CK 6696

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

D&S Proj. #: <u>16-83</u>	70				estos	Abatement and 12:120)	207	ASSESTAS LICENSING						
Date of Notification (1)	Na	ame of Bui	Iding Owne	er/Operator (2)				ė.	TAR	6	MI			
0 3 /1 1 /1 6		aula doy	le					400	ESTO.		4///	: 44		
Agencies Notified Type Notificati	-	eet Addre						4	LIPE	,00	Å To			
☐ EPA ☐ Initial ☐ Amended	11					£.			, CE	43/A	In It	O_{ℓ}		
DEP Amendment #:	Ci	ty, State, Z	ip Code								V			
DOL Emergency		MONTC	LATR N	I 07042										
DOH (including	The second second	me of Con		7 0 7 0 1 2				Telephone	e Number		all -	-		
justification)														
Cancellation		paula do		LITVINICODA	ATION					-	-			
No. of the state o		(0)	FACI	LITY INFORM	ATION		TIT	ype of Facility (4	1)			1000000		
Name of facility where abatement is	s taking plac	ce (3)					11		+) (K - 12)					
paula doyle								Subcha	apter 8 (C	ther th	nan K	12)		
Street Address							7	Other (Private/C	omme		:30.25 .		
							-		Homes, e		BI	ig. Ag	10	
City (5)	Count	v (6)			Cou	nty Code (7)	- `	Square reer	# 01 11001	5	Di	,y. /\s	<i>j</i> ·	
Oity (O)	Joan	., (0)				te use only)	-	Current Use (Pr	ior if bein	g dem	olishe	ed)		
MONTCLAIR	esse	x					_	300						
Name of Monitoring Firm Hired by	Bldg. Owne	(8)		ASCM No.		Name of Abateme	ent Cor	ntractor (9)			10.20		2,18	
-						D & S RESTO	DRAT	ION, INC.						
Street Address						Street Address								
						20 California								
City, State, Zip Code						City, State, Zip Co								
		Ln				Paterson, NJ Telephone Number		3	License	Numb	0.5			
Project Manager for Monitoring Firm		Ph	one Numb	er		973-345-80			The state of the s	1169)ei			
						Name of OSHA M				1107				
Start Date (10)	Sched.	Completio	n Date (11)		D & S Restor								
03/22/16	04/08	/16				Street Address								
Occupancy Status During Abatemer	100					20 California Avenue								
Facility closed/vacated during Abatement performed outside						City, State, Zip Co	ode							
Describe:		acility flour	5-											
Other-Describe: NORMAL H					_	Paterson, NJ					_		_	
Scope of Work (check all that apply	/)					l		Containment w	/negative	press	ure			
> 3 sf or > 3 lf	Renovation	1						ni-enclosure ovebag procedur	e ·					
≥160 sf or ≥260 lf	Demolition							n-Exempted (*)		friable	_	edure		
Location of	Is location by mainte	normally u								e R	R	E n	E	
asbestos-containing material (acm) to be	staff(12)	141100/0431		Descripti material		sbestos-containing	3	Amount (Specify S	For	m	р	С	n	
abated in facility (13)	Yes	No	N/A	material	(AOIVI)			LF)		o v	a i	a	Ľ	
DAGES GENT								150 og ft		e	r			
BASEMENT		_X_		ceiling plas	ster		-	152 sq ft		12	H	屵	╫	
										╬	H	井	片	
										片	H	믐	片	
						THE RESERVE OF THE PERSON OF T			-	H	H	H	Ħ	
Registered Waste Hauler	NJDE	P Hauler I	D# C	ubic Yards of	Waste	Name of Registe				1-				
D & S RESTORATION, INC.	135	06	2	yds.		TULLYTOW			COVE	RY				
City, State			Disposal D 03/23/1			City, State	AL D							
PATERSON, NJ 07503 Completed by (Print or Type)	T:41 -		03/23/1	Signature		TULLYTOW	VIN, PA	P	Date		-			
BOGDAN JOLDZIC	Title PRESIDI	ENT		Oignature					03/11	/16				
			for asbesto	l os licensure ex	cempte	d activities.			1					

CK 6695

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

D&S Proj. #: 16-76

2016 MAR 16 AMII: 44
& LICENSING Name of Building Owner/Operator (2) Date of Notification (1) 10 |3 |/|1 |0 |/|1 |6 | CAROD MANAGEMENT Agencies Notified Type Notification Street Address Initial **EPA** 212 Walton Avenue Amended DEP City, State, Zip Code Amendment #: DOL RIDGEWOOD, NJ 07450 Emergency (including Telephone Number DOH. Name of Contact justification) ☐ DCA CAROD MANAGEMENT/BOB HEARN Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) RESIDENTIAL BUILDING-CAROD MANAGEMENT Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age 212 Walton Avenue Square Feet # of Floors County (6) County Code (7) (State use only) Current Use (Prior if being demolished) RIDGEWOOD BERGEN Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. D & S RESTORATION, INC Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Project Manager for Monitoring Firm Telephone Number Phone Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 03/30/16 03/21/16 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure \times >3 sf or >3 lf Mini-enclosure Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely E Location of Ε е е by maintenance/custodial n asbestos-containing Amount Description of asbestos-containing n m p staff(12) C (Specify SF or material (acm) to be material (ACM) C 0 a a abated in facility (13) LF) ٧ Yes No N/A P X 40 L FT basement left side pipe insulation BARE HEATING PIPES 62 l ft BASEMENT right side Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 TULLYTOWN, RESOURCE RECOVERY 2 yds. Disposal Date City, State City, State PATERSON, NJ 07503 03/5 TULLYTOWN, PA Signature Completed by (Print or Type) Date Title BOGDAN JOLDZIC 03/10/2016 PRESIDENT Do not use this form for asbestos licensure exempted activities. ASR-41

CK 00542625

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) March 14, 2016					Name of Building Owner/Operator (2) Public Service Electric and Gas Company								
Agencies Notified (x) EPA		Notification () Initial Not	220 20 E		Street Address 80 Park Plaza			10	503	91	5, 7		
() DEP (x) DOL (x) DOH		(X) Amend () Cancelle	ed Certifica	ation	City, State, Zip Newark, NJ 07		020	0		HH			
() DCA					Name of Conta			Tel. Nur	mber	5	September 1		
				FACILITY IN		(4)						_	
Name of Facility Where Ab			<u>3)</u>		Type of Facility () School (K-1 () Subchapter (x) Other (i.e. p	(2) 8 (other th		s homo	s oto				
Street Address 1 Taft Road	-				Sq. Feet 1	15,700	375						
City (5) Towtowa	County (6) Passaic		County C (State Us		Bldg. Age 2 Current Use (p		demolished)_	Warehou	use & C	Office F	acility		
Name of Monitoring Firm H	lired by Bldg	Owner (8)	ASCM No	<u>o.</u>		MS.	Name of Cor Brandenburg			ice Com	ipany		
Street Address					Street Address 2217 Spillman								
City, State, Zip Code					City State, Zipo Bethlehem, PA								
Project Manager for Monito	oring Firm	Telephone N	Number		Telephone Nui (610) 691 - 180			License 00721	Numb	<u>er</u>			
Scheduled Start Date (10) Demolition – April 04, 2016 Asbestos – March 21, 2016	3	Scheduled (Demolition - Asbestos -	2016	Name of OSHA	A Monitor								
Occupancy Status During A (x) Facility Closed/Vacated () Abatement Performed (During Entir	e Period of Al	batement		Street Address	T.							
Describe - Removal of ACI facility	M in closed/s	hutdown porti	on of forme	er Warehouse	City, State, Zip	Code							
Other – Work Hours will be 3:30 p.m.		:00 am – 5:30	pm & Sat	. 7:00 a.m. –									
Source of Work (Check all (x) Demolition () Reno													
(x) Large Proj. (>160 SF or () Full Containment with	r >260 LF AC		oj. (>25<16 Mini-Enclos	sure () Glov	vebag Procedure		oj. (<25 SF or						
Location of Asbestos- Containing Material (ACM) Facility (13)	24 27 27 27	ation Normally by Maint./Cus		Description of a thermal system surfacing, VAT	ns insulation,	Amount (Specify SF or	LF)	Abater	ment Ty	<u>pe</u>		
r donky (10)	YES	NO NO	NA	miscell.)	, 0. 00.0.			1	Rem.	Rep.	Encap Encl	lose	
Boiler Room			X	Flue Patch		1 SF			Χ				
Boiler Room			X	Pipe Insulation	K	2 LF			Χ				
Building A, interior & exteri	ior		Х	Caulk (w/ prec		1,200 LF			Χ				
Building A, office			X	Window Caulk		240 LF			Χ				
Building A, vestibule			Х	Transite (soffit)		10 SF			X				
Building A, vestibule			X	Caulk (door fra		36 LF			X	-			
Building A, kitchen			X	Floor Tile & Ma	astic 200 SF X								
Building A, driver lounge			Window Glazin	ng	3 Windo	WS		X					
Roof flashing	0.5	NJDEP Was	Flashing	Cubic Vordo	2430 LF		Name o		Landfill				
Name of Reg. Waste Haule Environmental Trans		ID #	Cubic Yards of 2 NT	vvasie					stoga Landfi	ill			
City, State Bethlehem, PA	Отопр		2111		Disp. Date TBD	, topubli	(City, Sta		-45			
Completed by (Print or Typ	ne)	Title			Signature)		,,,,,,	Date	1	guilt			
Jennifer Strobel				\		03/14/1	6						

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00

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

		NO					STORY OF STORY	60 and 5:16	2016 MAK							
Date of Notification (1)					Name	of Building	Own	er/Operator (2	2)	2010 .	L.					
03/	15 /	16			Son	ehan 195	Nor	th Street LL	-C	-016 MAH	9/6		- 2			
Agencies Notified	Type Notificat	ion			Street	Address				ASME	. 0	11/1		To so		
⊠ EPA	☐ Initial				196	North Str	reet			20/1	75.		· < §)		
☑ DOLWD	Amended Amendmer	nt #			City, S	tate, Zip Co	ode			- L/C	ENST	YTD	Ο.			
□ DCA	☐ Emergency	y (includ	ing		- an-cause	rboro, N	J 070	608		Telephone Nu	170/4	G	UĘ			
(NJAC 5:23-8)	justification Cancellation	0.00			100000000000000000000000000000000000000	of Contact	in			l elephone Nu	mber					
	☐ Caricellatio)11						MATION								
Name of Facility When	Λ h = t = = = = t i= T =	dring Die		2)	FAC	ILITY IN	-OR	MATION	Type of Facility (4)	8-17					
Name of Facility Where A Former AGFA Faci		iking Pia	ice (٥)					School (K-12)							
Street Address	iity		_						☐ Subchapter 8	(Other than K-						
195 North Street									Other (i.e., pr homes, etc.)	ivate and comm	nercial bu	uilding	IS,			
City (5)						750			Square Feet	# of Floors	ВІ	dg. A	ge			
Teterboro									25,000	1	11	60				
County (6)					Coun	ty Code (7)	(STAT	TE USE ONLY)	Current Use (Pri	or if being demo	olished)					
Bergen								***	Empty Ware	house						
Name of Monitoring Firm	Hired by Buildi	ng Own	er (8) /	ASCM	No.	Nan	ne of Abateme	ent Contractor (9)				300			
Bio Terra Environr	nental Solution	ons					R	ed Roc Mat	erials, LLC							
Street Address					-		Stre	et Address								
P.O. Box 1224							20	Ramapo V	alley Road							
City, State, Zip Code							City	, State, Zip Co	ode	78.75						
Union, NJ 07083							M	lahwah, NJ	07430							
Project Manager for Mor	nitoring Firm			Tele	phone l	No.		ephone No.		License No.						
Rick Eustaquio					3-494			01-529-4700		01248						
Start Date (10)		cheduled		550			11/20/10/20	ne of OSHA M								
03 /25 /	16	04	- /	01	_ / -	16		ed Roc Mat	erials, LLC							
Occupancy Status Durin	건강하다 그래도 없다.							et Address						.=		
☐ Facility Closed/Vacat						oribo	177.55		o Valley Road							
Abatement Performe Time of Abatement:					s - Des AN			ity, State, Zip Code Mahwah, NJ 07430								
							IV	lanwan, NJ		_						
Scope of Work (Check a	ill that apply)						☐ Full Containment with Negative Pressure									
☐ ≥3 sf or ≥3 lf		-		ovati				☐ Mini-Enclosure ☐ Glovebag Procedure								
≥160 sf or ≥260 lf		П	Den	nolitio	n				g Procedure mpted (*) and Non-Friable Procedure							
				Locat						Al	oatem	ent T	уре			
Location		. 1		orma Sole	lly ely by	Anlan	/	Description of	Re	70	Ш	Ш				
Asbestos-Containing TO BE AB		'	Mair	ntena	nce/			Containing Ma rmal systems		Amount (Specify	Remova	Repair	cap	Enclosure		
IN Faci			Custo	odial ((12)	Staff?	300		urfacing, VAT		SF or LF)	val		Encapsulate	ure		
(13)		Y	es	No	N/A	1	Ott	ner miscellane	ous)				lte			
Former Office Area]			VAT/Ma	stic	(9X9)		4,400 SF						
Former Office Area]			VAT (12	VAT (12X12) 4,350 SF ⊠ [
Front Office Area]			VAT (12										
	200 Web I															
Name of Registered Wa	N	JDEP V	Waste	9686335	oic Yards of	Name of Regis	stered Landfill									
Weigle Trucking	Hauler ID No. W				ste 0	Minerva Landfill										
City, State							Disp	posal Date	City, State) <u>-46</u> 0						
Linden, PA							0	n/abt 4/1/16	Waynesbu	ırg, OH						
Completed By (Print or	Гуре)	Title						Signature	1		Date	, .	_			
Completed By (Print or Type) Michael F. Keith Title Project Manager Signature Michael										eill	3	15	-/(0		

CK 59856

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

0611-02	IV.	(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2)													
Date of Notification (1) 3/15/2016			Name of	Building (Owner/O	perator	(2)	D=1.1=14		LC C/O D	RAN	OFF	PR	OP.	
Agencies Notified Type Notification			Street Ac 755 SC	ddress OUTH B	OARD	STRE	ET.	10 4	11: {	LC C/O D					
EPA Initial DEP Amended Amendment	#		City, Sta	ddress DUTH B te, Zip Co DELPHI	de A PA 1	19147	& LIC	ENSIN	iTRO	L					
Emergency (justification) DCA Cancellation	ncluding		Ivallic of	Contact HERMAI					Tele	ephone Num	her				
DCA Cancellation				LITY INFO		ON									
Name of Facility Where Abatement is Taking ONE THEATER	Place (3	3)					_	f Facility (150						
Street Address 36 PARK PLACE							St X O	ubchapter	8 (Othe	er than K-12 k commercia		lings,	home	es,	
City (5) NEWARK NJ							Square >50,0	Feet	# of 2	Floors		ldg. A 50	ge		
County (6) ESSEX			County (Code (7) USE ONLY)			Curren	t Use (Prid	or if bei	ng demolish	ed)				
Name of Monitoring Firm Hired by Building (PENNONI ASSOCIATES, INC	Owner (8)		ASCM	No.				ement Cor DS, INC	tractor	(9)					
Street Address 515 GROVE STREET SUITE 1B							Address	STRIAL	BLVD).					
City, State, Zip Code HADDON HEIGHTS, NJ 08035						100000000000000000000000000000000000000	State, Zip	Code PTON F	A 189	966					
Project Manager for Monitoring Firm Raymond Alan Lloyd			Telephon 856 54	ne No. 17-0505		1.0	hone No. 322-29			License No).				
Start Date (10) 3/29/2016	Schedule 5/31/20		mpletion l	Date (11)				A Monitor							
Occupancy Status During Abatement (Chec	k Only Or	ne)					Address								
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe: MONDAY-SATURD/	al Facility	/ Hour				City, S	State, Zip	GRESS Code M PA 19							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	_	Renova Demoli					Mini- Glov	-Enclosure rebag Prod	e cedure	n Negative P			ıre		
	Is	Locat	tion				Non-Exempted (*) and Non-Friable Proc						ment		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Norma ed Sole aintena todial (12)	ely by ance/ Staff?		tos Con thermal surfa		Material (ns insulat AT, or		A (S	Removal	Repair	e Encapsulate	Enclosure		
	Yes	No	N/A										fe		
				PLE	ASE S	SEE A	TTACH	IED							
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP	H	NJDEP Waste Cubic Yards Hauler ID No. of Waste 20990							ered Landfill ANDFILL	•					
City, State 58 PYLES LANE, NEW CASTLE D			Dispo	c City, State WAYNESBURG, OH 44688											
Completed by DAMIAN LAVELLE/CDV	Title PRO	Date 3/15/201								016					

LOCATION OF	IS LOCATION	DESCRIPTION OF	AMOUNT	REMOVAL REPAIR	- 1	ENCAPSULATE	ENCLOSURE
ASBESTOS-CONTAINING	NORMALLY	ASBESTOS CONTAING MATERIAL (ACM)	SPECIFY				
MATERIAL (ACM)	USED SOLEY BY	(IE, THERMAL SYSTEMS INSULATION	SF OR LF				
TO BE ABATED	MAINTENANCE/	SURFACING, VAT, OR					
IN FACILITY	CUSTODIAL STAFF?	OTHER MISCELLANEOUS)					
		2					
	YES NO N/A						
ROOF, WEST AND SOUTH	×	PITCH POCKET TAR	22 SF	×			
2ND FLOOR UNDER CARPET							
AND EXPOSED	×	FLOOR TILE /MASTIC	4,280 SF	×			
BASEMENT BOILER	×	PIPE INSULATION /BOILER BREECHING	85 SF	×			
BASEMENT BOILER AND							
EXISTING ADJOINING ROOMS	×	CORRUGATED PIPE INSULATION	195 LF	×			
BASEMENT THROUGHOUT							
AND FB LINES	×	PIPE FITTINGS	141 LF	×			
OVER HANGS AT BUILDING ENTRANCES	×	EXTERIOR PLASTER OVER HANG	110 SF	×			
ELEVATOR FLOOR	× ×	FLOOR TILE/MASTIC	20 SF	×			
1ST FLOOR BOTTOM LAYER							
ELEVATOR HALLWAY	×	FLOOR TILE /MASTIC	180 SF	×			
				-			

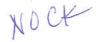
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Check #

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

Date of Notification (1)	2)	n N.I. Heban Pan	owa	110											
	11 /	16			Ma	dison Uri	ban	Renewal LL	C/KRE Madiso	n NJ Urban Ren	ewa	2			
Agencies Notified	Type Notific	ation			Street	Address				7 - 121 141		2016	pile.		
⊠ EPA					520	US Rou	te 22	2		क्र	-	I R	- 17	1	
☑ DOLWD		S			City, S	State, Zip C	Code				3		1	-	
☑ DHSS	Amendm	10			Bri	dgewater	, NJ	08807		<u> </u>	2	9	1	7.1	
DCA (NJAC 5:23-8)	☐ Emergen justificati		auding	ı	Name	of Contac	t			Telephone Numb	er	700		15	
(NUAO 3.23-0)	☐ Cancellat				Noa	ah Crism	er			1				TT:	
FACILITY INFORMAT	ION					1				តិ:		œ		Marie To	
Name of Facility Where A		Tokina	Diace	(3)	1				Type of Facility (=	£			
			riace	(3)					School (K-12	*0.0	=	9			
N/A Former Elemen	tary School	11							Subchapter 8	(Other than K-12)					
Street Address										rivate and commerc	cial bi	uilding	S,		
33 Green Village Ro	ad								homes, etc.)	# of Floors	Тр	da A	10	-	
City (5)									Square Feet	2000	- 1	dg. A			
Madison									25,000	2		50 +	yrs.		
County (6)					Cour	nty Code (7)(STA	TE USE ONLY)		or if being demolis	hed)				
Essex									Former Sch	ool					
Name of Monitoring Firm	Hired by Build	ding O	wner ((8)	ASCM	No.	Nai	me of Abateme	ent Contractor (9)						
Environmental Heal	th Investig	ations	s, Inc	.	N/A		E	East Coast H	az Mat Remova	al, Inc.					
Street Address							Stre	eet Address							
655 West Shore	Trail						4	94 E. 41 Stre	eet						
City, State, Zip Code	N 10 Maringa						City	y, State, Zip Co	ode		n let				
Sparta, NJ 07871							P	aterson, NJ	07504						
Project Manager for Monit	toring Firm			Tele	phone	No.		ephone No.		License No.					
John Sekelsky	.ormg r mm			100000000000000000000000000000000000000	3-729		1000	73-345-0022		00507					
Start Date (10)		Schedu	iled C	100	mpletion Date (11) Name of OSHA Monitor										
	200			/ _ 15 / _ 16											
								NII 12 NO 11 NO							
Occupancy Status During								eet Address	-4						
☐ Facility Closed/Vacated	d During Entil	re Peri	od of	Abatei	nent	oribo		94 E. 41 Stre	-						
Abatement Performed Time of Abatement:	AM-	ormai r PM	-aciiity I/	PM-	s - Des A	M		, State, Zip Co							
							Р	aterson, NJ	07504						
Scope of Work (Check all	that apply)							M Eull Cont	ative Pressure						
☐ >3 sf or >3 lf		1	□ Re	novati	on			Mini-Encl		legative Pressure					
≥160 sf or ≥260 lf		Ì		molitic				☑ Glovebag	Procedure						
									mpted (*) and Nor	n-Friable Procedure	1				
CO 800 00				Locat							Ab	atem	ent T	уре	
Location of	-:-! (A CNA)			lorma d Sole		Description		taining Materia	N (ACM)	Amount	Re	Re	Enc	Enc	
Asbestos-Containing Mate			Ma	intena	nce/			mal systems i		(Specify	Remova	Repair	Encapsulate	Enclosure	
IN Facility			Cust	odial (12)	Staff?	â.		urfacing, VAT,		SF or LF)	la		sula	ure	
(13)			V	No.	N/A	1	otr	ner miscellaned	ous)				te		
			Yes	323	100000		(640			10,000 SF					
Exterior Perimeter						Tar/Tar	Pap	er		Ш	Ш	Ш			
See attached sheets											\boxtimes				
Name of Registered Waste		3,000	JDEP V		0.0000000	ic Yards of	Name of Regist	tered Landfill							
Newark Carting		Н	auler II	2	Was	ste D0	GROWS, In	c.							
City, State								oosal Date	City, State						
Newark, NJ 07105							03	3-31-2016	Morrisville,	PA 12506				- 1	
Completed By (Print or Type	pe)	Title						Signature/	11	Dat	e		-		
James Unger	/		Esti	mato	r/Proje	ect Manag	ger	Lace	. & Ali	m.	3-,	//-	16	/	

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



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

Date of Notification (1) 3/14/16		Name of Building Owner/Operator (2) Cooper Operating, LLC											
Agencies Notified Type Notification			t Address ooper Plaza			- 1	MAR	1 5 2	016				
EPA Initial Amended Amendment #	1		State, Zip Cod			E C	V. see of	T					
Emergency (ir			e of Contact			-	Telephone N	lumher					
DOH justification) Cancellation		100000000000000000000000000000000000000	n Pitucci				2						
		FA	ACILITY INFO	RMATION									
Name of Facility Where Abatement is Taking Majestic Center for Rehabilitation	Place (3)					of Facility (4 School (K-12	**** **						
Street Address 2 Cooper Plaza						Subchapter	8 (Other than K ivate & comme	-12) rcial build	ings, l	nome	s,		
City (5) Camden			W. S		- Contraction	e Feet	# of Floors		dg. Ag /-50	ge			
County (6) Camden			nty Code (7) TE USE ONLY)			nt Use (Prio b center	r if being demo	lished)					
Name of Monitoring Firm Hired by Building O Synertech Environmental Consulting		AS	SCM No.	1933		tement Con	tractor (9) Ital Services	,Inc.					
Street Address 228 Moore Street	W.S.			915.701800	t Addres 1 Frale	ss ey Street							
City, State, Zip Code Philadelphia, PA 19148					State, Z adelph	p Code ia, PA 19	137						
Project Manager for Monitoring Firm Andrew McMahon			phone No. 5-755-2305	S07000	hone N -533-5		License 01166						
	Scheduled (Completi	ion Date (11)			A Monitor Environn	nental Consi	ulting					
Occupancy Status During Abatement (Check	Only One)				t Addres								
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe: occupied				City,	State, Z	e Street ip Code nia, PA 19	9148			<u> </u>			
Scope of Work (Check All That Apply)				1 111	аасірі	110, 17, 10	,110						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	ovation nolition			Mir Glo	ni-Enclosure ovebag Prod	edure						
					- NO	n-Exempled	() and Non-r	lable Flo	rocedure Abatement				
F F F		cation mally		Description	escription of				Abatem Type		_		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Mainte Custod (Solely by enance/ lial Staff? 12)	? (i.e.	os Containing thermal syster surfacing, V other miscella	Materia ns insula AT, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
	Yes I	Sector Throne	I/A				20005	X	-		-		
1st floor			X	masti			200SF		_				
3rd floor)	X	masti	С		360SF	X					
Name of Registered Waste Hauler		LNIDE	EP Waste	Cubic Yards	Yards Name of Registered Landfill								
Service Transport Group			er ID No.	of Waste			a Landfill						
City, State New Castle, DE				Disposal Da		City, Stat Wayne	e sburg, OH						
Campleted by		e Signature Date 3-14-16											
ASB-4 (R-06-08) Fer Alven				() _{* Do}	not use	this form for	asbestos licen	sure exer	mpted	activ	ities.		

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

Date of Notification (1)			Name of Building Owner/Operator (2)													
3-8-16				Coope	r Opera	iting, LL	_C				MAF		:016			
Agencies Notified	Type Notification		5	Street Ad	ddress											
× EPA	x Initial			2 Coop	oer Plaz	a										
X DEP	Amended				te, Zip Co											
X DOL	Amendment # Emergency (i				en, NJ C	8103				- 5	9 5 5	12				
DOH DCA	justification)	riciading	100		Contact					Tele	anhona Niii	mber				
X DCA	Cancellation			Tom P									_			
Name of Facility Where	Abatement is Taking	Diago (3)		FACI	LITY INFO	DRMATIC	NC	Tuno	of Facility (4	()						
Majestic Center for		riace (3)							71.70	85						
Street Address	rionabilitation								School (K-1: Subchapter		er than K-1	2)				
2 Cooper Plaza									Other (i.e. p				lings,	home	s,	
City (5)									etc.) ire Feet	# of	Floors	I R	ldg. A	70		
Camden								300		3	1 10013		/-50	ge		
County (6)				County (Code (7)				ent Use (Pric		na demolis		, 00			
Camden			1	STATE	JSE ONLY)			ab center	, 11 001	ng domono	100)				
Name of Monitoring Firm	Hired by Building C	Owner (8)		ASCN	l No.		Name	of Aba	atement Con	tractor	(9)					
Synertech Environ	mental Consultin	ıg		22200000					nvironmer		10.000	nc.				
Street Address	model						Street	Addre	SS							
228 Moore Street							2251	1 Fral	ey Street							
City, State, Zip Code							City, S	State, Z	Zip Code							
Philadelphia, PA 1	9148						Phila	adelpl	hia, PA 19	137						
Project Manager for Mor	nitoring Firm			Геlерhor			Teleph				License N	lo.				
Andrew McMahon					55-2305			533-5			01166					
Start Date (10)		Scheduled 3-18-16		pletion [Date (11)				HA Monitor			V iscosio				
3-18-16								n Environr	nenta	Consult	ing					
Occupancy Status Durin						Street		e Street								
	ated During Entire P ned Outside of Norm															
Other – Describe:		ai radiity r	Tours						ip Code hia, PA 19	1110						
Scope of Work (Check A	III That Apply)						ГШ	aueip	IIIa, FA IS	140					_	
[100]	ш тпас Арргу)	5					Г	7 _		70 202	200 20 60					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat moliti					Full Containment with Negative Pressure Mini-Enclosure								
								Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
			000				<u> </u>	1 No	n-Exempted	(*) an						
		6270000	ocation ormall	2000									Abateme Type			
Locatio Asbestos-Containing		Used	Solel	y by	Achae	Des tos Conta	scription		I/ACM)	Δ	mount			-		
TO BE AB	ATED	Main Custo	tenar			thermal	system	s insul		(5	Specify	Re	Z Z	Encapsulate	En	
In Faci (13)			(12)	tan:		surfac other m	cing, VA			SF	or LF)	Remova	Repair	sqe	Enclosure	
(10)			N.I.	N1/A	·	outer ii	nacenai	icodaj				/al	=	ılate	ure	
		Yes	No	N/A												
1st flo	or			X			VAT			2	00SF	x				
3rd flo	oor			X			VAT			36	60 SF	x				
Name of Registered Wa	ste Hauler		N	JDEP W	laste	Cubic '	Yarde		Name of I	Registr	ered Landfi					
Service Transport 6	1000	auler ID		of Was			Minerva	28		II.						
City, State			1			Dispos	al Date		City, State	9						
New Castle, DE							1	12	Wayne		, ОН					
Completed by		Title	Signatu					9	/		D	ate				
Jennifer Niven		Dir. of	Ope	erations	S		M	_ '			3	-8-16				
ASB-41 (R-06-08)					7	* Do no	ot use	this form for	asbes	tos licensui	e exer	npted	activi	ties.		

MD 22675455178 NOTIFICA

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)			Name of Building Owner/Operator (2) Fort Lee Assistance and Support Housing Corporation												
03/10/2016					tance	and St	Ipport	Housing	Jorp	oration	l —				
Agencies Notified Type Notification X EPA X Initial			Street Ac 1403 T	eresa D)rive							7.	2		
DEP Amended				e, Zip Co							u ai	10	ONE MAR		
X DOL Amendment #_ Emergency (in	cluding	-	Name of	e, NJ 0	7024				T-1-	27	MIN				~~
DOH justification) Cancellation				McQua	de				1 616	ephone J	Millape			÷	Sand Sand
Sort				ITY INFO		ON					ine				tion.
Name of Facility Where Abatement is Taking	Place (3)					Type	of Facility (4)			275	-	-B		1
Residential Structure								School (K-12)			TO.				N. Code
Street Address								Subchapter 8 Other (i.e. pri	vate 8	er than r & comme	ercial b	(F)	ings,9	iome	es,
City (5)							е	etc.) e Feet		Floors		8	dg. Ag		
Fort Lee, NJ 07024							2,999		2	1 10013		15		, .	
County (6)			County C		10			nt Use (Prior			olished)	5			
Bergen				ISE ONLY)	-		Resi	dential - V	acar	nt					
Name of Monitoring Firm Hired by Building Ov	vner (8)		ASCM	No.		100000000000000000000000000000000000000		ement Control		(9)					
Street Address						100000000000000000000000000000000000000	Addres								
Oite State 7in Code						The contraction		ue Ave Su	uite 1	15					
City, State, Zip Code								p Code akes, NJ	0744	12					
Project Manager for Monitoring Firm			Telephor	ne No.			hone No 513-42			Licens 01236					
	ed Cor 2016	mpletion [Date (11)			of OSH Koce	IA Monitor vski								
Occupancy Status During Abatement (Check	Only On	ie)					Addres								
Facility Closed/Vacated During Entire Pe						1-75		ue Ave Su	uite 1	15					
Abatement Performed Outside of Norma Other – Describe:	I Facility	Hour	S			2010		p Code _akes, NJ	074	12					
Scope of Work (Check All That Apply)						1 011	iptorr	_arcs, 140	014-	72					
23 sf or ≥3 lf	X R	enova	ation			3	Full Containment with Negative Pressure								
≥160 sf or ≥260 lf		emoli				F	Mini-Enclosure								
						Ė	Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure)		
	Is	Locat	ion						d () and Non-Friab			Abatement			į
Location of	0.00	Norma d Sole				scription						Ty		Je	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intena	nce/			taining I I system			Amount (Specify			D D	71	Enc	En
In Facility (13)	Cusi	(12)	Staff?			cing, VA		200	SF or LF)			Removal	Repair	Encapsulate	Enclosure
(10)	Yes	No	N/A		0111011	111000114	110000)					<u> </u>	7	late	лге
1st Fl. L.R., Stairway & 2nd Fl. Hall		Х				Plaste	r		1340SF			۲			х
2nd Fl. Right Rear & Front Bedroom	Х			Plaster				50SF	2	C			х		
2										2	<			х	
		1/				x								Х	
Name of Registered Waste Hauler		NJDEP W Hauler ID		Cubic of Wa	Yards		Name of R	1000				22000			
Atlantic Carting LLC		901 #2		40	.5.0		Grand C		al Sani	tary L	an	dfill			
City, State 1141 Route 23, Wayne, NJ 07470	1.64				100000000000000000000000000000000000000	posal Date City, State 01/2016 Pen Argyl, PA									
Completed by Toni Kocevski	ct M	anager			Signatur	e o	Vouds	F	=	Date 03/1	0/2	016			