ASB-41

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

D&S Proj. #: 2014-96	x			estos Abatement 8:60 and 12:120)	8	in the	· n		
					2014 MAR 45 250-		4.1		
Date of Notification (1)			er/Operator (2)		ייאת.	24 PM 7	: 10		
Agencies Notified   Type Notificati		LEEN WILI	LIAMSON		0.5350-		13		
☐ EPA ☐ Initial	Oli del Ad				& L/0	PUCONTR	יון:		
☐ DEP ☐ Amended		O. ORANGE	AVENUE			-uoing	υ <sub>ι</sub> .		
DOL Amendment #:		e, Zip Code					ź		
□ Emergency (including	SO. C	RANGE, NJ	07079		LTelephon	o Number	_	-	
justification)	IName of	Contact			Telephone	3 Number			
DCA Cancellation	KAT	HLEEN WIL	LIAMSON						_
		FACII	LITY INFORMA	TION					
Name of facility where abatement is	s taking place (3)				Type of Facility (	4) I (K - 12)			
KATHLEEN WILLIAMSON						apter 8 (Other t	than K.	12)	
Street Address						Private/Comme		12)	
224 SO. ORANGE AVENUE	,				Bldgs./	Homes, etc.		α Λ <i>α</i>	10
City (5)	County (6)			County Code (7)	Square Feet	# of Floors	Bid	g. Ag	je
, (-)				(State use only)	Current Use (Pr	ior if being der	nolished	(b	
SO. ORANGE	ESSEX		-			ı			
Name of Monitoring Firm Hired by I	3ldg. Owner (8)	T	ASCM No.	Name of Abatem	nent Contractor (9)				
					ORATION, INC.				
Street Address				Street Address					
City, State, Zip Code				20 California City, State, Zip C					
Dity, State, Zip Code									
Project Manager for Monitoring Firm		Phone Number	er	Paterson, N. Telephone Numb		License Num	ber		
reject manager for mornioring ; min		. Hono Hambe	<b>51</b>	973-345-80		01169			
Start Date (10)	ISched Comp	letion Date (11	)	Name of OSHA	Monitor	1			
			<i>x</i> .:	D & S Resto	oration, Inc.				
03/24/14 Occupancy Status During Abatemer	03/31/14			Street Address	*				
Facility closed/vacated during				20 California					
Abatement performed outside				City, State, Zip C	ode				
Describe:NORMAL H	OURS			Paterson, N.	J 07503				
Scope of Work (check all that apply					Full Containment w	/negative pres	sure		
	Renovation			98	Mini-enclosure				
≥160 sf or ≥260 lf	Demolition				Glovebag procedur			4	
Location of	Is location norma	lly used solely			Non-Exempted (*)	R	R	E	
asbestos-containing	by maintenance/		10	n of asbestos-containin	a Amount	_ e	e p	n	E n
material (acm) to be abated in facility (13)	staff(12)		material (A		(Specify S LF)	F or o	a	c a	C L
abatos in lability (10)	Yes No	N/A			/	v e		р	
BASEMENT BOILER & REC. ROOM			PIPE INSUI	LATION	60 L FT				
							ᄪ	$\sqcup$	닏
							뿌	ᆜ	닏
Registered Waste Hauler	NJDEP Haul	or ID# 1 C	ubic Yards of W	aste Name of Regist	ared Landfill			Ш	Ш
D & S RESTORATION, INC.	13506	D0000000000000000000000000000000000000	yd		VN, RESOURCE RE	COVERY			
Dity, State		Disposal D	ate	City, State					
PATERSON, NJ 07503		03/25/14		TULLYTOV	WN, PA				
Completed by (Print or Type) BOGDAN JOLDZIC	Title		Signature			Date	1		
	PRESIDENT  Do not use this fo	rm for ashesto	s licensure exe	mpted activities		03/13/201	+		
Ch 21 2 10 1									

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

700				Notific	ation of Asb	estos	Abatement		٠.				
D&S Proj.	#: 2014-94			(Pursua	ant to NJAC	8:60	and 12:120)		(2.5	* ** - <sub>~</sub> .			
2000-00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1					n.	24 Ph		1.28 N	
25	*							(	114 Men			1	
Date of Notification		Na	me of Buil	ding Owne	er/Operator (2)				BILLIOE	24 DL			
0  3 /1  1		ll r	narjorie g	radzel				· 1 ·	1		/:	100	
Agencies Notified	Type Notification	1000	eet Addres						8110	SAA.		-	_
☐ EPA	Initial		47-18 moi	elot ovon	10				& LICE	No.	RO	y.	
☐ DEP	Amended		ty, State, Z		ue					-,0/MG	. 0	<u>-</u>	
☑ DOL	Amendment #:	11											
_	☐ Emergency	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Fair Law		110						_		_
☑ DOH	(including justification)	Na	me of Cont	tact				Į le	elephone Nu	umber	_		
☐ DCA	Cancellation		marjorie	gradzel			1.85%	4			age as		
	Caricellation										-		
				FACI	LITY INFORM	ATION							
Name of facility wh	nere abatement is	taking place	ce (3)	20				Type of F	acility (4)				
		2 22 5000						1 4	School (K	( - 12)			
marjorie gradze	el								Subchapte				
Street Address									Other (Priv		nercia	ıl	
47.10									Bldgs./Hon		_	Bldg. A	.00
47-18 morlot av	venue		(0)					Square F	-eet   # oi	f Floors		blug. A	ige
City (5)		Count	y (6)				nty Code (7)		_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
12 K 2		200	CENT			(Stat	e use only)	Current	Use (Prior	it being de	molis	shed)	
Fair Lawn		_	GEN			L	Name of Abotema	1 Contractor	(0)				
Name of Monitorin	g Firm Hired by E	Bldg. Owner	r (8)		ASCM No.		Name of Abatemen	it Contractor	(9)				
							D & S RESTO	RATION, II	NC.				
Street Address				L.			Street Address						
							20 California A	Ave.					
City, State, Zip Cod	e					-1	City, State, Zip Cod	е					
							Paterson, NJ (	7503					
Project Manager for	r Monitoring Firm		I Pho	one Numb	er		Telephone Number		TLi	cense Nui	nber		
i roject iviariager for	i wontoning i iini		1	one rading	OI .		973-345-802			0116			
							Name of OSHA Mo						
Start Date (10)		Sched.	Completio	n Date (11	1)		D & S Restora						
03/12/14		03/31	/14				Street Address						
Occupancy Status I	During Abatemen			Annales de la companya del la companya de la compan		_	20 California A	Venue					
	d/vacated during			ment			City, State, Zip Cod						
	erformed outside						City, State, Zip Cou	ie					
Describe:							Determe NII (	7502					
Other-Descri	be: NORMAL H	OURS				-	Paterson, NJ (						
Scope of Work (ch	Barana and an an an an Arthriday	()						Full Contair		gative pre	ssure	•	
$\times$ >3 sf or >3 lf		Renovation	n				₽	Mini-enclos					
≥160 sf or ≥2	260 lf 🔲	Demolition					¥	Glovebag p Non-Exem		d Non-frial	ale pr	ocedur	e
			normally u	ised solely	/			1 NOII-EXCIII	pica ( ) and	P			
Location of asbestos-cor	ntaining		nance/cust		N 600 10 70	on of a	abactas cantaining	An	nount	e	€	n	E n
material (acn		staff(12)			material		sbestos-containing	- 0703776	pecify SF o	or o	F	C	c
abated in fac		Yes	No	N/A		( ,		LF	-)	v	i	a	L
-					1	<del></del>	OM	7510		e	a Ir	+	-
BASEMENT			X		PIPE INSU			561 ft			_	닊닏	ᆜ
BASEMENT			X		BOILER II	NSUL	ATION	30 sq	ft	Σ	IL		1
•					1								
					1					ĪГ			
Registered Waste F	Hauler	NJDF	P Hauler I	D# 1 C	ubic Yards of	Waste	Name of Register	ed Landfill					
D & S RESTOR	ATION, INC.	135		100000	l yd		TULLYTOWN		CE RECO	OVERY			
City, State				Disposal D			City, State						
PATERSON, N	IJ 07503			03/13/1			TULLYTOW	N, PA				12. 534	<u> </u>
Completed by (Prin		Title			Signature				1	Date			
BOGDAN JOL		PRESID	ENT							03/11/20	14		
10D 44				for asbest	os licensure ex	xempte	d activities.						

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

		i 20	114 MAR 24 PM	110	APPROVED			A 18 AS
Date of Notification (1)	1 11	uliding Owner/Oper	ator (2)	Leas.	Health & Senior	Services		
Agonoles Notified Type Not EPA Initial	Street Add		& LICENSING	Date: 3	(signatéré)	2:40A	Ma	-
DEP Amend	ed 47-18 n	orlot avenue			11101		Fol	
Amendme	ent#: City, State	Zip Code	: 1 1	I		4		
DOL Emerge	ency Fair La	wn, NJ 07410						
DOH (Includi	ng Name of Co			R TO	elephone Number		Y	-
DCA Justifica		e gradzel	i i i		-	- #j		
Barri Vall			FORMATION	A		=	-	
Name of facility where abaten	nent is taking place (3)			Type of F	acility (4)			
marjorie gradzel		•			School (K - 12)			
Street Address					Subchapter 8 (O			
47-18 moriot avenue	9	i .·			Other (Private/Co Bidgs /Homes, e	ic.		
The state of the s				Square	Feet # of Floor	5 B	ilag. Ag	ge
City (5)	County (6)	1.1	County Code (State use on	200 Commenced	Use (Prior if being	n domolići	2001	
Fair Lawn	BERGEN	r)			Ded (Flor ii belli)	A sellola	100/	
Name of Monitoring Firm Hire	d by Biog. Owner (B)	ASCM	110.1	Acatement Contractor				
		ihi .		RESTORATION, I	NC.		<u>. L</u>	
Street Address			Street Ad	105				
City, State, 4p Code				Iliomia Ave.		-	,	-
Orty, state, zip code	20	<b>F</b>	1 15 7	A Zip Code			00	
Project Manager for Mankoring	Firm [ F	hone Number	The state of the s	sch, NJ 07503 e Number	Liconse	N	27H2 2 -	
		Holle Hallinger		345-8020		1169		
Start Date (10)	Sched, Complet	Ion Date (11)	The state of the s	OSHA Monitor		The state of		
03/12/14	03/31/14			Restoration, Inc.	P .			
Occupancy Status During Abat	Ement (Chack coly onn)	11	Street Ad	) East				#X:
Facility closed/vacated de	uring entire period of abat	tement		lifornia Avenue				
Abatement performed ou Describe:	Iside of normal facility ho	ura-	City, State	a, zip Code	•			
Other-Describe: NORM	77	`	Pater	koa, NJ 07503				
Scope of Work (check all that	apply)	<del>1                                     </del>		Full Contain	nment W/negative	pressure		-
≥3 sf or >3 if	Renovation	7 s		Mini-enclos	_ N N N_ N_ N_ N_ N_ N_ N_ N_ N_ N			
≥160 st or ≥260 lf	Demolition	t .	The state of the s	☑ ☑ Glovebag p				
Location of	Is location normally		3 1	Non-Exem	pted (*) and Non-	irlable pro	700	
asbestos-containing	by maintenance/cu	stodial I		An An	nount	e   a	E	E
material (acm) to be abated in facility (13)	ştaff(12)	ma ma	scription of asbostos-co terial (ACM)	Maining An	pecify SF or	m p	2	n
anated in racility (13)	Yes No	: N/A:		ĹF	)	vi	a	Ľ
BASEMENT		Cigra Circuit	INSULATION			9 1	1	-
BASEMENT		The second secon	ER INSULATION	36 I ft	9001		旦	1
17.15		E M POR	THE WASTER THE THE	30 sq	TE.			-
7.3.4								
		1						
Hegistered Waste Hauler	MEDITAL							
D&S RESTORATION, IN	NC. NJDEP Hauter	1 yd	ds of Waste Name of	Registered Landfill YILOWN, RESOUR	רוז מפרטעםם	v		
City, State		Disposal Date	City Ste		-LINCXUVER	. 1		-
PATERSON, NJ 07503	E	03/13/14	9 1	YTOWN, PA				
Completed by (Print of Type)	Title	Signat		T. I	Date		To the last	
BOGDAN JOLDZIC	PRESIDENT			4.	03/11/	2014		
ASH-41	Do not use this form	for asbeston licens	ure exempted activities	- }1:	. 00/ ( )/	2014	-	manufic.

From:

03/17/2014 18:00

2597 P.002/004

### State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

MAR 2 4 2014

GAC Project # 436-14				42.5	1		
Pate of Notification (1)  March 1:	7, 2014		Name of Building Own	nan/Operator (	B)	101	200414
Agencies Notified  D EPA  D DOA  D DOL  D DEP- No Lenger REQUIRE  D DON	Notification Initial I DAmend E Emer	Notification led Certification #1 gency (Including cation)	Sirect Address 1003 MORRIS A City. State. Zip Code UNION, NJ 0708 Name of Contact MR. JEFF ECKE Buildings, Group	VENUE 3 RT -		W.	10 DAY
			Maintenance		LWAN	VER AL	PPRÖVE
Name of Facility When Abdisma LIBERTY HALL MUSEU	M - ANNEX	HAGIOTY	INFORMATION  Then of Facility (d)  3 School (K-12)				*
1003 MORRIS AVENUE			Olher (i.e. private & Sg. Feet: Unknow	commercial but	Idings, flomes	s, etc.)	
UNION	MOIND MOINU	Gounty Code (7)	Current Use (prior # ba				904 years E
TTI ENVIRONMENTAL I	Bida, Conner (8) NC.	0003	Name of Contrador (9)  GREENWOOD AB	ATEMENT 4	2016	10170 111	
1253 NORTH CHURCH S	TREET		Street Address 268 MAIN STREET		JONSOLIA	ANTS, IN	<u>C.</u>
MORRESTOWN, NJ 0	8057		City State, Zip Code BUTLER, NJ 07400		!		
Prolant Managar for Monitoring Fin JIM GUILARDI	856-840	-8800	<u>Telephore Number</u> 973-492-0477		License N	mber	
School Stan Date (10) 3/1 8/2014	3/19/2014		Nama at OSHA Monitor ENVIROVISION, IN	16	00840		
Occupancy Status During Abates  Facility Closed/Vacaled During  Abatement Performed Outside Describe  Bother - Describe: Work Are Period of Abatement 7:00 a	g Entire Period of Al of Normal Feating I	Hours -	Street Address 20-21 WARGARAW City, State Zie Code				
Source of Work (Check all that excl	M		FAIRLAWN, NJ				
23 sf or ≥ 3 lf 2 ≥ 160 sf or ≥ 280		Renovation  Demoition		Full Contain Mini-Enclose Glovebag Pro Non-Example	ocedure & W	rep& Cut	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Solely by Meint /Cus Staff? (12) YES NO	Load Description of As fadisi (ACM) (I.e. there VAT, or other mit	rei systems iraulation, surfat		ly SF	ement (ve	Enone Enclose
PRESIDENT'S OFFICE	Tall Tall	PIPE INSUL	ATION	<0 LF			ТТ
Name of Reg. Weste Havier Newark Carting, Inc. Newark, NJ 04509	NJOEP Weste NJ DEP #	Hauler ID B 4500	Cubic Yards of Waste:	6 CY	Name of Ro	pistered La 3. North L	ndfill andfill
Notes: Nome	1 Tib.			2/19/2014	le.	City, Sleet 100 New Marriaville 215-736-	Ford Mul Rd. e, Pa 19087
RAYMOND C. PEDALINO	SENIOR PRO MANAGER	DJECT	Skonature		Date March	17, 2014	

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Initial Notification Check # 5765

Date of Notification	n (1)		Nam	e of	Buil	ding	Owner	Operator	(2)		n 1 7	P		ī
0 3 /1 1		4 1						l District	•	•	7 4	JF		1
Agencies Notified	Type Notifi	cation			Addre									
(X)EPA			15	5 911	mmit	Aver	110			MAR 24	2014		1 1	
(X) DEP	[X]Initia	il cation	1 1				Code		1 1					T
2020 - 1956	[ ]Amende		11	(5). (1)	ck, N									
[X] DOL	Notifi	ication	1		Cont				Telep	hone Numb	er			÷
[X] DOH	[ ]Cancel	Llation	[ Nam	ne or		Lact					- H 11			الس
[ ]DCA			Jo	hn R	and									_
		8 10 10 10 10 10 10 10 10 10 10 10 10 10		5.00			NFORMAT	NOI			ĝ	3		
Name of Facility W	here Abatem	ent is Ta	king	Plac	ce (3	7			Type of Facilit					
Maldwick High Cobo	vol.							1	[X]School	ster 8 (0)	ther th	ian K	(-12)	
Waldwick High Scho	001								[ 10ther	i.e. pr	ivate 6	COM	mer-	
Prieer Waaroog								1	Square Feet	ildings.	rs Blo	ig. A	ge	
155 Wyckoff Avenue	)		7.51			10-		- (75	40,000	1	50			
City (5)		County	(6)			(ST	nty Cod	E ONLY)	Current Use (P:	rior if b	eing de	emoli	shed	1)
Waldwick, NJ 07463	3	Berge	n						Educational					_
Name of Monitoring	Firm Hired	by Build	ling	ASC	M No.	,	Name	of Abate	ment Contractor	(9)				
Owner (8)							Four	Strong Ri	uilders, Inc.					
Health & Safety Ser	vices, Inc.			000	117		Stree	t Addres	s					_
Street Address						1	400.0		A.,					
318 12th Street								State	Avenue Zip Code			-		_
City. State. Zip C	ode					1	9700							
Hammonton, NJ 08	037-1352	- Praint	72122		. Nevmb	-	Clitto	n, NJ 070 hone Num	113-1935 ber	TLIC	ense N	umbe	r -	
Project Manager fo	or Wourtour	id srem	rereb	none	e recume	165				000	2007			
Jim Proctor			609-7					014-0377	Monitor	1000	0807			
Scheduled Start Da		ched.Com	Barrier		20 -220	- 1	Name	OI USAA	MOHILOL					
0 3 / 2 8 / Day /	1 4	0   3   /  .	3 0	1/1-	Year		Four	Strong B	uilders Inc.					- 1
Occupancy Status I	During Abate	ment (Ch	eck c	nly	one)		Stree	t Addres	s					
[X] Facility Clos	sed/Vacated	During E	ntire	Per	riod		180 5	Sargeant	Avenue					
of Abatement []Abatement Per	rformed Outs	side of N	ormal	. Fac	:1111;	Y	City.	State.	Zip Code			00.00	200	
Hours - Desci	ribe:		-3000				Olitic	- NILO7	24.4					
					•		Clino	n, NJ 070						_
Scope of Work (Ch	eck all that	( abbīA)	2292	2000	127040			[ ]Full	. Containment wi	th Negat:	ive Pre	essui	e	
[ ]Demoli	tion or >3 lf		(X	Rend	ovatio	on		[ ]Glov	-Enclosure rebag Procedure					
[X]∑160 s	f of ≥260 1:	f						[X]Non-	-Friable Procedu	ire				
			Τ.	Is							Abat	emer	E E	zpe E
I oca	tion of		No	cation mal	on		De	escription	on of	(2 : 19	R		N	N
Asbestos	-Containing			Used olel				stos-Cont terial ()		Amount (Specif		R E	C	C I.
	al (ACM) ABATED		by	Mai	n-		(i.e.,	thermal	systems	SF or		PA	P	0
in Fa	cility 13)			nance		1:			facing, VAT, cellaneous)	LF)	A	I	U	I. O S U R
	13,			aff(							I	R	L	R
01			res	100		VΔT	and ma	astic		750 SF	X			
Classroom # 308			+-	1	$\vdash$	۷ ۸ ۱	and m					-	-	
			-	_	$\vdash$						+-	-	-	-
											_	_		_
						and the same								
Name of Registere	d Waste Hau	ler			Wast		Cubic of Wa	Yards	Name of Regis	tered Lan	dfill			
					r ID	AU.	OI WG		G.R.O.W.S., Ir	nc.				
Four Strong Builde	ers, Inc.		1	2609	3	r pis	Dispo	sal Date		10.				
City. State	15. 40.													
Clifton, NJ								(1	Bordentown, F	Ϋ́A				
Completed By (Pri	nt or Type)	Title						Signatur		-	D	ate		
Nick Zivkovic		Preside	ent					elm	a Zhin	=	3	/17/	14	
ASB-41		1 163106		-										-
JUN 95													G46	67

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Initial Notification Check # 5765

Date of Notification	(1)		Nam	e of	Build	ling	Owner/	Operator	(2)			7	7, 1	7)
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	Type Notific				k Cer		SCHOOL	District			, 00	11/	-	-51
	The Morrie								ř	MAR 2	4 21	114	1	1
[X]EPA	[X]Initia.	l			nmit /		nue Code		<u> </u>				. 5	-
[X] DEP	7		П	S .					19 85					
(X) DOL	( )Amende Notifi	d cation	11		ck, NJ		463		Teler	hone Number	Car.			
[X] DOH	[ ]Cancel	lation	Nam	ne oi	Cont	act			12020	V				
[ ]DCA			Jol	hn Ra	and									_
							NFORMAT							
Name of Facility Wh	ere Abateme	nt is Ta	king	Plac	e (3)				Type of Facili					
Waldwick High School	nl.								[X]School	nter 8 (Oth	er th	an K	-12)	
Street Address						-			[ ]Other	(i.e., priva	ate & omes.	eto	mer-	
.== \. \ \ ( \ \ \ \ \ \ \ \ \ \ \ \ \ \ \									Square Feet	# of Floors	BIG	g. A	ge	000000000000000000000000000000000000000
155 Wyckoff Avenue		County	(6)			Coul	nty Cod	e (7)	40,000	1	50	<u>==1:</u>	2500	1
						(ST	ATĒ USE	ONLY)	Current Use (P	rior it bei	ng ae	moli	snec	17
Waldwick, NJ 07463	W	Berge	n	TACEN	1 No		IName o	f Abater	Educational nent Contractor	(9)				_
Name of Monitoring Owner (8)	Firm Hired	by Bulle	IIIIg	ASCI	1 110.									
Health & Safety Serv	rices, Inc.			000	117	_		Strong Bu	ilders, Inc.		2 to 1000			_
Street Address	A CONTRACTOR					1	Street	Addres	5					
318 12th Street							180 S	argeant /	Avenue Zip Code					
City. State. Zip Co	ode					1	_							
Hammonton, NJ 080	37-1352	T	W-1		V		Cliftor	n, NJ 070	13-1935	Licen	se Ni	umpe	-	
Project Manager for	Monitorin					25				0000	77			
Jim Proctor		ched.Com		'04-8				14-0377	Monitor	0008	37			
Scheduled Start Da		0   3   /				/								
Month / Day /	Year	Month /	Day	1/1-	Year			Strong B	uilders Inc.					
Occupancy Status D	uring Abate	ment (Ch	eck c	only o	one)		1							
(X) Facility Close of Abatement						. 1	180 S	argeant	Avenue Zip Code			-	_	-
[]Abatement Per Hours - Descr	formed Outs ibe:	ide of N	ormal	L Fac	11117		CICY.	State,	tip code					
[ ]Other - Descr							Clifton	n, NJ 070	011					
Scope of Work (Che	ck all that	apply)						[ ]Full	. Containment w	ith Negative	e Pre	ssui	e	50
[ ]Demolit			$[\times]$	]Reno	vatio	n		[ ]Mini	Enclosure rebag Procedure					
[ ]>3 sf o [X]∑160 sf	or >260 lf								Friable Proced	ure				
			Т	Is	T					T n	Abat	emer	E E	ype E
Locat	ion of			catio rmall				scription			RE	R	N C	N
	Containing			Used olely			Mat	tos-Conterial ()	ACM)	Amount (Specify	M	E	A	C I.
TO BE	ABATED		ру	Main	-	iı	(i.e.,	thermal	systems facing, VAT,	SF or LF)	0 0	P A	P	0 5
in Fac	3)		Cu	stodi aff(1	al		or ot	her miss	cellaneous)		A	I R	U	R
			Yes	No	N/A					=== 0=		_		E
Classroom # 308				X	\	/AT	and ma	astic		750 SF				-
														<u>_</u>
														_
									en om a de la companya de la company					
Name of Registered	Waste Hau	er			Wast		Cubic of Was	Yards	Name of Regis	tered Landf	111	nue o fest		2000/200
- 0 1 -							Oz was		G.R.O.W.S., I	nc.				
Four Strong Builder	rs, Inc.		1	2609			Dispos	sal Date						
	9								Bordentown, F	ΣΔ				
Clifton, NJ	E on March	Title					1	Signatur		7	D.	ate		
Completed By (Prin	ic or Type)	11016						0	D.31:			·		
Nick Zivkovic	0	Preside	ent					allers			13	/17/	14	
ASB-41 JUN 95		ration of the section (198											G46	567

6404-NJ

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

**Initial Notification** Check #: 5763

				D	13:55	Owner/Operato	SF /31		·	1	7	
Date of Notification		4 1	11						17.			
			1 7			Board of Educati	ion				-	_
Agencies Notified	Type Notifi	cation	Str	eet Add	ress		MAR	2 4 201	4			
[X]EPA	[X]Initia	1	1 1	8 Baldwi			1					
(X) DEP	Notifi	cation	Cit	y. Stat	e, Zij	Code						
(X) DOL	( )Amende	d	Ne	w Bruns	wick,	NJ 08901		W - W	-	į		
(X) DOH	/Transaction	cation	11	ne of Co			Tele	phone Numb	er			
	[ ]Cancel	lation	11									
C]DCA			Joi	nn Smoy	er (ov	vner's rep.)						_
						NFORMATION		(A)				
Name of Facility W	here Abateme	ent is Ta	king	Place (	3)		Type of Facili					
St. Peter High Scho	ol						[X]School	pter 8 (0)	her t	han l	(-12)	ļ
Street Address	01	-					Other	(i.e., pr	Lvate	& COI	mmer-	-
							Square Feet	# of Floo	rs Bl	dg.	Age	
175 Somerset Stree	t		,,,			- 1	60.000	3		60		
City (5)		County	(6)		(ST	nty Code (7) ATE USE ONLY)	Current Use (F	rior if b	eing c	emol	ished	1)
New Brunswick, NJ	08901	Middle	sex				School					
Name of Monitoring	Firm Hired			ASCM No	5.	Name of Abate	ment Contractor	(9)				
Owner (8)			-	Ï	- 1	- O D	ullalava laa :					3
Ahera Consultants,	Inc.			0057		Four Strong B						_
Street Address					}	Street Audres						
P.O. Box 385						180 Sargeant						
City. State. Zip C	ode					City. State.	Zip Code					
Oceanville, NJ 0823	81					Clifton, NJ 070	013-1935					
Project Manager fo	e Monitorin	g Firm ]	Celep	hone Nur	mber	Telephone Num	nber	Lic	ense	Numbe	r	
John Smoyer		e	5096	352-183	3	973-614-0377	•	008	807			
Scheduled Start Da	te (10)  S	ched.Com				Name of OSHA	Monitor					
10131/13111/	1 4 1	0   6   /	2   0	1/11/4	F)	Caus Ctrong B	uildere Inc					
0   3   /   3   1   /   Month / Day /   Occupancy Status I	Year	Month /	Day	/ Year	<u>-</u>	Four Strong B				-		
(X) Facility Clos												
of Abatement					13	180 Sargeant						
[ ]Abatement Per Hours - Descr	formed Outs	ide of No	ormal	Facili	εĀ	City, State.	Zip Code					
[ ]Other - Desci					_	Clifton, NJ 07	013					
Scope of Work (Che	eck all that	apply)		<del></del>	-12	Ш		/ a.b. Wa				
[ ]Demolit	tion		(X)	Renovat	ion	[X]Ful [X]Min	l Containment w i-Enclosure	ith Negati	ve Pr	essu	e	
[ ]>3 sf (	or >3 1f		(74)			[X]GLo	vebag Procedure -Friable Proced					
[X]≥160 s:	f or >260 lf					[X]NOII	-rilable floces		1882			70.4
				Is ation					Aba	ceme	E	E
	tion of		Nor	mally		Descripti		Amount	R	R	NC	N
	-Containing al (ACM)		1000000	Jsed olely		Asbestos-Con Material (	ACM)	(Specif:	M	E	A	I.
TO BE	ABATED			Main-	1	(i.e., thermal nsulation, sur	systems	SF or	0	P	P	0 S U
	cility 13)		Cus	stodial	1	or other mis			A	I R	U	UR
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See attached												
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									36.11			1
Name of Registere	d Waste Haul	er		JDEP Was		Cubic Yards of Waste	Name of Regis	stered Lan	dilit			
Farm Charmer Dullet	wo les						G.R.O.W.S. N	orth. Inc.				
Four Strong Builde	ers, inc.		17	2609		Disposal Date		21.5.7 1.10.				
J. 1. J.	16								153			
Clifton, NJ							Tullytown, PA					
Completed By (Pri	nt or Type)	Title				Signatur	e (1)		1	Date		
Bilyana Kulakovsk	a	Office A	Admin	nistrator		R	A.	) ::::2::::::::::::::::::::::::::::::::	1	3/14/	14	
ASB-41	u	Office /	wittii	otrator			SW	-		J, 1 1/		
JUN 95											G46	67

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

**Initial Notification** Check #: 5763

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Date of Notification		Α.				Owner/Operato				54.54		
0 3 / 1						Board of Educati	on ·					$\dashv$
Agencies Notified	Type Notifi	cation	Str	eet Addre	288			MAR 24	2014			
(X)EPA	[X]Initia	1	26	8 Baldwin	Stre	et	¥	e <sup>r</sup>				_
(X) DEP		cation	Cit	y, State,	Zi	Code						
(X)DOL	( )Amende		Ne	w Brunsw	ick,	NJ 08901			./			Ì
[X] DOH		cation	Nan	ne of Cont	tact		Tele	phone Number	· 8 - 5 - 5 - 5	7.5	N	
X]DCA	[ ]Cancel	lation	11 10	hn Smove	r (ov	vner's rep.)						
			1100					7-	- 1			_
Name of Facility W	here Ahateme	nt is Ta	king			NFORMATION	Type of Facili	ty (4)				-
			336	1882 1 18	50		[X] School	(K-12)		2000 M		
St. Peter High Scho	ol						[ ]Subcha	pter 8 (Othe	ate 8	CON	mer-	
Street Address						1	cial b	nildings, h	omes	. etc	:.]	_
175 Somerset Stree	t							4 OI F10013	151	60	.90	
City (5)		County	(6)			nty Code (7)	60,000 Current Use (P	rior if bei	ng de		shed	1)
New Brunswick, NJ	08901	Middle	YASA		1,52		School				(9.0)	
Name of Monitoring	Firm Hired			ASCM No.	1	Name of Abate	ment Contractor	(9)				
Owner (8)						Four Strong Bi	uilders Inc					
Ahera Consultants,	Inc.			0057		Street Addres	s		-			_
					1	180 Sargeant	Avanue					
P.O. Box 385	ode					City, State,	Zip Code					
LENGT BOOK WHOWARD					1	Clifton, NJ 070	113-1935					
Oceanville, NJ 0823	or Monitorin	g Firm T	Telep	hone Numb	er	Telephone Num		Licen	se N	итре	r .	
				652-1833		973-614-0377		0080	7			
John Smoyer Scheduled Start Da	te (10)  S	ched.Com	pleti	on Date	11)	Name of OSHA						
0   3   /   3   1   /   Month / Day /	1   4	0   6   /   Month /	2   0	1   4     Year		Four Strong B						
Occupancy Status [X] Facility Clos												
of Abatement []Abatement Per Hours - Descri []Other - Descri	formed Outs				<i>t</i>	180 Sargeant	Zip Code					
Scope of Work (Che		annly)				Clifton, NJ 070				-		-
[ ]Demoli	ion		[X]	Renovatio	on	[X]Mini	L Containment w i-Enclosure vebag Procedure -Friable Proced		∍ Pre	≥ssuI	e	
**************************************			T	Is				I	Aba	temer	it T	/pe
Asbestos Materi TO BE in Fa	tion of -Containing al (ACM) ABATED Cility		No:	cation rmally Used olely Main- nance/ stodial aff(12) No N/A		Description Asbestos-Com Material ( i.e., thermal Assulation, sur or other mis	taining ACM) systems facing, VAT,	Amount (Specify SF or LF)	REMOVAL	R E P A I R	NCAPSUL .	N C I O S U R E
See attached												
	•											L
			+-									Γ
Name of Registere	d Waste Hau	er		JDEP Wast auler ID		Cubic Yards of Waste	Name of Regis		ill			-
Four Strong Builde	ers, Inc.		1	2609		Diameter No.	G.R.O.W.S. N	orth, Inc.				_
City. State		90 16 12 10 10 10 10 10 10 10 10 10 10 10 10 10				Disposal Date	City. State					
Clifton, NJ	: ·						Tullytown, PA					
Completed By (Pri	nt or Type)	Title				Signatur	e 11		р	ate		
Bilyana Kulakovsk	2	Office	Δdmir	nistrator		R	1		3	3/14/	14	
ASB-41	a	Office	Turrill	ijstrator			SUL	<del></del>				
JUN 95											G46	567

CHECK # 20841

Date of Notification (1) 03-18-14					of Building Orange						,				
	Type Notification			Street A							A- (1				
DEP DOL	Initial  Amended  Amendment		ŀ	City, Sta	ate, Zip Co Orange,	ode		200							
DOH DCA	Emergency ( justification) Cancellation	including		Name o	of Contact				5	Te	lenhone N	umber	_		
					ILITY INF	10.0	ION		**	_				_	
Name of Facility Where At GSP: (8 Locations): ( Street Address	Central Ave., F	reeway	Dr.,	Willian	n St., Pa	ark Ave	<b>.,</b>		of Facility School (K- Subchapte	12) r 8 (Oth	er than K-	12)	000		
N. Arlington Ave., Sp	ringdal <mark>e Ave.,</mark>	North W	/alnu	ıt St. &	Rensha	aw Ave			Other (i.e.   etc.)	private	& commer	cial bui	ldings	, hom	es,
City (5) East Orange		364.50							re Feet	# o	f Floors A	500	Bldg. /	Age	
County (6) Essex				County (STATE	Code (7) USE ONLY	)		Curre	ent Use (Pri erior - Wa	ior if be	ing demolis ain	shed)			
Name of Monitoring Firm F N/A	fired by Building C	Owner (8)		ASCN	И No.				tement Co					27 <sub>7</sub> = 12	
Street Address								Addres	ss Street		•				
City, State, Zip Code							City, S	State, Z	ip Code NJ 0707	2					
Project Manager for Monito	oring Firm	2		Telepho	ne No.		Teleph	hone No. 939-6565			License	No.		-	
Start Date (10) 02-10-14		Scheduled					Name	of OSH	HA Monitor		00756				
	Occupancy Status During Abatement (Check		05-31-14(1)Project Comp				10-250-50	n-Air II	10.000						
Facility Closed/Vacate		- 3		ent				Addres 9 Jacl	ss Kson Ave	nue					
Abatement Performed  Other – Describe: Lar	Outside of Norm	al Facility H	Hours	iont.					p Code d City, N	IY 111	01				
Scope of Work (Check All	That Apply)					7		,			-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		and the second	nova moliti				×	Min Glo	l Containm ii-Enclosure vebag Pro n-Exempte	e cedure				·A	
		V. XANGELIT	ocati	100000				1101	rexemple	a ( ) air	u Non-i na	DIC FIC	Abat	emen pe	t
Location o Asbestos-Containing M		Used	rmall Solel		Ashes	Des tos Cont	scription		(ACM)			-	Ι.,		
TO BE ABAT In Facility (13)	ED `	Custo	tenar dial S (12) No			thermal surface		s insula T, or		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
Garden State Parkwa	av: Exterior -	163	140		Pla	ck Asp	halt Di	ina W	ran		2LF	+			
Water Main under		+ +		Х	Dia	ck Asp	nan F	ipe vv	гар		AND THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED	x			
vvater ivialit under	Overpass	-									ocation	-			
										96LF	in total				
Name of Registered Waste	Hauler		N	JDEP W	aste	Cubic	Yarde		Name of	Registo	red Landfil				
ATC, Inc. / JBT (50071			H	auler ID		of Was			Minerva						
City, State Shirley, NY / Bronx, N	Y					Dispos TBD	al Date	2_	City, State		OH 446	88			
Completed by Richard Doran		Title Project	t Ma	nager		S	igneture		1D	~		ate 3-18-	14		

	(Pur	suant t	יאנא סו	, 0.00 0.10	<u> </u>	-			7	!
ate of Notification (1)	1	lame of	Buildin	g Owner/Opera	ator (2) CB	Structure	2S <sub>291</sub>	In		
5 11 1	1 -	Street A	ddress	202	ORLAC	Road				
initial	-	City, Sta	ate, Zip	Code V 1-	2 Hallar	DPA 1	75:	57		
DEP Amended Amendment # DOL Emergency (included)	ding	Name	of Conta	Neu	U Mallal	Telenhone Numb	er			_
DOH justification)		120	ent	NFORMATION	rary.	· •			1	
	œ (3)				Type of r-acin	K-12)				
NZ DO I MORE	17 the	100	<i>U</i>	al Due	Subchar Other (i	oter 8 (Other than K-12) e. private & commercial	building	s, hom	es,	
Street Address 2436 Payr	ter	Ro	acl		etc.) Square Feet		Bldn	Age		
City (5) Mall Two.	T	0	1719	9	Current Use	(Prior if being demolish	(bo			1
County (6) Manager 146		(STAT	ty Code	ONLY)	- Single	family Dwe	lling	1700		+
Name of Monitoring Firm Hired by Building Own	ner (8)	AS	CM No.	IA	EPCT	zehnolog	ies	L	nL	4
Street Address 2 3 3	7				Street Address	x 337				4
City, State, Zip Code		0	25	33	City, State, Zip Coo	evat NJ	08	15.	33	4
New Egypt.	NJ	Tele	phone I	No.	Telephone No. 1609 758-	License 1	83	94		
Project Manager for Monthrill grim	Scheduled	6C Comple	tion Dat	58-3365 te (11)	Name of OSHA M	onitor Technologies		16	•	
Start Date (10)	4-	30	) -	14	Of and Addross					
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Po	ariod of AD	alemen	t		P.O. K	Box 337				7
Facility Closed/Vacated During Entire Poly Abatement Performed Outside of Normal Other – Describe:	al Facility H	iours			New Eg	YP+ NJ	083	<u>3</u>	2	-
Scope of Work (Check All That Apply)	- Do	novatio	'n		☐ Full Co	entainment with Negative	e Pressu	re		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	De	molition	1			pag Procedure empted (*) and Non-Fr	iable Pro	cedure		_
	15.1	ocation	, T					Abate Ty		
Location of	Used	_ocation ormally ! Solely	by		Description of ontaining Material (A	CM) Amount (Specify	Re	R	Enca	Enc
Asbestos-Containing Material (ACM) TO BE ABATED	Mai Cust	ntenand odial St	ce/ aff?	(i.e. therr	nal systems insulation rfacing, VAT, or or miscellaneous)	SF or LF)	Removal	Repair	Encapsulate	Enclosure
In Facility (13)	- T	(12) No	N/A	otn	ar misocharicous,			+	in in	-
	Yes		X	Roof &	shingles	3225 94 1427			-	-
154 Floor Basement		×		Floor	Tiles 9"x	94 1421	), ,			
7- 710014100		-		-			andfill			
Name of Registered Waste Hauler		I N	JDEP V lauler II		ubic Yards Waste	Name of Registered La Waste Mana	sem	nt o	· E	49
EPC Technologi	es		170	000	hisposal Date	City State	PI			
City, State	NJ	3		\	/anious Dates	Mornisville	154		-14	
Name of Registered Waste Hauler  EPC Technology  City, State  New Egypt  Completed by  Sheve Schenker	Title	resic	lent		Sleeve	Schenk				
Steve Schen Ker	111	ics ic		020	* Do not use	this form for asbestos lic	ensure	exempt	ed act	ivities

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

(Pursuant to NJAC 8:60 and 12:120)
Name of Building Owner/Operator (2) CR Structures Inc
Date of Notification (1)
Agencies Notified Type Notification 303 ORIAN NORCH
City, State, Zip Code
DEP Amendment #
justification) Bosest WARRY
DOH  Cancellation  Cancellation  Dizent  Type of Facility (4)
School (K-12)
Name of Facility Where Abatement is Taking Place (3)  Name of Facility Where Abatement is Taking Place (3)  Name of Facility Where Abatement is Taking Place (3)  School (K-12)  Subchapter 8 (Other than K-12)  Subchapter 8 (Other than K-12)  Other (i.e. private & commercial buildings, homes,
etc.) Bidg. Age
2906 Tayritice
City (5)  Wall Twp., NJ 07719  County Code (7)
County (6) (STATE USE ONLY) (STATE USE ONLY)
ASCIMING
Name of Montes Street Address
Street Address  Street Address  344 West State Street  City, State, Zip Code  New Esyst No 08533
City, State, Zip Code  City, State, Zip Code  Renton  Telephone No.
Project Manager for Monitoring Manager for Monitor
Taha Duggan I Scheduled Completion Date (11) Name of Ost American Property of School of Sies
Start Date (10)
Status During Abatement (Crieck Only)
Occupancy Status During  Facility Closed/Vacated During Entire Period of Abatement  Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  No. 1549  No. 1
Abatement Periodice
Scope of Work (Check All That Apply)
Special Composition Glovebag Procedure
Non-Exempted (*) and Non-Friable Flocustry  Abatement  Type
le Location
Containing Material (ACM)
Location of  Asbestos-Containing Material (ACM)  TO BE ABATED  To Be ABATED  In Facility  Location of  Asbestos-Containing Material (ACM)  Custodial Staff?  (12)  Asbestos Containing Material (ACM)  (Specify  (i.e. thermal systems insulation,  surfacing, VAT, or  other miscellaneous)
In Facility (12)
(13) Yes No N/A 2 C Shareles 3225 SF X
X Rock Oning STATE X
1100 Y 1100 C
15 floor Basement
Name of Registered Landfill
Name of Registered Waste Hauler  Name of Registered Waste Hauler  Name of Registered Waste Hauler ID No.
EPC Technologies Inc 17000 Disposal Date City, State PA
100 - 100 - 117
City State   Marious Date   Monitors Date
City, State NJ Various Signature 3-20-19
City, State  New Egypt  Ompleted by  Steve Schenken  Title  Ple Sident  * Do not use this form for asbestos licensure exempted activities  * Do not use this form for asbestos licensure exempted activities  * Do not use this form for asbestos licensure exempted activities  * Do not use this form for asbestos licensure exempted activities  * Do not use this form for asbestos licensure exempted activities  * Do not use this form for asbestos licensure exempted activities  * Do not use this form for asbestos licensure exempted activities  * Do not use this form for asbestos licensure exempted activities  * Do not use this form for asbestos licensure exempted activities  * Do not use this form for asbestos licensure exempted activities  * Do not use this form for asbestos licensure exempted activities  * Do not use this form for asbestos licensure exempted activities  * Do not use this form for asbestos licensure exempted activities  * Do not use this form for asbestos licensure exempted activities  * Do not use this form for asbestos licensure exempted activities  * Do not use this form for asbestos licensure exempted activities  * Do not use this form for asbestos licensure exempted activities  * Do not use this form for a solution of the licensure exempted activities and the licensure exempted activities are a solution of the licensure exempted activ

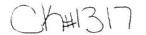


Print Forn

N.c		82	NOT	/Durellall	1 10		S ABATEM and 12:120)							7	
Date of Notifical	tion (1)			Name	of Build	ing Owne que	er/Operator	(2)		MAF2	<u>4 2014</u>	•		1	
3-19-2014			Notification	Street	Addres	an Par	kway						1		
Agencies Notifi	1	233				Code			11 *					-	
EPA DEP		찀	Initial Amended Amendment #	Jers	sey Cl	ty, 145	07305			Telepho	ne Number		-	4	
× DOL			Emergency (including	1 = 1	ne of Co elyn Ho	oaue								-	1
		П	justification) Cancellation	EV	ACILIT	Y INFOR	RMATION	-	Type of Facility (4)						1
DOH DCA		-			HOIL			1			ban K-12)	50			1
Name of Fac	ility Where	Aba	tement is Taking Place (3	,				-1	Subchapter 8	vate & c	ommercial bu	ildings, r	ome	.s,	
Residenti	al							1	etc.)	T # of F	loors	Diag.	je		
Diseast Addre	ess		ener i					-1	Square Feet	2	- 1	65+			4
168 Weg	man Par	kwa	У						3720 Current Use (Price	r if bein	g demolished)				
						ode (7)			Current Use (File						-
City (5) Jersey C	city, NJ 0	730			STATE U	ISE ONLY	"	_	e of Abatement Cor	tractor	(9)				1
County (6)					ASCN		N	Vam	e of Abatement Cor en Environmen	tal Se	rvices, LLC				-
Hudson	· -itoring	Firm	Hired by Building Owner	(8)	,	1000000			1 Address						
Name of	Mounoma							23	5 Virginia Avern	16					
Street Ac	dress				7000			City	State, Zip Code						
Street	dioce							Je	rsey City, 143		License No	).			
City Sta	ite, Zip Coo	le				No		Te	ephone No.		01174				
			i den Eirm		Teleph	none No.		20	)1-333-8855	or					
Project	Manager fo	or Mo	nitoring Firm		latio	on Date (	11)	Na	ame of OSHA Monitoring						
			Sch	neduled C 29-2014	ompletic	JII Date .	· · · · · · · · · · · · · · · · · · ·	15	treet Address						
Start D	ate (10) -2014							S	treet Address						
3-29	-ZU 14	s Du	ring Abatement (Check O	nly One)	toment			1	City, State, Zip Code	3					
图	Abatement	sed/V Perfo scrib	ormed Outside of Normal	Facility Fi					Full Con	tainmen	t with Negativ	e Pressu	ire	lure	
1	e of work	o If		Re De	molition	1			X Gloveba	empted	dure (*) and Non-F	riable Pi	Ab	atem	ent
M	≥3 sf or ≥3 ≥160 sf or	2260 ≥261	o If			100			Non			1		Тур	9
		-Conf	ocation of laining Material (ACM)	Use	Location Normally ed Solely aintenan stodial S (12)	y by cel	(i.e. the	Cor	escription of staining Material (AG al systems insulation acing, VAT, or miscellaneous)	CM) 1,	Amount (Specify SF or LF	)	pemoval	Repair	Encapsulate
		1	n Facility (13)	-		T N/A					180 L	F	x		1
			1 <b>3</b> (57):35	Yes	No	+	-	Pi	oe insulation		40 SI		x		1
			Basement		X			Во	iler insulation		100				
					X			_					-	+	T
			Basement	-	1						1	Landfill			
-					1			To	ubic Yards	Name	of Registered	th land	Hill		
+					———	NJDEP	Waste	01	Waste	G.R.	O.W.S. No				_
1	Name of F	Regis	tered Waste Hauler			Hauler 00348	89	4	- I Date	City,	State				
	Waste N	//ana	agement			000.0		1	Disposal Date 3-29-2014	Mor	risville, P.A		ate		
<i>5</i> 1		-		799					i Signature	5		13	3-19	-20	14
	City, Sta	olis,	P.A.	—TT	itle				Liliacu	Ve	Jung				
	Complet	ted by	1	10	Office	Manag	er		4 4	1000		15			4
	Liliana	Ped	raza		•										

		NOTIF	CATIC	ON OF A	SBESTOS A AC 8:60 and	ABATEM 1 12:120)	ENT	ecle	10	onlek	)			1
ate of Notification (1)			Name	of Build	ing Owner/C rer-Miller	perator (	2)		400					
gencies Notified	Type Notification		Stree 157	t Addres Mount	s ainside Ro	oad			7		-	7 [5		
EPA DEP	Initial Amended Amendment #		City, Mer	State, Zindham.	ip Code NJ 0794	5				ảnế Numbe	.a - 50	1/1		
DOL DOH DCA	Emergency (inclu justification)  Cancellation	ding	Nam	e of Con	tact			8	Telenh	one Numbe		14 .	-	1
DCA	Cancellation		F	ACILITY	INFORMAT	ION	T of I	acility (4)						7
Name of Facility Where	Abatement is Taking Pla	ice (3)					Sch	nool (K-12)	Other	than K-12)			1 220	$\dagger$
Street Address							X Oth	ner (i.e. pri	vate & c	ommercial	building	s, nor	nes,	
157 Mountainside	Road						Square 2200		# of F	loors	Bldg. 50	Age		
Mendham			Cou	unty Cod	e (7)			Use (Prior	r if being	demolishe	d)			
County (6) Morris	rm Hired by Building Owr	ner (8)		ASCM N	ONLY)	Name	e of Abate	ment Cont	ractor (9	es, LLC				
50 E	rm Hiled by Building O.M.					Stree	t Address							7
Street Address	i e					City.	State, Zip	Code		-				
City, State, Zip Code	<b>2</b>							NJ 074	18	License No	).			-
Project Manager for N	1 Sec. 1			lephone		973	phone No 3-583-85	500		703				_
Start Date (10) 4/3/14		cheduled /18/14	Comp	letion Da	ate (11)		ne of OSH							_
Occupancy Status Di	uring Abatement (Check	Only One	)			Stre	et Addres	3						
	Vacated During Entire Pe formed Outside of Norma	riod of Ab	ateme	nt	2	City	, State, Zi	p Code					20	
Scope of Work (Che ≥3 sf or ≥3 lf			enovati				☐ Mir	ni-Enclosu	re	n Negative F	Pressure	Э		
≥160 sf or ≥260	) If	☐ De	emolitio	on			× Glo	ovebag Pro	ocedure	nd Non-Frial	ole Proc	edure		
							L NO	II-Exempt	1			Abate Ty	ment	
Asbestos-Conta	cation of ining Material (ACM) E ABATED Facility (13)	Used Mai	Location formall Solel ntenar odial S (12)	y ly by nce/	(i.e. the	ermal sys surfacing	otion of ng Materia tems insul i, VAT, or cellaneous	lation,		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	(,,,	Yes	No	N/A		nino inc	sulation		+	80 LF	x			
	attic			×		pipe in	Sulation		-					
T.				-										
		-		+										
			1	NJDEP \	Vaste	Cubic Ya		700000000000000000000000000000000000000		stered Land	Ifill			
Name of Registere Freehold Carta				Hauler II 15939	No.	of Waste 10 Disposal		GRC City, S						
City, State Freehold NJ	14	10	4:			TBD -	nature	Morr	risville,	PA	Date		2	
Completed by Andrew Scott I	Higgins	Title Pre:	siden	t	1	Sig		U	_		3/19/	14		

			NO	TIFICA (Purs	TION O	F ASBEST NJAC 8:6	TOS ABA	ATEME 2:120)	NT	¥4 8	C	4	0	5=	6	5	
Date of Notification (1) 3-19-2014						uilding Ow achows		rator (2	:)					I.			
Agencies Notified	Type No	tification		210,000	reet Add		Ctuant				MAR	2 4	201	Δ		2.1	
☐ EPA	× Init				and the second	wthorne , Zip Code				2	WAD	2 4	201	т		+	$\neg$
EPA DEP DOL		ended endment#				Plains, N										Street	
		ergency (in	cluding	-201	ame of C						Telen	hone Ni	mbe	٠.	-		
DOH DCA		ncellation			avid								27				
	1-				FACILI	TY INFOR	MATION	4	Turno	of Facility (4)			-				-
Name of Facility Where House	Abatemer	t is Taking	Place (3)						5	School (K-12) Subchapter 8	1	than K-	12\				
Street Address		Ø								Other (i.e. pri	vate &	commer	cial b	uildir	igs, h	omes	i,
227 Hawthorne Av	ve.								- 6	etc.) re Feet	# of F	Floors		Bld	g. Ag	e	-
City (5)									2,00		2	.00.0		50	74 - XX		
Scotch Plains				ГС	ounty Co	ode (7)				nt Use (Prior	if bein	g demoli	shed	)			
County (6) Union				(5	STATE US	SE ONLY)		- l	Hou	ise itement Conti	ractor (	9)	100				$\dashv$
Name of Monitoring Fir	m Hired by	Building C	wner (8)		ASCM n/a	NO.				lanageme			on		77.3	1.0	11
n/a Street Address							- 1	Street A	Addre	ss							
n/a								22 Tr									_
City, State, Zip Code										tip Code ark, NJ 07	035						
n/a								Telepho			000	License	No.	-			
72	roject Manager for Monitoring Firm							973-				01193					
n/a Start Date (10)	n/a									HA Monitor					27		
3-28-2014			3-29-20							<i>l</i> lanageme	nt Co	rporati	on				
Occupancy Status Dur	ing Abater	nent (Chec	Only On	e)				Street									
T Facility Closed/Va	acated Dur	ing Entire F	eriod of A	batem	ent			22 T		7.3			_				
Abatement Performance Other – Describe	rmed Outs	de of Norm	al Facility	Hours			-			zip Code Park, NJ 07	7035						
Scope of Work (Check	All That A	pply)							-								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	f		-	tenovat emoliti			23	×	M	ull Containme ini-Enclosure lovebag Proc	edure				5.0	85	
								Ê	N	on-Exempted	(*) and	Non-Fr	iable			ment	
			1 22	Locati												pe	= 81
Asbestos-Containi TO BE A	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)						tos Conta thermal s	systems	Materia s insu T, or	lation,	(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes							Diag I		-tion		5 LF					
Basement					X	Ast	oestos	Pipe I	nsui	auon		J LF		x			
			-	-	-							- 10		i i			
			-	-	-												
Name of Registered V	Nacta Hall	ler		IN	JDEP W	/aste	Cubic `	Yards		Name of	Regist	ered Lan	dfill				
Loznica Manager				330	lauler ID 03313		of Was			GROW		ndfill					
City, State Lincoln Park, NJ						1	Dispos TBD	sal Date	9	City, Stat		PA 190	67				
							S	Signatur	ę	one			Dat		04.4		. 1
Completed by Title Secr					·		- 4	<u>c. (</u>	ملز	me			3-	19-2	014		



Date of Notification (1) 3-16-2014				Name	of Building C	)wner/Operat	or (2)	3 7 mi			111		11
	ype Notificatio	n		Street	Address Mt. Hebror	Pood		MAR	24	201	î.	*	+
EPA DEP DOL	Amended Amendme	nt #		City, S	State, Zip Cod	le .					- 4		-
DOH DCA	Emergence justification Cancellation	1)	ıg	Name	of Contact Meiler	77040		Tele	phone N	lumbe	-		
Name of Facility 125					CILITY INFO	RMATION		- +,		_		Į.	
Name of Facility Where Aba Residential	itement is Tak	ing Place	(3)				Type of Facili	5. 205					
Street Address 115 Mt. Hebron Road		2					Subchar Other (i.	oter 8 (Other e. private &	than K	-12) rcial bu	ilding	s, hor	mes,
City (5) Montclair, NJ 07043				***			Square Feet 1552	# of F	loors		Bldg. 90+	Age	
County (6) Essex	Ni .				Code (7) USE ONLY)	6	Current Use (		demol	ished)	90+		
Name of Monitoring Firm Hir	ed by Building	Owner (8	3)	ASC	M No.	Name	of Abatement ( en Environme	Contractor (9	eicos I	1.0			
Street Address						Stree	t Address Virginia Aver		1065, [				
City, State, Zip Code						City,	State, Zip Code ey City, NJ		-				
Project Manager for Monitori	ng Firm			Telepho	one No.	Telep	hone No. 333-8855		icense	No.			
Start Date (10) 3-26-2014		Schedu 3-26-2	led Co	mpletion	Date (11)	Name	of OSHA Monit		)1174				
Occupancy Status During Ab	atement (Che						e as above						
Facility Closed/Vacated Abatement Performed C Other – Describe:	During Entire	Period of	Abator	ment s			State, Zip Code						
Scope of Work (Check All Th	at Apply)										D-14		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		British and	Renova Demoli			>	Mini-Enclose	ure rocedure					
			Locat				- TON Exompt	T and it	ion-i na	JIE FIL		emen	t
Location of Asbestos-Containing Mate	erial (ACM)		Norma ed Sole			Description				-	Ty	уре	_
TO BE ABATEL In Facility (13)		Cus	(12)	nce/ Staff?	(i.e. the	ermal systems surfacing, VA ther miscellar	T, or	Amo (Spe SF or	cify	Remova	Repair	Encapsulate	Enclosure
Basement		Yes	No	N/A			7,7	-				ē	Ф
Basement	X			Pipe insula		40 [		x					
Dasement	basement x						ster	100	SF	х	-		
Name of Registered Waste Ha	uler		l N	JDEP W	aste C	ubic Yards	Name	f Deal :	1				
Waste Management			Н	auler ID 034889	No. of	Waste		f Registered .W.S. Nor					
City, State Coraopolis, P.A.					1000000	sposal Date 26-2014	City, Sta Morris	ite ville, P.A.					
mpleted by ana Pedraza  Title Office Mar				ager		Signature	01	22	Da 3-	te 16-20	)14		

#### NO INFIGATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:120)

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1.	M	=-1	10	d	Long
	111	_(/	1	12	~

Date of Nottication (1)			T h	Jame of	Building Own	nor/Onoraha	r (2)			11			
3-3-2014			1		oint Healt		(2)	S (F) Even (F)	Decile.	-			
	e Notification	-	8	Street Ad			Dept	APPRO Plealth B	Senior Service	s	-		7
E EPA E E	Initial Amended Amendment	#	7	alty, Stat	en, NJ 070		ato:3	(signatu		-	., -		
図 DOH	Emergency ( justification) Cancellation		P		Contact	<u> </u>	ate;		Tuluphone N				_
				FACIL	ITY NFOR	MATION				1,1	Ι D	2 4	201/
Name of Facility Where Abate Hoboken University Me Street Address			)					of Facility (4 School (K-1)	2)	1917	ът. ·	7 7%	2011
308 Willow Ave.									8 (Other than K rivate & comme		lings,	home	5,
City (5) Hoboken		-			i		_	e(c.) are Feet	# of Floors		ldg, A	go	-
County (6) Hudson			18	County C	Code (7)			ent Vise (Prio	or if baing demo				$\dashv$
Name of Monttoning Firm Hire	d by Building	Owner (8)	- 1	ASCM	I No.		of Ab	atement Con Manageme					-
Street Address				1.00			t Addre		our corb				$\dashv$
n/a						22	Troy L	ane	*			8	
City, State, Zip Code						- CANADA		ip Code	-		-		
n/a			٠.			Lin	coln P	ark, NJ 07	7035	133			
Project Manager for Monitorly rva	ig Firm		1	Telephor N/2	ne No.	1 7000	shone N 3-706-	•	01193			_	
Starti Date (10)		Schedule		plation (	Pate (11)			HA Monitor					
3-5-2014		3-22-2						vlanageme	ent Corp				
Occupancy Status During Ab Facility Closed/Vacated Abatement Performed C Other – Describe:	During Entire I	Period of A	, Abalem			City,		ane Zip Code				<u>.</u>	$\dashv$
48*						Lin	coin P	ark, NJ 0	7035				
Scope of Work (Check All Th 조 왕 sfor 왕 li 근 ≥160 sfor 왕50 lf	at Apply)		kerovat Venoliti				M G	ini-Endosure lovebeg Prod				22	
			Locatio					orrecomptation of the control of the	7 ( ) 30 10 14011-1	ALEXA TIL	Abate	ement rue	
	Asbestoc-Containing Material (ACM) TO BE ABATED In Facility (13)					Description Containing armal system surfacing. Vither miscoll	Materia ms frieu AT, or	lation,	Amount (Specify SF or LF)	Removal	Rapair	Encapsulate	Endosura
4th FI, ICU		Yes	No	N/A x		4 Ten	ts		Elbows 4	1	$\vdash$		$\forall$
	5th Fl. L&D					6 Ten			Elbows 6	-			H
	5th Fl. Corridor					3 Ten			Elbows 3		1		H
		+		X	-					×	1	1	
Name of Registered Weste F Loznica Management (	No.	· <del></del>	H	LIDEP VI Lauler ID 133137	No.	Cubic Yerris of Waste TBD		100,100,000	Rogistered Lan VS Landfill				
City, State Lincoln Park, NJ 07035		•				Disposal Da TBD	rite .	City, Sta	ville PA 1906	57			$\neg$
Completed by E. Cirovic		Title . Secretary						שעעכ		Date 3-3-2	014		

ASB-41 (R-05-08)

\* Do not use this form for asbestos ilconsure exempted activities.

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CHECK#1847		(P	ursua	ant to NJ	IAC 8:60 and 5:1	6)			7	己	
Date of Notification (1)			Nan	ne of Buildi	ng Owner/Operator	(2)				1 ,	1
03/19	14		1			X=7					
Agencies Notified   Type Not	ification			iam Swee			MAR	2 4 20	014		1
☐ EPA ☑ Initial				Birch Av		- 4 1	197 35 3	£ 7 £	011		
⊠ DOLWD □ Amen				State, Zip							
	dment # gency (includir	_	Accesses.	tfield, NJ						٠.	
(NJAC 5:23-8) Justific	sation)	ng		ne of Conta			Telephone N	umbac			
☐ Cance	ation		Will	iam Swee	enev		TOIGUILLIA	1 11 1 12 PM			
					INFORMATION	~	_		-		
Name of Facility Where Abatement	is Taking Plac	æ (3)		TOILLIT	IN OKINA HON	Type of Facilit	v (8)				
Private home						School (K-	5 (155)				
Street Address						Subchapter	8 (Other than K-	1 2)			
558 Birch Avenue						Other (i.e., homes, etc	private and com	mercial bi	uilding	gs.	
City (5)			-			Square Feet		10	ldg. A		
Westfield, NJ 07090						0942707001	7 01 1 10015	5	10g. A	ige	
County (6)			Cou	inty Code (7	) (STATE USE ONLY)	Current Use (F	Prior if being dem	olished)			
Union						,	mor ii dding ddin	Olisiica)			
Name of Monitoring Firm Hired by B	uilding Owner	(8)	ASCN	I No.	Name of Abatem	L ent Contractor (9	9)				
					Gr Tech LLC	- 17 - 001111 20101 (1	-,				
Street Address					Street Address	<del></del>					_
					576 Valley Rd #	£283					
City. State, Zip Code					City, State, Zip C						_
					Wayne, NJ 0747						
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No.	70	License No.				
					973-638-1777		01127				
Start Date (10)	Scheduled (				Name of OSHA N	Aonitor	01127				-
03/29/14	03		0 /	14	Envirovision Co	ncultanta Ina					
Occupancy Status During Abatemen	(Check only	one)			Street Address	msuttains, mc					
Facility Closed/Vacated During El	ntire Period of	Abate	ment		20-21 Wagaraw	Road Bldg #	211				
Abatement Performed Outside of Time of Abatement:AM	Normal Facili	ty Hou	rs - De	scribe	City, State, Zip Co	node	34A				
				_AM	Fair Lawn, NJ 0	7410					
Scope of Work (Check all that apply)					Clean up	and decontami	nation with nega	tive press	ure	10-	- Albert
≥ 3 sf or >3 if	<b>⊠</b> Re	enovat	ion		Full Cont Mini-Enc	tainment with Ne	gative Pressure	130			
☐ ≥ 160 sf or ≥260 if	Ď D.	enovati emolitic	on			Procedure	Tent with Negat	ive Press	ure		
					☐ Non-Exe	mpted (*) and N	on-Friable Proce	dure	1		
Location of		s Locat Norma						Aba	ateme	ent Ty	уре
Aspestos-Containing Material (AC	M) Use	ed Sole	ely by	Ashe	Description o stos Containing Mat		A	Z	Z	ĮTI	m
TO BE ABATED		iintena todial		(i.e	e., thermal systems i	nsulation,	Amount (Specify	em	Repair	EOL	Clo
IN Facility (13)	Ous	(12)	otan!		surfacing, VAT,	or	SIF or LF)	Removal	=	Encapsulate	Enclosure
	Yes	No	N/A		other miscellane	ous)				a e	10
Basement		I I	X	p: :				are.			
		H	-	Pipe ins			100 LF	X	Ш		
Basement		Ш.	X	Boiler in	nsulation		40 SF	X			70000
									ПĪ	$\sqcap$	
9.0											
Name of Registered Waste Hauler		NJE	EP Wast	e Hauler ID No	Cubic Yards of Waste	Name of Pagin	stered   andfill			Ш	LJ
Gr Tech LLC			003378			A CONTRACTOR OF THE PARTY OF TH	otoros Esticitii				į
City, State			1033/0	33	TBD Disposal Date	T.R.R.F. Inc	- Nu-		-		
Wayne, NJ 07470											ĺ
Completed By (Print or Type)	Title		250		TBD	Tullytown, P.					
					Signature	1 1		Date			
N.Jevtic	Owner				/Ru	the we	nad 0	3/19/20	14		
MAY 11	* Do no	use th	nis form	for asbes	tos licensur Vexempt	ed activities.					

Date of Notification (1)	7/	14				ne of Buildi erizon	ing Owner/Operator	(2)					7
Agencies Notified	Type Notif	ication			Stre	et Address	<del>,</del>						
☑ EPA 8244	Initial				100000000000000000000000000000000000000		ontgomery Place,	l ower Lovel	MAR	2 4	20	4.	
☑ DOLWD 8 275	Amend					State, Zip		COMBL FBABI				_	
☑ DHSS ₹26 €	☐ Emerge	ment#_			10000		, PA 15212						
(NJAC 5:23-8)	justifica		auaing	ı		ne of Conta			Telephone				.1
	☐ Cancel					nthony P							
							NFORMATION						
Name of Facility Where	Abatement is	Taking	Place	(3)		ACILITY	NFORMATION	T				_	
Verizon Vineland C				(0)				Type of Facility (4					
Street Address								School (K-12) Subchapter 8		31			
100 S. 6th St.								Other (i.e., pri	vate and comme	ercial b	ouildin	gs,	
City (5)								homes, etc.)					
Vineland								Square Feet	# of Floors	E	Bldg. A	ge	
County (6)					- C		73 (OF4 75 115 2 1						
Cumberland					Col	unity Code	(7)(STATE USE ONLY)	Georgia (4) (200)	r if being demoli	ished)		8-1	
Name of Monitoring Firm	Hired by Ru	ilding O	woor /	9\	ASCN	4 NI-	1.0	Office					
USA Environmenta			MIICI (	٥)	ASCI	NO.	Name of Abateme						100
Street Address	· mariagen	Telli						VIRONMENTAL	, INC.				
8436 Enterprise Av	a .						Street Address						
City, State, Zip Code							1123 BEAVE		225				
	452						City, State, Zip Co						
Philadelphia, PA 19				-			BRISTOL, PA	19007					
Project Manager for Moni Mark Jenkins	toring Firm				ephone		Telephone No.		License No.			-0.00	
		<u> </u>				5-5810	215-788-6040		00509				
Start Date (10) 3 / 21 /						ate (11)	Name of OSHA M	lonitor					
				200	<u> </u>	14	BRISTOL EN	VIRONMENTAL,	INC.				
Occupancy Status During				100		F 15 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	Street Address						-
☐ Facility Closed/Vacate							1123 BEAVER	RSTREET					
Abatement Performed Time of Abatement:	AM-	ormai r PM/	acility 5-nne	MOU NAL4	S - De	scribe	City, State, Zip Co	de					
			0.00	141-7	- OO AIN		BRISTOL, PA	19007	***				
Scope of Work (Check all	that apply)												
		Б	Ren	ovat	ion			ainment with Negat	tive Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			Den				☑ Glovebag						
				1			⊠ Non-Exer	mpted (*) and Non-	Friable Procedu	ге			
Ltion o			2.53%	oca oma						At	atem	ent T	vpe
Location of Asbestos-Containing M		A)			ely by	Acho	Description of				-		-
TO BE ABAT	ED	"		012 N.S.O. P. 1941	ince/		stos Containing Mat		Amount (Specify	9	Repair	nca	nol
IN Facility			Custo	(12)	Staff?		surfacing, VAT,	or	SF or LF)	Removal	1 =	psu	Enclosure
(13)		Ι,	Yes	No	N/A	1	other miscellaneo	ous)		-		Encapsulate	9
Basement Diesel Roor	<u> </u>	F	7		1	F1				+		_	
			-		旦	Floor ti	le and mastic		20 SF				
Basement Diesel Tank		[	X			Floor ti	le and mastic		80 SF				
Basement Diesel Room	n	0	<b>X</b>			Pipe Fit	tting Insulation		3 LF	×			
Basement Diesel Roon	n					Transite	e soffit		60 SF	×	П	П	
Name of Registered Waste	Hauler			N	JDEP \	A CONTRACTOR OF THE PARTY OF TH	Cubic Yards of	Name of Register				_	
SERVICE TRANSPOR	RT GROUP	P, INC.		Н	auler II 20990	2/23/23/23	Waste	MINERVA LA	CONTRACTOR				
City, State	7.				74490		Disposal Date	City, State			-		$\dashv$
NEW CASTLE, DE 19	720							WAYNESBU	RG, OH 44688				
completed By (Print or Type	e)	Title					Signature	1 1	/ Dat	e ,		_	$\dashv$
Brian Scafiro	.9	Esti	mato	r			Brian	Scalin	128 3	e /7	/10	1	

NO TO	11.
Ck# 25	6-6
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		,,				nor/Operator (2)						11
ate of Notification (1)				me of B		ner/Operator (2)		ж	0008			11
3 / 7	/14	-		verizon				WAR 24	4001A			1
Ciloloc itelline	pe Notification Initial		St	reet Add 15 East	ress t Montgo	mery Place, L	ower Level	takken k				1
	Amended		Ci		, Zip Code							1
DHSS	Amendment #1-				irgh, PA							7
DCA	Emergency (inclu	uding		ame of C			T	elephone Number				
(NJAC 5:23-8)	justification) Cancellation				ny Porta				e <del>-</del>			4
	Caricenation					RMATION		<u> </u>		_		4
		Diago (3)		FACIL			Type of Facility (4)					
ame of Facility Where Aba	tement is Taking i	Place (3)					School (K-12)	When then K 12\				1
Verizon Vineland CO							Subchapter 8 (0	ate and commercia	al buildin	ıgs,		
Street Address							homes, etc.)					_
100 S. 6 <sup>th</sup> St.				-			Square Feet	# of Floors	Bldg.	Age		
City (5)									1			
Vineland				County	Code (7)(S	TATE USE ONLY)	Current Use (Prior	if being demolishe	ea)			
County (6)			1				Office					_
Cumberland Name of Monitoring Firm H	ired by Building O	wner (8)	A	SCM No	). N	lame of Abatem	ent Contractor (9)					
USA Environmental I	Management					BRISTOL EN	VIRONMENTAL	INC.				_
	via l'agellie l'i				5	Street Address						
Street Address						1123 BEAVE						_
8436 Enterprise Ave					(	City, State, Zip C						
City, State, Zip Code Philadelphia, PA 191	53					BRISTOL, P.	A 19007	License No.				
Project Manager for Monito	oring Firm		Tele	phone N	0.	Telephone No.		00509				
Mark Jenkins	J		21	5-365-5	5810	215-788-604		00509				
	Sched	duled Co	mple	tion Date	,	Name of OSHA	Monitor	INC				
Start Date (10) 3 / 17 /	14	3 /	_ 19	_ / _			NVIRONMENTAL	., INC.				_
Occupancy Status During	Abatement (Chec	k only o	ne)			Street Address						
	d During Entire Pe	eriod of A	Abate	ment			ER STREET			_		-
	Outcide of North	II Facility	1100	3 - 5000	ribe	City, State, Zip						
Time of Abatement:	AMP	M/ <u>5:00</u>	PM- <u>1</u>	;30AM		BRISTOL, F	A 19007			-		_
Scope of Work (Check all						⊠ Eull C	ontainment with Neg	ative Pressure				
		⊠ De	novat	ion		Mini-E	nclosure					
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		⊠ Re	moliti	on		⊠ Glove	pag Procedure exempted (*) and No	n-Friable Procedu	ire			
☐ ≥160 St of ≥200 II						⊠ Non-E	xempled ( ) and the		Aba	ateme	ent Ty	уре
	1		Loca Norm			Descriptio	n of		70	ZD.	Щ	<u></u>
Location	of	Use	ed So	lely by	Asbe	stos Containing	Material (ACM)	Amount (Specify	Remova	Repair	car	Liciosai
Asbestos-Containing TO BE ABA	Material (ACIVI)			ance/	(i.e	, thermal syster surfacing, V	ns insulation,	SF or LF)	oval	=	Encapsulate	1
IN Facili		Cus	(12			other miscella	aneous)				ate	
(13)		Yes	No	N/A					15-3	-		1
Basement Diesel Ro	om				Floor ti	ile and mastic		20 SF				+
Basement Diesel Tai		×			Floor ti	ile and mastic		80 SF		믐		+
Basement Diesel Ro						itting Insulation	on	3 LF		분	H	1
Basement Diesel Ro		Ø				te soffit	f Illiano al Dav	60 SF			10	1
Name of Registered Wa	ste Hauler			NJDEP	Waste	Cubic Yards of Waste		A LANDFILL				
SERVICE TRANSP	ORT GROUP,	INC.		Hauler 2099		Disposal Date		7 571151 155				
City, State NEW CASTLE, DE	19720					Disposar Date	WAYNES	BURG, OH 446				_
		Title				Signatur		1.	Date 2	/10	1	14
Completed By (Print or Brian Scafiro	(ype)	Estin	nator	9		Bris	a Scafiro.	/ pt		//0	//	7

CD#2582

Date of Notification (1)												
3 / 7	/ 14				of Building izon	Owner/Operator (2	2)					
								1 7			7	7
⊠ EPA ⊠ In				100000000000000000000000000000000000000	Address East Mon	tgomery Place,	Lower Level					
	nended	240	14.4	City, S	state, Zip C	Code						
100 - 100 -	mendment # <u>:</u> mergency (in			Pitt	sburgh, I	PA 15212		MAH	2 4	4 - 2	)]4	4
	stification)	Ciuding	J	Name	of Contac	t		Telenhone Numb	^-			
	ancellation				hony Po			1		_		ä
		- 1		FAC	CILITY IN	FORMATION	prijet 2000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 -	4	97	, 7		****
Name of Facility Where Abatem Verizon Vineland CO	ent is Taking	Place	(3)			1 W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Type of Facility ☐ School (K-12	2)				
Street Address	-							3 (Other than K-12) rivate and commerce		ildina		
100 S. 6 <sup>th</sup> St.							homes, etc.)		Jai Du	nunng	3,	
City (5)			1				Square Feet	# of Floors	Bio	dg. A	ge	
Vineland											50	
County (6)  Cumberland				Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Pri	ior if being demolish	ned)			
Name of Monitoring Firm Hired	by Building (	Junor	(0)	ASCM	No	Name of Abateme						
USA Environmental Man	National Control of the Control of t	JWITEI	(0)	ASCIVI	NO.							
	agement						VIRONMENTA	L, INC.			GREE.	
Street Address						Street Address	CTDEET					
8436 Enterprise Ave						1123 BEAVE			200			
City, State, Zip Code						City, State, Zip Co						
Philadelphia, PA 19153			T= .			BRISTOL, PA	19007					
Project Manager for Monitoring	Firm			phone		Telephone No.		License No.				
Mark Jenkins			_	15-365		215-788-6040		00509				
Start Date (10)3 /17 /14	0.0000000000000000000000000000000000000			tion Da		Name of OSHA M BRISTOL EN	ionitor VIRONMENTAI	L, INC.				
Occupancy Status During Abate	ment (Chec	k only	one)			Street Address			-	7,000		-
☐ Facility Closed/Vacated Duri	ng Entire Pe	riod of	Abate	ment		1123 BEAVE	RSTREET					
Abatement Performed Outside					cribe	City, State, Zip Co	ode					
Time of Abatement:A	MPI	W/ <u>5:00</u>	PM-1	30AM		BRISTOL, PA	19007					
Scope of Work (Check all that a	pply)						1 SE 100 STATE STA	200				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			novati			Mini-Enc     Glovebage	g Procedure	gative Pressure n-Friable Procedure	e			
******************		Is	Locat	tion	T	<del></del>		<del></del>	1	atem	ent T	ype
Location of			Norma			Description o			-			Ť
Asbestos-Containing Materia TO BE ABATED	al (ACM)	555555	intena			stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	l g
IN Facility		Cus		Staff?	(	surfacing, VAT,		SF or LF)	val	=	nsd	Enclosure
(13)			(12)	Taura	+	other miscellane	ous)				late	0
Basement Diesel Room		Yes	No	N/A	Floor ti	le and mastic		20 SF		П	П	
Basement Diesel Tank Roo	om				Floor ti	le and mastic		80 SF				
Basement Diesel Room					Pipe Fit	tting Insulation		23 LF				
Basement Diesel Room					Transit	e soffit		60 SF				
Name of Registered Waste Hau	ler		IN	JDEP \	Naste	Cubic Yards of	Name of Regis	stered Landfill				
SERVICE TRANSPORT G	ROUP, IN	C.	H	lauler II		Waste	MINERVA	LANDFILL				
City, State				20990	,	Disposal Date	City, State					
NEW CASTLE, DE 19720								URG, OH 44688				
	Title					Signature		, 1 Dai		-		
Completed By (Print or Type) Brian Scafiro		e stima	tor			1 7 7 7 7	Scafino	/il	3/1	8/	14	
ASB-41 MAY 11 BS 14022					f	tos licensure exemp	1	10				

Check# 10381

Date of Notification (1) 3–18–14			1	Name o	of Building	Owner/	Operator	(2)	HLC	171	<u> </u>		, ,	
	ype Notification				Address	bear				X		7	E	
					Aelvil	le La	ane							
EPA EPA E		#		City, Sta	ate, Zip C	ode		146		MAR	2 4	2014		
Ď DOH □ DCA □ □	Emergency justification)	(including	N	Name o	of Contact			740	Te	Janhana N				•
2 50%	Caricellation				ILITY INF		ION					•		
Name of Facility Where Aba	atement is Takin	g Place (3)		1 70	12(11)	ONWA	ION	Type of Facility	(4)			3.		
Residence								☐ School (K-	12)					
Street Address 26 Melville La	ine						-	Subchapte  Subchapte  Other (i.e. etc.)	er 8 (Oth	ner than K- & commer	12) cial bu	ıilding:	s, hom	nes,
City (5) Willingboro					-			Square Feet 1,200	# 0	of Floors 2		Bldg.	Age	
County (6) Burlington		Ti .	(5	County (	Code (7) USE ONL	r)		Current Use (Pr vacant	rior if be	ing demol	shed)			
Name of Monitoring Firm Hi	red by Building	Owner (8)		ASCN	И No.	- P	Name	of Abatement Co	ntracto	(9)				
EHS Environmen	tal, Inc.						Ply	mouth Envi	ironn	ental	Co.	, Inc		
Street Address		***					Street	Address						
411 Southgate	Court, Su	ite E				2200 000		Haws Aver	nue					
City, State, Zip Code Mickleton, NJ	08056						100000000000000000000000000000000000000	tate, Zip Code ristown, I	PA 19	401				
Project Manager for Monitor  Jack Carney	ing Firm			elephoi	ne No. 224–0(	180		none No. -239-9920		License 0039				
Start Date (10) 4-2-14		Scheduled 4-5-	Comp					of OSHA Monitor Environme		Inc.				
Occupancy Status During At	patement (Chec	k Only One)						Address			_			-
图 Facility Closed/Vacated				nt			- 100 Maria (100 Maria	Southgate	Cou	rt. Su	ite	F.		
☐ Abatement Performed (☐ Other – Describe:	Outside of Norm	al Facility H	ours		5		City, S	tate, Zip Code cleton, NJ		056				
Scope of Work (Check All Th	nat Apply)						riici	ciecon, No	000	726				
☐ ≥3 sf or ≥3 lf  ★3 ≥160 sf or ≥260 lf			ovatio nolitio				<b>X</b> 5	Mini-Enclosur Glovebag Pro	e cedure					
		le I e						Non-Exempte	u () an	u Non-Fna	Die Pr	3896 9	emen	-
Location of			cation mally	1		ρ.	a ariatia a						/pe	.
Asbestos-Containing Mai	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Nor Used 3 Maint Custod							aterial (ACM) insulation, Γ, or	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
throughout reside	40	N/A	T72 (D						-	-				
	X		VAT				1,1	00 SF	Х					
Name of Registered Waste H	lauler		NIE	DEP Wa	onto	Cubic	Vordo	Nome of	Da=:=4=					
Robinson Waste	iadici		Hau	ler ID 1 304		of Was			,	red Landfi Landfi				
City, State Voorhees, NJ					9	Dispos 4-5	al Date	City, State		hia,PA				
Completed by		Title	30-20-1-1-2			1	ignature	200 1/1/1	<u> </u>		ate	-		
James Kelly	side	ent			XMM	WHU	4/		-18-	-14				

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)					Name of	f Building (	Owner/Oper						7	- 5-	1
	March 19, 2014	4					Aggre	ssiv	ve Contracting		4	4	5	35	$\mathcal{U}$
Agencies Notified  [X] EPA		l Notificat			Street A	ddress	POB	ox	712			1			
[ ] DEP	1 1	nded Noti: ndment #		l	City, Sta	ate, Zip Coo					N 20				
[ X ] DOL	[X] Emer	gency (in					Point I	Ple	asant, NJ 0874	12	MAR 2 4	. 201	<u>A</u>		
[x] DOH		ication) ellation			Name of	f Contact					ne Number				
[ ] DCA	[ ] Cano	Chanon	-15			Jim 	-			. ?					1
[] OD 11: 111		DI (0)		FAC	ILITY I	INFORM	ATION			•		11.3		4000	_ن
Name of Facility Where Al	sidence	Place (3)						T	ype of Facility (4)		ol (k-12)				
Street Address						-			[ ]		hapter 8 (ot	her than	k-12)		
	33 Glenwood D	rive							[x]		r (i.e., priva es, etc.)	te & co	mmerc	ial build	lings,
City		County	(6)		County C	Code (7) USE ONLY	Y)	S	quare feet 1000 sf	# of	Floors	Bldg	g. Age	50	
Point Pleasa	nt	Ocean	1		(011112)	000 01.0		C	Current Use (Prior	if being o	demolished)	1		,,,	
N 604 1 1 7		0 (0)			ASCM N			L	Reside						
The state of the s	Name of Monitoring Firm Hired by Building Owner (8)  N/A  Street Address  City, State, Zip Code						Name of	Aba	atement Contracto		ntracting,	Inc			
Street Address					Street Ad	idre	ss								
City State Zin Code			70-		City, Stat	to 7		Route 9	, Unit 61						
City, State, Zip Code					City, Stat	ie, z		River,	New Jers	ey 08'	755-1	271			
Project Manager for Monit	oring Firm	Number			Telephon 732-34		lumber		License N 00624						
Scheduled Start Date (10) 3/20/14		Completio	on Date (1	1)			HA Monitor	I And	alytical	3.15.1-17					
Occupancy Status During		T		-	Street Ad	ldre		.L. Alle	aiyticai						
0 0	ility Closed/Vacated						1056	Stelton	Road						
1 2 2	tement Performed of the control of t	cility Ho	urs		City, Stat	te, Z	01 <del>0</del> 403 1103 1403 1401								
[ ] 0	or Describe		111111111111111111111111111111111111111				Piscat	away, l	New Jerse	y 088	54				
Scope of Work (Check all t	that apply)						[ ]		Full Containmen	t with N	egative Pres	sure			
[ ] >3.	of or ≥3 lf		r 1	Renovat	tion				Mini-Enclosure Glovebag Proces	lura					
1	0 sf or ≥260 lf		[x]	Demolit			[x]		Non-Exempted (		Ion-Friable	Procedu	ire		
		I			T			_		T					
	<b>12</b>		Is Location	1			Descriptio	m o	.f			Abat	ement	Гуре	
Location			ormally us	ed		Ast	estos-Con	ıtaiı	ning	A	mount	R E	R E	E N	E N
Asbestos-Containing M			Solely by				Aaterial (A				ecify SF	M	P	C	C
TO BE ABA in facility		Maint	enance/Cu Staff	stodial			, thermal sulation, sur			(	or LF)	0	A	A P	L
(13)			(12)				VAT, o	or		3		v	R	S	S
		, ma				oth	er miscella	ane	ous)			A		U	U R
		YES	NO	N/A								L		E	E
Exterior house			X		Asbe	stos sidin	ıg		1	900	) sf	X			
Exterior garage			X		Asbe	stos sidin	ıg			450	) sf	X			
N. CD					<u></u>	· - · · · · ·									
Name of Registered Waste Guardian Co	Hauler entracting, Inc.	N	JDEP Waste 20	e Hauler i 0223	ID No.	Cubic Ya	rds of Wast	te	Name of Regist T.R.R.F.	ered Lan	dfill				
City, State				Dispos		· · ·	City, Sta				-				
Toms River, Completed by (Print or Typ		Title		3/24/	14 Signati	ure	Tullyto	owi	n, Pennsylvani	a/		D-4			
Nicholas Fer		(2) 62 6 7 (	t Manage	er	2.Klist	) . /	her		1	8		3/19	9/201	4	
		*D	o not use t	his form	for asb	estos licen	sure exem	pte	d activities.				-		

Date of Notification (1) 3/17/2014	Check#2586				uilding Owner/O en Dedinsky										
Agencies Notified	Type Notification			reet Add	ress ewood terrac	ce		1	MAI	2 4	201	4.			
EPA DEP DOL	Initial Amended Amendment		Ci	ty, State,	Zip Code NJ 07036	4			* -=			- 0	i.		
DOH DCA	Emergency ( justification) Cancellation	including	15513630	ame of C	ontact en Dedinsky				Teloni		•				
				FACILI	TY INFORMATI	ON		= 111 (4)							$\dashv$
Name of Facility Where Residence Street Address	Abatement is Takin	g Place (3)					Sc.	Facility (4) hool (K-12) bchapter 8	) (Other	than K-	-12)	. 11 -41 -			
340 Rosewood Ter	тасе						Square		# of F		rcial D	0.	g. Ag		»
City (5) Linden, NJ 07036							4,000	SF	2			60			
County (6) UNION				ounty Co	ode (7) SE ONLY)			Use (Prior e Reside		demol	ished	)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM I	No.			ment Cont		)					
N/A Street Address							Address 69th St			-	*****				
City, State, Zip Code						City, S	State, Zip	Code							
Project Manager for Mo	nitoring Firm		- T T	elephon	e No.		enberg hone No.	, NJ 070	+1	_icense	e No.				
Project Manager for Mid	Till Offing Till I	1				100000000000000000000000000000000000000	295-17	OO A Monitor	(	)1074	-				
Start Date (10) 3/29/2014		Scheduled 4/1/2014		pletion D	ate (11)		ne as al								
Abatement Performance  Other – Describe:	cated During Entire med Outside of Not Starting @ 7:00 AM	Period of Almal Facility	atem	ent			t Address State, Zip								
Scope of Work (Check	All That Apply)					г	_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		and the same of	enova emoliti				Mini	Containme i-Enclosure vebag Prod i-Exempted	edure					<b>5</b>	
			-				INOII	-Exempled	1 ( ) and	140111	T			ment	
Locati	on of	N	_ocati ormal	ly		escriptio					-		Ту	ре	
Asbestos-Containin TO BE A In Fa (13	ng Materia <mark>l</mark> (ACM) BATED cility	Mair Custo	d Sole ntenar odial S (12)	nce/ Staff?		ontaining nal syster facing, V r miscella	ns insula 'AT, or	(ACM) tion,	(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Base	ment	Yes	No X	N/A	Pip	e Insul	ations		8	) LF		x			
Dasc	mont									1					
Name of Registered V	Vaste Hauler		100.00	JDEP W		oic Yards Vaste		Name of			natill				
Freehold Carting I	nc		1000	5939	ТВ	D	to	GROW City, Sta		dtill					
City, State PO Box 5010, Fre	ehold, NJ 0772	8			TB			Morris	ville, P	4 190	-				
Completed by Gina Salvador		Title Office	е Ма	nager		Signate	ure B	Pinas	8		3/1	e 7/2	014		

<sup>\*</sup> 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)

				Nan	ne of Bui	ilding Owne	r/Operator (2	2)					-1	
eate of Notification (1)	3/19/2014					N	fac Mana	gement Prope	erties	02 2	- 3	83		4
gencies Notified  X ] EPA	1 6 3	Notificatio			et Addre	1	22 Rivers	ide Drive No	rth				<u>F</u>	1
] DEP x ] DOL	Amend	led Notific lment # ency (incl		City	y, State, 2	Zip Code E	Brick, NJ (		<del></del>	MAR Number	24	2014	-	
x ] DOH ] DCA	justific  [ ] Cancel	ation)		Na	me of Co	ntact Mike Coli	ucci		Telephone	Number			<u>;</u>	
1 Dest			I	FACILI	TY INI	FORMAT	ION	on 11: (4)		*****	-	-		$\Rightarrow$
	Abatement is Taking I Residence	Place (3)					Ту	pe of Facility (4)	School Subcha	(k-12) apter 8 (othe i.e., private	r than k	-12) nercial	ouilding	zs,
Street Address	163 Concord Driv	ve		*				[x]	homes	, etc.)				
City		County	(6)	Cot (ST	anty Cod	e (7) SE ONLY)		uare feet 1800 sf urrent Use (Prior	# of I	1	Bldg.	60		
Brick	**	Ocean		1.0	CNAN			Resid	lence					_
Name of Monitoring Fi	rm Hired by Building (	Owner (8)		AS	CM No.			Guar	dian Con	tracting, l	nc.			_
Street Address							Street Addres	1889	Route 9	Unit 61				
City, State, Zip Code							City, State, Z	Tom	s River, 1	New Jerse	y 087:	55-12	71	
Project Manager for M	onitoring Firm		Telephone Nu				Telephone N	932		00624				_
Scheduled Start Date (	/14		Scheduled Co 3/21/14		Date (11)		Street Addre		S.L. Ana	alytical				
Occupancy Status Dur	ing Abatement (Check Facility Closed/Vacate Abatement Performed Other – Describe	d During	Entire Period	of Abatem ility Hours	nent		City, State,	1056 Zin Code	Stelton ataway, 1	Road New Jerse	y 088:	54		
Scope of Work (Check	k all that apply)  >3 sf or ≥3 lf  ≥160 sf or ≥260 lf		L	Renovatio Demolitio			[ ] [ ] [x ]	Full Containm Mini-Enclosu Glovebag Pro Non-Exempte	re cedure		Procedu			
		T									Abat	ement 7	ype	
Asbestos-Contain TO BE in f	tion of ing Material (ACM) <u>ABATED</u> acility 13)		Is Location Normally use Solely by Intenance/Cus Staff (12)	ed		Asbe M (i.e., insu	estription estos-Conta aterial (AC thermal sy lation, surf VAT, or or miscellar	aining CM) estems eacing,	1 '	Amount pecify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		+-	X		Asbe	stos sidin	g		16	550 sf	X	-	-	$\vdash$
Exterior									-+-		+-	+-	+	+
		-	-											
Name of Registered	Waste Hauler an Contracting, In		NJDEP Wast	te Hauler 1 0223	ID No.	Cubic Ya	rds of Waste	T.R.R.		andfill				_
City, State	River, New Jersey	<u>v.</u> 1					City, Sta Tullyto	te own, Pennsyl	vania		Da	te		
Completed by (Print	or Type) as Fernicola		ject Manag		Signa					100	77.00	19/201	4	
141011011			*Do not use	this form	n for as	bestos licer	nsure exem	pted activities	5					

UN 205555

D&S Proj. #: 2014-100

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

	S. Company						100	1002 199	4	; <del>_</del> _)			
Date of Notification					er/Operator (2	2)		18/2 (MA) 21	1/4 7:	/^			
Agencies Notified	Type Notificati	_	eet Addi	DANIEL	LE			7/6/25, C	<u> </u>	1-1			
	Initial	1100						.0%	NG PO				
☐ DEP	Mended Amended			ICOLN A	VENUE								
☑ DOL	Amendment #:			Zip Code					£.,				
_	L Emergency (including	11.		HORNE,	NJ 07506			Tolophor	ne Number	-	-	_	
6 <u></u> 7	justification)	Na	me of Co	ontact				releption	ie ivallibei	_			
DCA	Cancellation		LUIS &	& DANIEI	LE					_	_		
				FAC	ILITY INFORM	MATION							
Name of facility wh	ere abatement i	s taking plac	ce (3)					Type of Facility School	(4) ol (K - 12)				
LUIS & DANII	ELLE							Subch	apter 8 (O	ther th	an K	-12)	
Street Address				···	- one			Other	(Private/Co	omme	rcial	850	
COLINCOLN	ANTENTITE								/Homes, e	-	RI	dg. A	ne .
660 LINCOLN	AVENUE	Count	h. (6)			T 0	- L. Codo (7)	Square Feet	# of Floor	S	Di	Jy. A	ye
City (5)		Coun	y (o)	10			nty Code (7) te use only)	Current Use (F	rior if bein	a dem	olishe	ed)	
HAWTHORN	E.	PAS	SAIC			(0.0	,/	Ourient Ose (i	·	g dom	Olione	,u,	
Name of Monitorin	DOM:		Strategy and the second		ASCM No.	<del>'</del>	Name of Abatement C	Contractor (9)				-117	
							D & S RESTORA	TION, INC.					
Street Address							Street Address						
							20 California Av	e.					
City, State, Zip Cod	е						City, State, Zip Code		***************************************				
							Paterson, NJ 075	503					
Project Manager for	Monitoring Firm	1	F	hone Numb	oer	_	Telephone Number		License		er		
							973-345-8020		0	1169			
Start Date (10)		Sched.	Comple	tion Date (1	1)		Name of OSHA Monit						
			85		•		D & S Restoration	n, Inc.		0			
03/26/14		04/18				_	Street Address						
Occupancy Status I	During Abatemer d/vacated during			tomont			20 California Ave	enue					
	arvacated during erformed outside						City, State, Zip Code						
Describe:						_	Paterson, NJ 075	503					
	be: NORMAL H										Contract of the Contract of th		
Scope of Work (ch		0 =						ull Containment	w/negative	press	ure		
>3 sf or >3 lf	$\boxtimes$	Renovation	1					alovebag procedu	ıre				
≥160 sf or ≥2	60 If	Demolition		- 4				Non-Exempted (*)			proc	edure	
Location of		Is location by mainter		y used solel	У					e R	R	E	E
asbestos-cor material (acm		staff(12)	nance/cu	istodiai			sbestos-containing	Amount (Specify	SF or	m	р	C	n
abated in fac		Yes	No	N/A	material	(ACIVI)		LF)		o v	a	a p	L
	98798840 - 58			1.07						е	r	-	-
BASEMENT BOILER, SMALL			X		PIPE INS	ULATI	ON	68 L FT	-	X	브	닏	닏
BASEMENT BA	THROOM		X		VAT			40 SQ FT		N N	Щ	닏	부
										ᆜ	ᆜ	닏	14
										ᆜ	ᆜ	닏	14
											Ш		
Registered Waste F D & S RESTOR		NJDE 135	P Haule 06		Cubic Yards of 2 YDS	Waste	Name of Registered TULLYTOWN, I		ECOVER	RY			
City, State				Disposal			City, State						
PATERSON, N	J 07503			3/27/14	4		TULLYTOWN,	PA	93				
Completed by (Prin		Title			Signature				Date				
BOGDAN JOL		PRESID							03/14/	2014			
ACD 44		* Do not use	this for	m for ashes	tos licensure e	exempte	d activities.						

GL14-006

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

Page 1 of 1

GE14-000		(Pur	suant to	NJAC 8:	:60 and	1 12:120	0)	201	e , (	Check	#1	132			
Date of Notification (1) 3-19-2014				Building O en and				i i i i i i	MAR	Check			}	300725	
Agencies Notified Type Notification			treet Add		Door			6.	122	17	7:	_			
EPA Initial				Kennel , Zip Cod		1		~ \	15:10	Cler		119			
DEP Amended Amendment #				s, N.J. 0					18	VAVA	RO,	ć			25
Emergency (in justification)	cluding		ame of C						Tele	nhone !	k 1 1	h			
DOH justification)  DCA Cancellation		_ N	lary Ell						1				_		
Name of Facility Where Abatement is Taking	Place (3)		FACILI	TY INFO	RMATI	ON	Ty	pe of Facility	(4)	-					
Residential							П	School (K-							
Street Address 48 Post Kennel Road							×	Subchapter Other (i.e. petc.)					lings,	home	es,
City (5) Far Hills							200	uare Feet 200	# of 2	Floors			ldg. A 00	ge	
County (6) Somerset			ounty Co	ode (7) SE ONLY)			Cu	irrent Use (Pri	or if beir	ng demo	olishe	ed)			
Name of Monitoring Firm Hired by Building Ov	vner (8)	1	ASCM N	No.				Abatement Colup, Inc	ntractor	(9)	200				
Street Address						Street 140		iress mburg Turn	pike	1					
City, State, Zip Code								, Zip Code igdale, NJ (	07403				7.5		
Project Manager for Monitoring Firm		Te	elephone	No.		Teleph 201-		No. 0-9725	_	License 01084					
Start Date (10)	Scheduled (	Comp	oletion Da	ate (11)			Director.	SHA Monitor		-					
[ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [	3-30-201	4		100 NAME 188		GL 0	Grou	up, Inc							
Occupancy Status During Abatement (Check						Street 140 l		<sub>lress</sub> nburg Turn	nike						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:			ent			City, S	State	, Zip Code ngdale, NJ	• *************************************						
Scope of Work (Check All That Apply)					_	ыоо	11111	iguale, No	37403	-					_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovatio nolitio				×	<	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					e	
2	ls Lo	cation	n											ement	
Location of	Nor Used S	mally		12002000000		scription					-		1 9	ре	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mainte Custod	enanc	ce/	(i.e. t	hermal surfa		s ins		(S	mount pecify or LF)	w	Remova	Repair	Encapsulate	Enclosure
****	Yes N	No	N/A	((6))								=		ate	O)
1 St Floor Exterior Wall			X		Pipe	insula	ation	n	1	0 LF		X			
*								-							
		$\exists$													
Name of Registered Waste Hauler		101000	DEP Was		Cubic of Was			Name of	Registe	red Lan	dfill				
GL Group, Inc			33034		TBD	sie		GROW	S						
City, State Bloomingdale, NJ	Total Minima also the				Dispos TBD	sal Date	1 10	City, Stat Morrisv		4					
Completed by Elena Solakov	Title Preside	ent			S	Signature	e &	Sem Stull			Date 3-1	9-20	)14		

### Paragon Job#

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

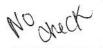
							2014	11/00			
Date of Notification (1)	П	Name of Buil	lding Own	er/Operator (2)	)		CONTAR 24 F	الية			
0 3 / 2 0 / 1 4		NSA 559	Broad St	t, LLC			190 7	M >			
Agencies Notified Type Notification	on	Street Addres	ss				€7/23 no	77 Op			
DEP Initial		826 Broad	dway 9tl	h Floor			STOEN CON	17%			
Amenda		City, State, Z	ip Code				THE	3 110%			-1111
DOL Amendment #		New Yor		0003							
DOH Emergency (	Includ	Name of Con	tact	ii.			Telephon	e Number			
DCA Cancella	tion	Chris To	mlan								
000	5		FAC	ILITY INFORM	ATION						
Name of facility where abatement is	taking p	ace (3)	8		habberhio		Type of Facility (	4) I (K - 12)			
North Star Academy								apter 8 (Othe	r thar	K-12)	
Street Address								(Private/Com		30	
550 Daniel Ct								Homes, etc.	_	Did. A	
559 Broad St.	Cou	inty (6)				101(3)	Control of the contro	# of Floors 03	8	Bldg. A	\ge
City (5)	000	iity (O)				nty Code (7) te use only)	20,000 Current Use (P				
Newark	Es	sex			,	,	School School	nor it being d	SITIOII	sileu)	
Name of Monitoring Firm Hired by E	Bldg. Own	ier (8)		ASCM No.		Name of Abatement					
N/A						Paragon Contrac	ting, Inc.				
Street Address				L-		Street Address					
						590 River Rd.					
City, State, Zip Code						City, State, Zip Code					
						Clifton, NJ 070	14				
Project Manager for Monitoring Firm		Ph	one Numb	per		Telephone Number		License Nu	mber		
						(973) 614-1600		00748			
Scheduled Start Date (10)	Sche	d. Completio	n Date (1	1)		Name of OSHA Mon Paragon Contract					
04/02/2014	04/1	5/2014				Street Address	ting, inc.				
Occupancy Status During Abatemen		CONTRACTOR DE LESS				590 River Rd.					
Facility closed/vacated during						City, State, Zip Code					
Abatement performed outside Describe:	of norma	facility hour	S-			5 5500 96 5000 C					
Other-Describe: 7:00 AM - 3:	30 PM				=1	Clifton, NJ 070	14				
Scope of Work (check all that apply	)										
☐ Demolition	Renovati	on			☐ F	ull Containment w/ne	gative pressure	Glovebag	proce	edure	
$\square > \underline{3} \text{ sf or } > \underline{3} \text{ If}$	≥160 sf o	r <u>≥</u> 260 If		36		/lini-enclosure	Non-Exem	npted (") No	n-friat	le proc	edure
Location of		on normally u		у				F	F	R E	E
asbestos-containing	by maint staff(12)	tenance/cust	todial			sbestos-containing	Amount	_   e	1 '	n	n
material to be abated in facility (13)	Yes	1	1	material	(ACM)		(Specify S	0	, ,		C
	165	No	N/A					v e		р	1
Roof				Roof Flash	ing		370 SF	D	1 E		
									] [		
						100				110	10
5					147	Dr. Za					
Registered Waste Hauler Paragon Contracting, Inc.		DEP Hauler II 161		Cubic Yards of 10 cyds	VVaste	Name of Registered Tullytown/GRO					
City, State			Disposal I			City, State	YY .5				
Clifton, NJ 07014			TBD	CONTROL CONTRO		Jullytown, PA					
Completed by (Print or Type)	Title			Signature	//			Date	- 1000 1100		
Goran Lazevski	Preside	nt		1	41			03/20/20	14		



Date of Notification (1)				Name	of Buildin	g Owner/Operator (	2) 2014.	1 1 5 17			1222	
	19 / _	14		Doi	rothy Arc	hangel	MAR 2	4 PH 7:07				
The state of the s	Type Notifica	ation		Street	Address		45900	177:00			55.5	
				119	Newark	Avenue	3-7/10	- W				
	☐ Amended			City, S	State, Zip C	Code	LICEL	KONTRA.				
☑ DHSS □ DCA	Amendme			Lav	allette, N	J 08735	~ / 3	O/AG TUL				
(NJAC 5:23-8)	☐ Emergen justification		g	Name	of Contac	t		Tala Ni	~~			
(32)	☐ Cancellat			Doi	rothy Arc	hangel						
				FA	CILITY IN	IFORMATION		4	鲜	S		
Name of Facility Where Ab	oatement is T	aking Place	e (3)				Type of Facility (4	16.0				
Residential House							School (K-12)					
Street Address							Subchapter 8  Other (i.e., priv			uilding	ıs	
119 Newark Avenue							homes, etc.)				,-,	
City (5)							Square Feet	# of Floors	BI	dg. A	ge	
Lavallette							900	1		30		
County (6)				Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Prio	r if being demolis	hed)			
Ocean							Vacant Resid	lence				
Name of Monitoring Firm H	lired by Build	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
N/A						Superior Aba	tement Inc					
Street Address						Street Address						
						2 Henderson	Drive					
City, State, Zip Code						City, State, Zip Co	ode					10 00
Company Company of the Company of th						West Caldwe						
Project Manager for Monito	orina Firm		Tele	phone	No.	Telephone No.	,	License No.				
						(973) 808-161	6	00411				
Start Date (10)		Scheduled C	Comple	tion Da	te (11)	Name of OSHA M		00411				-
_03_ / _29_ /		03			200 Mg 3-50	Superior Aba						
Occupancy Status During							toment me					
☐ Facility Closed/Vacated		16 CO (19 19 19 19 19 19 19 19 19 19 19 19 19 1		mont		Street Address	Delice					
☐ Abatement Performed (					cribe	2 Henderson						
Time of Abatement: _A					Jones	City, State, Zip Co						
Scope of Work (Check all t	that apply)					West Caldwe	II, NJ 07006					
Goope of Work (Offeck all t	riat apply)					☐ Full Cont	tainment with Nega	tive Pressure				
☐ ≥3 sf or ≥3 lf		10.	enovati			☐ Mini-Enc	losure					
≥160 sf or ≥260 lf		⊠ De	emolitio	on		☐ Gloveba	g Procedure mpted (*) and Non-	-Friable Procedur	•			
		ls ls	Locat	ion	1	M NOTI-EXE	Impled ( ) and Non-	-i nable i locedul	_	-4	4 T	
Location o	of		Norma	lly		Description o	f		-	atem		<u> </u>
Asbestos-Containing M	AND CONTRACTOR OF THE PARTY OF		ed Sole aintena			stos Containing Ma		Amount	den	Repair	inc	l iii
TO BE ABAT IN Facility		20000	todial		(i.e	., thermal systems surfacing, VAT,		(Specify SF or LF)	Removal	air	aps	Enclosure
(13)			(12)			other miscellane		SI OI LF)	1 20		Encapsulate	lre.
		Yes	No	N/A			202				Ф	
Exterior				$\boxtimes$	Transit	e Siding		300 SF	$\boxtimes$			
	-											
		П		<del> -</del>								
Name of Registered Waste	Hauler			JDEP \	Vaste	Cubic Yards of	Name of Registe	ered Landfill				
Service Transport G			1000	lauler II	O No.	Waste	Minerva Lar					
City, State				SW21	17	5 Disposal Date	City, State					
New Castle, DE						3/30/2014	Waynesburg	gh, OH				
Completed By (Print or Typ	oe)	Title				Signature	7	// Da	te			
Nick Petrovski		Presid	ent			///	allh	hun.	3-	19.	-/	4

ASB-41 MAY 11

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



40 west		NOTIF (F	CATION	N OF ASBESTOS to NJAC 8:60 ar	ABATE nd 12:12	MENT 0)	70	^ ~/ <sub>1</sub>				
Date of Notification (1)				of Building Owner/ ship of Pennsa		(2) 2814	MAD .	·/\			<del>, , ,</del> ,	
Agencies Notified Type Notification    X			5605	Address N. Crescent B ate, Zip Code	lvd.	3.63: G	)/03 (2/03	4 PH	7: 5E			
DOL Amendment				sauken, NJ 08	110	~	LICEA	SING	ROi			
DOH Emergency justification)		3		of Contact			Te	lephone N	Number			
DCA Cancellation	1		101000000000000000000000000000000000000	rd Grochowski							W	
Name of Facility Where Abatement is Takin	g Place	3)	PAU	ILIT INFORMAT	IUN	Type of Facility	y (4)					
Former Acme Street Address						School (K						
4675 River Rd.						Subchapt Other (i.e	er 8 (Oth . private	er than K & comme	-12) rcial bui	ildings	s, hom	nes,
City (5) Pennsauken						etc.) Square Feet 23,000	# 0	f Floors	4.0	Bldg. 45	Age	
County (6)				Code (7) USE ONLY)		Current Use (F						
Camden  Name of Monitoring Firm Hired by Building	Owner /S	1	ASCI		T N1-	abandoned			or 15 y	ears	; 	
AET	Owner (c	, 	0002			of Abatement C nce Environm			, Inc.			
Street Address 28 N. Pennell Rd.						Address East Union S	t.					
City, State, Zip Code Media, PA 19063					tate, Zip Code t Chester, PA	19382					-	
Project Manager for Monitoring Firm Eric Houseknect		Telepho 908-29	one No. 96-1132	Teleph	none No. 701-9000		License 00508	100000000				
Start Date (10) 3/25/14	Schedu 4/18/1		mpletion	Date (11)	Name AET	of OSHA Monito	or			-		
Occupancy Status During Abatement (Chec	k Only O	ne)				Address						
Facility Closed/Vacated During Entire I	Period of	Abaten	nent			. Pennell Rd.						
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norn Other – Describe:	nal Facilit	y Hours	S			tate, Zip Code a, PA 19063	·					
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demolit			×	Full Contains Mini-Enclosu Glovebag Pr Non-Exempt	ire ocedure				re	
		Locati Normal	10000							Abat	emen /pe	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole aintenar todial S (12)	ly by nce/	Asbestos Con (i.e. thermal surfa	scription taining M I systems cing, VA niscellan	laterial (ACM) insulation, T, or	(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A		275				-		ate	Œ
Rear loading dock roof	_		X	Transi	ite roof	deck		200	X			
Loading dock and expansion joint			X		caulk		47	'0 LF	Х			
Roofing (unsafe roof, with demo)			X	roc	fing fel	ts	18	00 SF	Х			
throughout interior			X	Floor til			0.000000	350 SF	х			
Name of Registered Waste Hauler Richard Burns		H	JDEP W auler ID 955		Yards ste			red Landf s Comn		Land	ifill	
City, State Philadelphia , PA				Dispos TBD	sal Date	City, Sta						$\neg$
Completed by Robert M. Casciato	Title Presi	dent		S	ignature	1/10	_	D	ate /19/14		Ō	

Date of Notification (1)				Building Ov hip of Per	ner/Operato	r (2)	2014 MAH	2,		Ö			
Agencies Notified Type Notification			Street A			.* 1	J. 75.	-4 P	7:	_			
☑ EPA ☑ Initial				V. Crescer			<u> </u>	30	/:	-8			
EPA Initial Amended Amendment :				ite, Zip Code auken, No			4/62	的流	PA	,			
Emergency (i justification)  DCA  Emergency (i justification)  Cancellation			Name of	f Contact d Grochov			17	elenhone	Numh	or		-13	F-12
			FACI	LITY INFOR	MATION						-		
Name of Facility Where Abatement is Taking Former Acme	Place (3	3)				Type of F	acility (4)						
Street Address	-						ool (K-12) chapter 8 (C	ther than l	K-12)				
4675 River Rd.							er (i.e. privat			build	dings,	hom	es,
City (5)						Square F		of Floors	-	В	ldg. A	ge	
Pennsauken					<u> </u>	23,000	_   1			4	5		
County (6) Camden				Code (7) USE ONLY)			lse (Prior if t ned supe				ears		
Name of Monitoring Firm Hired by Building C	wner (8)		ASCN	/ No.	Name		ent Contract			,,			
AET			0002	:1	Allia	ince Envii	ronmental	System	s, Ind	).		(4)	
Street Address 28 N. Pennell Rd.	-0.00					t Address East Unio	on St.						
City, State, Zip Code Media, PA 19063						State, Zip C	ode r, PA 1938	32			X		
Project Manager for Monitoring Firm		Telepho		Telep	hone No.	-	Licens						
Eric Houseknect			96-1132		-701-9000		0050	8 					
3/25/14	tart Date (10) Schedule				AET	e of OSHA N	Monitor						
Occupancy Status During Abatement (Check	Only O	ne)			100000000000000000000000000000000000000	t Address							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of	Abatem	ent			N. Pennell State, Zip C							
Other – Describe:	arr admit	y i louis	V		1 100000	dia, PA 19							
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	processed.	Renova Demolit				Mini-Er	ntainment w nclosure ag Procedu	15	ve Pre	ssui	e		
							cempted (*)		riable	Pro	cedur	е	
48		Locati Vormal										emen pe	t
Location of Asbestos-Containing Material (ACM)	Use	ed Sole	ly by	Asbestos	Description Containing		(M)	Amount					
TO BE ABATED In Facility	100	intenar todial S			ermal system surfacing, V/	ns insulation	,	(Specify SF or LF)		Rer	Re	Encapsulate	Enc
(13)		(12)		o	ther miscella			01 01 11 )		Remova	Repair	sule	Enclosure
	Yes	No	N/A							_		te	Ф
Rear loading dock roof			X	Tı	ansite roo	f deck		200	Х				
Loading dock and expansion joint			X		caulk			470 LF	X				
Roofing (unsafe roof, with demo)			X		roofing fe	elts	1	800 SF	X				
throughout interior			X	Flo	or tile and	mastic	18	3,850 SF	X				
Name of Registered Waste Hauler		100000	JDEP W auler ID		Cubic Yards	988	me of Regis		dfill				
Freehold Cartage			41261		0	G	rows Land	ifill					
City, State Freehold, NJ	×				Disposal Date		y, State	ship, PA					
Completed by Robert M. Casciato	Title Presi	dent			Signatur		Va		Date 3/10/	/14			

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

								la.	Y.	$\subseteq U$				
Date of Notification		- 111	Name of Bu	uilding Own	er/Operator (2)	)		614 19	AR 24 PM					
0 3 /1 4			SAMCO	REALTY	7		* .	r	CA PM	7:55				
Agencies Notified	Type Notifica	tion	Street Addr	ess				77.	TOS CON ICENSINA	_			_	
⊠ EPA	Initial Amended		7803 HT	JDSON A	VENUE			E L	ICENSIA.	TROL				
☐ DEP	Amendment #		City, State,		TENCE				-11,1161	•				
☑ DOL	Emergency		North B	ergen, NJ					<b>S</b>		ti.			
☑ DOH	(including	11	lame of Co						Telephon	e Numbe	r	_		
☐ DCA	justification)	- 11	JEFF U	I IN										
	Cancellation	11	JLAT U		ILITY INFORM	ATIO	v		=					_
Name of facility wh	ere abatement	is taking n	ace (3)		LITT IN OTHER	A1101		TT	ype of Facility (	4)		-		
	icre abatement	is taking pi	acc (5)					11.		(K - 12)				
JEFF ULIN								_	☐ Subch	apter 8 (C	ther t	nan K	-12)	
Street Address				•						Private/C		rcial		
7803 HUDSON	N AVENUE									# of Floo		В	dg. A	ge
City (5)		Cou	nty (6)			Cou	unty Code (7)	1					A16500 38	-
			maa			(Sta	ate use only)		Current Use (P	rior if bein	g den	olish	ed)	
North Bergen	- Firm Hisadb		DSON			Ц,	TNI	<u> </u>	(0)					
Name of Monitorin	g Firm Hirea by	Blag. Own	er (8)		ASCM No.		Name of Abateme							
Charat Address							D & S RESTO	ORAT:	ION, INC.					
Street Address														
City, State, Zip Cod	Δ			-		_	20 California City, State, Zip Co	200						
Oity, Otate, Zip Ood	0						500000							
Project Manager for	Monitoring Firm	1	I pi	none Numb	or	-	Paterson, NJ Telephone Number		)	License	Numb	er	_	
r roject manager for	Worldoning 1 in	•	1.,	ione Numb	CI .		973-345-802			1,1111,1111,1111,1111,1111	1169	<i>(</i> C)		
Start Data (10)		ICahar	l Completi	Data /44		_	Name of OSHA M						_	
Start Date (10)		Sched	i. Completi	on Date (11	1)		D & S Restor	ration,	Inc.					
03/28/14		04/10	T-02-07-02-01				Street Address			2.00				
Occupancy Status [		31					20 California	Avenu	ie					
	I/vacated during erformed outside						City, State, Zip Co	de						
Describe:			lacility flou			_								
Other-Describ					CONTRACTOR OF THE PARTY OF THE	-	Paterson, NJ	07503				70-77		
Scope of Work (ch							. [		Containment w	/negative	press	ure		
>3 sf or >3 lf	$\boxtimes$	Renovation	on				L	=	-enclosure /ebag procedu	re.				
≥160 sf or ≥2	60 If	Demolition	n		/%		Ī		-Exempted (*)		friable	proc	edure	
Location of			n normally enance/cus	used solely	1						R	R	Е	E
asbestos-con material (acm		staff(12)	ande/cus	itoulai			sbestos-containing		Amount (Specify S	F or	m	p	n c	n
abated in faci		Yes	No	N/A	material (	ACIVI)			LF)	. 01	o v	a	a	L
									160 7 77	-	е	r	р	_
BASEMENT A			LX.		PIPE INSU				160 L FT		NA.	<u>닏</u>	ᆜ	牌
BASEMENT B	=======================================		LX.	-	PIPE INSU	LAT	ION		175 L FT		M	ᆜ	屵	쁜
											井	닏	屵	H
				-	<b>_</b>		-					닏	片	무
Registered Waste H	auler	INID	EP Hauler	ID# I C	ubic Yards of V	Nasto	Name of Register	red Lar	dfill			Ш	Ш	
D & S RESTOR		135			YDS	14310	TULLYTOW			COVER	Y			
City, State				Disposal D			City, State	- Charles						
PATERSON, N.				03/31/1			TULLYTOW	N, PA						
Completed by (Print		Title	TIN I'M		Signature					Date	•			
BOGDAN JOLI	JZIC	PRESID		for oabs-t-	a licanoura ov	omont-	al a astruisia a			03/14/	2014		-	

CK 605528

#### State of NJ Notification of Asbestos Abatement

D&S Proj. #: 2014-99			(Pursu	ant to NJAC	, 8:b	0 and 12:120)	ne.	1175	74			
Date of Notification (1)	Na	ame of Br	uilding Own	er/Operator (2)			Mis KAR 24	- 3	<u>U</u>			-
$\frac{0}{13} / \frac{1}{1} / \frac{1}{13}$		SAMCO	REALTY	7			1711 24	PM 7:	50	-		
Agencies Notified Type Notifica	-	reet Addr					Trictor.		1,1-7			
☐ EPA ☐ Initial ☐ Amended		10 EVE	LYN PLA	CE			Z LIVEN	ONTR	0ı			
Amendment #	<del> </del>		Zip Code				- 5.16	121G	-			
☑ DOL ☐ Emergency		BLOOM	MFIELD, 1	NJ 07003								
DOH (including justification)	Na	me of Co	ntact				Telephon	e Numbe	r			
DCA Cancellation		JEFF U	LIN							_		
	-		FAC	ILITY INFORM	ATIO	N						
Name of facility where abatement	is taking plac	e (3)					Type of Facility (					
JEFF ULIN							=	ol (K - 12) apter 8 (C		oon V	10)	
Street Address								apter 6 (C (Private/C			-12)	
10 EVEL 10 I DV 1 OF						* [.]	Bldgs./	Homes, e	etc.	100000		
10 EVELYN PLACE	T Count	v (C)					Square Feet	# of Floor	rs	Bl	dg. A	ge
City (5)	Count	y ( <del>o</del> )				unty Code (7) ate use only)	Current Use (P	vian if bair		aliah	- d\	
BLOOMFIELD	ESSI	EX			(0.		Current Ose (F	nor ii beiri	ig dem	Olisite	3U)	
Name of Monitoring Firm Hired by	Bldg. Owner	(8)		ASCM No.		Name of Abatement C	ontractor (9)					
7					_	D & S RESTORA	TION, INC.					
Street Address						Street Address						
City State Via Code					_	20 California Ave						
City, State, Zip Code						City, State, Zip Code	0.0					
Project Manager for Monitoring Firm	1	I P	hone Numb	or	-	Paterson, NJ 075	03	License	Numb	or		
reject manager for morntoning run		Ι.	none rainb	CI .		973-345-8020			1169	OI.		
Start Date (10)	ISched	Complet	ion Date (11	1)	_	Name of OSHA Monito	r					
				.,		D & S Restoration	n, Inc.					
03/27/14 Occupancy Status During Abateme	04/10/				_	Street Address						
Facility closed/vacated during			ement.			20 California Ave City, State, Zip Code	nue					
Abatement performed outside	and the first of the second state of the second state of the second seco					City, State, Zip Code						
Describe: NORMAL I	IOURS	- 2			-	Paterson, NJ 075	03					
Scope of Work (check all that appl						∏ Ft	ıll Containment w	/negative	press	ure		
	Renovation						ini-enclosure	-	2.8			
≥160 sf or ≥260 lf	Demolition					and the same of th	ovebag procedu on-Exempted (*)		friable.	proc	edure	
Location of			used solely	1			CIT-Exempled ( )	and reon	R	R	E	
asbestos-containing	by mainten staff(12)	ance/cus	stodial	Description	on of a	asbestos-containing	Amount		e m	e p	n c	E n
material (acm) to be abated in facility (13)	Yes	N.	T	material (	ACM)		(Specify S	For	0	a	a	C
	res	No	N/A						v e	r	р	
GROUND LEVEL		X		PIPE INSU			84 L FT		$\boxtimes$			
BASEMENT BOILLER/LAUNDRY RM		X		PIPE INSU			90 L FT		X			
BASEMENT BOILER LARGE		X		BOILER IN			65 SQ FT					
BASEMENT BOILER SMALL		X		BOILER IN	ISUL	AITON	30 sq ft			片	부	무
Registered Waste Hauler	INIDE	P Hauler	ID# I C	ubic Yards of V	Vaste	Name of Registered L	andfill			Ш	Ц	
D & S RESTORATION, INC.	1350		1000000	YDS	. 4010	TULLYTOWN, R		COVER	łΥ	<u></u>		
City, State			Disposal D			City, State						-
PATERSON, NJ 07503			03/31/1			TULLYTOWN, F	PA					
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDE	NT		Signature				Date 03/14	/2014			
ASB-41			for asbesto	s licensure ex	empte	ed activities.		03/14	2014			-

#### STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT

		(PURSUAN	NT TO NJA	C 8:60-7 A	ABATEMEN ND 12:120-7	-!	1,	l in	19	14	
Date of Notification (1)  03 / 21 / 14		ANNU	Name of I	Building O	Owner / Oper	rator (2)	M	LA	101:	2	Υ.
	<del></del>		Street Ad	ddress			*	•	- 3	: 7	7
	of Notification			ATE STREE		Berlin II			~0. T	P	27
EPA	Initial Amended			te, Zip Cod					03	15	
□ DOH □	Amended Amendment	#	Name of	MBOY, NJ Contact			Telepho	na Nun	phor		
DOL DOL		v/ justification		MANCINI	888 <u>- 1888-</u>		IRICPITO	He real.	iber .	. 3	<u>.</u>
			ACILITY IN		NEW MARK				8	· 75.	3
Name of Facility Where Abar CHEVRON	tement is Taking	Place (3)		Type of F	Facility (4) School (K	-12)	ì		**	3	
Street Address 1200 STATE STREET					Subchapte Other (l.e., bldgs., ho	er 8 (Other , private & omes, etc.)	cmmerci	al			
City (5) County		County Code	(7)	Square F	eet	# Of Floors		Build	ing Age		
PERTH AMBOY MIDDLI	ESEX				N/A	N/	1000	1	N/	A	
				PRODUC	Use (Prior if	being aem	olisnea				
Name of Monitoring Firm His	ired by Bldg. Own	or (8)	TASCM NO		Abatement (	Contractor	(0)				
	led by blug	er (0)	A00	Ivaine C.	Apatemon	OUTH GOLD.	(3)				
AET				All Comments of the Comments o	olition Service	es Inc.					
Street Address	=			Street Ad	Idress						
907 DOOLITTLE DRIVE City, State, Zip Code				- William	- Dodaway						
BRIDGEWATER, NJ 08807					ns Parkway te, Zip Code						
Project Mngr. For Monitoring	q Firm	Telephone Nu		-	C, 21p	1					
ERIC		908-218-1108		<del></del>	over, Nj 0793	36					
Sheduled Start Date (10)		oletetion Date (1		Telephon	ne Number		License	Numbe	er		
$\frac{-03}{25} / \frac{25}{14}$	— <del>04</del> /	/09/	14	973-7	72-3660				00860		
Occupancy Status During Al	hatement (Check	Only 1)			OSHA Monit	tor	L		00000		_
Facility Closed/Va					olition Service	100000					- NO
Abatement				Street Ad	ddress						
Abatement Perfor		Normal Facility		32 William	ns Parkway						
Hours - Describe:  Other - Describe:				Sit. Stat	-:- Code						_
Unier - Describe.	7:00AM - 3:30	PM			te, Zip Code over, Nj 0793						
Scope of Work (Check All Th	nat Apply)				1 8 8 × ××		(1)	50.			
☐ Demolition		Renovation			tainment wit	h Negative	Pressure	е			
☐ ≥3sf or ≥3lf				Mini - End							
≥160 sf or ≥260 lf	8			-	g Procedure mpted (*) an		-lo Proce	dura			_
				NOII-LAG.	npieu ( , a	a Non-i i.a.	DIE FIOO.	)uui e			
Location of	ls		Descript				Abateme	ent Typ		in date of the	
Asbestos Containing	Location	As	sbestos - C	Containing	1		R		E	E	
Material (ACM)	Normally	. ,	Material (	•	1	Amount	E	R	N	N	
TO BE ABATED in Facility	Used Solely		.e., thermal		- 1	(Specify SF or LF)	M	E	C	C L	
(13)	by Main-		other misc			SF OI LI	V	A	P	0	
1.557	tenance/		Julio	onane,		1 1	Å	lî.	s	s	
	Custodial					2	L	R	U	U	
	Staff (12)								L	R	
EXTERIOR YARD	YES NO N/A					FO VDC		1		-	_
EXTERIOR TARD		SOIL/DEBRIS				50 YDS	7	+			
							H	十片	<del> </del>	<del>   </del>	_
								1 6		一一	
Name of Registered Waste H BY OWNER	lauler	NJDEP Waste Hauler ID No.	Cubic Yards	Name of F	Registered L	_andfill					
		4509	of Waste								
City, State			Disposal Date	City. State	9						
Completed by (Print or Type)	1	Title			Signature			-	Date		
	•				Sto		KE	- ,		mananagana	- manager egg
STEVE STILES		DOO IECT MAN	MACED		- 40	Mu J	0	Bernard		03/21	111

Street Address   Stre	(h(Y#1)	411	N			to NJAC 8										
Signature   Street Address   Street Ad		,														
Initial   Parameter   Parame	Agencies Notified	Type Notificatio	n	1.3			) od a o	n Dhid						A-150 (A)		
DOL	X EPA							2 RIVO								
DOH			nt #													
Doc   Cancellation   Jose Ralmos   Facility INFORMATION   Type of Facility (4)   School (K-12)   Subchapter (5 (Direct han K-12)   Subchapte				h	Name of	Contact				1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Tele	nhone Nu	mber .			
Name of Facility Where Abstement is Taking Place (3)   Type of Facility (4)   Street Address																
School (K-12) Subchapter 5 (Other than K-12) Subchapter 6 (Oth	Name of Facility Where	Abatement is Tak	ing Place (3	)	FACII	LITY INFO	RMATI	ON	Typ	e of Facility (4)	1					
Subchapter 8 (Other than K-12) 208 Cleveland Avenue  City (5) Harrison  County (6) Harrison  County (6) Hudson Name of Monitoring Firm Hired by Building Owner (8)  Street Address  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Bloomfield, NJ 07003  Street Address  27 West Street  City, State, Zip Code  Bloomfield, NJ 07003  Start Date (10) 04/03/14  Occupancy Status During Abatement (Check Only One)  Street Address  Street Address  City, State, Zip Code  Bloomfield, NJ 07003  Start Date (10) 04/04/14  Occupancy Status During Abatement (Check Only One)  Street Address  Street Address  City, State, Zip Code  Bloomfield, NJ 07003  Start Date (10) 04/04/14  Occupancy Status During Abatement (Check Only One)  Street Address  Street Address  Street Address  City, State, Zip Code  Street Address									П	CERNS A						
County (6)   Formation   County (6)   Coun										Subchapter 8	(Othe	than K-1	2) ial buil	dinas	home	96
Harrison  County (6) Hudson  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  Street Address  27 West Street  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Stand Date (10)  Q4/Q3/14  Occupancy Status During Abatement (Check Only One)  State Address  Steet Address  State Address  27 West Street  City, State, Zip Code  Bloomfield, NJ 07003  Stant Date (10)  Q4/Q3/14  Occupancy Status During Abatement (Check Only One)  State Address  State Address  City, State, Zip Code  State Address  State Address  City, State, Zip Code  City, State, Zip Code  State Address  State Address  State Address  State Address  Scope of Work (Check All That Apply)  State Address  Scope of Work (Check All That Apply)  State State Containing Material (ACM)  To BE ABATED  In Facility  (13)  State Castlon  Asbestos-Containing Material (ACM)  In Facility  Yes No N/A  exterior siding  Name of Registered Waste Hauler  Atlas disposal options  Name of Registered Waste Hauler  Altas disposal options  City, State  Disposal Date  City, State  City, State  Cubic Yards  of Waste  City, State  City, State  Coulc Yards  Or Vaste  PenArgyl PA or tullytwon, PA		nue		- 2					_	etc.)				2556		
County (6)   County Code (7)   County Code (7)   Counter Use (Phor if being demolished)   Counter (Phor if being demolished)   Counter Use (Phor if being demoli					ψ.				Squ	are Feet				Bldg. A	ige	
Residential	100-000-000				County C	Code (7)			Cur	rent Use (Prior			hed)			
Street Address  Street Address  Street Address  27 West Street  City, State, Zip Code  Bloomfield, NJ 07003  Project Manager for Monitoring Firm  Telephone No. 973-680-0088 357  Start Date (10) 04/03/14  Occupancy Status During Abatement (Check Only One)  Street Address  Start Date (10) 04/03/14  Occupancy Status During Abatement (Check Only One)  Street Address  Scope of Work (Check All That Apply)  23 of or 23 if 2160 of or 2260 if  Enablity Closed/Nacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  Street Address  City, State, Zip Code  City, State, Zip Code  Full Containment with Negative Pressure Mini-Enclosure Silverbag Procedure Non-Exempled (1) and Non-Friable Procedure Non-Exempled (2) and Non-Friable Procedure Non-Exempled (2) and Non-Friable Procedure Non-Exempled (2) and Non-Friable Procedure Non-Exempled (3) and Non-Friable Procedure Non-Exempled (4) and Non-Friable Procedure Non-Exempled (5) and Non-Friable Procedure Non-Exempled (6) and Non-Friable Procedure Non-Exempled (7) and Non-Friable Proced							_									
City, State, Zip Code   City, State, Zip Code   Bloomfield, NJ 07003	Name of Monitoring Firm	n Hired by Building	g Owner (8)		ASCN	No.		100000000000000000000000000000000000000			ractor (	9)				
Project Manager for Monitoring Firm  Telephone No.	Street Address		-													
Telephone No. 973-680-0088   License No. 357	City, State, Zip Code										12					
Start Date (10) 04/03/14 04/04/15 04/04	Design Manager for May	eitorina Cirm			Tolonhoi	no No					)3 	l icansa l	do			
O4/03/14  O4/04/15  O4/04	Project Manager for Moi	nitoring Firm			relephoi	ne No.							<b>N</b> O.			
Occupancy Status During Abatement (Check Only One)    Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours					pletion I	Date (11)	-	Name	of O	SHA Monitor						
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  Ci		og Ahatement (Ch		•	09/0	4/14		Street	Addr	ess	-				200	
Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  City, State,		A TOTAL CONTRACTOR OF CONTRACT			ent			Otroot	, , , , , ,							
≥3 sf or ≥3 if	Abatement Perform							City, S	State,	Zip Code						
Demolition   Mini-Enclosure   Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Exemp	Scope of Work (Check A	All That Apply)							-0		(5)					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  Exterior siding  Name of Registered Waste Hauler Atlas disposal options  Abatement Type  Abatement Type  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Yes No N/A  Name of Registered Waste Hauler Atlas disposal options  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Yes No N/A  Transite  Cubic Yards of Waste  Grand Central or Tullytwon  City, State  Dover, NJ  Disposal Date  City, State  PenArgyl PA or tullytown, PA	100 -f > 000 H								N C	Mini-Enclosure Glovebag Proce	edure					
Location of Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Exterior siding  Name of Registered Waste Hauler Atlas disposal options  City, State Dover, NJ  Location of Normally Used Solely by Maintenance/ Custodial Staff? (12)  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Type  Results (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Type  Results (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Republic Type  Results (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Republic Type  Results (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Republic Type  Results (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Republic Type  Results (ACM) (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Republic Type  Results (ACM) (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Results (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Results (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Results (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Results (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Results (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Results (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Results (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Results (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Results (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Results (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Results (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Results (I.e. thermal system						St.		Ľ		lon-Exempted	(*) and	Non-Fria	ble Pro			t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  exterior siding  Name of Registered Waste Hauler Atlas disposal options  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF)  Republic (Specify SF or LF)  Republic (Spe	Locatio	n of	1	Vormal	ly	-	De	ecrintion	n of					Ту	ре	
exterior siding    Yes   No   N/A	Asbestos-Containing	Material (ACM)					tos Con	taining N	Mater		35.00		_		Ē	т
exterior siding    Yes   No   N/A	In Faci	lity	Cust		Staff?	(i.e.	surfa	cing, VA	AT, or				Remo	Rep	caps	nclos
exterior siding    Yes   No   N/A	(13)	Č .					other r	miscella	neous	5)			va	air	ulate	sure
Name of Registered Waste Hauler Atlas disposal options  NJDEP Waste Hauler ID No. 18262  City, State Dover, NJ  NJDEP Waste Cubic Yards of Waste Grand Central or Tullytwon  City, State PenArgyl PA or tullytown, PA			Yes	No	N/A							20. 1			-	
Atlas disposal options    Hauler ID No. 18262   Of Waste   Grand Central or Tullytwon	exterior	siding			X		t	ransite	€		24	UU ST	×	-	_	
Atlas disposal options    Hauler ID No. 18262   Of Waste   Grand Central or Tullytwon													1	-	-	
Atlas disposal options    Hauler ID No. 18262   Of Waste   Grand Central or Tullytwon													-	-	-	
Atlas disposal options    Hauler ID No. 18262   Of Waste   Grand Central or Tullytwon	None of Date 1	ata Marrian		1	IDED !	loat-	Cuti	Varda	2	Name of F	onista	ed Lands				,
City, State Dover, NJ  Disposal Date City, State PenArgyl PA or tullytown, PA	35/0			Н	auler ID		<ul> <li>Extendibilities</li> </ul>							1		
	City, State		2				Dispo	sal Date	)			or tullyte	nwn <sup>[</sup>			
Sharon hendee sec/treas. 5/harda 3/19/10/			Title				1 .	Signatur	e				022	7		
			2010-000	reas.	*				51	hul			3/1	9/50	V	

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

	, N	OTIFICATION OF A	ASBESTOS	S ABATEMENT 26-2.12)			
Theck # 74-13291	724	(Pursuant to	Name	of Building Owner/Or	perator (2)		
pate of Notification (1)			LG El	ectronics t Address			
Agencies Notified	tification Type	ation	920 S	Sylvan Avenue State, Zip Code		M10 24	
\\`	) Initial Notific ) Amended C ) Cancelled	ertification	Eng	lewood Cliffs, NJ 076	32 Tel.	Number	
(X) DOL (X) DOH () DCA		FACILI	Ste	ven Yu			
	(2)		1 1 1 1 1 1	100	than K-12)	- otc	
Name of Facility Where Abatement is Tal	king Place (3)		$\longrightarrow \mathbb{Q}$	Subchapter o (other ) Other (i.e. private &		homes, etc.	
LG Electronics Street Address			s	q. Feet 410,000 #0	f FloorsE		ice
1 =		County Code (7)	B	sldg. Age <u>58</u> current Use (prior if be	eing demolished) co	ractor (9)	
111 Sylvan Avenue County (6)		(State Use Only)		Current Osc (F	Name of Cont	actor	ing Company
Englewood Cliffs Bergen  Name of Monitoring Firm Hired by Bldg	. Owner (8)	ASCM No.	<del></del>		Brandenburg	Industrial Sen	vice Company
Name of Monitoring 1 man Inc.	00-200000			Street Address			
Omega Environmental Services, Inc.			1	2217 Spillman Dr			
Street Address				City State, Zip Code			
280 Huyler Street			1	Bethlehem Pennsyl	vania 18015	License Nur	nber
City, State, Zip Code				Telephone Number			
. 11.07606	Talanhan	e Number		Control of the Contro		00721	
South Hackensack, NJ 070000  Project Manager for Monitoring Firm				610-691-1800		1	
		-8700		Name of OSHA Mo	onitor		
Anton Rezin	Schedul	ed Completion Date	e (11)	Brandenburg Indu	strial Service Comp	any	
Scheduled Start Date (10)	03/19/1	4		Street Address			
03/18/14 During Abateme				2217 Spillman Dr	ive		
03/18/14  Occupancy Status During Abateme	Entire Period	of Abatement		City, State, Zip C	ode		
( ) Facility Closes  Performed Outside	Ol Molling.						
Describe(x) Other – Matl discovered durin	g interior dem	olition of building		Bethlehem, PA 1			
				78	) Minor Proj. (<25 S	SF or <10 LF	ACM)
Source of Work (Check all that all (x) Demolition () Renovation () Large Proj. (>160 SF or >260 () Large Proj. (>160 SF or >260 () Stull Containment with Negation			on SE or >1	0 <260 LF ACM) (	) Millor Froj. ( 22	E TEN T	Abatement Type
Renovation () Renovation	LEACM) (X	) SM Proj. (>25<16	ure (x	O <260 LF ACM)  Glovebag Procedur	Amount (Specify S	F or LF)	
(x) Demolition () Renovation () Large Proj. (>160 SF or >260 () Full Containment with Negal	ive Pressure	() Mini-Ericios	Descriptio	ystems insulation,			Rem. Rep. Encap Encl
( ) Full Continue	Is Location N	aint./Custodial	thermal s	VAT, or other			X
Location of Asbestos- Containing Material (ACM) in	Staff? (12)		miscell.)		40 lf		
Facility (13)	YES	NO NA	Pipe Insu	lation			
1 40							-f Pag   andfill
Wall	-				of Waste	Name	e of Reg. Landfill
			ID#	Cubic Yards	OI VVASCO	IESI	Bethlehem Landfill
	IN	IDEP Waste Hauler	10 #	Less than 1	cy Disp. [		City, State
Name of Reg. Waste Hauler	1-	1838		Less	TBD		Bethlehem, PA
Brandenburg Industrial Serv						Date	2
City, State				Signature	N 0	03/	17/14
Bethlehem, PA		<u> Title</u>					
Bethlehem, PA  Completed by (Print or Type	1	Contract Administra	ator	1		C:11	WORD\MYDOCS\ASBEST(
Jennifer Strobel	- 1	Oonidast.				9/1	8/00
Jennifer Strobe.			4-6620	$\nu$		3/1	
L DSHW-E	RRTP	Telephone 609-984					

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

# 1CQ	(P	ursuan	t to NJA	SBESTOS AE AC 8:60 and 1	2:120)	19.27.002.00.00					733		1
(1) (1) (1) (1) (1) (1) (1) (1)		Name	of Buildi	ng Owner/Op	erator (2	2)						-	1
of Notification (1)		Boro	ugh of	Lincoln Pa	ırk								1
ncies Notified Type Notification		Street	Address	s Hill Road				M.	4F 2 4	2014			1
Initial Initial	}		State, Zip										
DEP Amendment # 1		Linc	oin Pa	rk, NJ 070	35		- T	-lenbo	ne Number	134			ł
Emergency (inclu	uding	Name	of Cont	act			1900	elenno	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•			-
DOH justification) DCA Cancellation				ofalski	ON.								7
	ace (3)	FA	CILITY	INFORMATIO		Type of Fac	ility (4)						
ne of Facility Where Abatement is Taking Pl ood Buy Out House - Green Acres	400 (0)						l (K-12) apter 8 (O	ther th	an K-12)				
eet Address						Other	(i.e. privat	e & co	mmercial b	uildings	s, hon	nes,	
Elm Lane						etc.) Square Fee	et #	of Flo	oors	Bldg.			
y (5)						1,500		1		50	+		
ncoln Park		Cou	nty Code	€ (7)		Current Us	e (Prior if	being	demolished	)			
unty (6) Jorris		(STA	TE USE	ONLY)		Residen		tor (9)					
ame of Monitoring Firm Hired by Building Ow	mer (8)	A	SCM No	).	Yan	nuzzi Env	ironmen	tal S	ervices, I	nc.			-
/a					Stree	t Address	4						
reet Address				#3)		Route 20							_
ity, State, Zip Code					City,	State, Zip Co sborough,	ode N.J 088	44					
ny, State, Zip Oods				Ne		phone No.			icense No.				
roject Manager for Monitoring Firm		Tel	ephone	INU.	908	3-218-088			01228				_
	Scheduled	Comple	etion Da	te (11)	Nam	e of OSHA N nnuzzi En	Monitor	ntal S	ervices.	Inc.			
2/24/14	3/28/14					et Address	VIIOIIIIE	Tital C	,0,7,000,				_
Occupancy Status During Abatement (Check	Only One	)		37	15	2 Route 20	06 South	n					_
Entire P	eriod of Ab	atemer	nt		City	, State, Zip C	Code	400°000 - 100°					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	al Facility I	10010			Hi	llsborough	, NJ 08	844					
Scope of Work (Check All That Apply)						<b>□</b>		at with	Negative P	ressure	9		
		enovatio				Mini-E	Enclosure		Negativo				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	× De	emolitio	n			Glove Non-F	bag Proce	edure (*) and	d Non-Friab	le Proc	edure	<u> </u>	_
				·						1	Abate Ty	ment	
											,		
		Locatio Iormally			Descrip	tion of					8 1	nca	
Location of	Use	ormally d Solely	y by	Asbestos (	Descrip Containing	ng Material (/	ACM)	(5	mount Specify	Rer	Re		1
Asbestos-Containing Material (ACM)  TO BE ABATED	Use Mai	lormally d Solely intenan- odial St	/ y by ce/	(i.e. ther	Containii mal sys	ng Material (/ tems insulati . VAT, or	ACM) on,	(5		Remova	Repair	sula	1
Ashestos-Containing Material (ACM)	Use Mai	lormally d Solely intenan	y by ce/ taff?	(i.e. ther	Containii mal sys	ng Material (/ tems insulati	ACM) on,	(5	Specify	Removal	Repair	Encapsulate	
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility	Use Mai	lormally d Solely intenan- odial St	y by ce/ taff?	(i.e. ther s oth	Containing mal sys urfacing ner misc	ng Material (/ tems insulati , VAT, or ellaneous)	on,	SI	Specify	Removal	Repair	sulate	
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility	Use Mai Cust	lormally d Solely intenan- odial St (12)	y by ce/ taff?	(i.e. there is not	Containing mal systemal systematic misconer misc	ng Material (/ tems insulati , VAT, or ellaneous)	on,	SI	Specify or LF)	_	Repair	sulate	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai Cust	lormally d Solely intenan- odial St (12)	y by ce/ taff?	(i.e. there is not	Containing mal systemal systematic misconer misc	ng Material (/ tems insulati , VAT, or ellaneous)	on,	SI	Specify or LF)	х	Repair	sulate	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  "Pink" Bedroom	Use Mai Cust	lormally d Solely intenan- odial St (12)	y by ce/ taff?	(i.e. there is not	Containing mal systemal systematic misconer misc	ng Material (/ tems insulati , VAT, or ellaneous)	on,	SI	Specify or LF)	х	Repair	sulate	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  "Pink" Bedroom	Use Mai Cust	lormally d Solely intenan- odial Si (12)	/ by by ce/ taff?	(i.e. ther s ott	Containing mal system of the containing mal system of the containing of the containing management of th	ng Material ( tems insulati , VAT, or ellaneous) an Floor Ti e Siding	le le	1	Specify For LF)	x	Repair	sulate	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  "Pink" Bedroom	Use Mai Cust	lormally d Solely intenan- odial Si (12)	// by ce/ taff?	(i.e. ther s oft	Containing mal system of the containing mal system of the containing market mar	ng Material ( tems insulati , VAT, or ellaneous)  an Floor Ti e Siding	ie	1	Specify or LF)	x	Repair	sulate	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  "Pink" Bedroom  Exterior Siding  Name of Registered Waste Hauler	Use Mai Cust	lormally d Solely intenanodial Si (12)	/ by by ce/ taff?	(i.e. ther s ott	Containing mal system of the containing mal system of the containing male miscontaining male male male male male male male male	ng Material ( tems insulati , VAT, or ellaneous) an Floor Ti e Siding	le  Name of	1 Regis	Specify For LF)	x	Repair	sulate	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  "Pink" Bedroom Exterior Siding  Name of Registered Waste Hauler Yannuzzi & Sons, Inc.	Use Mai Cust	lormally d Solely intenanodial Si (12)	/ by ce/ taff?  N/A X  X  A  A  A  A  A  A  A  A  A  A  A  A	(i.e. ther s ott	Containing mal system of the miscond mal system of the miscond male miscond male male male male male male male male	ng Material ( tems insulati , VAT, or ellaneous)  an Floor Ti e Siding	ie	1 Regis	Specify or LF)  100 sf  100 sf  tered Land	x x	Repair	sulate	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  "Pink" Bedroom  Exterior Siding  Name of Registered Waste Hauler	Use Mai Cust	lormally d Solely intenanodial Si (12)	/ by ce/ taff?  N/A X  X  A  A  A  A  A  A  A  A  A  A  A  A	(i.e. ther s ott	Containing mal system of the miscontaining of the m	ng Material ( tems insulati , VAT, or ellaneous)  an Floor Ti e Siding	Name of IESI	1 Regis	Specify or LF)  100 sf  000 sf  tered Land	x		sulate	

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Check # 257		(Pu			0 and 12:120						7	7.23	
Date of Notification (1) 3/20/14		- 1		1,000	ner/Operator	(2)		70			-		
			Street A	gh of Linco	oin Park			111	24		TV 1 A		
		100		agress apel Hill R	oad				4	4	014		1
EPA Initial DEP Amended				te, Zip Code									
DOL Amendment #		- 1	Lincolr	20.								3	Ī
DOH Emergency (in justification)	ncluding	1	Name of	Contact				Telephone	Numb	er	٠.	7	
DCA Cancellation			Paul D	armofalsk	i						•		
N CS	DI (0)		FACI	LITY INFOR	MATION			•					
Name of Facility Where Abatement is Taking Flood Buy Out House - Green Acre						-	e of Facility (4	50 50					
Street Address			W. D. Long			H	School (K-12 Subchapter 8		K-12)				
7 Aspen Lane						H	Other (i.e. pr	ivate & comm	nercial	ouild	lings,	home	es,
City (5)						Sau	etc.) are Feet	# of Floors		B	dg. A	ge	
Lincoln Park						1,6		2			50 -	-	
County (6)			County C	Code (7)		Cur	rent Use (Prio	r if being dem	olished	1)		-	
Morris		(	STATE L	ISE ONLY) _		Re	sidence						
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	No.	110,000		atement Cont		590				
							i Environm	ental Servi	ces,Ir	C.			
Street Address					Street		ess te 206 Sout	uL					
City State Zin Code								ın					
City, State, Zip Code							Zip Code ugh, NJ 08	8844	3.				
Project Manager for Monitoring Firm		TT	elephor	ne No.	Teleph				se No.				
,		- 1					-0880		218-0	884	1		
Start Date (10)	Scheduled	Com	pletion [	Date (11)	Name	of OS	SHA Monitor						
	3/28/14												
Occupancy Status During Abatement (Check	Only One	:)			Street	Addr	ess						
Facility Closed/Vacated During Entire Po			ent										
Abatement Performed Outside of Norma Other – Describe:	ii Facility F	Hours			City, S	itate,	Zip Code						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf	ПР	novati	on		×	1 -	ull Containme	nt with Nogat	ivo Pro	00115	^		
≥160 sf or ≥260 lf		molitic				M	lini-Enclosure		ive rie	SSUI	е		- 1
18 (19 m)					-		lovebag Proce on-Exempted		Friable	Proc	edur	۵	
	le l	ocatio	n .					( ) 4114 11611 1	T.G.D.G			ment	
Location of	No	ormally	,		Description	of			-		Ту	ре	
Asbestos-Containing Material (ACM)		Solely			Containing N	/lateri		Amount				щ	
TO BE ABATED In Facility	Custo	dial St	5,275,81		ermal systems surfacing, VA			(Specify SF or LF)		Removal	Repair	ıcap	nclo
(13)		(12)		o	ther miscellar	neous	;)	\$100000 PMS (\$10000 P		ova	bair	Encapsulate	Enclosure
	Yes	No	N/A									te	
Foyer			х	"Popco	rn" sprayed	d on	ceiling	100 sf		х			
2nd Fl. Bedroom			х	,	VAT & Ma	stic		300 sf		x			
					-								
Name of Registered Waste Hauler			DEP W	202	Cubic Yards of Waste		Name of R	egistered Lar	ndfill				
Yannuzzi & Sons, Inc.			467		5		IESI						
City, State				200	Disposal Date		City, State						
Hillsborough, NJ 08844 Completed by	Title			3	5/25/14 Signature		Bethlehe	ein, PA	Deta				
John Mucha	Projec	t Ma	nager		Signature	RI	Y/ <b>L</b>		3/11	/14	Si		
POME SECURITION OF THE PARTY OF	1,		3			ANI	W		22.00	9298876			

Do not use this form for asbestos licensure exempted activities.

### State of New Jersey

			NOI				AC 8:60 and 5:10		Ck# 25	83	3			
Date of Notification (1)	18	/ 14			1		g Owner/Operator (	(2)	0,2					
Agencies Notified	Initia				Street	Address enny Rd	<b>-</b>		MAR 2	4 2	014			
⊠ DOLWD	☐ Ame	ended endment#			City, S	State, Zip	Code							
☐ DHSS	1	ergency (in		,	Wil	mington	, DE 19809							
(NJAC 5:23-8)		fication)	Cidding	,	Name	of Contac	at		Telephone N	L		46		
0.000	☐ Can	cellation			Gu	y Pollice	8		1					
	*				FA	CILITY IN	NFORMATION		_			-		
Name of Facility Where	Abatemer	nt is Taking	Place	(3)		series es es es es		Type of Facility	(4)					
Riverview Towers	Apartme	ents						School (K-12	1003					
Street Address		A William Control				-			Other than K-12		n.e.	227		
130 Mickle Blvd								homes, etc.)	rivate and comme	rcial bi	ullaing	js,		
City (5)					**	01 - 000 Alexandro		Square Feet	# of Floors	В	dg. A	ge		
Camden					e :							J -		
County (6)					Cour	nty Code (	7)(STATE USE ONLY)	Current Use (Pri	ior if being demolis	shed)				
Camden						711		Apartments	XX-20 - XX-20 XXV - XXX - XXX - XXX	•				
Name of Monitoring Firr	n Hired by	Building (	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
Brightfields, Inc							BRISTOL EN	VIRONMENTA	L, INC.					
Street Address	- 1 141-4 DAFFER	· · · · · · · · · · · · · · · · · · ·					Street Address							
801 Industrial St							1123 BEAVE	R STREET						
City, State, Zip Code							City, State, Zip Co	ode		we***				
Wilmington, DE 19	801						BRISTOL, PA	19007						
Project Manager for Mo	nitoring Fi	m		Tele	phone	No.	Telephone No.		License No.			No.		
Monty Krough				30	2-656	-9600	215-788-6040	)	00509					
Start Date (10)		Sched	uled C	omple	tion Da	ite (11)	Name of OSHA M	Monitor						
3/31/	14		4 /	2	_ / .	14	BRISTOL EN	VIRONMENTAI	L, INC.					
Occupancy Status Durin	g Abatem	ent (Check	only	one)			Street Address							
☐ Facility Closed/Vacat							1123 BEAVE	R STREET						
Abatement Performe						cribe	City, State, Zip Co	ode						
Time of Abatement:	0.3UAIVI-3	1:30PW/		WI	AM		BRISTOL, PA	19007						
Scope of Work (Check a  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	all that app	ly)		novati molitic			☐ Mini-Enc ☐ Gloveba	g Procedure						
				1				mpted (*) and No	n-Friable Procedu					
Location	n of		1723	Locat Vorma			Description o			Ab	atem	ent T	-	
Asbestos-Containing TO BE AB IN Faci	Material ( ATED	ACM)	Ma	d Sole intena todial	nce/		estos Containing Ma e., thermal systems surfacing, VAT,	terial (ACM) insulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
(13)			V	(12)	ALVA	-	other miscellane	ous)		-	l	late	, Q	
			Yes	No	N/A				and the second s		_			
Apartment 801						Floor ti	le and mastic		530 SF					
Name of Registered Was SERVICE TRANSP			).	950	JDEP \	O No.	Cubic Yards of Waste	Name of Regis MINERVA I						
City, State					20990		Disposal Date							
NEW CASTLE, DE	19720							WAYNESBURG, OH 44688						
Completed By (Print or T	ype)	Title				***************************************	Signature	0 0 1	Da	ite /	/	-		

ASB-41 MAY 11 BS 14023

**Brian Scafiro** 

Estimator

Signature

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

Ck#2585

of Notification (1)	19 / 14	_	Ch	erry F	lding Owner/Operator (2)	on .	1/2			1		-
110100 111	Type Notification  ☑ Initial			Rano	ess Ido Terrace			WAR 24	2014			
EPA .	☐ Amended				Zip Code							
DOLWD	Amendment #_		Ch	horry l	Hill, NJ 08034							-
DHSS	☐ Emergency (inc	luding		ne of Co			T	elephone Number		*		
DCA (NJAC 5:23-8)	justification)						1					1
(145/10 0.20 0)	☐ Cancellation			om Ca								
			F	ACILI	TY INFORMATION		: (III. / A)					7
me of Facility Where A	hatomont is Taking	Place (3)					of Facility (4)					
me of Facility Where	Apatement is raking						thool (K-12)	Other than K-12)				
Cherry Hill East Hig	gn School						ther (i.e., priv	ate and commercia	al buildin	ıgs,		
reet Address				8		h	omes, etc.)					-
1750 Kresson Rd						Squa	re Feet	# of Floors	Bldg.	Age		
ty (5)						- 1						
Cherry Hill						Curr	ont Use (Prin	r if being demolish	ed)			
			C	ounty C	Code (7)(STATE USE ONLY)			223				
ounty (6)							hool					
Burlington	10 11 D 041	Owner (8)	ASC	CM No.	Name of Abatem	nent Co	intractor (9)					
ame of Monitoring Firm	n Hired by Building	Owner (o)	1000000	003	BRISTOL EI	NVIRC	NMENTAL	, INC.			-	
TTI Environmenta	I, Inc.			003	Street Address							
treet Address					1123 BEAV	FR ST	REET					
1253 North Churc	h St											
ity, State, Zip Code					City, State, Zip	Code	0.7					
ity, State, Zip Code	18057				BRISTOL, F	A 190	107	License No.				
Moorestown, NJ (	-itering Firm		eleph	one No	. Telephone No.							
roject Manager for Mo	onitoning Fillit			840-8	300 215-788-60			00509				
Jim Guilardi		eduled Con			(11) Name of OSHA	Monito	or	State				
21 - 1 D-to (10)	Scho	eduled Con	oueuo.	II Dale	( ' ' )		AITAI	1110				
start Date (10)			40	, .	A RRISTOL E	NVIR	ONMENTAL	L, INC.				_
Start Date (10) 4 / 11		4 /	18	_	BRISTOL E		ONMENTAL	L, INC.				-
	/ 14	4 / _eck only one	18_ e)		Street Address			L, INC.				-
4 / 11 Occupancy Status Dur	/ 14	4 / _ eck only one Period of Ab	e)	_ /	Street Address 1123 BEAV	/ER S		L, INC.				
4 / 11  Occupancy Status Dur  Facility Closed/Vac	ring Abatement (Che	eck only one Period of Ab	e) cateme	ent - Descr	Street Address 1123 BEAV	/ER S	TREET	L, INC.				
	ring Abatement (Che tated During Entire F ned Outside of Norm t: 7:00AM-3:30PM/	eck only one Period of Ab	e) cateme	ent - Descr	Street Address 1123 BEAV ibe City, State, Zip BRISTOL,	/ER S Code PA 19	TREET					
4 / 11  Occupancy Status Dur  Facility Closed/Vac	ring Abatement (Che tated During Entire F ned Outside of Norm t: 7:00AM-3:30PM/	4 /	e) pateme	ent - Descr _AM	Street Address 1123 BEAV ibe City, State, Zip BRISTOL,	/ER S	TREET  007  ment with Neure	gative Pressure				
	ring Abatement (Che tated During Entire F ned Outside of Norm t: 7:00AM-3:30PM/	4 /eck only one Period of Abnal Facility byPM-	e) pateme	ent - Descr _AM	Street Address 1123 BEAV ibe City, State, Zip BRISTOL,  Full C	/ER S Code PA 19 Contains	TREET  007  ment with Neure	gative Pressure	ure			
	ring Abatement (Che tated During Entire F ned Outside of Norm t: 7:00AM-3:30PM/	4 /	e) pateme	ent - Descr _AM	Street Address 1123 BEAV City, State, Zip BRISTOL,  Full C	/ER S Code PA 19 Contains	TREET  007  ment with Neure		ure		ant Tu	
	ring Abatement (Che tated During Entire F ned Outside of Norm t: 7:00AM-3:30PM/	4 /eck only one Period of At nal Facility t /PM:  ⊠ Ren □ Den	e) pateme Hours ovation	ent - Descr _AM	Street Address 1123 BEAV ibe City, State, Zip BRISTOL,  Full C Mini-I Glove Non-	/ER S Code PA 19 Contains Enclose Ebag P Exemp	TREET  007  ment with Neure	gative Pressure	ADa		ent Ty	
	ring Abatement (Che cated During Entire F ned Outside of Norm t: 7:00AM-3:30PM/	eck only one Period of Athal Facility It PM: Ren Den	e) patemented Hours ovation nolition Location ormali	ent - Descr _AM	Street Address 1123 BEAV City, State, Zip BRISTOL,  Full C Mini- Glove Non-	/ER S Code PA 19 Contains Enclose Ebag Pi Exemp	TREET  007  ment with Neure rocedure ted (*) and Ne	gative Pressure on-Friable Procedu	ADa			
4 / 11  Decupancy Status Dur  Facility Closed/Vac  Abatement Perform Time of Abatement  Scope of Work (Check  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	ring Abatement (Che sated During Entire F ned Outside of Norm t: 7:00AM-3:30PM/ k all that apply)	4 /	e) coatement of the coa	ent - Descr _AM	Street Address 1123 BEAV ibe City, State, Zip BRISTOL,  Full C Mini- Glove Non-	/ER S Code PA 19 Contain Enclose Ebag P Exemp	TREET  007  ment with Ne are rocedure ted (*) and Ne with Ne with Ne are rocedure ted (*) and Ne with	gative Pressure on-Friable Procedu  Amount (Specify	ADa	ateme		
	ring Abatement (Che cated During Entire F med Outside of Norm t: 7:00AM-3:30PM/ k all that apply)	4 /	e) coatement ovation nolition Locatic ormalid Soleintenan	ent - Descr _AM  n n y y by nce/	Street Address 1123 BEAV City, State, Zip BRISTOL,  Full C Mini- Glove Non- Descripti Asbestos Containing (i.e. thermal syste	/ER S O Code PA 19 Contain Enclosi ebag Pr Exemp on of g Mater ems ins	TREET  007  ment with Neure rocedure ted (*) and Neurola ial (ACM) ulation,	gative Pressure on-Friable Procedu	ure Aba Removal			
4 / 11  Decupancy Status Dur  Facility Closed/Vac  Abatement Perform Time of Abatement  Scope of Work (Check  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Local  Asbestos-Contain  TO BE IN F	ring Abatement (Chesated During Entire Fined Outside of Normat: 7:00AM-3:30PM/  ix all that apply)  tion of ling Material (ACM) ABATED facility	4 /	e) patement ovation nolition Locatic ormally d Solel ntenanodial S	ent - Descr _AM  n n y y by nce/	Street Address 1123 BEAV ibe City, State, Zip BRISTOL,  Full C Mini- Glove Non-	/ER S O Code PA 19 Contain Enclose bag Pr Exemp on of Mater ems ins	TREET  007  ment with Neure rocedure ted (*) and Neurolation,	gative Pressure on-Friable Procedu  Amount (Specify	ADa		ent Ty Encapsulate	
4 / 11  Decupancy Status Dur  Facility Closed/Vac  Abatement Perform Time of Abatement  Scope of Work (Check  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Local  Asbestos-Contain  TO BE IN F	ring Abatement (Che sated During Entire F ned Outside of Norm t: 7:00AM-3:30PM/ k all that apply)	eck only one Period of Athere Facility It PM- Ren Den Is I N Usec Mai Cust	e) patement ovation nolition to control to c	ent - Descr _AM  n n y y by nce/	Street Address  1123 BEAV  City, State, Zip  BRISTOL,  Full C  Mini- Glove Non-  Descripti  Asbestos Containing (i.e., thermal systes	/ER S O Code PA 19 Contain Enclose bag Pr Exemp on of Mater ems ins	TREET  007  ment with Neure rocedure ted (*) and Neurolation,	gative Pressure on-Friable Procedu  Amount (Specify SF or LF)	Removal			Licioadio
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<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

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<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.