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<b>⋈</b> DOH	justification)	including	1000	Name of	Contact operties					Telephone Number 609-944-4023							
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	Hired by Building	Owner (8)		ASCM	No.				ement Con PROFE			erell-24					
Street Address						Street	Addres	S	VE COURT								
City, State, Zip Code							City, S	State, Zi									
Project Manager for Mor	nitoring Firm		T	Telephor	ne No.		Telep	hone No	).		License	No.					
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	ig Abatement (Chec	E SEE MEAN	Chest	Street Address 6 WHITE DO					S								
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DCA Cancellation			(	RUSSPIL			19_			1					
			CONTRACTOR OF STREET	lity informat	TON										
Name of Facility Where Abatement is Taking	g Płace	(3)				Type of Facility	1(4)								
Street Address						School (K-	-12) er 8 (Other than K	.12\							
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City (5)						# of Floors		Hdg. A	ACO.						
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County (6)		1	County	Code (7)			rior if being demol	ished)	-						
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Name of Monitoring Firm Hired by Building (	Janer (E	33	ASC	vi No.	Name	of Abatement Co	ontractor (9)	ntractor (9)							
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Project Manager for Monitoring Firm		-	Telepho	ne No.	Telepi	юле Мо.	License	No.	~						
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☐ Facility Closed/Vacated During Entire P	eriori of	Ahater	neni												
Abatement Performed Outside of Norm Other – Describe:	al Facilil				City, State, Zip Code										
Scope of Work (Check All That Apply)		-													
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Name of Registered Waste Hauler			NDEP W lauler ID		Yards	Name of	Registered Land	<b>5</b> 1							
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Sheck# 13459

### State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-1 Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJ March 8, 2019 ENVIRONMENTAL HEALTH & SAFETY DEPT. REALS Street Address Notification Type Agencies Notified ■Initial Notification 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS XAmended Notification #1 -☐ EPA New Start & Completion Dates City, State, Zip Code ☐ DCA 1.533 PISCATAWAY, NJ 08854 X DOL ☐ Emergency (including Telephone Number Name of Contact DEP- No Longer REQUIRED justification) MICHAEL F. SMITH, ENV. 848-445-2550 X DOH □Cancelled **HEALTH & SAFETY** FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) NEWARK POWER PLANT, BLDG# 7261 ☐Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Street Address **RBHS NEWARK CAMPUS** # of Floors: 2 Bldg. Age: 60+ years Sq. Feet: N/A County Code (7) County (6) City (5) Current Use (prior if being demolished): ACADEMIC (State Use Only) **ESSEX** NEWARK Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. 00098 ATC GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 511 MAIN STREET City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 BURLINGTON, NJ 08016 License Number Project Manager for Monitoring Firm Telephone Number Telephone Number BRIAN R. KEARNEY 609-386-8800 00840 973-492-0477 Scheduled Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) ENVIROVISION, INC. 03/18/19 03/15/2019 Street Address Occupancy Status During Abatement (Check only one) 20-21 WARGARAW ROAD, BLDG# 35E ☐Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: FAIRLAWN, NJ 07410 ☑ Other- Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) Scope of Work (Check all that apply) ☐Full Containment with Negative Pressure ☐ Mini-Enclosure ■ Renovation > 3 sf or > 3 lf Slove bag Procedure / Wrap & Cut □ > 160 sf or > 260 lf ☐ Demolition ■Non-Exempted (\*) and Non-Friable Procedure Abatement Type Description of Asbestos Containing Material Amount Location of Asbestos-Containing Is Location Normally Used (Specify SF Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, Remove Repair Encap Enclose VAT, or other miscell.) or LF) Staff? (12) NO NA YES X X 9 LF B2-MER TSI Name of Registered Landfill Name of Reg. Waste Hauler NJDEP Waste Hauler ID # 5 CY Cubic Yards of Waste: G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below Disposal Date City, State Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 100 New Ford Mill NJDEP # 12561 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509 03/18/2019 19067 NJ DEP # 4509 215-736-1700 Date Signature Completed by (Print or Type) March 8, 2019 RAYMOND C. PEDALINO SENIOR PROJECT Raymond C. Pedalino MANAGER

### PAID)

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

#### Check # 25810

Date of Notification (1) 3/6/2	2019			Name o	of Building	Owner/0	Operator					) E	13	1/2	3 F		
Agencies Notified	Type Notification		+	Street A	Address		3-				185.00	1012200		10.00			
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DEP X DOL	Amended			City, Sta	ate, Zip Co		D-i		NII 00540								
	Amendment  Emergency	(including	-	Name -	f C = -t = -t	!	Prince	ton,	NJ 08540	;			başlı	ni e		Ja.	
DOH DCA	justification) Cancellation				f Contact yan Hen	ninger	- Bax	ter	Const	Те	lephone	Numb	er				
	- Sunctitude				ILITY INFO			-	001101.								
Name of Facility Where	Abatement is Takir esidental	ng Place (3)		.,,,				Ту	pe of Facility School (K-	50.5					7		
Street Address								×	Subchapte	r 8 (Oth			build	dings,	hom	es,	
City (5)	eton, NJ 08540								uare Feet 4200	# 0	f Floors		1	ldg. <i>A</i>			
County (6) Mercer	ec.				Code (7) USE ONLY)			Cu	rrent Use (Pri	or if be	ing dem	olishe	d)				
Name of Monitoring Firm	Hired by Building MECS	Owner (8)		ASCN	/ No.				batement Co Environme			es, In	С.				
Street Address	PO Box 341						Street PO E					38					
City, State, Zip Code	nesterfield, NJ (	)8515					100,000		, Zip Code /n, NJ 0850	)1							
Project Manager for Mor Bill Weisg		T	Telepho 609 2	ne No. 98-4070		Teleph 609		No. -9688		Licens							
Start Date (10) 3/7/2019		Scheduled		ompletion Date (11) Name 3/9/2019 MEC					SHA Monitor		<u> </u>						
Occupancy Status Durin	g Abatement (Chec	k Only One)	-				Street	Add	ress								
Facility Closed/Vac	ated During Entire	Period of Aba	atem	ent			PO E	Зох	341								
Abatement Perform  Other – Describe:	ned Outside of Norn 8 am to 4 pm	nal Facility He	ours			_	(510)		, Zip Code field, NJ 08	8515							
Scope of Work (Check A	II That Apply)	Vac+tee					221100	28									
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		and the same of th		vation ×					Full Containment with Negative Pressure  Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
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Stevens Environmer	ntal Services		Ha	auler ID 18292		of Was	ste 1		Fairless	/							
City, State Allentown, NJ			Disposal Date City, State Morrisville, P					, PA									
Completed by Mahlon E. Stevens							Signature				- / / / / / / / / / / / / / / / / / / /				040		
wanton E. Stevens	Project	ivia	nager	nager ///				11				3/6/2019					

03/07/2019 1:09PM FAX

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### State of New Jersey NOTIFICATION OF ASSESTOS ASSATEMENT (Pursuent to NJAC 8:50 and 12:120)

Name of Building Owner/Operator (2) Date of Natification (1) Fadan 3/6/2019 Type Notification Agencies Notified Street Address EPA Indian City, State, Zip Code Amended DEP Princeton, NJ 08540 Amendment 2 × DOL Emergency (Including Telephone Number Name of Contact juntification) DOH Ryan Henninger - Baxter Const. Cencellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Residental 9chool (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, Street Address Κt Square Feat # of Floors Blog. Age Gily (5) 90 +/-4200 3 Princeton, NJ 08540 Current Use (Prior if being demailshed) County Code (7) County (6) Mercar Name of Abstament Contractor (9) ASOM No. Name of Monitoring Firm Hirad by Building Owner (5) Stevens Environmental Services, Inc. MECS Street Address Street Address PO Box 322 PO Box 341 Chy. State, Zip Code City, State, Zip Code Allentown, NJ 08501 Chesterfield, NJ 08515 Licenso No. Talephone No. Talephone No. Project Manager for Monitoring Firm 609 259-9688 00493 609 298-4070 Bill Walsgarber Schedulad Completion Date (11) Name of OSHA Monitor Start Date (10) MECS 3/9/2019 3/7/2019 Street Address Docupancy States During Abatement (Chack Only One) PO Box 341 Facility Closed/Vecated During Entire Period of Abatement City, State, Zip Code Absternant Performed Outside of Normal Facility Hours Other - Describe: 6 am to 4 pm Chesterfield, NJ 05515 Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation 23 of or 23 11 XX Demolition Mini-Enclosure 2160 al or 2260 15 Glovebag Procedure Non-Exempted (") and Non-Frieble Procedure Abatement la Location Type Normally Description of Asbestos Containing Material (ACM) (i.e. thorns) systems insulation. Location of Used Solely by Amount Asbestos-Containing Material (ACM)
TO BE ABATED Maintenance BINGARAITE (Specify SF or LF) Custodial SIE#? aurlading, VAT, or in Facility (12) other miscellansous) (13) NIA Yes No 4219 X × Pipe Insulation 1st Floor Cubic Yards Name of Registered Landsk NJDEP Waste Name of Ragislared Waste Haulor of Waste Hader ID No. Fairless Landal Stevens Environmental Services 18292 City, State Disposal Date City. State , PA Morrisville 3/11/2019 Allentown, NJ Dale Signature Completed by 3/6/2019 Project Manager Mahlon E. Stevens

ASE-41 (R-08-08)

\* Do not use this form for restessos Roansura exempted estivities.

#### State of NJ Notification of Asbestos Abatement D&S Proj. #: 19-40 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) MAR 1 3 2019 0 3 / 0 6 / 1 9 john smith Agencies Notified Type Notification Street Address EPA Initial Amended DEP Amendment #: City, State, Zip Code DOL M Emergency lyndhurst, nj 07071 **⊠** DOH (including Name of Contact Telephone Number justification) DCA Cancellation john smith **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) john smith 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) lyndhurst bergen 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 Start Date (10) Name of OSHA Monitor Sched. Completion Date (11) D & S Restoration, Inc. 03/06/19 03/06/19 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 $\ge 3$ sf or >3 If Renovation Mini-enclosure Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (\*) and Non-friable procedure Is location normally used solely Location of by maintenance/custodial E asbestos-containing е e Amount Description of asbestos-containing staff(12) material (acm) to be m n p C material (ACM) (Specify SF or abated in facility (13) C 0 a a Yes No N/A L basement PIPE INSULATION 10 I ft Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 1 yd. TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 03/07/19 TULLYTOWN, PA Completed by (Print or Type) Signature Date **BOGDAN JOLDZIC** PRESIDENT 03/06/19

Do not use this form for ashastas licensura evented activiti-

ACD A1

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

Check # 25811

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Date of Notification (1)	040			Name o	of Building	Owner/			1.1		<u> </u>	1		11 1 2 A			
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Name of Monitoring Firm	Hired by Building C MECS	wner (8	)	ASC	M No.				atement Contra		es, Inc.						
Street Address	PO Box 341						Street PO E	Addre	ss								
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Project Manager for Mon Bill Weisg				Telepho 609 2	ne No. 98-407(	)	Teleph 609 2			Licens 0049							
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Name of Registered Wast	e Hauler		N	JDEP W	aste	Cubic	Yards		Name of Reg	nistered Lan	dfill						
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City, State Allentown, NJ						1000	al Date 2/2019	1_	City/State Morrisville	, PA							
Completed by Mahlon E. Stevens		Title Proje	ct Ma	nager		S	ignature	1	1		Date 3/9/	201	9				



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

Ck#3530

Date of Notification (1)					Nan	ne of Buildi	na O	wner/Operator	(2)									
3/	6 /	19	)					unications	(2)	E	C	5 1	W	13				
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DCA (NJAC 5:23-8)	☐ Emerger justificat	ncy (ir tion)	cludin	g		e of Conta		10212		Tolophon	- Musicali							
,	☐ Cancella				1	nthony Po	334		Telephone Number 412-633-4021									
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Name of Facility Where A	hatement is	Takin	n Dinor	2 /2)		ACILITY	NFO	RMATION	Type of Equiliby (4)									
Verizon Penns Grov				= (3)					Type of Facility									
Street Address	Cociliai	Omc							☐ School (K-12) ☐ Subchapter 8 (Other than K-12)									
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City (5)									Square Feet									
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County (6)					Cou	inty Code (	7)(ST	ATE USE ONLY)	Current Use (Pr		lemolish							
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Name of Monitoring Firm I	Hired by Buil	lding (	Owner	(8)	ASCN	1 No.	Na	ame of Abateme	ent Contractor (9)	)								
TTI Environmental, Inc									VIRONMENTA									
Street Address							_	reet Address		, 1110.								
1253 North Church S	Street							1123 BEAVE	R STREET									
City, State, Zip Code								ty, State, Zip Co										
Moorestown, NJ 080	57					BRISTOL, PA 19007												
Project Manager for Monito	oring Firm			Te	lephone	No.	-	lephone No.		License	No							
Kris Smith				(	609-31	3-8218		215-788-6040		00509								
Start Date (10)		Sched	uled C	omp	letion D	ate (11)	Na	me of OSHA M	lonitor				-					
3/20/_					25_ /	19	E	BRISTOL EN	VIRONMENTA	L, INC								
Occupancy Status During							Str	reet Address							-			
☐ Facility Closed/Vacated	During Enti	ire Per	riod of	Abat	ement		1	1123 BEAVER	RSTREET									
Abatement Performed ( Time of Abatement:	Outside of N	ormal	Facility	y Ho	urs - De	scribe	y, State, Zip Co	ode					0.000					
			11/5.00	PIVI-	1.00AN		BRISTOL, PA											
Scope of Work (Check all t	hat apply)							M Full Cont	-1									
≥3 sf or ≥3 lf			⊠ Re					☑ Mini-Encl	ainment with Neo	jative Pressi	ure							
☐ ≥160 sf or ≥260 lf			☐ De	molit	ion			Glovebag	g Procedure									
			1.	1				☐ Non-Exer	mpted (*) and No	n-Friable Pro	ocedure							
Location o	f			Loca				D	,			Aba	ateme	nt T	уре			
Asbestos-Containing M	aterial (ACN	1)			lely by	Asbe	stos	Description of Containing Mat		Amour	nt	Re	Re	En	En			
TO BE ABAT IN Facility	ED	80			ance/	(i.e	., the	ermal systems i	nsulation,	(Speci		Removal	Repair	cap	Enclosure			
(13)			Ouo	(12				surfacing, VAT, her miscellaned		SF or L	.F)	/al		Encapsulate	ure			
			Yes	No	N/A			ner miscellanet	Jusj					te				
Basement Air Dryer Ro	oom				$\boxtimes$	VAT/Ma	astic	;		145 S	F							
												П		П	П			
			П	П														
Name of Registered Waste			Waste	Cul	nic Yards of	Name of Posis	torod I andfil	"	Ш		Ш	Ш						
SERVICE TRANSPOR		, INC			NJDEP Waste Cubic Yards of Hauler ID No. Waste MINERVA LANDFILL													
City, State		2000		Disposal Date City, State														
Yardley, PA				TBD WAYNESBURG, OH														
Completed By (Print or Typ			-		Signature			D-4										
Dillan DeCaro	390	Title	timat							1,0								
100 44								Media	no in the	a / - ge	1	1/0	111					

0019013

## State of NJ

Notification of Asbestos Abatement D&S Proj. #: 19-39 (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 0 3 /0 6 /1 9 olivia rodriguez Agencies Notified Type Notification Street Address □ EPA Initial Amended DEP City, State, Zip Code Amendment #: DOL M Emergency linden, nj 07036 (including DOH. Name of Contact Telephone Number justification) ☐ DCA olivia rodriguez Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) olivia rodriguez 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) 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 Start Date (10) Name of OSHA Monitor Sched. Completion Date (11) D & S Restoration, Inc. 03-06-19 03-25-19 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure  $\times$  >3 sf or >3 If Renovation Mini-enclosure Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (\*) and Non-friable procedure Is location normally used solely Location of R E by maintenance/custodial E asbestos-containing е Description of asbestos-containing Amount staff(12) n material (acm) to be m р C material (ACM) (Specify SF or C abated in facility (13) 0 a a Yes No N/A e basement PIPE INSULATION 1171ft X basement boiler insulation 54 sq ft X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 3 yd TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 03/07/19 TULLYTOWN, PA Completed by (Print or Type) Title Signature Date BOGDAN JOLDZIC PRESIDENT 03/06/19

Do not use this form for asbestos licensure exempted activities.

ASB-41

#### State of NJ Notification of Asbestos Abatement

D&S Proj. #: 19-37a (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 0 3 / 0 5 / 1 9 barbara fisher Agencies Notified Type Notification Street Address EPA Initial Amended DEP City, State, Zip Code Amendment #: DOL M Emergency cranford, nj 07016 DOH (including Name of Contact Telephone Number justification) DCA barbara fisher Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) barbara fisher 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) cranford 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 Start Date (10) Name of OSHA Monitor Sched. Completion Date (11) D & S Restoration, Inc. 03/07/19 03/29/19 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-Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure  $\boxtimes$  >3 sf or >3 If Mini-enclosure Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (\*) and Non-friable procedure Is location normally used solely Location of Ε by maintenance/custodial Ε e asbestos-containing е Amount n Description of asbestos-containing staff(12) n m material (acm) to be p C (Specify SF or material (ACM) C abated in facility (13) 0 a Yes No N/A L ٧ e basement crawl space duct INSULATION 40 SO FT  $\boxtimes$ BASEMENT duct INSULATION 2 sq ft X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 1 vd. TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 03/08/19 TULLYTOWN, PA Completed by (Print or Type) Signature Title Date BOGDAN JOLDZIC PRESIDENT

03/05/19

## State of NJ Notification of Asbestos Abatement

D&S Proj. #: 19-38					0 and 12:120)			G	5 1	1/7	111	
CKTUSIL	PAIL							1507 1		¥1		
Date of Notification (1)	Name	of Building Ov	vner/Operator (2	2)			11111	MAD	1 0	2245	- 1	+ 1:
0 3 /0 7 /1 9	nev	v jersey amer	ican water				9 -21	MAR	13	2019	1	1 100 5
Agencies Notified Type Notifica		Address					(many)	20.0	.71.5	- X		
DEP Amended		j.f. kennedy					y (1941)				1 8	
DOL Amendment #		State, Zip Code										
☐ DOH ☐ Emergency (including		ort hills,q										
justification	)   Name	of Contact					Telephor	ne Numbe	er			
Cancellatio	n <u>eri</u>	c gratson					908-98	8-1627				
			CILITY INFORM	/iATIO	N							
Name of facility where abatement	is taking place (3	3)				777	ype of Facility					
pump station								ol (K - 12) apter 8 (0		han K	12\	
Street Address						-		(Private/C			.12)	
20 reger road						1  -		/Homes, e		l Ri	dg. Ag	10
City (5)	County (6	)	<del></del>	Co	inty Code (7)	=	Square reet	# 01 1100	115	Dic	ig. ng	je
	MODE	<b>C</b>		(Sta	ate use only)		Current Use (P	rior if beir	ng den	nolishe	ed)	
succusanna Name of Monitoring Firm Hired by	MORRI Bldg, Owner (8)	S	ASCM No.		Name of Abatem	ent Co	etractor (0)					
	3 (5)		AGGIVITIO.		D & S REST		2000 000 000 000 000 000 000 000 000 00					
Street Address				-	Street Address	OKAI	ion, inc.				_	
NAME OF THE OWNER OWNER OF THE OWNER OWNE					20 California	a Ave.	X					
City, State, Zip Code					City, State, Zip Co	ode						
Project Manager for Monitoring Firm		I Dhana Nissa			Paterson, NJ		3					
r rojest Manager for Monitoring Fifth		Phone Num	ber		Telephone Numb 973-345-80			License	Numb 1169			
Start Date (10)	ISched, Con	npletion Date (1	1)		Name of OSHA N	_					_	
03/11/19		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•,		D & S Resto	ration,	Inc.					
Occupancy Status During Abatemer	04/10/19	ne)		_	Street Address							
Facility closed/vacated during	entire period of	abatement.			20 California City, State, Zip Co		1e					
Abatement performed outside Describe:		/ hours-			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Other-Describe: NORMAL H				=	Paterson, NJ	07503	3					
Scope of Work (check all that apply							Containment w	/negative	press	ure		
🖂	Renovation						i-enclosure vebag procedur	·e				
≥160 sf or ≥260 lf	Demolition Is location norm	anlly used solol	, i				n-Exempted (*)			_		
Location of asbestos-containing	by maintenance			on of a	sbestos-containing		Amount		R	R	E n	E
material (acm) to be abated in facility (13)	staff(12)		material (		spesios-containing	ł	(Specify S	For	o m	p a	c a	n C
	Yes N	lo N/A					LF)		v e	i	p	L
pump station			TRANSITE	E ceili	ng material		800 sq ft		X			
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			1		THE STATE OF THE S				ዙ	井	井	十
Registered Waste Hauler	NJDEP Ha	Professional Confession (Confession Confession Confessi	Cubic Yards of V	Vaste	Name of Registe				ш	<u> </u>		<u> </u>
D & S RESTORATION, INC.  City, State	13506	Disposal I	10 yds		TULLYTOW	N, RE	SOURCE RE	COVER	Y			
PATERSON, NJ 07503		03/12/1			City, State TULLYTOW	N. PA						
Completed by (Print or Type)	Title		Signature			,		Date				_
BOGDAN JOLDZIC	PRESIDENT	form for ashast	os licensura a	opent-	Lootivities			03/07/	2018			
	The mile	action	III MILETITE AVE		, an invited							

Form

K 2741 PA	JD		ICATIO	N OF ASI	ew Jersey BESTOS C 8:60 and	ABATE				CE		W.			
Date of Notification (1) 3/12/2019				of Building ru of An	g Owner/C nerica	Operator	(2)		11	MAR 1	3 2	019	And the second	الأسا	
Agencies Notified Type Notified I Initial	cation			Address Subaru	Drive				- وسدد						
DEP Amen Amen	dment #			ate, Zip C len, NJ						e and the way of the second of the					
□ DOH			Name of Contact Chris Giannini						0.00000000	ephone Nur 8-868-84					
			FAC	ILITY INF	ORMATI	ON									
Name of Facility Where Abatement is Former Subaru Building	Taking Place (	(3)					Type	of Facility (	(4)						
Street Address 2235 Route 70 West								School (K-1 Subchapter Other (i.e. petc.)	8 (Oth	er than K-12 & commerci	2) al buil	ldings,	hom	ies,	
City (5) Cherry Hill, NJ							Squar	re Feet 000+	# o	f Floors	100	Bldg. A	ge		
County (6) Camden				Code (7) USE ONL			Curre		or if bei	ng demolish	ned)				
Name of Monitoring Firm Hired by Bu Hillmann Consulting	ilding Owner (8	5)	ASCM No. Name of Abatem Prism Respon					tement Cor		(9)					
Street Address 1600 US Highway 22 East		Street Address 102 Technology													
City, State, Zip Code Union, NJ 07083						City, S	tate, Zi	p Code 15632	110						
Project Manager for Monitoring Firm		Т	Telepho	ne No.		Teleph	- 32			License N	0.				
Marianne Hillmann Start Date (10)	Schedu		908-68	88-7800 Date (11)		724-3	325-3			01121					
3/26/2019	3/29/2	019	ripicaon	Date (11)		Prism	Res	ponse							
Occupancy Status During Abatement  Facility Closed/Vacated During E			nont.			Street 70 Hi		_	e 200	(branch o	office	e)			
Facility Closed/Vacated During E Abatement Performed Outside o Other – Describe:					_	City, St	tate, Zi	p Code 18222							
Scope of Work (Check All That Apply)						749.00		20 100000000000000000000000000000000000							
≥3 sf or ≥3 if × ≥160 sf or ≥260 if	-	Renova Demolit				×	Min Glo	i-Enclosure vebag Prod	edure	Negative P			e		
	19	s Locati	ion						( / 5			Abate		t	
Location of	1	Normal	lly		Des	cription	of					Ту	pe	_	
Asbestos-Containing Material (AC TO BE ABATED In Facility (13)	Ma Ma	ed Sole aintena stodial S (12)	nce/				insula T, or		(S	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure	
Cround Ele Carridae Starage	Yes	No	N/A		Daaidua	I Dissi		4		000	_		te		
Ground Flr; Corridor, Storage	KIII		X		Residua	II Black	ACIN	//		860	æ			-	
& Mech. Room Landings															
Name of Registered Waste Hauler		1023	IJDEP W		Cubic \ of Was			Name of I		red Landfill					
Waste Management		17	7273			201-5				uttt					
City, State Camden, NJ					3/29/2	//		City, State Morrisvi		ennsylvan	ia			-2 11 000	
Completed by Jessica Wolfe	Title Adm	inistra	ative Su	upport	Si	gnature	W.C.	i 100	red	Dat 3/1	e 2/20	)19			
*** Non-disruptive prep wo ASB-41 (R-06-08)	rk will com	nmen	ice on	3/25.	***	* Do no	t use th	nis form for	asbest	os licensure	exen	npted	activi	ties.	