CK#24509

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

Date of Notification (1)	/2/14			Name of Building Owner/Operator (2) Robert Barry Street Address										
Agencies Notified	Type Notific	cation		Stree	t Address	5	2 Burchard S	treet						
DEP DOL	Amende Amendr		_	City,	State, Zip 0	Code	€ 35 L 5 1 € Edison, N L 0 8	13 CUNTRI	L.					
M DOH □ DCA	justifica	ition)	9	Name	e of Contac			Telephans						
				FA	CILITY INF	ORMATION		L -						
Name of Facility Where			and distance of			•	Type of Facility	ity (4)						
Street Address		Resident	7.60					2) 8 (Other than K- private & commen		dina	8 0			
<u></u>	52 I	Burchard	Stree	et			homes, etc.)						
City (5)		Edison, N	Ŋ				Square Feet 2000 SF	# of Floors Bldg. Age 2 70						
County (6)	441			Cou	nty Code (7) (STATE	Current Use (P	rior if being demo residence						
Name of Monitoring Firm	ddlesex	Iding Owner	-	ASCM		Name of Abater		8		-	_			
	MECS	iding Owner		ASCIVI	NO.		es. I	nc.						
Street Address	MEGG				Stevens Environmental Service Street Address							_		
	PO Box 341					PO Box 322								
City, State, Zip Code		NII 0054	-		City, State, Zip Code									
	osswicks,	NJ 0851					Allentow	llentown, NJ 08501						
Project Manager for Mor	10 000000		hone No. Telephone No. License No. 0) 298-4070 (609) 259-9688 004											
Start Date (10)	eigarber	Scheduled (-		9) 298-4070 (609) 259-9688 on Date (11) Name of OSHA Monitor					<u> </u>	-	_		
5/15/14			5/18/											
Occupancy Status Durin	ng Abatement			Street Address										
▼ Facility Closed/Vacate								eley Place						
☐ Abatement Performed ☐ Other - Describe:	d Outside of N	Normal Facili	ty Hou	City, State, Zip Code Freehold, NJ 07728										
Scope of Work (Check a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ill that apply)		enovati emolitio			☐ Mini-En Gloveb	ntainment with Ne closure ag Procedure empted (*) and No	**************************************	ure					
		100	Locatio						1		ment			
Location of	of	Used	lomally d Solel	y by		Description o			-	Ту	oe -			
Asbestos-Containing N TO BE ABAT			ntenan ustodia			os Containing Ma thermal systems		Amount (Specify	R.	Re	ᄪ	En		
IN Facility		273	Staff?	30	(1.6.,	surfacing, VAT	, or	SF or LF)	Remova	Repair	caps	Enclosure		
(13)			(12)			other miscellane	ous)		a		Encapsulate	ure		
		Yes	No	N/A							ro .			
Baseme	ent		×		The	ermal Pipe In	sulation	85 lf	×					
										- 10				
Name of Registered Waste Hauer														
l H				JDEP \ auler ID	No.	Cubic Yards of Waste	Name of Regis		_					
Stevens Environmental Services, Inc.				182	292	2 CU	Cit. Ot-t-	G.R.O.W.S	Inc.			_		
City, State Allentown, NJ						Disposal Date 5/19/14	City, State	Morrisville	PA					
Completed By Title				Signature / / Date					=					
Mahlon E. Stevens Project				Mar	ager	11/1			5/2	/14		_		

							H I I FM I	11 411				
Date of Notification (1)			Name	of Building	Owner/Opera	tor (2)	-	J. 4 U				
			_ \	err	GIV	IANGE	Sicocon	TROIT			-	_
Agency Notified	Type Notification		Street	t Address		DR. & Lin, N	LICENSIN	31101				
E EPA	⊠ Initial	*		LL M	ARIN	DR.						
D DEP	☐ Amended		City, S	State, Zip Co	odé /	/		mo	0	/ /	0	1
■ DOL	Amendment # Emergency (incli	ıdina	n	IANA	hAW.	Kin, N	٠,١,	00	0	60	_	
B DOH	justification)	au. ig	Name	of Contact	11/	, /						_
□ DCA	☐ Cancellation		$-D_{\ell}$	ave 1) HNd	REA.	ING.					
			FAC	ILITY INFO	RMATION		-					
Name of Facility Where	e Abatement is Taking	Place (3)				Type of Facilit	y (4)	- 100				
Parent	0					☐ School (K-1	12)					
Street Address	LO.					☐ Subchapter	8 (Other than K-1					
oliect Address	Res. N DRIVE						rivate & commerc	ial buildi	ngs,			
11 MARI	N DRIVE					Square Feet	# of Floors	Bldg	Aa	0	_	
City (5)	1	, -	- 4/	~		Oquate rect	# 011 10013	Diag	. , ,9	-		
MANAN	AW FINC,	N.J.	08	060		1						
County (6)	, ,		Count	y Code (7) (STATE USE	Current Use (F	Prior if being demo	ilished)				
			ONLY	,						71 4		
	m Hired by Building Ov	vner AS	SCM No.			ement Contractor						
$^{(8)}$ N/A					Crea	am Ridge Er	nvironmenta	al Inc	Z•_			
Street Address	•				Street Address	3						
ι					15 E	Black Fores	st Road					
City, State, Zip Code				(City, State, Zip	Code		2230000				
5330 01 0					Hami	ilton, NJ	08691					
Project Manager for Mo	onitoring Firm	Telep	ohone No.		Telephone No.		License No.					200.00
					(609)890	7110	0676					-22-90-91
Start Date (10)		Completion		i	Name of OSH	A Monitor						
5-1-14	4 5-	1-1	4		N/B	4.						
5-/- /4 Occupancy Status Duri	ng Abatement (Check of	only one)	-		Street Andress					- V	313372	
☐ Facility Closed/Vaca												
☐ Abatement Performe	ed Outside of Normal Fa	cility Hours	ion.	(City, State, Zip	Code						
Other - Describe:	DemoLiTe											
Scope of Work (Check	all that apply)				D.E./	Containment with	Negative Proces	ro				
7.2.4			□ Ren	novation		i-Enclosure	i Negative Fressu	i e				
⊒ ≥ 3 sfor ≥ 3 lf ≥ ≥ 160 sfor ≥ 260 lf			Den		☐ Glo	vebag Procedure		ATTACAM STRUMBOO				
- 100 01 01 - 200 11					□ Nor	n-Exempted (*) an	d Non-Friable Pro	cedure	ΙΛ	bate	moi	nf.
*		Is Lo	cation			-			. A	Date Typ		п
	ion of		mally		Description	of						
Asbestos-Containi	ion of ng Material (ACM)		olely by enance/		s Containing N	Material (ACM)	Amount		D		En	Ш
TO BE A	BATED	Cust	todial	(i.e., ti	nermal system surfacing, VA		(Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
IN Fa	(* (*) (*) (*) (*) (*) (*) (*) (2.00	aff? (2)		other miscellar				ova	air.	sula	Sure
(X.)	, , ,										e	10
		Yes N	lo N/A					- ^	1	-	\dashv	
EXTENIOR				H.55	esTos S	hing-0	4100.	S.F.	X	_	1	
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lame of Registered Wa	ste Hauler	NJDE	P Waste H	lauler C	ubic Yards of	Name of Regis	stered Landfill				-001100	
_	72	ID No.		92.00	/aste	1						
TimsTex	TRUCKICH	2	107	9	20	Gro	WS					_
ity, State					isposal Date	City, State		0				
West 1	TRUCKING REEK, 1	V.V.	080	292		moun	isville	114.				
completed by	Title	1		S	grature) /	(V	// 1	Date	.,	_ ,	,/	
David J. D'Ar	ndrea Presid	ent			V.J.	Leno	ne	5	1	1	1	
SB-41	* Do no	ot use this fo	orm for ast	pestos licens	sure exempted	l activities.					200	139

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

D&S Proj. #: 2014-175

ne(K-4 00 559°	8													
Date of Notification (1)			Name of Bu	ilding Owr	ner/Operator (2)	and the same of th	2814 MAY -6	PM	10: 57				
0 4 / 2 9 / 1	The state of the s		JEAN PE	ETRIE										
Agencies Notified Type	Notification	S	Street Addre	ess				ABBESTUS	CU	HIKU	-,			
	ended		19 EAST	NEWE	LL AVENU	Е		& LICE	NS1	NG				
Amen	ndment #:		City, State,	Zip Code										
Ø DOL □ Em	nergency		RUTHE	RFORD.	NJ 07070									
DOH (inc	cluding tification)	IN	lame of Co					Tele	phone	Number		-		
	ncellation		JEAN P	ETRIE				Ŀ					3	ł
	incellation		JEZHVI		CILITY INFOR	MATIO	v				=			
Name of facility where ab	atament is to	kina nk	202 (2)				<u>.</u>	Type of Fac	siliby (A	,			- 110-00	
Name of facility where ab	atement is to	iking pia	ace (S)							(K - 12)				
JEAN PETRIE		Name and the						_	ubcha	pter 8 (O	ther th	nan K	-12)	
Street Address									ther (F	rivate/Co	omme		100	
19 EAST NEWELL	AVENITE									lomes, et	_	DI	da A	~~
City (5)	AVENUE	Cour	nty (6)			T Cou	unty Code (7)	Square Fe	et #	of Floor	s	ы	dg. A	Je
Oily (5)		000	iity (O)				ate use only)	Current Us		or if boing	n dom		2d)	
RUTHERFORD		BE	RGEN			(0.1)	,	Current of	se (FII	or ii beiri	y dem	OliSi i	su)	
Name of Monitoring Firm	Hired by Bld	g. Own	er (8)		ASCM No.		Name of Abatem	ent Contractor (9)						
							D& S RESTO	ORATION, INC	7					
Street Address		-				-	Street Address	3,4,1,0,1,			300			
							20 California	Ave.						
City, State, Zip Code		_				_	City, State, Zip Co							
						-	Paterson, NJ	07503						
Project Manager for Monito	oring Firm		Ph	one Numl	ber	_	Telephone Numb		$\neg \neg$	License	Numb	er		
							973-345-80	20		0	1169			
Start Date (10)		Sched	. Completi	on Date (1	1)	_	Name of OSHA N	Monitor						
			·	an an a such a commission of the first	112.0		D & S Resto	ration, Inc.						
05/14/14 Occupancy Status During A	A h = 1 = 1 //	05/29					Street Address							
Facility closed/vacate				mont			20 California							
Abatement performe						- 1	City, State, Zip Co	ode						
Describe:	DEMAI HOU	ID C	_	***			Paterson, NJ	07503						
Other-Describe: NC		IK3				_	Paterson, NJ							
Scope of Work (check all		- 62						Full Containm Mini-enclosur		negative	press	ure		
	⊠ Re	enovatio	on					Glovebag pro		9				
≥160 sf or ≥260 if	☐ De	emolition	n					Non-Exempte			riable	proc	edure	£
Location of	h		n normally enance/cus		У						R	R e	E	E
asbestos-containing material (acm) to be	1	aff(12)	- Indi ioc/ous	louiai			asbestos-containing	Amo	unt cify SF	or	m	р	n c	n
abated in facility (13)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Yes	No	N/A	materia	(ACIVI)		LF)	ony or	OI .	0	a	a	C
			1,0	14/7			1/2				е	r	b	
BASEMENT			LX		PIPE INS	ULAT	ION	360 L F	Т		X	Ц	Ш	IL
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						71					Ш			1
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							-							
Registered Waste Hauler D & S RESTORATION	N INC	NJDI 135	EP Hauler		Cubic Yards of	Waste			ם מער	COMP	v			200-2100
City, State	ч, шчс.	_ 133	700	Disposal I	4 YDS		City, State	N, RESOURC	E KE	COVER	1		-	
PATERSON, NJ 075	03			05/15/1			TULLYTOW	/N. PA						
Completed by (Print or Typ		tle			Signature		TOLLETTON	,		Date	_			
BOGDAN JOLDZIC	- Tr. 100	RESID	ENT		1 5					04/29/	2014			
49R-41	* Do	not us	e this form	for ashest	-1 los licensure e	xempte	ed activities.							

State of NJ

D&S Proj. #: 2014-173

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

NECK # 005597								<u> </u>	<u> </u>			
Date of Notification (1)		me of Building Owr)		MA HES	y -6 Pi	110.00				
Agencies Notified Type Notificat		PETER MONACO	O -				LICENS	MIRO				
EPA Initial	Str	eet Address				なうちに、	LICENS	ING				
☐ DEP ☐ Amended	1 -	920 IRVING AVI	ENUE'			Œ.	LIUL					
DOL Amendment #:	— Cit	y, State, Zip Code										
Emergency	1	WESTFIELD, N.	J 07090		Asi							
DOH (including justification)	Na	me of Contact					Telepho	ne Numbe	er			
DCA Cancellation		PETER MONAC	0				_ }			_		
		FAC	ILITY INFORM	IATION								
Name of facility where abatement i	s taking plac	e (3)	9		<u> </u>	Тур	e of Facility	(4) ol (K - 12)			Tre.	
PETER MONACO							=	hapter 8 (0		nan K	-12)	
Street Address							Other	(Private/C	omme			
920 IRVING AVENUE`						Sq	uare Feet	# of Floo		В	dg. A	ge
City (5)	Count	y (6)		5,500,000,000	nty Code (7)	7 L_						
WESTFIELD	UNIC	ON		(Stat	te use only)	Cı	urrent Use (F	Prior if beir	ng dem	olish	ed)	
Name of Monitoring Firm Hired by I	_		ASCM No.	' П	Name of Abatement Contractor (9)							
		1			D & S RESTO	ORATIC	N, INC.					
Street Address					Street Address							
					20 California							
City, State, Zip Code					City, State, Zip Co	ode						
					Paterson, NJ	The state of the s						
Project Manager for Monitoring Firm		Phone Numb	per		Telephone Numb			License	Numb 1169	er		
			i i		973-345-80 Name of OSHA N			4	1109	_	_	
Start Date (10)	Sched.	Completion Date (1	1)		D & S Resto		nc.					
05/12/14	05/30/	14			Street Address	racion, 1			-			
Occupancy Status During Abatemer	nt (Check on	ly one)			20 California	Avenue						
Facility closed/vacated during Abatement performed outside					City, State, Zip Co	ode						
Describe: NORMAL H	OURS			-11	Paterson, NJ	J 07503						
Scope of Work (check all that apply				<u> </u>			ontainment	w/negative	press	ure		
	Renovation					=	enclosure	J				
≥160 sf or ≥260 lf	Demolition						bag procedi Exempted (*		-friable	proc	edure	,
Location of		normally used solel	у						R	R	E	Е
asbestos-containing material (acm) to be	by mainten staff(12)	ance/custodial			sbestos-containing	g	Amount	SE or	e m	e p	n c	n
abated in facility (13)	Yes	No N/A	material ((ACM)			(Specify LF)	SF 01	O V	a	а	C
	100	140 14/A							е	با	Р	
BASEMENT		X	PIPE INSU	ЛАТІ	ON	7	3 L FT			빌	Ш	1
			<u> </u>						111	닏	닏	부
							-		#	닏	닏	14
			<u> </u>						#	닏	片	부
Registered Waste Hauler	INUDE	B Houler ID# 17	Dubic Yards of	Macto	Name of Registe	orod l ord	fill			Ш	Ш	
D & S RESTORATION, INC.	1350		1 YD	, , , , , ,	TULLYTOW			ECOVE	RY			
City, State		Disposal I			City, State							
PATERSON, NJ 07503		05/30/1			TULLYTOV	VN, PA						
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDE	ENT	Signature					Date 04/28	2/14			
ASR-41		this form for asbest	os licensure ex	cempted	activities.	1000		0-1/20	, I T	-	-	-

State of NJ Notification of Asbestos Abatement

D&S Proj. #: 2014-174

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

2hECK # 00559	6												
Date of Notification (1)		Name of I	Building Own	er/Operator (2	2)		201	4 MAY -6	PH IU:	36			
10 4 / 2 8 / 1		EDUA	RDO ESPO	OSITO									
Agencies Notified Type EPA Initia	Notification	Street Add	iress	2			ا ۾	BESTUS !	JUMIN OUNC	UL			
□ DEP □ Ame		95 EAS	ST LINDSI	EY ROAD				& LICEN	שוונ				
Ameno	lment #:	City, State	, Zip Code										
	ergency	CEDA	R GROVE	, NJ 07009									
7 2011	uding fication)	Name of C	Contact					Telephor	ne Numbe	er			
	cellation	JOHN	LEHMAN	IN	th					_			
			FAC	ILITY INFORM	MATION	I				-	15-00	- 10.065	
Name of facility where aba	tement is taking	place (3)				2	П	Type of Facility School	(4) ol (K - 12	2)			
EDUARDO ESPOSIT	0						П	=	napter 8 (nan K	-12)	
Street Address		katu ni wasani	alaman Windows				11	Other	(Private/0	Comme		/	
95 EAST LINDSEY R	OAD				St		١ŀ	Square Feet	/Homes, # of Floo		В	dg. A	ge
City (5)	10	ounty (6)			22,000	nty Code (7)	11						
CEDAR GROVE		ESSEX			(Sta	te use onıy)	\prod	Current Use (F	rior if bei	ng dem	olish	ed)	
Name of Monitoring Firm H				ASCM No.		Name of Abateme	ent Co	ontractor (9)			_		
		67 TS				D & S RESTO							
Street Address				N	-	Street Address							
						20 California	Ave						
City, State, Zip Code						City, State, Zip Co	de						
						Paterson, NJ	0750)3					
Project Manager for Monitor	ing Firm		Phone Numb	per		Telephone Number			Licens		er		
						973-345-80				01169			
Start Date (10)	Sc	ned. Comple	etion Date (1	1)		Name of OSHA M D & S Restor							
05/13/14	05	/30/14				Street Address	atioi	i, mc.		e-16 (ce)=(1)=	-		
Occupancy Status During A	batement (Chec	k only one)				20 California	Avei	nue					
Facility closed/vacated Abatement performed						City, State, Zip Co	de				88		
Describe: NOI	RMAL HOURS				_	Paterson, NJ	0750)3					
Scope of Work (check all th							Fu	II Containment	w/negativ	e press	ure		
≥ 3 sf or >3 If	Renov	ation				Ī		ini-enclosure	-				
≥160 sf or ≥260 lf	☐ Demol	ition						ovebag procedu on-Exempted (*)		n-friable	proc	edure	1
Location of			y used solel	у	24					R	R	Е	E
asbestos-containing	by ma	intenance/c 2)	ustodiai			sbestos-containing	ı	Amount	SE or	m	e p	n	n
material (acm) to be abated in facility (13)	Yes	No	N/A	material	(ACM)			(Specify S	31 01	0 V	a	a	L
		110	IVA							e	ئا	Р	
BASEMENT				PIPE INSU	JLATI	ON		160 L FT			Щ	Ш	111
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		_					*2				牌	牌	11
										#	片	붜	H
Registered Waste Hauler		JDEP Haule	VID# 10	Subic Yards of	Waste	Name of Registe	rod I	andfill		_ Ц_	Ш_	Ш	
D & S RESTORATION		13506		2 YDS	vasie	TULLYTOW.			ECOVE	RY			
City, State			Disposal I			City, State							
PATERSON, NJ 0750			05/13/1			TULLYTOW	N, P	'A					
Completed by (Print or Type BOGDAN JOLDZIC		IDENT		Signature					Date 04/2	9/2014	Li.		
ASB-41			m for asbest	os licensure ex	xempte	d activities.			04/2	71201			

Cream Ridge Environmental

6098907119

2014 MAY -6 PM 10: 34

30 S	NOTIFIC	ATION OF	DESTABLES	YEN EN		
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Dale of Notification (1)			De Menter Land Con-	3320	DOL: 100	191.
ا د نسا	tel .	Name of Build	ng Dwnen Operate	07 (2) CC L	ICENSING .	
Agency Notified Thron	194	KANIE	V Ripa	1	. · · /	1.0
Daki Salahan Kalaha	Neither!lon	Street Address	0. 1		1	PA -
MEPA Gin	Na)	71	Hildan	عامد الأدر	I CALLER	1
D DEP D An	mondiad	City, State, 21p	Code	e Copper	7 MUNITE	
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M DOH	Mirgency (Including	Name of Contra		ed MA	AIVER APP	MUNICU.
D DCA DC	necenon) necenon	-	- A	/	Talandar Times	
1 44	The same of the sa	DAVE		Red :		
	Sugar Care	FACILITY INF	ORMATION .	. , /: 12:5	Change 7-2	
Name of Pability Whose Abatem				Type of Facility	140	
MRIVATE R.	esidence			19.6		
Street Address	2 2 3 3 4 5 7			: U School (K-12	Maria Maria	
21 Andrea			-::	M Chine I or an	(Oller Mile K-12) Yata & collerarcia (Lilldlinen
City (5)	- LINE			(Tunnel/ele.)	1000	Editor St.
man lin	4			Eguare Feet		Mag: Age
County (5)	KIN, N.J.			1. 19. 1. 1. 1. 1		
		Coursey Code (?)	(STATE USE	Current Use (Pd	or If being demolishe	d).
OCERM.	<u>. 18 (</u> 18 *	CULTA	W. K. STEP B		a ' 2 / 1 / 2 / 3	P 17 14 . 4.
Name of Monitoring Firm Hered by	Building Owner J.ASC	M No.	Name of Abalem	ent Contractor In		
NIM						
Street Address	·		Street Address	WIDGE RUA	1ronmental	Inc.
		l.	Anna a special and property	et inte : S	. D	
City, State, Zip Code.		· · · · ·	10 81	ick Forest	KOAC.	
	¥ 8		City, State: Zip Co			`. · · · · · · · · · · · · · · · · · · ·
Project Manager for Monitoring Fi	· · · · · · · · · · · · · · · · · · ·	THE ME	- Bam111	ton, NJ 0		
· · · · · · · · · · · · · · · · · · ·		ene No.	Telephone No.		Linente No	
Start Jule (10)	Scheduled Completion D	10/333	(609)890-		· 0575	
5-2-14		1	Nemo of OSHAM	onitar		
Occupancy Status During Abelenie	5 - 2 - 10			<u> </u>		<u> </u>
		1	Street Address	• • •	· , · · · · · · ·	
D Facility Closed Watcoled Diving	Embo Period of Abatemen	i - L	10 m	30 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
D'Abetement Performent Outside :		1.9	Sty, Stole, Zip Go	de,		
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Scope of Work (Chesk all that appl	י מי		. пете		Marie I	
Q = 8 si o. ≥ 3 W		□ Renovation	O Mai-En	ntainment wijh Ne Islame		•
A≥ 160 efor ≥ 260 if		夏 Demoillion	C) Clovela	ig Prigedoru	on-Friedle Fraded are	. : : 1
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	Normal			16-11/1/16		Abotement
Location of .	Veid Gale	ly by	Description of	444	. 7, 7,	1 3
TO BE ABATED	(ACM) Maintena	Aubicolor		IID)(FIGM)	Airmann)	10
IN Facility .	Cuntoili 5tin/7	M	r. Contuining Mate worth Lipsternis be auritable; WAT, a	INGOOD!	(Specify	
(13)	(12)		ther miscellanesu	a) .		1917 218
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F 197	Yes No	NIA				1.1.1.1.1
Exterior		TRA	WiTe.		900 S.F.	RIT
Siding.			Siding			
		7.	0			1
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lams of Registered Wests Hauter	I NJOEP VA	sere Mauter Cu	ble Yards of Ne	ime of Registers	4.1 m/3000	البلنالية
	ID No.	- 1A40	iete ·	- ing bi wateniting	4. FRUIDAM	
imsten læuc	Eins 210	79. "	5	Grows		
lty, State				ty, State		
West Creek	NJ. 08	092		nounisi	ils - A	
ompleted by	5		THE POWER	The f	Dube .	
	resident	1	J.J. 1	Ynelly		1-14
B-41	" Phil result a min. Malin-Realism S.	22 222 - 1 - 1				

Date of Notification (1)					e of Building Ov	ner/Operator (2)						* -		
5 / 2 /14 Agencies Notified Type Noti	fication				et Address E. LINCOLN AVE	NUE, P.O. BOX 2	2000, RY28-	414	.v -	- 6	2014			
EPA X Initi	al Notification	55		City,	State, Zip Code WAY, NEW JER			114.2	41			i.		
X DOH On	Hold ERGENCY	NOTIF	ICATI		e of Contact E LATRONICA		Telephone	Numb	er .			1 6 * 1		
			F	ACILITY IN	FORMATION									
Name of Facility Where Abatement i		ace (3)	E .			Type of Facility School (K-	12)	- 14.4	10)					
MERCK SHARP & DOHME CORPOR	ATION						r 8 (Other th orivate & con			home	es, etc	c.)		
Street Address						Square Feet	# _{of Floor}	ors			Age			
126 EAST LINCOLN AVENUE - BUILL					to Code (7)	9,975 2 35						- 1		
	inty (6) ION				nty Code (7) E USE ONLY)	Current Use (Prior if being demolished) VACANT								
Name of Monitoring Firm Hired by B ENVIRONMETAL HEALTH INVESTIG				,	ASCM No.	Name of Abater PAR ENVIRON			1000	ON .				
Street Address		100			7/	Street Address	01/ 0010							
655 WEST SHORE TRAIL City, State, Zip Code			-		313 SPOOK ROCK ROAD City, State, Zip Code									
SPARTA	, NEW JEF				SUFFERN, NEW YORK 10901									
Project Manager for Monitoring Firm		1		Number		Telephone Numb	per		se Nu	mber				
WILLIAM S. KERBEL, CIH	649 tion Date (1	(1)	845-369-7500 Name of OSHA	Monitor	1101	j								
5 / 19 /14	Expected State Date (10) Sched. Completic 5 / 19 /14 10 /						30 /14 AMERISCI LABORATORIES INC							
Month Day Year		nonth		Day	Year	Street Address		-						
Occupancy Status During Abatement (X Facility Closed/Vacated Du			f Abat	ement		117 EAST 30TH	STREET							
Abatement Performed Outs	ide of Norm	al Facil	ity Ho	urs - Descri	be:									
X Other - Describe: MO	NDAY-FRI	DAY 7A	M-3:3	0 PM		City, State, Zip C	ode V YORK, NE	EW YO	RK 1	0016				
Scope of Work (Check all that apply)						inment with Negat						l		
X Demolition >3SF OR LF	Rer	novation	1		Mini-Enclo	Frocedure								
X >160 SF OR 260 LF						e Procedure								
Location of	541	s Local		1	Description of As					atem		ре		
Asbestos-containing	no	rmally			Containing Materia	51	Amour		REMOV	REPAIR	ENCAPS	ENCLOS		
Material (ACM) TO BE ABATED	Ma	solely int/Cus			ie. Thermal synnsulation, surfacil		(Speci	*	Ò	AIF	AP	5		
in Facility (13)	100000000000000000000000000000000000000	Staff (1			or other miscella		\$7,50000 E	'	À.		SULE	SURE		
	Yes	No	N/A								iπ	ñ		
ROOF	Х		_	BUILT UP	ROOFING & FL	ASHING	6,000 SF		Х					
		-			OILEK COOKER III.							\vdash		
				-										
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		+		 			 			_				
		-	<u> </u>					-				Н		
		+	\vdash	<u> </u>			 					Н		
Name of Registered Waste Hauler	NJI	DEP W	aste	Cubic Yard	is of Waste	Name of Registe								
FREEHOLD CARTAGE, INC.	Hau	ler ID I			120	LYCOMING CO 447 ALEXANDE				NAGE	EMEN	TSE		
825 HIGHWAY 33 City, State		1593	J	Disposal D	ate	City, State	וי טעוארוע	JUIE	13		-	\neg		
FREEHOLD, NEW JERSEY	1			5/27/14-6/		MONTGOMERY	, PA 17752		- ,1	_				
						1	-	Date	5/6	2//	14			
	The same of the sa		THE REAL PROPERTY.						1	1	-			

CK#25849

Date of Notification (1)				Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.									
0.5					DHIVIE CORF.			W	E	1)			
5 / 2 /14 Agencies Notified Type Notif	fication			et Address E. LINCOLN AVE	NUE DO BOY	2000 BY28	414						
EPA X Initia	al Notification ended Notificat cellation	ion	City,	State, Zip Code WAY, NEW JER		[M.F		2014					
X DOH On I	Hold ERGENCY NO		ON MIKE	e of Contact LATRONICA		Telephone	Mumber			1			
		F	ACILITY IN	FORMATION									
Name of Facility Where Abatement is	s Taking Plac	e (3)			Type of Facility School (K								
MERCK SHARP & DOHME CORPOR	ATION				Subchapt	er 8 (Other the private & cor		as hou	mes el	to)			
Street Address	Since Co.				Square Feet	# of Flo			ig. Age				
126 EAST LINCOLN AVENUE - BUILD		IPLEX, BL			44,622 3 46								
City (5) Cou	inty (6) ON			ity Code (7) E USE ONLY)	Current Use (Pr	for if being d	emolished	1)					
Name of Monitoring Firm Hired by B				ASCM No.	Name of Abate	ment Contr	actor (9)			18.0			
ENVIRONMETAL HEALTH INVESTIG	ATIONS, INC			17	PAR ENVIRON	MENTAL CO	DRPORA	TION					
Street Address 655 WEST SHORE TRAIL					Street Address 313 SPOOK RO	OCK ROAD							
City, State, Zip Code					City, State, Zip								
	, NEW JERSE		K1 1		SUFFERN, NE								
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Felephone 973-729-56			Telephone Num 845-369-7500	iber	License	Numbe	r				
Expected State Date (10)			ion Date (1	11)	Name of OSHA	Monitor	1101			1211			
5 / 19 /14 Month Day Year	Mon	10 /	30	10 5 00	AMERISCI LAB		SINC	#	11480				
Occupancy Status During Abatement (C			Day	Teal	Street Address								
X Facility Closed/Vacated Dur Abatement Performed Outsi	ing Entire Peri	od of Abate	ement urs - Descril	be:	117 EAST 30TH								
X Other - Describe: MOI	NDAY-FRIDAY	7AM-3:3	D PM		City, State, Zip		- WODI	(4004					
Scope of Work (Check all that apply) X Demolition >3SF OR LF	Renova	ation		X Full Contai X Mini-Enclo X Glovebag I	nment with Nega	W YORK, NE tive Pressure		(1001)	3				
X >160 SF OR 260 LF					e Procedure	,							
Location of	C 0000 4000	ocation		Description of Asi		Λ			ment T				
Asbestos-containing Material (ACM)	1	ally used lely by	_	Containing Materia (ie. Thermal sys		Amour (Speci	l ITT	REPAIR	ENCAP	ENCLO			
TO BE ABATED	Edward (AMA)	Custodial	ir	nsulation, surfacir		SF or L	F) ?	AIR	AP	LOS			
in Facility (13)		ff (12)		or other miscellar	neous)		P		SULE	SURE			
BLDG. 97	Yes N		DIDE INCL	LATION		1.000 1.5		+	Im	m			
BLDG 97 B 1ST FLOOR			PIPE INSU	A SOCIED PLOCES		1,080 LF	X	+					
BLDG. 97 A-THROUGHOUT		X	PIPE INSU			2,950 LF	X	\top	\top				
BLDG 97-3RD FLOOR		х	VAT & MA			1,015 SF	Х						
BLDG 97 -FIRST FLOOR		х	MASTIC O	N TANK INSULA	TION SEAMS	345 SF							
COMPLEX 97A-THROUGHOUT				N TANK INSULA		1,030 SF	Х						
COMPLEX 97-ROOF		Х	DUCT INS	ULATION		270 SF	Х						
COMPLEX 97-ROOF		x	BUILT UP	ROOF FLASHIN	G	7,500 SF	х	\perp					
BLDG 97 B ROOF		х	ROOF FLA	SHING		1,450 SF	Х						
BLDG 97 SOUTH STAIRS		х	FIRE DOO	RS (6)		120 SF	X						
BLDG. 97 A -3RD FLOOR		x	DUCT FLA	NGE CAULK		7 SF	Х						
Name of Registered Waste Hauler		Waste	Cubic Yard	s of Waste	Name of Registe				. = = .				
FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		ID No. 5939		120	LYCOMING CC 447 ALEXANDE				EMEN	11 SEF			
City, State			Disposal D		City, State			-					
FREEHOLD, NEW JERSEY Completed by (Print or Type)	Title		5/27/14-6/1	5/14 Signature	MONTGOMER'	Y , PA 1//52	Date	1	$-\!\!\!/$. /			
BENJAMIN SANCHEZ	DIRECTOR	OF OPER	ATIONS	17/8			5	12	11	9			

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

SERSEY DIS ABATEMENT 7 AND 12:120-7	262
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Date of Notification (1)					/ Operator (2)						
04 / 21 / 14			First Energy								
/ /			Street Add					12.4			
Agencies Notified Type of No			76 South S	Manufacture and a second							
EPA	Initial		Akron, Ohi	, Zip Code					. 1		
DEP DEP	Amended		Name of C			Telephor	ne Numbe	001/	=H		
☑ DOH ☐	Amendment # Emergency w/		Jim Halse			Tieserna					
	Cancellation	justilloation	omi naisc	,		5					
		FA	CILITY IN	FORMATION			3				
							÷.				
Name of Facility Where Abatem	ent is Taking F	Place (3)		Type of Facili	ty (4)						
									1		
					hool (K-12)	17.46					
Street Address					bchapter 8 (Other ner (l.e., private &						
24 SHREWSBURY DRIVE					gs., homes, etc.)	Commerc	iai				
City (5) County (6)		County Code (7)	Square Feet	# Of Floor	'S	Building	g Age			
MONMOUTH BEACH MONMOU		County Code (. ,	040000	1.000.00.00.00.00.00.00.00.00.00.00.00.0			, ,			
				Current Use (Prior if being dem	olished)	1				
				Telephone Pol	е						
Name of Monitoring Firm Hired	by Bldg. Owne	er (8)	ASCM NO								
Environmental Health Investigation	ns			LVI Demolition							
Street Address				Street Addres	SS						
655 West Shore Trail				22 MEII: De							
City, State, Zip Code				32 Williams Pa City, State, Zi							
Sparta, NJ 07871		T-lb No.		City, State, Zi	p Code						
Project Mngr. For Monitoring Fi Dino Nappi	irm	Telephone Nui 212-682-9271	mber	East Hanover,	N.I 07036						
Sheduled Start Date (10)	Sched Compl	etetion Date (1	1)	Telephone Nu		License	Number				
05 / 08 / 14	05	09 /	,'' 14	Tolophono ite							
/ /	/	/		973-884-8	00860						
Occupancy Status During Abat	ement (Check	Only 1)									
☐ Facility Closed/Vaca				LVI Demolition	Services Inc.						
Abatement				Street Addres	S						
☐ Abatement Performe											
Hours - Describe:		n to 5;00 pm		32 Williams Pa	THE RESERVE OF THE PERSON NAMED IN COLUMN 1						
Other - Describe:				City, State, Zi East Hanover,							
Compact Mark (Charle All That	Amalus		750-4	East Hallovel,	NJ 07030						
Scope of Work (Check All That	Apply)										
☐ Demolition		Renovation		Full Containn	nent with Negative	Pressure	9				
✓ ≥3sf or ≥3lf			\Box	Mini - Enclos							
☐ ≥160 sf or ≥260 lf				Glovebag Pro	cedure						
-			~	Non-Exempte	d (*) and Non-Fria	able Proce	dure				
						TA besterne	-4 T				
Location of	ls .		Descript		1	Abateme R	int Type	JE JE			
Asbestos Containing	Location Normally	As	bestos - C Material		Amount	E	R	N N			
TO BE ABATED	Used	* 0	e., therma	AL ALLES AND ALL	(Specify	2550	E	c c			
in Facility	Solely			facing, VAT,	SF or LF)		P	A L			
(13)	by Main-			ellaneous)		V	A	P O			
()	tenance/					A	I	s s			
	Custodial					L	R	U U			
	Staff (12)							L R			
	YES NO N/A										
Exterior Telephone Pole		Transite Condu	uit		20 LF	V	+		<u> </u>		
						 	1 - 1		-		
						╂╌╬╌	 		는		
Name of Designations (1965-4-1)		NJDEP Waste	Cubic	Name of Book	istered Landfill						
Name of Registered Waste Hau NEWARK CARTING	ier	Hauler ID No.		I.E.S.I.	SIEIEU LAIIUIII						
NEWARK CARTING			of Waste	1.2.5.1.							
City, State			Disposal	City. State							
NEWARK, NJ			Date	BETHLEHEM,	PA 18105						
Completed by (Print or Type)		Title		Sig	gnature			Date			
0.1		Danie et Me			Som	7		05/02/1	14		
Steven Stiles		Project Manage			IUI/II ct			1 00/02/	17		

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Print	Form
I THEFT	1 01111

No Check		(Pursuant to NJAC 8:60 and 12:120)										
Date of Notification (1) 4/30/14		Name of PSEG	Building Owner/C	perator (2)	12.00	MAY	- 0	20	14		. (
Agencies Notified Type Notific	ation	Street A 440 Ea	ddress agle Rock Rd			e i	MAY					and the second
	iment #		ite, Zip Code and, NJ 07068			*					4	
DOH justifica			Contact Neville			Te	elephone	Num	ner.			
East San		FACI	LITY INFORMATI	ON								
Name of Facility Where Abatement is Hudson Switching Station	Taking Place (3)					cility (4) ol (K-12) napter 8 (Ot	hor than	K 12\				
Street Address 164 Van Keuren Ave					Other etc.)	(i.e. private	& comn	nercial	build			s,
City (5) Jersey City, NJ 07097					Square Fe N/A	et #	of Floors /A	3		dg. A	ge	
County (6) Hudson		County (Code (7) USE ONLY)		Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Bui N/A	ilding Owner (8)	ASCN	/ No.			nt Contracto nental Se		Inc.				
Street Address N/A				Street A	ddress d Dock R	Rd						
City, State, Zip Code N/A					City, State, Zip Code Yaphank, NY 11980							
Project Manager for Monitoring Firm N/A		Telepho	ne No.	Telephone No. License No. 631-924-8111 33039								
Start Date (10) 4/29/14	Scheduled C	Completion	Date (11)		f OSHA M	onitor nental Se	rvices.	Inc.				
Occupancy Status During Abatement			Street Address									
Facility Closed/Vacated During E Abatement Performed Outside or	Entire Period of Abar	urs City, State, Zip Code										
Other – Describe:				Yaph	ank, NY	11980						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Reno	ovation olition		Full Containment with Negative Pre Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable				G II 4				
	Is Loc	cation				-				Abate	ment	
Location of Asbestos-Containing Material (AC <u>TO BE ABATED</u> In Facility (13)	Used S Mainte Custodi (1	nally olely by nance/ al Staff? 2)	Asbestos Con (i.e. thermal surfa	al systems insulation, (S			Amount (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure
Exterior Demolition	765	X	Coa	l Tar Wi	ran		16 LFT	-	X			
Extendi Demoniuon			000	Tul VVI			.0 2					
Name of Davidson and Marketine		NIDED 'A	lasta Cuti-	Varde	NI-	me of Regis	tored!	ndfili				
Name of Registered Waste Hauler Veolia ES Technical Solutions	NJDEP W Hauler ID 20071		Yards ste		me of Regis ayne Disp		a ruill					
City, State 1 Eden Lane, Flanders NJ 078		Dispos 4/24/	sal Date 14	9 0.00000000000000000000000000000000000	y, State elleville, M	1 4811	1					
Completed by Michael DiMaria	Title Project	Manager	-	Signature Muc	hael	10	Mai	Dat A/3	e 0/14			

Thock # Dlodes	NO	TIFIC/ Pure	ATION C suant to	F ASBEST NJAC 8:60	OS ABATER and 12:120	MENT)			f 19			***************************************	
Date of Notification (1) MAY 5, 2014		Na N	ame of E	Building Own	ner/Operator VS PHARI	(2) MACY,	LLC	7		Pag	e 1 c	of 1	
Agencies Notified Type Notification	n		Ireet Add	tress /S DRIVE	"			MAY	6 21	114	•		
DEP Amended Amended				e, Zip Code SOCKET,	RI 02895	j	-		2	100E	****		
DOH justification			ame of C	Contact PHILLIPS				Tele	phonę Num	ber		From A. A.	
			FACIL	ITY INFORM	MATION								
Name of Facility Where Abatement is Ta GAS STATION	king Place (3)					☐ Sc	Facility (4 thool (K-12)					
Street Address 111 SPEEDWELL AVENUE						⊠ or et	her (i.e. pr c.)	ivate 8	er than K-12) commercia	l buildi			s,
City (5) MORRISTOWN						Square 1,500			Floors 1		ig. Ag 62	je	<i>(</i> //
County (6) MORRIS		(3	County C STATE U	ode (7) SE ONLY)		СОМ	MERCIA	L BU		ed)			
Name of Monitoring Firm Hired by Buildi OMEGA ENVIRONMENTAL SE	ng Owner (8) RVICES	-	ASCM 0012		Name ACT	of Abate	ment Con EMEDIA	ractor TION	(9) , INC.				
Street Address 280 HUYLER STREET						Address BURN	S AVEN	IUE					
City, State, Zip Code SOUTH HACKENSACK, NJ 07	606		· P.O			State, Zip	Code I, NY 11	793					
Project Manager for Monitoring Firm ANTON RESIN			Telephor 201-48	ne No. 9-8700		hone No -781-30			License No 01138	0.			
Start Date (10) 5/19/2014	Schedule 5/30/20		pletion [Date (11)	Name	of OSH	A Monitor				One and		
Occupancy Status During Abatement (C	heck Only On	e)			Stree	t Addres	3						
Facility Closed/Vacated During Entl Abatement Performed Outside of N Other – Describe:	ire Period of A lormal Facility	Abatem Hours	ent		City,	State, Zi	Code						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Demonso	tenovat emoliti				Min Glo	i-Enclosure	e edure	h Negative F				
						× Nor	n-Exempted	1 (*) ar	nd Non-Friat	le Pro		ement	
0		Location				_						ре	
Location of Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)	Use Ma Cus	d Sole intenar todial S (12)	ly by nce/ Staff?	(i.e. th	Descriptions Secondarians Descriptions Secondarians Description Description Secondarians Description Descript	Material ns insula AT, or	(ACM) tion,	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	18/15/5	NA/ OL A 711	10 0 0	ALILE	-	18 SF	x	-		-
EXTERIOR		X	-		W GLAZII					-		-	-
EXTERIOR		X		METAL	. WALL PA		AULK		888 SF	X	-	-	-
ROOF		Х			FLASHI	ING		1,	297 SF	X	-	-	\vdash
Name of Registered Waste Hauler			JDEP V	Vaste	Cubic Yards		Name of	Regis	tered Landfi	1	1		
TRI-STATE TRANSFER ASOC	IATES, INC). F	lauler ID 1955		of Waste 30		ACIONES CON 1995		NTERPR	ISES			
City, State BRONX, NY					Disposal Da 5/30/201	4	City, Sta WAYN		JRG, OH				
Completed by ANN SWEENEY	Title ADN	1. ASS	SISTAI	NT	Signati		niec	70	1 1 2	ate /5/20	14		

Date of Notification (1)	narra						- 12112	-,		en telefolografia	· ·				
MAY 5, 2014				Name o	of Building JERSE	g Owner/0 Y CVS	Operator PHAR	(2) MACY	LLC		1 1	W W	ade	1 of	3
Agencies Notified	Type Notific	cation			Address CVS DF	RIVE							-		10111
DEP DOL	Initial Amend	ded dment#			ate, Zip C		02808		12.	MA	Y - 6	2014			4
DOH DCA	Emerg justific Cance		g	Name o	of Contact		02030			- I Tale	enhone Ni	umber	- :		+
	TEJ Carice	mauori							1	<u>:</u>					1
Name of Facility Where BMW DEALERSH	Abatement is	Taking Place	(3)	FAC	ILITY INF	ORMATI	ON	Туре о	f Facility ((4)					
Street Address 115 SPRING STR	EET							☐ Si	chool (K-1	8 (Othe	er than K-	12)			
City (5)	LL1							X O	c.)	orivate a	commerc	cial bui	ldings	, hon	ies,
MORRISTOWN								Square 11,00		# of	Floors 2		Bldg. 62		
County (6) MORRIS					Code (7) USE ONLY	n		Com	Use (Pri	or if bein	ng demolis	shed)	-		
Name of Monitoring Firm OMEGA ENVIRON	n Hired by Bui	Iding Owner (8 SERVICES	3)	ASCI 001			Name ACTI	of Abate	ment Cor	ntractor	(9)				
Street Address 280 HUYLER STR	EET						Street	Address					-		
City, State, Zip Code SOUTH HACKENS	SACK, NJ (7606					City, S	tate, Zip						-	
Project Manager for Mor ANTON RESIN				Telepho			Teleph	one No.		1793	License I	No.	-	-	
Start Date (10)		Schedu	led Co		89-8700 Date (11)			781-300 of OSHA	Monitor		01138				
5/19/2014		5/30/2													
Occupancy Status Durin Facility Closed/Vac Abatement Perform Other – Describe: Scope of Work (Check A	ated During Ened Outside of	ntire Period of	Ahate	ment 's				Address ate, Zip	Code						
≥3 sf or ≥3 if ≥160 sf or ≥260 if		(Professor	Renova Demoli				×	Mini-I Glove	nclosure bag Proc	edure	Negative			1 0	
		ls	Locat	tion								T		emen	t
Location	TRANSPORT DO NOT THE REPORT OF THE	1 11-	Norma ed Sole				cription					<u> </u>	<u></u>	pe	
Asbestos-Containing TO BE AB/ In Facil (13)	ATED	" Ma	intena todial (12)	nce/ Staff?				insulation, or		(Sp	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								-		ate	G,
1ST FLC			X		J	OINT C	OMPO	DUND		22,7	20 SF	x			
1ST FLC	OOR		Х		FL	OOR TI	LE & N	MASTIC	\$	2,61	2 SF	х			
1ST FLC	OOR		Х		CEIL	ING TI	LE GLI	JE DO	rs	816	SF	x			
1ST FLC			Х		5	SHEET	FLOO	RING		100	SF	x			\Box
Name of Registered Was			1 20	JDEP W	200	Cubic Y		N	ame of R	Register	ed Landfill				-
TRI-STATE TRANSF	-ER ASOCI	ATES, INC	<u>· T.</u>	19551		of Wast	30				TERPRI	SES			
BRONX, NY						Disposa 5/30/			ity, State VAYNE		G, OH				
Completed by ANN SWEENEY		Title ADM	. ASS	SISTAN	Т		gnature	af	enei	res	Da 5/3	ite 5/201	4		\dashv
			11/2/1					-1		1	/				

ahony # 2hong

			(1	Pursuan	nt to NJAC	8:60 a	nd 12:12	0)	x man d	···	EY			7 [7	
Date of Notification (1) MAY 2, 2014		****			of Building				Y, LLC		ļ .			age 2	` .	3
Agencies Notified EPA	Type Notifica	ition		Street	Address CVS DR						MAX.	- 6		114		
DEP DOL	Initial Amende	3.50			State, Zip Co		1 02804		1:						į.	_
DOH DCA	Emerge justificat		g	Name	of Contact		0203		1	Tel	anhone	Alumb	or.	_	÷	N company
Named	-				CILITY INF		TION						W THE			
Name of Facility Where BMW DEALERSHI Street Address	Abatement is T	aking Place	(3)					- Innered	of Facility School (K-							-
115 SPRING STRE	ET							×	Subchapte Other (i.e. etc.)	r 8 (Othe private 8	er than comm	K-12) nercial	buil	dings,	, hom	ies,
City (5) MORRISTOWN									re Feet	# of	Floors	3	E	8ldg. <i>A</i>	\ge	
County (6) MORRIS					Code (7)	·		Curre	ent Use (Pr	ior if bein	ng dem	nolishe	d)			
Name of Monitoring Firm OMEGA ENVIRON	Hired by Build MENTAL SE	ling Owner (8 ERVICES	3)	ASC 001	M No.		Name	of Aba	tement Co	ntractor	(9)					
Street Address 280 HUYLER STRE	EET						Street	Addre								- 1913
City, State, Zip Code SOUTH HACKENS	ACK, NJ 07	7606					City, S	tate, Z	ip Code H, NY 1					·		
Project Manager for Mon	itoring Firm				one No.		Teleph 516-7	one N	o.	1700		se No.				
Start Date (10) 5/19/2014		Schedu 5/30/2	led Cor		Date (11)				IA Monitor		0113	0				
Occupancy Status During	Abatement (C						Street	Addres								
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Ent ed Outside of N	tire Period of Iormal Facilit	Abater y Hour	ment s	-	1.0			p Code							
Scope of Work (Check Al	I That Apply)						L									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		grantening .	Renova Demoli				×	Mir Glo	Containmoi-Enclosure vebag Produces -Exempted	edure						
			s Locat Norma											Abate Ty	ment	
Location Asbestos-Containing TO BE ABA In Facilit (13)	Material (ACM)	Use Ma Cus	ed Sole aintena stodial ((12)	ely by nce/ Staff?	Asbest (i.e.	os Con therma surfa	escription taining Market I systems acing, VAT miscelland	aterial insula	(ACM) tion,	(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
1ST FLO	OR	Yes	No	N/A	INIT T	VD EI	A CL IIA I	205	4050			_	_		e e	
EXTERIO			X	+		-	ASHING & DOO!				4 SF		X			
EXTERIO			X	+-		-	. FLASH		OLA		SF SF		X	\dashv		
ROOF	:		X	-			LD & FL		ING		2 SF		K	-		
Name of Registered Wast			N	JDEP W	Vaste	Cubic	Yards	1.0.	Name of I		2.5					
TRI-STATE TRANSF	ER ASOCIA	ATES, INC	. Н	lauler ID 19551		of Wa	30		MINER				S			
BRONX, NY							sal Date 1/2014		City, State		G, O	Н				
Completed by ANN SWEENEY		Title ADM	. ASS	SISTAN	IT .	S	Signature					Date 5/5/2	2014	4		

Date of Notification (1) MAY 5, 2014			Name	of Building	g Owner/Operato	r (2)	(NA)	(E;	4	i iy	-12		
Agencies Notified Type Notification	on		Stree	t Address CVS DI		(IVI/AC.)	, ELC:	· ;		i, 11		je 3 o	f 3
DEP Amended Amendme	nt#		City,	State, Zip C		5		May	- 6	2014	- <u> </u>		
DOH Emergence justification Cancellation	n)	ng	Name	of Contact	t	+		Tel	lephor	ne Numi	per :		The state of the s
Name of Facility Where Abatement is Tak	ting Place	(3)	FA	CILITY INF	ORMATION	-	of Facility		٠.	AP			
Street Address 115 SPRING STREET City (5)							chool (K-1 ubchapter ther (i.e. p	12) 8 (Oth	er tha	n K-12) mercial	buildir	ıgs, ho	mes,
MORRISTOWN County (6)						Square 11,00	Feet	# of	Floor	rs		g. Age	
MORRIS			County (STATE	Code (7)	n	Curren	t Use (Prid MERCIA	or if bein	ng der	molishe			
Name of Monitoring Firm Hired by Building OMEGA ENVIRONMENTAL SER	Owner (8 VICES	3)	1000000	M No. 120	Name ACT	of Abate	ment Con	tractor	(9)				
Street Address 280 HUYLER STREET					Street	Address	The state of the s		, 1140	·			
City, State, Zip Code SOUTH HACKENSACK, NJ 0760	06				City, S	tate, Zip							
Project Manager for Monitoring Firm ANTON RESIN				one No. 89-8700	Teleph	one No.				ise No.			
Start Date (10) 5/19/2014	Schedu 5/30/2	led Co		Date (11)			Monitor		0113				
Occupancy Status During Abatement (Che	ck Only O	ne)											
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	Daried of	Aboto.	ment s			Address ate, Zip	Code						Hills
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if	ELOSSAND.	Renova Demoli				Glove	ontainme nclosure bag Proce xempted	edure					
Location of	1	Locat	ly		Description of			<u> </u>	110111	I	Aba	atemen Type	ıt
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intena todial S (12)	nce/	Asbeste (i.e. t	os Containing Ma thermal systems surfacing, VAT other miscellane	aterial (A insulatio . or	CM) n,	(Sp	ount ecify or LF)	Nemova	Repair	Encapsulate	Enclosure
GARAGE ROOF	Yes	No X	N/A		FLACIUNIC							ate	6
GARAGE EXTERIOR		X		WINDO	FLASHING DW GLAZING		11.14		SF	Х	-	\perp	L
GARAGE EXTERIOR		X		- WINDO	DOOR CAU		JLK	126 72		X	-	+	_
lame of Registered Waste Hauler											+	\vdash	
	22		JDEP Wauler ID		Cubic Yards of Waste		ame of Re						
RI-STATE TRANSFER ASOCIATE	S, INC.		19551	. 1	30	1 .0					5		
ity, State RONX, NY ompleted by	S, INC.		19551		30 Disposal Date 5/30/2014	C	ty, State		-				

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Chack#	24200	4				STOS AB		ENT			\$0 ()		3	i	
Date of Notification (1) MAY 5, 2014						Owner/Ope CVS Ph			LLC		2V1 75	Pa	ge 1	of 2	
Agencies Notified EPA	Type Notification	****		Street A	ddress CVS DRI	VE	-		:	W)	AY 6	2011		-	Block-freeze, c.
DEP DOL	Initial Amended Amendment				te, Zip Coo	de T, RI 02	2895					18.00	ı.		-
X DOH	Emergency (justification)	including			Contact	33	400000		*****	Tele	nhone Num	her			
DOH DCA	Cancellation		1	PAUL	PHILLIP	S				L					
Name of Facility Where	Abstement in Takin	a Diana (f)	,,	FACI	LITY INFO	RMATION		-							
BLOCK BUSTER V		y Place (3)					-	Facility (4	5					
Street Address 117 SPEEDWELL						VII		Su	her (i.e. p	8 (Othe	er than K-12; commercia		lings,	home	S,
City (5) MORRISTOWN						10		Square 10,00	Feet	# of	Floors 1	В	dg. A	ge	
County (6) MORRIS					Code (7) USE ONLY)				Use (Pric		ng demolish	ed)			
Name of Monitoring Firm OMEGA ENVIRON				ASCN 0012			Name o	f Abate	ment Con	tractor	(9)				
Street Address				1 00 12				ddress					477-000-00		-
280 HUYLER STRI	EET					1 2 2		Resident Library States	S AVE	NUE					
City, State, Zip Code SOUTH HACKENS	ACK, NJ 0760	6						ate, Zip	Code , NY 11	793					
Project Manager for Mor ANTON RESIN	nitoring Firm			Telephoi 201-48	ne No. 89-8700	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ne No. 81-30	C. C. CO. C. C.		License No 01138).			
Start Date (10) 5/19/2014		Schedule 5/30/20		pletion I	Date (11)	N	Name o	f OSHA	Monitor		, , , , , , , , , , , , , , , , , , , 				
Occupancy Status Durin	g Abatement (Chec	k Only Or	ne)			s	Street A	Address							
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire I ned Outside of Nom			ent			City, Sta	ate, Zip	Code						
Scope of Work (Check A	Ul That Apply)									-					_
≥3 sf or ≥3 if ≥160 sf or ≥260 if		etimental .	Renovat Demoliti				×	Mini- Glov	Enclosure ebag Proc	edure	Negative P			9	
		Is	Location	on										ment pe	
Location Asbestos-Containing <u>TO BE AB</u> In Faci (13)	Material (ACM) ATED lity	Use Ma Cus	Normalled Solele intenantodial S (12)	y by ice/ taff?		Descr tos Contair thermal sy surfacin other mis	stems g, VAT	aterial (insulati , or		(8	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
EVTER	IOD	Yes	No	N/A	1A(IAID)	014/ 01 4	71110				0.05				
EXTER		-	X			OW GLA					2 SF	X			
1ST FLO		-	X								S4 SF	X			
						OOR TIL					6 SF	Х			
1ST FLO			X	IDED VA		PIPE INS		HON			0 LF	Х			
TRI-STATE TRANS		ES, INC	LL	JDEP W auler ID 19551	No.	Cubic Ya of Waste					red Landfill NTERPRIS	SES			
City, State BRONX, NY						Disposal 5/30/2			City, State		RG, OH				
Completed by ANN SWEENEY		Title ADM	. ASS	ISTAN	IT	Sign	nature	2/	wee	ne	Dat 5/5	e 5/201	4		
											-				

MAY 5, 2014							wner/Operate CVS PHAI		CY,	LLC) [4]	r ``.	Pag	ge 2	of 2	
Agencies Notified	Type Not				Street A	ddress CVS DRIV	/E					200					
DEP DOL	Bestum	ai ended endment#				ite, Zip Cod	e T, RI 0289	95					MAY		6 2	014	
DOH DCA	justi	ergency (ir fication) cellation	cluding		Name of	F Contact					Tele	nhone	h.t		47.5		- (d
Ц 30.	U Gui					LITY INFO				ļ'							
Name of Facility Where A BLOCK BUSTER V			Place (3)	1,401	LITT INTO	MATION	Тур		Facility (4)			×				\exists
Street Address 117 SPEEDWELL	AVENUE		1					×	Su	ibchapter 8 her (i.e. priv	(Othe			uild	ings,	home	s,
City (5) MORRISTOWN								37000	are 000	Feet)	# Of	Floors 1		BI	dg. A 62	ge	
County (6) MORRIS						Code (7) USE ONLY)				Use (Prior VERCIAL)			
Name of Monitoring Firm OMEGA ENVIRON					ASCN 0012	11.10.0000				ment Contra MEDIAT							
Street Address 280 HUYLER STRE	EET							et Addr		S AVENU	JE						
City, State, Zip Code SOUTH HACKENS	ACK, NJ	07606				a i i i y da, biyyayaba		State,	0.000	Code NY 117	93						\exists
Project Manager for Mon ANTON RESIN	nitoring Firm	n			Telephor 201-48	ne No. 39-8700		phone 3-781-		00	\neg	Licens 01138					7
Start Date (10) 5/19/2014			Schedule 5/30/20		npletion	Date (11)	Nam	e of OS	SHA	Monitor							\dashv
Occupancy Status During	g Abateme	nt (Check	Only On	e)			Stree	et Addr	ess				-				-
Facility Closed/Vaci Abatement Perform Other – Describe:	- ated During	Entire Pe	eriod of A	baten	nent s			State,		Code				en som			
Scope of Work (Check A	II That App	iy)							-								\dashv
≥3 sf or ≥3 if ≥160 sf or ≥260 if	• • • • • • • • • • • • • • • • • • • •		gowness	enova emoli				- M	Aini-I	Containmen Enclosure ebag Proce Exempted (dure					a	
	e de la constante de la consta		ls	Locat	ion	<u> </u>					7		T		Abate	ment	
Location	n of		I N	lormal	lly		Description	on of					L		Ту	pe	
Asbestos-Containing TO BE AB In Facil (13)	Material (/ ATED ity	ACM)	Ma	d Sole intena odial s (12)	nce/ Staff?	(i.e. ti	os Containing hermal system surfacing, \ other miscell	Materi ms insu /AT, or	ulatio	ACM) on,	(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
ROO	F		100	X	INA		FLASH	ING	1		2,5	10 SF		X			\dashv
													\perp				
Name of Registered Was TRI-STATE TRANS		OCIATE	S, INC.	1 -	IJDEP W lauler ID 19551	No.	Cubic Yards of Waste 30		11	Name of Re	No.			S			
City, State BRONX, NY					***		Disposal Da 5/30/201	te		City, State WAYNES	BUI	RG, O	Н				\neg
Completed by ANN SWEENEY			Title ADM	ASS	SISTAN	IT	Signatu	ire	-/	Ence	-7-	Cr	Date 5/5/2	201	4		

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO MIAC 2:50 7 AND 42:420 7

							ABATEMEN ND 12:120-		hord	EN	\mathcal{I}_{ℓ}	160	3
Date of Notification (Name of	Building O	wner / Ope	74000					
_05 / _05	<u> 14</u>		,		First Ener					[5 v = 5		: 7.7	
Agencies Notified	Type of No	otificat	ion		76 South								distributed in the control of the co
☐ EPA	V	Initial			City, Stat	te, Zip Cod	е			-		-	
☐ DEP ☑ DOH		Amen	ded dment	#	Akron, Oh Name of	hio 44308				MAY -		1	
☑ DOL				# v/ justification	Jim Hals				Telepho	ne Num	ber	:	
			ellation									i	guerran d
				F	ACILITY II	NFORMATI	ON			5 1:			
Name of Facility Whe	ere Abatem	ent is	Taking	Place (3)		Type of F	acility (4)		:			-	
							Cabaal (V	40					
Street Address			_	<u> </u>		┥ 🖁	School (K Subchapt		r than K-1	(2)			
99 99 MONMOUTH S	TREET					Ø	Other (I.e.	, private &	k commer				
City (5)	County (6)			County Code	(7)	Square F	bldgs., ho	mes, etc.)		D. Hall	ng Age		
RED BANK	MONMOUT			County code	(1)	Square F	eet	# 01 7100	ors .	Bullali	ig Age		
							Jse (Prior if	being der	nolished)	7			
Name of Monitoring I	Firm Hired	by Bld	g. Owr	er (8)	IASCM NO	Telephone	e Pole						
			g. O	(0)	AJOIN NO	1							
Environmental Health Street Address	Investigation	ns				THE RESERVE OF THE PARTY OF THE	lition Servic	es Inc.					
655 West Shore Trail						Street Ad	dress						
City, State, Zip Code			-	-		32 William	ns Parkway		9				
Sparta, NJ 07871							e, Zip Code		- 11		-		
Project Mngr. For Mo Dino Nappi	nitoring Fir	m		Telephone Nu 212-682-9271	mber	East Hone	over, NJ 070	26					
Sheduled Start Date ((10)	Sched	. Comp	letetion Date (1	11)		e Number	30	License	Number			
05_//16/	/14		05		14_		84-8682				00860		
Occupancy Status Du	iring Abate	ment	(Check	Only 1)		Name of 0	OSHA Moni		-			***************************************	
Facility Clo		ed Dur	ing En	tire Period of		LVI Demo Street Ad	lition Service	es Inc.					-
☐ Abatement	t Performed	d Outs	ide of N	Normal Facility		Street Au	uress						
Hours - De	scribe:	Friday	8:00 ar	m to 5;00 pm			ns Parkway						
Other - Des	scribe:						e, Zip Code over, NJ 070						
Scope of Work (Chec	k All That A	Apply)				Last Hallo	Wei, 143 070	30	-			MISSELL LAND	
C Domelities	2	-	_		_		WEST 028 122						
☐ Demolition	f	Ŀ	⊻	Renovation		Full Conta Mini - End	ainment wit	h Negativ	e Pressur	е			
≥160 sf or							Procedure						
					V	Non-Exen	npted (*) an	d Non-Fria	able Proce	edure			
Location of		1	s	г — —	Descript	ion of		_	Abateme	ent Type			
Asbestos Conta	ining		ation	As	bestos - C	containing			R	1	ĮΕ	ĮΕ	
TO BE ABATE	=n		mally sed		Material			Amount	0.000	R	N	N	
in Facility	<u>.</u>	1000000	lely		e., thermal	i systems facing, VA1	г.	(Specify SF or LF)	2220	E	C	C	
(13)	- 1	by N	Vain-			ellaneous)		0. 0. 2. ,	v	A	P	0	
	- 1		ance/						A	1	s	S	
	1		f (12)						L	R	U	U R	
		THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN	NO N/A							+-	+	-	
Exterior Telephone Pol	е	THE RESERVE OF THE PERSON NAMED IN		Transite Condu	iit			20 LF	V				
		THE PERSON NAMED IN											
					5855				H	+ $+$	++		
Name of Registered V	Vaste Haule	er		NJDEP Waste			Registered I	andfill					<u></u>
NEWARK CARTING				Hauler ID No.	Yards of Waste	I.E.S.I.							
City, State				4509	Disposal	City. State	•	_		-			
NEWARK, NJ					Date		EM, PA 181	05					
Completed by (Print of	Tyna\			Titla		L	Cianatita				15 :		

Project Manager

05/05/14

Steven Stiles

NU Check

Date of Notification (1)				Nam	ne of Buildin	ng Owner/Operator	(2)						
4/29	/14					f Princeton		403 - 45371	Mch2ck	36			
Agencies Notified Type N ☐ EPA ☐ Initia ☐ DOLWD ☐ Ame				Tr	et Address	f Princeton Unive	ersity E.A. Mac	Millan Bl	GMTR	₹0 L .			
	endment #			1	State, Zip		Œ	LIOLIN	.,,,,				
DCA Eme	ergency (in	cludir	ng	_	ne of Conta	NJ 08544		77.1					
	ification) cellation			4000	obert Orte	53		Telephor	ne Numh	Pr			
L Can		_								>_			
Name of Facility Where Abatemer	at in Takina	DI-	- (0)	FA	ACILITY II	NFORMATION							
Sayre Hall	it is Taking	Piac	æ (3)				Type of Facility School (K-1	2)					
Street Address 300 Forrestal Road, Prince	ton Univ	ersit	y For	restal	Campus		Subchapter Other (i.e., p	private and			uildin	gs,	
City (5)							Square Feet	# of Flo	ors	B	ldg. A	Ane.	_
Princeton							oqua, o i ooi	" 01110	010		iug. 7	ige	
County (6)				Cou	untv Code (7)(STATE USE ONLY)	Current Use (Pr	rior if being	damoliek	(hear		_	
Middlesex					anty occor	THOTAL OOL OIVET)	Ourrent Ose (F)	nor it being	demonsi	ieu)			
Name of Monitoring Firm Hired by	Building C)wner	(8)	ASCN	/ No	Name of Abateme	ent Contractor (0)	\					
ATC Associates			(0)	0.000000	98	AbateTech, I		,					
Street Address						Street Address	116.						
3 Terri Lane						30 Maple Ave	DO Pay 25						
City, State, Zip Code													
Burlington, NJ 08016						City, State, Zip Co							
Project Manager for Monitoring Fir	m		Tol	ephone	No	Lumberton, N	13 08048	Tr.					
Michael R. Keehn	"				6-8800	Telephone No.		License					
Start Date (10)	School	ulod (1000 270	-	ate (11)	609-265-2107		0052	9				
3 / 31 / 14			100	6 /		Name of OSHA M EMSL Analyti							
Occupancy Status During Abateme	ent (Check	only	one)			Street Address			-				
☐ Facility Closed/Vacated During	Entire Per	iod of	Abate	ment		200 Route 13	0 North						
Abatement Performed Outside	of Normal	Facili	ty Hou	rs - De	scribe	City, State, Zip Co	ode			-	_		-
Time of Abatement: 7:00AM-3	:30PM/3:3	<u>30</u> PM	- <u>12:0</u>	MA <u>0</u>		Cinnaminson							
Scope of Work (Check all that appl	у)						•				_		
 ≥3 sf or ≥3 If ≥160 sf or ≥260 If 			enovat emoliti			☐ Mini-Encl ☐ Glovebag							
			Loca			X-1112				-	atem	ent T	vpe
Location of Asbestos-Containing Material (A TO BE ABATED IN Facility (13)	ACM)	Use Ma	Norma ed Sole aintena todial (12)	ely by ince/		Description of stos Containing Mat ., thermal systems in surfacing, VAT, other miscellaned	erial (ACM) nsulation, or	Amou (Spec SF or I	ify	Removal	Repair	Encapsulate	Enclosure
, a a		Yes	No	N/A			,43)					é	
1 st Floor					Pipe an	d fitting insulation	on	1,150	LF				
2 nd Floor					Floor ti	le and Mastic		1,280	SF	\boxtimes			
Attic					Pipe an	d fitting insulation	on	1,020	LF				
*see attached page 2**					Land to the second								
Name of Registered Waste Hauler AbateTech, Inc.				JDEP I	D No.	Cubic Yards of Waste	Name of Regis G.R.O.W.S.		ill				
City, State				18750	0	150 Disposal Data							
Lumberton, NJ						Disposal Date 05/16/14	City, State Tullytown,	ΡΔ					
Completed By (Print or Type)	Title	-				NAME OF THE PARTY	- anytown,		T		z-025		
Jennifer Piraine	2077	erati	ons (Coord	inator	Signature	Bei hari	ine	Date	29	1	-1	
SB-41 AY 11	* D	o not	use th	is form	for asbesto	os licensure exempt	0	-101	1 (1	1	-

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Solely b	ion Normall by Maintena odial Staff?	ince or	Asbestos-Containing Material (ACM) (i.e., thermal systems	Amount (Specify SF or LF)		Ту	pe En	
(13)	Yes	No	N/A	insulation, surfacing, VAT or other miscellaneous)		Removal	Repair	ıcapsulat	Enclosure
Attic				roof rafter insulation	8,500 SF	X	П	П	П
Attic				Cement Asbestos Board	8 SF	Ø			

CheCK # 6173

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

	17/2/5/5/5							<u> </u>	- 11			
Date of Notification (1) 05 / 0)2 /	14		0.000		g Owner/Operator (2 University /	38	6. Check #6173				
Agencies Notified T	ype Notific	ation			Address		2014	6. Check #6173 MAY - 6 AM	2: 3	6		
15.5	ype Notific ☑ Initial	alion				Orange Ave.	W 10.70					
	Amended	d			State, Zip			ESTUS CUB		Ц.		
☑ DHSS	Amendm		-			ge, NJ 07079		& LICENSIN	G			
		cy (includin	g	-	of Contac			Telephone Numb				
(NJAC 5:23-8)	justificati Cancella					ત Minicozzi		relephone Numi	oer -			
	_ Caricella											
N. (5 11/2 1A/1 A)				FA	CILITY II	NFORMATION						
Name of Facility Where Aba			e (3)				Type of Facility	1000				
Seton Hall University	- Aquina	s Hall			1		School (K-12) 3 (Other than K-12)				
Street Address							Other (i.e., pr	rivate and commer		uilding	js,	
400 South Orange Av	e.						homes, etc.)					
City (5)							Square Feet	# of Floors	BI	dg. A	ge	
South Orange			-									
County (6)				Cour	ity Code (7)(STATE USE ONLY)		or if being demolis	hed)			
Essex							University					
Name of Monitoring Firm Hi	red by Build	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Omega Environmenta	al					AbateTech, II	nc.					
Street Address						Street Address						
280 Huyler Street						30 Maple Ave	e. PO Box 25					
City, State, Zip Code						City, State, Zip Co	ode					
South Hackensack, N	J 07606					Lumberton, N	NJ 08048					
Project Manager for Monitor	ring Firm	7,4,444	Tele	phone	No.	Telephone No.		License No.				
Geiser Fajardo			20	01-489	-8700	609-265-2107		00529				
Start Date (10)		Scheduled (Comple	tion Da	te (11)	Name of OSHA M	lonitor					
5 / _20 / _	14	5	30	_ / _	14	EMSL Analyti	ical					
Occupancy Status During A	batement (Check only	one)			Street Address						
☐ Facility Closed/Vacated I	During Enti	re Period of	Abate	ment		200 Route 13	0 North					
Abatement Performed O						City, State, Zip Co	ode					_
Time of Abatement:	AM- <u>2:0</u>	0PM/ <u>10:00</u>	PM	AN	Λ	Cinnaminson	, NJ 08077					
Scope of Work (Check all th	at apply)							144				10000
≥3 sf or ≥3 If		Mρ	enovat	ion		☐ Full Cont	tainment with Neg	ative Pressure				
≥160 sf or ≥260 lf			emolitic				g Procedure					
					2	Non-Exe Non-Exe	mpted (*) and No	n-Friable Procedur	e			
			s Loca						Ab	atem	ent T	уре
Location of	torial (A Ch	2.5 Sept. 100 Se	Norma		A a b	Description o		A	R	R	Щ	m.
Asbestos-Containing Ma TO BE ABATE			aintena			estos Containing Ma e., thermal systems i		Amount (Specify	Removal	Repair	car	clo
IN Facility		Cus	todial			surfacing, VAT,	, or	SF or LF)	val	-	Encapsulate	Enclosure
(13)		Yes	(12) No	N/A		other miscellane	ous)				ate	, u
Perimeter of Building	-			N/∧	Transit	te Panels		130 each		Ь	П	
. crimotor or Danding			-	100000	Transi			100 cacii				
											Ш	Ш
											Ш	Ш
Name of Registered Waste	Hauler		N	JDEP \	Naste	Cubic Yards of	Name of Regis	tered Landfill				
AbateTech, Inc.			H	lauler II		Waste	G.R.O.W.S	. Landfill				
City, State				18750		20 Disposal Date	City, State					
Lumberton, NJ						5/30/14	Tullytown,	PA				
Completed By (Print or Type	1	Title		-		Signature	1 3.17 20 1711,		to			
Jennifer Piraine	-1	Operat	ione	رمميم	inator	V to 11	L. Dinni	Da Da	1 -	1.	1	
		Opera	CIIO	Soord	παισι	LAMU	per rulal	NU 5	19	-11	7	
ASB-41						1.1	. /					

CHECK # 6174

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40	1-	4	2.70	11/	3	1.1

Date of Notification (1)				Name	of Buildin	g Owner/Operator (2	2)	11 1 1 1	1 12	ŧ .		
05/02	/14	1		Mid	Idlesex (County College	/ Job #1404-4	752 Check #61	74	35		
10000	e Notification			Street	Address		20	IN C- IAN E	1	40		
	Initial			260	0 Woodl	bridge Ave.		Garronio el	na M	204		
	Amended Amendment #			City, S	State, Zip (Code	₽ ,,	SIJESTUS CA LICENS &	INC	101.		
	Emergency (in			Edi	son, NJ	08818		& FIGURA	INU			
	justification)	loluding		Name	of Contac	at		Telephone Numb	ner			
	Cancellation			Dar	n Fuchs			-	4			
				FAG	CILITY IN	NFORMATION						
Name of Facility Where Abate	ement is Takin	g Place	(3)				Type of Facility	(4)				
Middlesex County Coll	ege						School (K-12					
Street Address								3 (Other than K-12) rivate and commer		ilding	10	
2600 Woodbridge Aver	nue						homes, etc.)		Ciai Di	indirig	,	
City (5)							Square Feet	# of Floors	BI	dg. A	ge	
Edison						20			18			
County (6)				Cour	tv Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	shed)			
Middlesex				100000000	,	A	College	30.00.00.00.00.00.00.00.00.00.00.00.00.0	2000 (CO			
Name of Monitoring Firm Hire	d by Building	Owner (8)	ASCM	No	Name of Abateme	0					-
Environmental Connec		O WINO!	٥,	/ 100IVI	110.	AbateTech, I						
Street Address	don					Street Address	ic.					
120 North Warren Stree							DO D 05					
	3L					30 Maple Ave						
City, State, Zip Code						City, State, Zip Co						
Trenton, NJ 08608			T = 7			Lumberton, N	NJ 08048					
Project Manager for Monitorin	ig Firm		20.000	phone		Telephone No.		License No.				
Rick Beach				9-392		609-265-2107		00529				
Start Date (10)		duled C				Name of OSHA M						
	4	06 /	03	_ / -	14	EMSL Analyt	ical					
Occupancy Status During Aba			100 miles	200000000000000000000000000000000000000		Street Address						
☐ Facility Closed/Vacated D	CONTRACTOR OF THE PROPERTY OF STREET					200 Route 13	0 North					
Abatement Performed Out						City, State, Zip Co	ode		-			
Time of Abatement: 5/30 7:00AM	and 6/3: 1A	IVI- <u>3:30</u>	PIVI/ <u>6/</u>	2: 3:00	J PIVI-	Cinnaminson	, NJ 08077					
Scope of Work (Check all that	t apply)						A2005 See 104927570210					
□ >3 sf or >3 lf		⊠ Re	n av .ati				tainment with Neg	gative Pressure				
≥3 \$1 60 ≥3 11 ≥160 \$f or ≥260 If		☐ De				☐ Mini-Enc	Procedure					
		25						n-Friable Procedu	re			
		1 1 2 2	Locat						Ab	atem	ent T	уре
Location of	/		Norma d Sole			Description of			R	R	ш	m
Asbestos-Containing Mate			intena			estos Containing Ma e., thermal systems		Amount (Specify	Removal	Repair	ıca	nclo
IN Facility	2	Cus		Staff?	(1.0	surfacing, VAT,		SF or LF)	Val	=	Encapsulate	Enclosure
(13)		Yes	(12) No	N/A		other miscellane	ous)				ate	(D
2 nd Floor Upper Mechani	cal Room	⊠ ⊠			Evhaus	st Hood Insulatio	in .	34SF		П		\vdash
2 nd Floor Upper Mechani			_				**		-	H	믐	H
2 Floor Opper Mechani	cai Room				ran Du	ct Insulation		40 SF				
			Ш							Ш	Ш	
W												
Name of Registered Waste H	auler		N	JDEP \	Waste	Cubic Yards of	Name of Regis	stered Landfill				
AbateTech, Inc.			H	auler II		Waste	G.R.O.W.S					
City, State				18750	,	15 Disposal Date	City, State					_
Lumberton, NJ						6/3/14	Tullytown,	ΡΔ				
	-						Tany town,					
Completed By (Print or Type)	Titi				/	Signature	1 1	1 2	ite / a	1.		
Jennifer Piraine	(Operati	ons (-oord	inator	Denne	des that	M 5	5/2	11	4	
ASB-41						4	17 0 1					

: hECK # 6175

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

page 1 of 2 RECEIVED

Date of Notification (1)				Nam	e of Buildi	ng Owner/Operator	(2)	2 h San had a . a	- 1 8					
	/	4				f Princeton		103-4737 Che	ck #6	175				
	tification			Stree	et Address									
☐ EPA ☐ Injtia			_	Tr	ustees o	f Princeton Unive	ersity E.A. Mac	Millan Bldg.	~ ~					
☑ DOLWD ☑ Ame		. 4)	City,	State, Zip	Code	4年			KUL				
	ndment #		_	Pr	inceton,	NJ 08544		& LICENS	ING					
	ication)	iciuuli	y	Nam	e of Conta	ct	7.	Telephone Nun	ber					
☐ Cano	1000			Ro	bert Orte	ego, P.E.		I						
				FA	CILITY	NFORMATION								
Name of Facility Where Abatemen	t is Takin	g Plac	e (3)				Type of Facility	(4)						
Sayre Hall							School (K-12	2)						
Street Address							Subchapter 8	Other than K-12	2)		w680000 180			
300 Forrestal Road, Prince	on Uni	versit	y For	restal	Campus		homes, etc.)	rivate and comme	rcial b	ullain	gs,			
City (5)	à:						Square Feet	# of Floors	Тв	ldg. A	Age			
Princeton							8.20				-5-			
County (6)	*			Cou	ntv Code (7)(STATE USE ONLY)	Current Use (Pri	I ior if being demoli	shed)					
Middlesex						· //	000 (1)	or it being deriion	Sileu)					
Name of Monitoring Firm Hired by	Building	Owner	(8)	ASCM	No	Name of Abateme	ent Contractor (0)			-				
ATC Associates	Junumg	Owner	(0)	000		The same of the sa								
Street Address	<u> </u>		-	000	JU	AbateTech, Inc. Street Address								
3 Terri Lane							DO D							
City, State, Zip Code	 					30 Maple Ave								
					City, State, Zip Code									
Burlington, NJ 08016			1			Lumberton, N	NJ 08048							
Project Manager for Monitoring Firm	n			lephone		Telephone No.		License No.				8-040-010		
Michael R. Keehn				09-386		609-265-2107		00529						
Start Date (10)				etion Da		Name of OSHA M								
3 / 31 / 14				6 /	14	EMSL Analyti	ical							
Occupancy Status During Abateme						Street Address								
Facility Closed/Vacated During	Entire Pe	riod of	Abate	ement		200 Route 13	0 North							
Abatement Performed Outside of	f Norma	Facilit	y Hou	ırs - Des	scribe	City, State, Zip Co	ode					25/15/11		
Time of Abatement: 7:00AM-3:	30PM/3	30PM	-12:0	<u>U</u> AM		Cinnaminson	, NJ 08077							
Scope of Work (Check all that apply	/)													
☐ ≥3 sf or ≥3 lf		⊠ n-					ainment with Neg	ative Pressure						
⊠ ≥160 sf or ≥260 lf		⊠ Re	moliti			☐ Mini-Encl ☐ Glovebag								
						☐ Non-Exer	npted (*) and Nor	n-Friable Procedu	re					
1		Is	Loca	ition						atem	ent T	vpe		
Location of			Norma	ally ely by		Description of				_		Ť		
Asbestos-Containing Material (A TO BE ABATED	CM)			ance/		stos Containing Mat		Amount	em	Repair	nce	ncl		
IN Facility		Cus		Staff?	(1.6	e., thermal systems in surfacing, VAT,		(Specify SF or LF)	Remova	=	psu	Enclosure		
(13)		.,	(12)		-	other miscellaned		/	-		Encapsulate	o o		
1 st Floor		Yes	No	N/A	D'				_			_		
2 nd Floor						d fitting insulation	on	1,150 LF		Ш				
						le and Mastic		1,280 SF						
Attic		Ш			Pipe an	d fitting insulation	on	1,020 LF						
see attached page 2														
Name of Registered Waste Hauler			0.4	JDEP \		Cubic Yards of	Name of Registe	ered Landfill	-1					
AbateTech, Inc.				lauler II 18750		Waste 150	G.R.O.W.S.	Landfill						
City, State				10100		Disposal Date	City, State							
Lumberton, NJ						05/16/14	Tullytown, I	PA				1		
Completed By (Print or Type)	Title					Signature	1, 10, 1		t-a					
Jennifer Piraine	3.335		one	Coordi	nator	olyllatule	la Di	Da	1/2	1.	1			
SB-41		- Ciau	5.13	u		HOUM	AN IMU	ing 5	ya.	110	(

Location of Asbestos-Containing Material (ACM)	Is Locat Solely b	Asbestos-Containing	Amount (Specify	Abatem Type			nt		
TO BE ABATED in Facility	Gusto	odial Staff?	(12)	Material (ACM) (i.e., thermal systems insulation, surfacing,	SF or LF)	Removal	Repair	Encapsulat	Enclosure
(13)	Yes	No	N/A	VAT or other miscellaneous)		oval	oair	sulat	sure
Attic		П		roof rafter insulation	8,500 SF	M		П	
Attic				Cement Asbestos Board	8 SF	X		d	\exists
Tunnel				Pipe Insulation	890 LF				
				A Property Marie Continues and Harris Continues and Applications of the State of th	Annual Control of Cont				日
									Ш

Check # 6176

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)			Name	of Buildin	g Owner/Operator (2	2)						
05/02/	14		PSI	E&G		/ Job 翻神神	1750-8Ch 14 #21	砚				
Agencies Notified Type Not	ification		Street	Address							_	
			400	0 Hadley	Road	A SIJE	STOS CONTR	ROL				
☑ DOLWD ☐ Amen	ded			State, Zip (LICENSING					
The state of the s	dment #	2	7.857		field, NJ 07080							
	gency (includin	g		of Contac			Telephone Numb	0.5				
(NJAC 5:23-8) justific	200			e Lucian			relephone Numb	iei				
Gallos	mation		20000		7/4							
Name of Facility Where Abatement	is Taking Plac	2 (3)	FA	CILITYIN	IFORMATION	Type of Facility	(4)					
PSE&G Englewood	is raking riac	5 (3)				School (K-12	V 20 P. C.					
Street Address			- 3				8 (Other than K-12)					
207 North Dean Street						Other (i.e., p homes, etc.)	rivate and commerc	cial bu	uilding	js,		
City (5)						Square Feet	# of Floors	BI	dg. A	ae		
Englewood									3	3 -		
County (6)			Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolish	ned)		-		
Bergen				, oodo (.	Monnie oof onen	Control Hou		icu				
Name of Monitoring Firm Hired by B	tuilding Owner	(8)	ASCM	No	Name of Abateme							
Health & Safety Services	unung Owner	(6)	ASCIVI	INO.								
Street Address					AbateTech, II	1C.						
318 12 th Street	2				Street Address							
					30 Maple Ave							
City, State, Zip Code					City, State, Zip Co							
Hammonton, NJ 08037		1			Lumberton, N	IJ 08048						
Project Manager for Monitoring Firm	1		phone		Telephone No.		License No.					
Jim Proctor			09-704		609-265-2107		00529					
Start Date (10)05 /12 /14	Scheduled (Name of OSHA M							
	05		<u> </u>	14	EMSL Analyti	icai						
Occupancy Status During Abatemer			505335V		Street Address							
☐ Facility Closed/Vacated During E ☐ Abatement Performed Outside of				oribo	200 Route 13							
Time of Abatement:AM	PM/	y Hou PM:	s - Des	AM	City, State, Zip Co							
Scope of Work (Check all that apply				•	Cinnaminson	, NJ 08077						
Scope of Work (Check all that apply	,				☐ Full Cont	ainment with Neg	gative Pressure					
☐ ≥3 sf or ≥3 lf		enovat			Mini-Encl Mini-En	losure	,					
≥160 sf or ≥260 lf	∐ De	emolitic	on		☐ Glovebag		o Frieble Dressdur	_				
	1	Loca	ion		△ Noll-Exe	inpled () and No	n-Friable Procedure		. 4		•	
Location of		Norma			Description o	f			_	ent T	T	
Asbestos-Containing Material (A		ed Sole		Asbe	stos Containing Ma		Amount	Removal	Repair	E	Enclosure	
TO BE ABATED	7,000	aintena todial		(i.e	., thermal systems i		(Specify	Von	air	aps	losi	
IN Facility (13)		(12)	otan:		surfacing, VAT, other miscellane		SF or LF)	<u>n</u>		Encapsulate	Te.	
V /	Yes	No	N/A							e		
Control House	\boxtimes			Transit	e Panels		36 SF					
Control House	\boxtimes			Asbest	os Jacketed Con	trol Wire	3 SF	\boxtimes				
Control House				Transit	e Floor Panels		72 SF					
			П					In	П	П	П	
Name of Registered Waste Hauler		I	JDEP \	Naste ·	Cubic Yards of	Name of Regis	stered Landfill	1				
Waste Mgmt. of NJ, Inc. (Ave	e. A Hauling)	H	lauler II		Waste	G.R.O.W.S						
City, State			17273	3	20 Disposal Date	City, State			<u> </u>	-11		
Newark, NJ					TBD	1	DΛ					
	1					Tullytown,	******					
Completed By (Print or Type)	Title			42	Signature	1 0	. Dat	1	1.			
Jennifer Piraine	Operat	ions (oordi	inator	Jenn	iber for	ane 5	10	11	4		
ASB-41	A Section 1				7	1/						

CheCK # 8950

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

Date of Notification (1)				Name	of Buildin	na OumariOnaratas	20)	115.4	1 4	ă	لا	
5 / 1	/	4				ng Owner/Operator (alty Investment 1		2014 MAY -	. G A B	4 D	50	
Agencies Notified Type N	Votification			Stree	t Address			CRIALINI -	O AI	1 4	. 40	
☑ EPA ☑ Init	ial			162	26 East	Jerrerson St.		5 m C 1 5 1				
☑ DOLWD ☐ Am	ended			1000	State, Zip			_# 88E5 ()			ROI	
	endment #					VID 20852		& LIC	JEH 51	MG		
DCA Em	ergency (i	ncludin	g									
50 100000000000000000000000000000000000	tification)				of Conta			Telephone Nu	mber			
L Car	ncellation			Ric	Woodie	9		8				
				FA	CILITY	NFORMATION						
Name of Facility Where Abateme		g Place	e (3)				Type of Facility	(4)				
Ellisburg Shopping Cente	r						School (K-12)				
Street Address		-65					☐ Subchapter 8 ☐ Other (i.e., p	(Other than K-	12)	حالمان.	22	
Route 70 & Chapel Ave.							homes, etc.)	ivate and comm	ierciai bi	ullain	gs,	
City (5)				- 1			Square Feet	# of Floors	BI	ldg. A	ne.	
Cherry Hill, NJ 08034							200,000+	1		45+	gc	
County (6)				Com	nty Code /	7)(STATE USE ONLY)	Current Use (Pri	and the second second	- 60000 10000	401		_
Camden					ity oodo (MOTATE OOL ONET	Vacant Reta		nisnea)			
Name of Monitoring Firm Hired b	v Building	Ownor	/0\ T	ASCM	No	Name of the feet		19.7	- III A WALLET W			
VERTEX	y Dulluling	Owner	(0)		NO.	Name of Abateme						
				NA			ironmental Sys	tems				
Street Address						Street Address	10					
700 Turner Way				-1-0		550 East Uni						
City, State, Zip Code				City, State, Zip Co	Oode							
Aston, PA 19014					West Cheste	r, PA 19382						
Project Manager for Monitoring F	irm		Tele	ephone	No.	Telephone No.		License No.			-	
Don Heim			6	10-558	-8902	610-701-9000	ĺ	00508				
Start Date (10)	Sche	duled C	omple	etion Da	ite (11)	Name of OSHA M		1 33333		-		
5/15/14	C-2-00000000			2 /		AET						
Occupancy Status During Abatem	nent (Chec	k only	one)			Street Address						
☐ Facility Closed/Vacated During				ment		28 N. Pennel	Dood					
☐ Abatement Performed Outside	of Norma	I Facilit	v Hou	rs - Des	cribe							
Time of Abatement: 7AM	PM/3:3	0PM-	,	AM	,01100	City, State, Zip Co						
Scope of Work (Check all that ap	oh ()					Media, PA 19	063					
ocope of work (check all that app	Diy)					M Full Cont	ainment with Neg	ative Pressure				
≥3 sf or ≥3 If		⊠ Re	enovat	ion		☐ Mini-Enc		ative Pressure				
≥160 sf or ≥260 lf		☐ De	emoliti	on		☐ Glovebag	Procedure					
						Non-Exe Non-Exe	mpted (*) and No	n-Friable Proced	lure			
1		1	Loca Norma		(-) (-) (-)				Ab	atem	ent T	уре
Location of Asbestos-Containing Material	(ACM)		ed Sol		Ach	Description o			Z.	Z	Ш	m
TO BE ABATED	(/TOIVI)	Ma	intena	ance/		estos Containing Ma e., thermal systems i		Amount (Specify	Removal	Repair	าса	nclo
IN Facility		Cus	todial (12)	Staff?	,	surfacing, VAT,	or	SF or LF)	val	=	Encapsulate	Enclosure
(13)		V	T ·		-	other miscellane	ous)	,			late	O
		Yes	No	N/A								
Former Post Office				\boxtimes	VAT / N	/lastic		1210 SF				
											П	
		=		-							ᆜ	
										П	П	П
Name of Registered Waste Haule	г		N	JDEP I	Vaste	Cubic Yards of	Name of Regist	ered Landfill			_	
N.E.T.S.			H	lauler II		Waste	Allied BFI I					
City, State				18947		Disposal Data						
Hazelton, PA						Disposal Date	City, State					
FOUNDATION OF THE PROPERTY.						TBD	Imperial, P	Α				
Completed By (Print or Type)	Title				- 21	Signature	AAA		ate	1	i	
Mark Griffin	E	stima	tor				THI		1	1,	1 , 2	1
\SB-41						- 4	// ///		2/	1/	/	,
MAY 11	*	Do not	use th	is form	for asbes	tos licensure exemp	ted activities.		/	/		

CheCK # 1599

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

REFEIVED

F=								111	1 17 1	11					
Date of Notification (1) 05 / 0)2 /	14				of Building Chetirk	g Owner/Operator (2 . in		W C 814	0.03					
Agencies Notified T	ype Notifi	cation			Street	Address		2014 F/	Y-6 AM	2:21					
	ype Notiii ∛Initial	Cation					burg Court								
	Amende	ed				ment of the state									
⊠ DOH	Amendr	ment #_		iel .	1.55	State, Zip C		&	LICENSIN	G					
] Emerge		cluding	3	100	yne, NJ (Talanhana Niumbar						
(NJAC 5:23-8)	justifica Cancell	10			Name	of Contac	t		Telephone Nu	imber					
							IFORMATION		<u> </u>				-		
Name of Facility Where Aba	atement is	Taking	Place	(3)				Type of Facility	(4)						
Residential House				500 March		89		☐ School (K-12)							
Street Address								□ Subchapter 8 (Other than K-12) □ Other (i.e., private and commercial buildings,							
11 Williamsburg Cou	rt						<i>P</i> .	Other (i.e., pi homes, etc.)		nercial b	uilding	gs,			
City (5)								Square Feet	# of Floors	В	ldg. A	ae			
Wayne								oqualo i oot	" 611 16616		lug. /	go			
County (6)					Cour	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if heing dem	olished)					
Passaic					Joodi	ity oode (/	NOTATE OGE ONET)	ourient ose (i ii	or ir being derin	olisi leu)					
Name of Monitoring Firm Hi	ired by Bu	ilding C	wner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)							
Bio Terra Solutions				(-/											
Street Address							Street Address	O MANAGEMENT LLC							
P.O. Box 1224							27 Outwater	ane							
City, State, Zip Code						-	City, State, Zip Co								
Union, NJ							Garfield, NJ								
SAN DAY DE SAN WENNEY						Na		07020	License No.			-			
Rick Eustaquio	ning Firm				phone 73-494		Telephone No. 973-928-4888		0.0000000000000000000000000000000000000						
•		0-1-1							1188						
Start Date (10) 05 /11 /	14				tion Da		Name of OSHA M	ionitor NAGEMENT LI	LC						
Occupancy Status During A				5, 2000			Street Address								
☐ Facility Closed/Vacated		12.0	15	931	ment		27 Outwater	ane							
☐ Abatement Performed O						cribe	City, State, Zip Co								
Time of Abatement:							Garfield, NJ								
Scope of Work (Check all th	at anniv)						Garrield, No	07020							
ocope of work (officer all th	iat apply)						☐ Full Cont	ainment with Neg	ative Pressure						
≥3 sf or ≥3 lf			⊠ Re	enovat	ion		☐ Mini-Enc	losure							
≥160 sf or ≥260 lf			∐ De	emoliti	on		☐ Gloveba	g Procedure mpted (*) and No	n Eriabla Braca	duro					
			10	Loca	tion		⊠ Non-Exe	mpted () and No	II-FIIADIE FIOCE			T	53		
Location of				Norma	lly		Description of	f		110.2	oatem	F esecu	Ī		
Asbestos-Containing Ma	aterial (AC	(M		ed Sol			stos Containing Ma	terial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure		
TO BE ABATE	ED			aintena todial		(i.e	e., thermal systems		(Specify	Non) ar	ap	los		
IN Facility (13)				(12)	J.u		surfacing, VAT, other miscellane		SF or LF)	<u>a</u>		ula	Пе		
			Yes	No	N/A							6			
Laundry Room					\boxtimes	VAT FIG	oor Tiles		200 SF			\boxtimes			
										ПП	П	П			
			П							7	1				
	-		_	H						$\dashv \exists$	12				
Name of Registered Waste	Llauder			Щ.		N/!-	Touris Vani	New 75	t				Ш		
ALL PRO MANAGEME		:		100	IJDEP \ lauler II	O No.	Cubic Yards of Waste	Name of Regis							
City, State					00348	360	As Needed	Tales 1 (4002) (decode 2 (5) (300)							
Garfield, NJ							Disposal Date TBD	City, State Bethlehem	ΡΔ						
	-	T:41 -						Decine lielli		D .					
Completed By (Print or Type	=)	Title					Signature	16.11		Date	i . '	١			
Zvonko Veskov		Pi	resid	ent			5-1	10,26		5	12	110	4		
ASB-41 JAN 13		* /	Do no	1100 4	ic form	for anhan	toe linghouse and	atod potinities			1	1,			
W 11 10			וטוו טכ	use li	חוזוטו פוו	ioi aspesi	tos licensure exemp	iteu activities.							

ChECK # 1600

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)					POLYCON DESCRIPTION		g Owner/Operator (2)						
	02	/	_		K. Hovnanian Homes 2814 MAY -6 AM 2: 26									
Agencies Notified	35.00	otification				Address	41.							
☐ EPA ☑ DOLWD	⊠ Initia				110	Fieldcre	est Avenue, 5 th F	loor on ESTU	JS CON	TROL				
⊠ DOH	Ame	ended endment#			City, S	State, Zip (Code	& L10	CENSIN	G				
DCA	The state of the s	ergency (ir		1	Edi	son, NJ	08818							
(NJAC 5:23-8)		ification)		,	Name	of Contac	t		Telephon	e Numb	or			
	☐ Can	cellation			Al						-			
	15-00				FA	CILITY IN	FORMATION							
Name of Facility Where		nt is Takin	g Place	(3)				Type of Facility	(4)					
Residential House								School (K-12		16 40)				
Street Address			0.7-2					☐ Subchapter ☐ Subchapter ☐ Other (i.e., p				ilding	15	
123 Washington V	alley Ro	ad						homes, etc.)						
City (5)								Square Feet	# of Flo	ors	BI	dg. A	ge	
Bridgewater										(5)				
County (6)					Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being	demolish	ned)			
Somerset								70						
Name of Monitoring Firm	n Hired by	Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
Bio Terra Solution	s						ALL PRO MA	NAGEMENT L	LC					
Street Address		1					Street Address							
P.O. Box 1224							27 Outwater	Lane						
City, State, Zip Code							City, State, Zip C	Code						
Union, NJ							Garfield, NJ	07026						
Project Manager for Monitoring Firm 1					phone	No.	Telephone No.		License	No.				
Rick Eustaquio				9	73-494	-3762	973-928-4888	1	1188	i				
Start Date (10)		Schee	duled C	omple	tion Da	ite (11)	Name of OSHA N	Monitor						
05 /12 /	14		06_ /	12	/	14	ALL PRO MA	NAGEMENT L	LC					
Occupancy Status Durin	ng Abatem	nent (Chec	k only	one)			Street Address							
☐ Facility Closed/Vaca	ted During	Entire Pe	riod of	Abate	ment		27 Outwater	Lane						
☐ Abatement Performe							City, State, Zip Co	ode						
Time of Abatement:	AN	/P	M/	PM-		AM	Garfield, NJ							
Scope of Work (Check a	all that app	oly)												
☐ ≥3 sf or ≥3 lf			ПР	novat	ion			tainment with Neg	gative Pres	sure				
≥160 sf or ≥260 lf			⊠ De					g Procedure						
						,	☐ Non-Exe	mpted (*) and No	n-Friable P	rocedure	9			
				Locat Norma	3.33			2			Ab	atem	ent T	ype
Location Asbestos-Containing		(ACM)		d Sole		Ashe	Description of estos Containing Ma		Amo	unt	Re	Re	m	Ш
TO BE AB	ATED	()	72673	intena	ince/ Staff?		e., thermal systems	insulation,	(Spec	cify	Removal	Repair	сар	Enclosure
IN Faci (13)			Cus	(12)	Stail?	-	surfacing, VAT other miscellane		SF or	LF)	/al		Encapsulate	ure
(10)			Yes	No	N/A	1	other miscellane	ous)					हिं	
Basement					\boxtimes	Boiler .	Jacket	3.120	60 8	F				
1 st Floor						Linoleu	ım		300	SF				
			П	П								$\overline{\Box}$	П	
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Name of Registered Wa	ste Haule	r	1		JDEP V	Waste	Cubic Yards of	Name of Regis	stered Land	fill		Г	LL.	Ш
ALL PRO MANAGE					lauler II		Waste	IESI Landf		1111				
					00348	360	As Needed	200 NO 120 NO						
City, State Garfield, NJ							Disposal Date TBD	City, State	. DA					
								Bethlehem	i, FA	1.		1		
Completed By (Print or 1	ype)	Title					Signature	1/2/		Date	- 1	1		١.
Zvonko Veskov		l l	reside	ent			13.1	USC		5) (21	16	1
ASB-41					+		//		186	1000000	1		1	1

State of NJ Notification of Asbestos Abatement

D&S Proj. #: 2014-177

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

Project Manager for Monitoring Firm Phone Number Paterson, NJ 07503 Telephone Number 973-345-8020 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Mini-enclosure Amount Glovebag procedure Location of asbestos-containing material (acm) to be abated in facility (13) BASEMENT CRAWL SPACE Paterson, NJ 07503 Paterson, NJ 07503 Telephone Number 973-345-8020 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Mini-enclosure Glovebag procedure Non-Exempted (*) and Non-friable procedure Non-Exempted (*) and Non-friable procedure Description of asbestos-containing material (acm) to be abated in facility (13) BASEMENT CRAWL SPACE PIPE INSULATION 106 L FT PIPE INSULATION 106 L FT 13506 Paterson, NJ 07503 Telephone Number 973-345-8020 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Mini-enclosure Glovebag procedure Non-Exempted (*) and Non-friable procedure Non-Exempted (*) and Non-friable procedure Description of asbestos-containing material (ACM) FR R R R R R R R R R R R R R R R R R R	HECK # 005000					- 111 0	: 5		
Agencies Notified GPA	Date of Notification (1)	Name of Building Ow	ner/Operator (2)		2014 MAY -	6 AM 2	13		
DEP Amendment Flame Content	나 그 그렇게 하는 아이들이 하는 그 이 없어야 한 것이 없었다. 그리고 하는 것이 하는데 나를 하는데 하는데 그리고 하는데		KEDAL			. A CONTE	M		
DEP Amendment Flame Content		on Street Address		W	あらっとうし	CENSING	1101		
Annothering First Hired by Bidg. Owner (8)	_ _ Amondod	1 CHERRY LAN	NE		& LI	PEMPLIAG			
ARRDING TWP, NJ 07960 County Code (7) Current Use (Prior if being demolished) Current Use (Prior if being	Amendment #:	City, State, Zip Code							
Size County Code (7) Cancellation Name of Contact LARRY LOVECCHIO Cancellation Name of Abatiment is taking place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Content (Private/Commercial Bidgs, Homes, etc. Super (Private/Commercial Bidgs, Hom	☑ DOL ☐ Emergency	HARDING TWI	P., NJ 07960						
DCA		Name of Contact			Telepho	ne Number			
Steed Address Steed Addres		LARRY LOVE	CCHIO		1=				
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Street Address City (5)	Name of facility where abatement is	s taking place (3)	71000 W - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -						
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CHERRY LANE Square Feet First Floors Bldg. Age					<u> </u>	1.5			
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20 California Ave.	Street Address		J		TORATION, INC.				
City, State, Zip Code Project Manager for Monitoring Firm Phone Number Project Manager for Monitoring Firm Phone Number Start Date (10) 05/15/14 Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: NoRMAL HOURS Scope of Work (check all that apply) ≥ 3 sf or ≥3 if Renovation Patterson, NJ 07503 Scope of Work (check all that apply) Patterson, NJ 07503 Scope of Work (check all that apply) Patterson, NJ 07503 Demolition Patterson, NJ 07503 Demolition Patterson, NJ 07503 Scope of Work (check all that apply) Patterson, NJ 07503 Scope of Work (check all that apply) Patterson, NJ 07503 Scope of Work (check all that apply) Patterson, NJ 07503 Scope of Work (check all that apply) Patterson, NJ 07503 Scope of Work (check all that apply) Patterson, NJ 07503 Scope of Work (check all that apply) Patterson, NJ 07503 Scope of Work (check all that apply) Patterson, NJ 07503 Scope of Work (check all that apply) Patterson, NJ 07503 Scope of Work (check all that apply) Patterson, NJ 07503 Patterson, NJ 075					ia Ave.				
Project Manager for Monitoring Firm	City, State, Zip Code								
Project Manager for Monitoring Firm				Paterson, N	JJ 07503				
Name of OSHA Monitor D & S Restoration, Inc.	Project Manager for Monitoring Firm	Phone Num	ber			License Nu	mber		
D&S Restoration, Inc.						0116	9		
OS/15/14 Occupancy Status During Abatement (Check only one) ☐ Facility closed/vacated during entire period of abatement. ☐ Abatement performed outside of normal facility hours- ☐ Describe: ☐ Other-Describe:	Start Date (10)	Sched. Completion Date (11)	The second of th					
Cocupancy Status During Abatement (Check only one)	05/15/14	05/30/14			oration, Inc.				
Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: ☐ Other-Describe: ☐ NORMAL HOURS Scope of Work (check all that apply) ☐ >3 st or >3 lf ☐ Non-Exempted (*) and Non-friable procedure ☐ Non-Exempted (*) and Non-friabl				Marian.	io Avanua				
Abatement performed outside of normal facility hours- Describe: NORMAL HOURS Paterson, NJ 07503									
Scope of Work (check all that apply) Scope of Work (initiative pressure winitiative procedure Scope of Work (check all that apply) Scope of Wonk initiative procedure Non-Exempted (*) and Non-friable procedure Non-Exempted (*) and Non-friable procedure Scope of Wonk Exempted (*) and Non-friable procedure Non-Exempted (*) and Non-friable procedure Scope of Wonk initiative procedure Non-Exempted (*) and Non-friable procedure Scope of Wonk initiative procedure Non-Exempted (*) and Non-friable procedure Scope of Wonk initiative procedure Non-Exempted (*) and Non-friable procedure Non-Exempted (*) and Non-friable procedure Scope of Wonk initiative procedure Non-Exempted (*) and Non-friable procedure S	Abatement performed outside			l ony, orato, zap	5040				
Scope of Work (check all that apply) Saf or >3 if Renovation Mini-enclosure Glovebag procedure Non-Exempted (*) and Non-friable procedure Non-E	Other-Describe: NORMAL H	OURS		Paterson, N	IJ 07503				
Sality					Full Containment	w/negative pre	ssure		
□ ≥160 sf or ≥260 lf □ Demolition □ Description of asbestos-containing	N				Mini-enclosure				
Location of asbestos-containing material (acm) to be abated in facility (13) BASEMENT CRAWL SPACE PIPE INSULATION PIPE IN	≥160 sf or ≥260 lf	Demolition		*			olo pr	ooodur.	
BASEMENT CRAWL SPACE PIPE INSULATION PIPE INSULATION PIPE INSULATION PIPE INSULATION PIPE INSULATION PIPE INSULATION BASEMENT CRAWL SPACE PIPE INSULATION PIPE INSULA			ely		(IR	F	_	
material (acm) to be abated in facility (13) BASEMENT CRAWL SPACE PIPE INSULATION PIPE INSULATION 106 L FT PIPE INSULATION Registered Waste Hauler D & S RESTORATION, INC. NJDEP Hauler ID# 13506 Disposal Date PATERSON, NJ 07503 City, State PATERSON, NJ 07503 Cignature PRESIDENT material (ACM) PIPE INSULATION (Specify SF or D o o a a i p o c L NJME INSULATION NJME INSULATION NAME of Registered Landfill TULLYTOWN, RESOURCE RECOVERY City, State PATERSON, NJ 07503 Date 05/16/14 Signature Date 04/30/14	asbestos-containing		Description	on of asbestos-containi	III SECOND	l m	1 3 10		n
BASEMENT CRAWL SPACE PIPE INSULATION PIPE INSULATION BEGISTERED Waste Hauler D & S RESTORATION, INC. City, State PATERSON, NJ 07503 Completed by (Print or Type) BOGDAN JOLDZIC PRESIDENT PIPE INSULATION PIPE INSULATION 106 L FT Cubic Yards of Waste PIPE INSULATION Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY City, State TULLYTOWN, PA Date 04/30/14					(Specify	SF or o	1.5		c
BASEMENT CRAWL SPACE PIPE INSULATION 48 L FT PIPE INSULATION 48 L FT PIPE INSULATION Begistered Waste Hauler D & S RESTORATION, INC. Disposal Date O5/16/14 Completed by (Print or Type) BOGDAN JOLDZIC PRESIDENT PIPE INSULATION 106 L FT A	azatza iii iaointy (10)	Yes No N/A					l r	р	-
Registered Waste Hauler D & S RESTORATION, INC. NJDEP Hauler D# Cubic Yards of Waste Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	BASEMENT	X	PIPE INSU	LATION	106 L FT				
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Completed by (Print or Type) Title Signature Date BOGDAN JOLDZIC PRESIDENT 04/30/14	City, State		Date						
BOGDAN JOLDZIC PRESIDENT 04/30/14		05/16/		TULLYTO	WN, PA				
			Signature	2					
ASH-41 DO NOU use this form for aspestos licensure exempted activities.			tos licensure ex	empted activities.		04/30/14			-

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

D&S Proj. #: 2014-181 Notification of Asbes (Pursuant to NJAC 8:

NECK TI 005601					40	E - E - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -					
Date of Notification (1)	Name	e of Building Owr	ner/Operator (2))	9	914 MAY -6 A	M 2: 14				
0 5 /0 1 /1 4	JAì	NE FERLANT	Ï								
Agencies Notified Type Notif	Stree	t Address				SESTUS C	UNTRUL				
DEP Amende	655	5 WALL STRE	EET			& LICENS	ING				
Amendmer		State, Zip Code									
☑ DOL ☐ Emerger		DGEWOOD, 1	NI 07450								
DOH (includin	g Name	of Contact	07.50			Telephon	e Number	ii salara ile			
DCA justificat	11		<u> </u>				_				
Cancella Cancella	tion JA	NE FERLAN	<u> </u>								
		*******	CILITY INFORM	IATION		245					
Name of facility where abateme	ent is taking place ((3)				Type of Facility (4) I (K - 12)				
JANE FERLANTI						=	apter 8 (Oth	er th	an K	-12\	
Street Address						Other (Private/Con	nmer		12)	
655 WALL STREET							Homes, etc # of Floors	·	Ble	dg. A	ge
City (5)	County (6	6)		Cour	nty Code (7)	2201 5773507 5773			276		**************************************
					(State use only) Current Use (Prior if being demoli						
RIDGEWOOD Name of Monitoring Firm Hired	BERGE			L.,,	No CAL-1						
Name of Monitoring Firm Fired	by Blag. Owner (8))	ASCM No.	- 11	Name of Abatemen	ACCOMMODITION AND ACCOMMODITION AND ACCOMMODITION AND ACCOMMODITION AND ACCOMMODITION AND ACCOMMODITION ACCOMMODIT					
Street Address				_	D & S RESTOR Street Address	RATION, INC.					
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City, State, Zip Code					20 California A City, State, Zip Code						_
Oity, State, Zip Code											
Project Manager for Manitoring		15		_	Paterson, NJ 0	7503					
Project Manager for Monitoring F	-irm	Phone Numb	ber		Telephone Number 973-345-8020		License N 011		er		
					Name of OSHA Mor		011	.09			
Start Date (10)	Sched. Co	mpletion Date (1	1)		D & S Restorat						
05/15/14	05/28/14			- 11	Street Address	ion, me.			_	_	
Occupancy Status During Abate	ment (Check only o	one)			20 California A	venue					
Facility closed/vacated dur					City, State, Zip Code						
Abatement performed outs Describe:	ide of normal facili	ty hours-		- 11							
Other-Describe: NORMA	L HOURS			-11	Paterson, NJ 0	7503					
Scope of Work (check all that a				$-\Box$		Full Containment w	/negative p	ressi	ıre		
57	Renovation					Mini-enclosure	,ga p		· ·		
≥160 sf or ≥260 lf	Demolition				☒	Glovebag procedur					
						Non-Exempted (*)		able R T	proce		
Location of asbestos-containing	by maintenan	rmally used solel ce/custodial	1		V	Amount		e	e	E	E
material (acm) to be	staff(12)		Description material (sbestos-containing	(Specify S	For I	m	p	С	n
abated in facility (13)	Yes	No N/A	I mazonar (ĹF)		o v	a i	a	L
D. C.			4					е	r	P	
BASEMENT			PIPE INSU	LATI	UN	88 l ft		<u> </u>	닏	닏	부
								ᆜ	Ш	Ц	1
				Complete Manager			[
Registered Waste Hauler D & S RESTORATION, IN	NJDEP H C. 13506		Cubic Yards of V 1 YD	Vaste	Name of Registered	d Landfill , RESOURCE RE	COVERV				
City, State		Disposal [City, State	, ALBOURCE RE	COVERI				-
PATERSON, NJ 07503		05/16/1			TULLYTOWN	. PA					
Completed by (Print or Type)	Title		Signature		1022110111	,	Date		-	-	
BOGDAN JOLDZIC	PRESIDENT	Γ					05/01/2	014			
ASB-41		s form for asbest	tos licensure ex	empted	activities.		1-			-	-

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

D&S Proj. #: 2014-178 hECK # 005602

Date of Notification	1/14			uilding Ow		/Operator (2) OTT		2014	MAY -6	5 AM 2	: i 4					
Agencies Notified EPA DEP	Type Notificati Initial Amended Amendment #:			ress RFIELD F , Zip Code		ACE		& STESTUS CONTROL & LICENSING								
☑ DOL	Emergency (including		RIDGE ame of C	EWOOD,	NJ	07450				Telepho	ne Numi	ber				
☐ DCA	justification) Cancellation			D MCDE	RM	OTT					-	. =				
				FA	CIL	ITY INFORM	ATION					700	50.0			
Name of facility will DAVID MCDE Street Address		s taking pla	ice (3)						Туре	Subo	ool (K - 1 chapter 8	(Other the		-12)		
41 GARFIELD	PLACE								Squ	are Feet	# of Fl	oors	Blo	dg. Aç	je	
City (5)		Cour	ity (6)					nty Code (7) te use only)	Cur	rent Use (Prior if b	eing dem	olishe	ed)		
RIDGEWOOI			RGEN						<u> </u>	1 (0)						
Name of Monitorin	ng Firm Hired by	Bldg. Owne	er (8)			ASCM No.	_	D & S RESTO Street Address	RATIO							
City, State, Zip Coo	de							20 California . City, State, Zip Coo Paterson, NJ (de 07503							
Project Manager fo	r Monitoring Firm	1	F	Phone Nun	r		Property of the Property of th	20		Licer	01169	er				
Start Date (10)		Sched	. Comple	etion Date ((11)			Name of OSHA Mo	1	c.						
05/14/14 Occupancy Status	During Abatamar	05/23	CONTRACTOR		-		_	Street Address								
Facility close	d/vacated during erformed outside	entire perion	od of aba					20 California 2 City, State, Zip Coo Paterson, NJ	de	-						
Scope of Work (ch								1440,000,110		ntainment	t w/negat	tive press	ure			
		Renovation Demolition						<u> </u>	Mini-er Glovet	nclosure pag proced exempted (dure	817.0		edure	i	
Location of asbestos-co material (acr abated in fac	m) to be	Is location by mainte staff(12) Yes	n normali enance/ci No	y used solustodial	-	Descripti material		sbestos-containing		Amount (Specify LF)		R e m o v e	Repair	E n c a p	E n c L	
BASEMENT			X			PIPE INSU	ILAT	ION	10	05 L FT						
				4-					_		_	ᆛᆛ	片	님	ዙ	
					4						_	 - -	片	H	H	
			_		4								H	H	H	
Registered Waste I		NJD 135	EP Haule	er ID#		ibic Yards of YDS	Waste	Name of Register			RECOV	ERY			1—	
City, State PATERSON, NJ 07503					I D	ate	-	City, State TULLYTOW								
Completed by (Print or Type) BOGDAN JOLDZIC Title PRESIDENT						Signature		1			Date 05.	e /01/2014				
ASR-41				m for asbe	esto	s licensure ex	cempte	d activities.								