initoring Firm		elephon	: NO.	856-7	79-047	2 004	44			_
			1-1	ata (111)	Name of OSH						
Start Date (10)	7 700000000000	duled Com		ate (11)	TOSE	PKALEN	y M				
3/17/19		3 /24			C		,				=
Occupancy Status Duri	ing Abatement (Ch	eck only one	e)		7 / n	SPILUC	EAUEI				
☐ Facility ClosedVaca	ited During Entire P	eriod of Aba	tement							_	=
Abatement Performe	d Outside of Norm	al Facility H	ours		Ciry, State, Zip	Code Cina	DE, N.J.	18 x	< >		
Other - Describe:					MAR	DE JAM	JE, 10, J	000) (
Scope of Work (Check	all that apply)				□ Full C	Containment with I	Negative Pressure				
TOTAL CONTROL OF THE		Renov	vation		☐ Mini-E	Enclosure					
≥3 st or ≥3 lf ≥160 st or ≥260 lf	or g	Demo			Glove	shag Procedure	Non-Friable Proce	dure			
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- Location	01	Used Sc	olely by		Description	of	Amount			Е	
Asbestos-Containing	Material (ACM)	Mainter		Asbe	sios Containing N	ns insulation.	(Specify	Re	B	Encapsulate	Erx.kosuru
TO BE ABA	ATED	Sta	77770	11.0	surfacing, VA	AT, or	SF & LF)	Remova	Repair	psi	los
IN Facility (13)		(12	2)		other miscella	neous)		Ja Va	-	11.51	1 2
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	locia Houles	-11-		Waste	Cubic Yards	Name of R	egistered Landfill				
Name of Registered W	aste nautei		Haule	10 No.	of Waste	C,1	1, C, M.	O, B	'		
KLEMC	O TNC,		17	704	Disposal Dat				-		
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1horr#3007	NO		ATION O		ersey TOS ABAT 0 and 12:1			LAD 7	01/			
Date of Notification (1)				uilding Ow us Nona	ner/Operat	or (2)	1 .	of Healting Sen		ices	1	
03/04/14 CK# 3007 \$200 Agencies Notified Type Notification			reet Add		0		- Wark	(signaturo)	1	-	-	\dashv
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EPA Initial Amended Amendment				New Je	rsey 076	70	parene	1	-1		×	
Emergency (it			ame of C					Telanhage Mu	nher			\dashv
DOH justification) Cancellation		0		us Nona				L				_
Name of Facility Where Abatement is Taking	Place (3)		FACIL	ITY INFOR	MATION	Туре о	Facility (4)					\dashv
Residence						I s	chool (K-12) .				
Street Address 35 Briarcliff Road						区 e	ther (i.e. pri c.)	(Other than K-1 vate & commerc	ial buildl			
City (5) Tenafly, New Jørsey 07670						3,000		# of Floors 2	30	ig. Ag	e	
County (6) Bergen				SE ONLY)		Home	•	If being demolis	hed)			
Name of Monitoring Firm Hired by Building C Detail Associates Inc.	Owner (8)		MORA	No.	Lil	lich Corpo		ractor (9)				
Street Address 300 Grand Avenue #104					60		le Avonu	e	•			_
City, State, Zip Code Englewood, New Jersey 07631					W		Park, Ne	w Jersey 074				
Project Manager for Monitoring Firm Anthony Valentine		13		9-6708	97	73-225-84	100	D1104	NO.	 .		
Start Date (10) 03/05/14	Schedule 03/19/1	4	pletion C	Date (11)	Je		nmental	Laboratories				
Occupancy Status During Abatement (Chec			- 44	3	1000	reet Addres 333 Rout	s s 22 Wes	it				
Facility Closed/Vacated During Entire In Abetement Performed Outside of Norm Other - Describe: 10AM Start	nal Facility	Hours	em		1	ty, State, Zi Inion, Ne	p Code w Jersey	07083				
Scope of Work (Check All That Apply)			-									
23 of or ≥3 II . ≥160 of or ≥260 If		enova emoliti		K1		Mir Glo	I-Enclosure	cedure				
·	T .			-		Lil No	n-Exempted	(*) and Non-Fri	able Pro		ement	-
Location of	1 1	Locati	ly '			ption of				T	pe	_
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intensi todial 8 (12)	ncel	Asbest (l.e.	os Containi thermal sys surfacing	ing Material stems Insuk g, VAT, or cellaneous)	(ACM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							-	Φ.	_
Attic			X	-		Insulation		850 SF	X	-		-
Basement "			X	VAT &	Mastic (D	OH Non-	Friable)	400 SF	X	+	-	-
	-		1						+			_
Name of Registered Waste Hauler Lilich Corporation		1	IJDEP V Isuler IC 8724		Cubic Ya of Waste 20			Registered Land W.S Landfill	iali	Ø		
City, State 606 McBride Avenue	e.c	<u> </u>			Disposal 03/20/1		City, Sta Morris	te ville, Pennsylv	ranla			
Completed by Tatiana Kalenikova	Title Vice	Pres	ident		Sign	2 hea	4/10	1/h	Date 03/04/	14		
					-4-6		1					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Ohnov# 18744	N			NJAC 8:					na ?	ā [2	- G	77	151	T	1
Date of Notification (1) 3/4/2014				Building Ov		perator (2)			9			• •		
Agencies Notified Type Notification			treet Add	dress CH HILL	DDIV	·=			M	AR -	- 7	2014	+		1
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DOL Amendment #_	ludina			AM, NJ		3						1.1		٠	_
Emergency (inc justification) DCA Emergency (inc justification) Cancellation	iuuing	1 30	lame of 0	Contact MOORE				1	·Tele	ohone I	Numbe	ec.			
			FACIL	ITY INFO	RMATIC	NC	-	£ ===:!:\. (4)					-		
Name of Facility Where Abatement is Taking F RESIDENCE	lace (3)						n s	of Facility (4) chool (K-12))				CA R		
Street Address 17 BIRCH HILL DRIVE				23.1				ubchapter 8 other (i.e. pri tc.)	(Othe vate &	comme	(-12) ercial l	ouildir	ngs, h	omes	3,
City (5)								e Feet	# of	Floors		Bld	g. Ag	je	
County (6)			County C	ode (7) SE ONLY)			Currer	nt Use (Prior	if bein	g demo	olished	1)			
MORRIS Name of Monitoring Firm Hired by Building Ow	ner (8)	Т,	ASCM					ement Contr				557495			
N/A								THERS C	TNO	RACT	ING	INC). ——		
Street Address	,,,,,,,					Street 250		s IERFORD	BLV	D.	72		11		
City, State, Zip Code				121				p Code NJ 07014	4						
Project Manager for Monitoring Firm		-	Telephon	ne No.			one No			Licens					
Start Date (40)	chedule	d Com	nletion [Date (11)			956-8 of OSH	IA Monitor		0045			_		\dashv
Ctart Date (10)	3/18/20		piction	outo (11)		25.00000		(9) ABO\	/E						
Occupancy Status During Abatement (Check						Street	Addres	S							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe:	riod of A I Facility	batem Hours	ent		_	City, S	tate, Zi	p Code							
Scope of Work (Check All That Apply)			111			_	-								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		tenova emoliti				×	Mir	l Containme ni-Enclosure ovebag Proc n-Exempted	edure					9	
							NO!	n-Exempled	() and	11011-1	Habit		Abate	ment	
Location of	1	Locati Normal	ly		De	scription	of				-	-	Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intenar todial S (12)	nce/		therma surfa	taining N I system icing, VA miscellar	s insula T, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A									-			
BASEMENT		X			TII	LE ON	LY		32	22 SF		Х			
			-												
			-												
Name of Registered Waste Hauler		20	JDEP W			Yards	10000	Name of I	- 25						
TWO BROTHERS CONTRACTING		935	lauler ID 8743	No.		3		WASTE	100	NAGE	MEN	IT G	.R.C).W.	S. ——
City, State CLIFTON, NJ					100000000000000000000000000000000000000	sal Date 3/2014	9	City, State		LE, P					
Completed by VIVECA RAMOS	Title PRO	JECT	COO	RDINAT	C_1000X II-11	Signatur	re NG B	a A	17K	n	3/4	e /201	4		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Urbano Gonzales MAR 2/27/2014 Check #2568 Street Address Type Notification Agencies Notified 517-19 Street City, State, Zip Code Amended DEP Union City, NJ 07087 Amendment # × DOL Emergency (including Telephone Number Name of Contact justification) DOH **Excediel Montoya** Cancellation DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Residence Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, X 517-19 Street etc.) Square Feet # of Floors Bldg. Age City (5) 60+ 1,000 SF 3 Union City, NJ 07087 Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Residence -FIRE DAMAGED HUDSON Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) **EA Services Corporation** N/A Street Address Street Address 426 -69th Street City, State, Zip Code City, State, Zip Code Guttenberg, NJ 07093 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 010474 201-295-1700 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Same as above March 3/2014 Feb 28/2014 Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours × Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ (i.e. thermal systems insulation, (Specify Repair TO BE ABATED Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)N/A Yes No Roofing & Transite Debris 800 SF x Х Exterior Cubic Yards Name of Registered Landfill NJDEP Waste Name of Registered Waste Hauler Hauler ID No. of Waste **GROWS North Landfill** Freehold Cartage 15939 tbd City, State Disposal Date City, State Morrisville, PA tbd PO Box 5010, Freehold, NJ 07728 Signature Date Title

Office Manager

Quas-

2/27/2014

Gina Salvador

Completed by

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