NO CK

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

RECEIVEN

Date of Notification (1)				Name of	Building O	wner/O	perator	(2)			9815 B	IAV.	_		
5-4-15			H	HOUS	ING AUT	THOR	ITY O	FTH	E CITY (OF C	AMDEN	141 -	0	AM I	2:]
Agencies Notified	Type Notification			Street Ad	ddress						,				
X EPA	Initial			2021 \	WATSO	N STF	REET				1.33 <u>.</u> &	- 11,	-	Jily	15
X DEP	Amended			City, Sta	te, Zip Cod	le	Comment to the second				Čī	LIC	EH!	SIMI	3
X DOL	Amendment Emergency (- [CAME	DEN. NJ	08105	5							in visa	-
X DOH X DCA	justification)	including		Name of	Contact					Tel	ephone Nu	mber			
X DCA	Cancellation		,	WYNF	IELD AN	IDER:	SON			١ .	u <u></u> -				
					LITY INFO									202	
Name of Facility Where		g Place (3)						Type	of Facility (4	4)					
BRANCH VILLAGI	E								School (K-1						
Street Address									Subchapter Other (i.e. p				linne	homo	
1800 SOUTH 9TH	STREETS - B	LDGS. 1	, 3 A	AND 5				1 1	etc.)	iivate	a commerc	iai buik	ıııga,	HOME	٥,
City (5)								1/25	re Feet		f Floors		ldg. A	_	
CAMDEN								18,0	00	2		+	-6	0	1
County (6)					Code (7)			00000	nt Use (Prid		ing demolis	hed)	-1-0-6		
CAMDEN				(STATE U	JSE ONLY)	-		APA	RTMEN	TS					
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	l No.		Name	of Aba	tement Cor	tracto	r (9)				
A. SEINC LIGHTH	IOUSE						PEP	PER	ENVIRO	NME	NTAL S	ERVI	CES	INC	.
Street Address							Street	Addres	ss						
P.O. BOX 354							2251	1 FRA	LEY ST	REE	Г				
City, State, Zip Code									ip Code		45-00-0-0				
SOUTH ORANGE	N I 07079						PHIL	ADE	LPHIA, F	A 19	137				
Project Manager for Mo				Telepho	ne No.		Teleph	hone N	0.		License	Vo.			
SARAH CALANDE	RA			973-27	75-5000		215-5	533-5	155		01166				
Start Date (10)		Schedule	d Con	npletion	Date (11)				-IA Monitor					2	
4-23-15		- 5	-11-	15			HEAL	LTH 8	SAFET	Y SE	RVICES	, INC			
Occupancy Status Durir	ng Abatement (Ched	k Only One	∍)					Addres							
Facility Closed/Vac	cated During Entire	Period of A	baten	nent			P.O.	вох	305						
Abatement Perform	ned Outside of Norr	nal Facility	Hours	5			City, S	State, Z	ip Code						
Other - Describe:						-	BER	LIN, N	NJ 08009)					
Scope of Work (Check)	All That Apply)														
23 sf or ≥3 lf		√ R	enova	ition			F		II Containm		h Negative	Pressu	re		
≥160 sf or ≥260 lf		D D	emoli	tion			-		ni-Enclosure ovebag Pro	-					
	*PRIOR TO	DEMO					5		n-Exempte			ble Pro	cedur	е	1
			Locat	ion			,	•		70.55			Abat	ement	Ċ
Locatio	n of		orma		-	Des	scription	n of					T	pe	_
Asbestos-Containing	g Material (ACM)		d Sole		Asbest	tos Cont	aining f	Materia	I (ACM)		Amount			ш	_
TO BE A				Staff?	(i.e.	thermal	system cing, VA		ation,		Specify F or LF)	Ren	Re	nca	encl
In Fac			(12)				niscella				or or Lr)	Remova	Repair	Encapsulate	Enclosure
,	•	Yes	No	N/A	1							<u>m</u>	1	ate	6
		168	140	INA								-	-		
ROOF			er mice	X	ASPHA	LTRC	OF S	HING	SLES	20,0	00 SF	X			
KITCHEN & BATH	HROOM			X	FLOOR	TILE	AND	MAS	TIC	1,20	0 SF	X			
	15141004 -550000 WH			+						7276177	- Access (10)				
Name of Registered Wa	note Hauler		T K	JDEP V	Vacto	Cubic	Yards		Nama of	Regio	tered Landt	ill			
SERVICE TRANS				lauler ID		of Wa					_ANDFIL				
OLIVIOL IIVANO	. 51(1 51(00)								TVIII VILL		- 1112111				
City, State						Dispos	sal Date	Э	City, Sta	te	12				
NEW CASTLE, DE	Ē.,)		WAYN	ESBL	JRG, OH				
Completed by		Title				5	gratur	e /	7		1)ate			
JENNIFER NIVEN	l	DIR.	OF C	PERA	BNOITA	V_{ℓ}	h			2	5	-4-15			
						11	0.0	-							

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

D&S Proj. #: 2015-142

ASB-41

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

Date of Notification		N	ame of E	Building Owr	ner/Operator (2)		8	11.5 11.5	-	. ~ .			
Agencies Notified	Type Notificat	-	david al							16.	. O.C.		2721	
EPA	Initial	110	reet Add											
☐ DEP	Amended	11-		wood road							(9)			
DOL	Amendment #:	-		, Zip Code	NII 07050									
☑ DOH	Emergency (including	Na Na	wES1	I leave to be a second	E, NJ 07052			_	Telephon	e Numbe	er	-		-
☐ DCA	justification)								Totophon	0 11011100				
	☐ Cancellation		david a	allen										
				FAC	ILITY INFORM	IATIO	N							
Name of facility wh	here abatement i	s taking pla	ce (3)					П	Type of Facility (4) I (K - 12)			
david allen								П	=	apter 8 (0		han k	(-12)	
Street Address								11	Other (Private/C	Comme		,	
18 dogwood ro	ad							Н		Homes,		В	ldg. A	.ae
City (5)		Coun	ty (6)			Co	unty Code (7)	11	Square reet	# 01 1 100	115		ug. A	.gc
Section of the sectio							ate use only)	H	Current Use (Pr	rior if beir	ng dem	nolish	ed)	
WEST ORAN		ESS				<u>L</u> ,		Ц	- (0)					
Name of Monitorin	ig Firm Hired by i	Blag. Owne	r (8)		ASCM No.		Name of Abateme		77.77					
Street Address						_	D & S RESTO	RA	TION, INC.					
Street Address							20 California	Δ 1/6						
City, State, Zip Cod	le					_	City, State, Zip Coo	-		-1				
							Paterson, NJ	075	03					
Project Manager for	r Monitoring Firm		F	Phone Numb	per	_	Telephone Number	r		License		er		
							973-345-802			()1169			
Start Date (10)		Sched.	Comple	tion Date (1	1)		Name of OSHA Mo		74					
05/27/15		06/22	/15				Street Address	atio	II, IIIC.					
Occupancy Status I	-		(a) (b)				20 California A	Ave	enue					
	d/vacated during erformed outside						City, State, Zip Coo	de						
Describe:			acility 110	ours-				0==						
Other-Descri						_	Paterson, NJ (_		
Scope of Work (ch							F	=	ull Containment w Iini-enclosure	/negative	press	ure		
<u> </u>		Renovation						_	lovebag procedu	re				
≥160 sf or ≥2	200 11	Demolition		y used solel	vI			N	lon-Exempted (*)	and Non	-friable	proc	_	1
Location of asbestos-cor	ntaining	by mainte	nance/cu	ustodial		on of	asbestos-containing		Amount		е	e	E n	E
material (acn	n) to be	staff(12)			material				(Specify S	For	m o	p a	c	n c
abated in fac	anty (13)	Yes	No	N/A					LF)		v e	i	p	L
BASEMENT			X		PIPE INSU	JLAT	ION		75 l ft		×			
BASEMENT CRAWL	SPACE		X		PIPE INSU	JLAT	ION		2 1 ft					
					-						4	ᆜ	닏	부
Registered Waste F	lauler	INIDE	P Haule	rID# I C	Cubic Yards of	Waste	Name of Register	ed I	andfill			Ш	Ш	
D & S RESTOR		135			1 yd.	. 14310			ESOURCE RE	COVE	RY			
City, State				Disposal I			City, State				8			-
PATERSON, N				05/28/1			TULLYTOW	N, I	PA	T _F :				
Completed by (Prin BOGDAN JOL		Title PRESIDI	ENT		Signature					Date 04/28.	/ 2015			

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

CK UU5979

D&S Proj. #: 2015-143

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

	TIN			/0/0				676				_	
Date of Notification (1) 0 4 1/12 8 1/11 15	- 11		(E)	er/Operator (2))				5 1	ė: į	S		
Agencies Notified Type Notificat	-		LAWLES:	5									
☐ EPA ☐ Initial	St St	reet Add	ress										
DEP Amended		7 WEST	LINCOL	N AVENUE							-		
Amendment #:	Ci	ty, State,	Zip Code										
		POCK	AWAVDO	ORO, NJ 07	066								
DOH (including	1	me of Co	Control of the last of the las	JRO, NJ 07	800		-	Telephon	o Numbe	\r_		_	-
justification)	l live	ine or oc	maci					relephon	e Numbe	21			
DCA Cancellation		MARY	LAWLES	SS									
			FAC	ILITY INFORM	IATION	I							
Name of facility where abatement i	s taking pla	ce (3)					П	Type of Facility (4) I (K - 12	Υ			
MARY LAWLESS								=	apter 8 (50	nan K	-12)	
Street Address							۱ ۱	Other (Private/0	Comme		– ,	
7 WEST LINCOLN AVENU	E								Homes, # of Floo		BI	dg. A	vae
City (5)	Coun	ty (6)			Cou	inty Code (7)	1					- 3	
					10000000	te use only)		Current Use (Pr	rior if bei	ng dem	olish	ed)	
ROCKAWAY BORO	1,000	RRIS			L.		\perp	*************					
Name of Monitoring Firm Hired by	Bldg. Owne	r (8)		ASCM No.		Name of Abateme	ent C	ontractor (9)					
						D & S RESTO	DRA	TION, INC.					
Street Address						Street Address				0,000		2121	
	<u> </u>					20 California		2.					
City, State, Zip Code						City, State, Zip Co	de						
						Paterson, NJ	075	03					
Project Manager for Monitoring Firm		P	hone Numb	er	_	Telephone Number	_		License	Numb	er		
		100				973-345-80	20		(01169			
	10		. 5 . 4			Name of OSHA M		or					
Start Date (10)	Sched.	Complet	tion Date (1	1)		D & S Restor	ratio	n. Inc.					
05/14/15	05/29	/15				Street Address	_						
Occupancy Status During Abatemer	nt (Check or	nly one)				20 California	Ave	nue					
Facility closed/vacated during						City, State, Zip Co							
Abatement performed outside	of normal f	acility ho	urs-				275572						
Describe: NORMAL H	OURS					Paterson, NJ	075	03					
					_	<u> 1 atc13011, 143</u>						_	
Scope of Work (check all that apply	3.61					Į.	=	ull Containment w	/negative	e press	ure		
\boxtimes >3 sf or >3 lf	Renovation	n					_	lini-enclosure					
≥160 sf or ≥260 lf	Demolition						_	lovebag procedur lon-Exempted (*)		-friable	proc	edure	9
Location of	Is location	normally	used solely	/						R	R	Е	1
asbestos-containing	by mainte				on of a	sbestos-containing	,	Amount		е	е	n	E
material (acm) to be	staff(12)			material		abeatoa-containing	9	(Specify S	For	m o	p a	С	C
abated in facility (13)	Yes	No	N/A		9 35			LF)		v	i	a p	L
										е	r	_	_
BASEMENT		X		PIPE INSU	JLATI	ION		1161ft			Ц	Щ	
]									
							1+1-						
				1				26 - 27					
				İ						П		П	
Registered Waste Hauler	NJDE	P Hauler	· ID# C	ubic Yards of	Waste	Name of Registe	red L	andfill.			_	_	1-
D & S RESTORATION, INC.	135		100	2 yds.				ESOURCE RE	COVE	RY			
City, State		-	Disposal D	Date		City, State							
PATERSON, NJ 07503			05/15/1	5		TULLYTOW	/N, I	PA					
Completed by (Print or Type)	Title			Signature					Date				
BOGDAN JOLDZIC	PRESIDI	ENT		25528					04/28	/15			
ASB-41	* Do not use	this form	n for asbest	os licensure ex	empte	d activities.							

D&S Proj. #: 2015-150

State of NJ

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

									427	# KA !-				
Date of Notification			Name of B	uilding Own	er/Operator (2)	9			545		Ú,	1/12	: 51	
10 4 / 3 0			JOSEPH	I MALINO	OWSKI									
Agencies Notified EPA	Type Notificat Initial	tion 3	Street Add	ress							л ¹⁵ фа			
☐ DEP	Amended		51 SUN	DERLAN	D AVENUE					-			50090	
_	Amendment #:		City, State,	Zip Code										
DOL	☐ Emergency		RUTHI	ERFORD,	NJ 07070									
☑ DOH	(including justification)		lame of Co	ontact					Telepho	ne Numbe	er			
☐ DCA		- 14	IOSEP	H MALIN	OWSKI									
	Cancellation	1	JOSEI	0.000000	ILITY INFORM	ATION								
Name of facility w	hara ahatamant		222 (0)			711101			Tune of Facility	(4)				
Name of facility w	nere abatement i	is taking pi	ace (3)						Type of Facility	(4) ol (K - 12)			
JOSEPH MAL	INOWSKI								=	hapter 8 (500	han k	(-12)	
Street Address								-		(Private/0			(12)	
51 SUNDERL	AND AVENU	E							Bldgs Square Feet	# of Floo		R	ldg. A	00
City (5)			nty (6)			Col	inty Code (7)	-	Oquare i eet	# 01 1 100	,,,,	-	iag. /	ge
, , ,							ate use only)	11	Current Use (Prior if bei	na den	nolish	ed)	
RUTHERFOR	ED C	BE	RGEN				= 1		· · · · · · · · · · · · · · · · · · ·		19 001	TOTION	<i>-</i>	
Name of Monitorin	ng Firm Hired by	Bldg. Own	er (8)		ASCM No.	\neg	Name of Abater	nent C	ontractor (9)					
				- 1			D & S REST	ORA	TION, INC.					
Street Address						_	Street Address							
	*						20 Californi	ia Ave	.					
City, State, Zip Coo	le		7.9.1			_	City, State, Zip C	ode						
							Paterson, N	J 075	03					
Project Manager fo	r Monitoring Firm	1	Р	hone Numb	er		Telephone Num	ber		License	Num	oer		
							973-345-8	020		()1169			
Start Date (10)		Sched	. Complet	ion Date (1	1)	=	Name of OSHA			12086				
05/15/15		05/20	6/15				D & S Resto	oratio	n, Inc.					
Occupancy Status	During Abatemer					-	77							
/ <u></u>	d/vacated during	83		ement.			20 California City, State, Zip C		nue					
Abatement p	erformed outside						City, State, Zip C	Joue						
Describe: Other-Descri	he NORMAL H	IOURS	77.			-	Paterson, N	T 075	03					
Scope of Work (ch										/nonativ				
>3 sf or >3 lf		Renovatio	nn.					-	ull Containment ini-enclosure	wriegative	press	ure		
≥160 sf or >2									lovebag proced	ure				
<u> </u>	260 11	Demolition	7					☐ N	on-Exempted (*) and Non	-	_	_	
Location of asbestos-cor	atoinin =		n normally enance/cu	used solely stodial	1						R e	R	E n	E
material (acn		staff(12)			Description material (sbestos-containir	ng	Amount (Specify	SF or	m	р	c	n
abated in fac		Yes	No	N/A	material (AOIVI)			LF)		° v	a	a	L
- 1											е	r	р	
BASEMENT FA			LX		PIPE INSU				8 L FT			브	Щ	ᆜ
BASEMENT GA			LX		PIPE INSU				15 L FT				Ш	ᆜ
CRAWL SPACE	<u> </u>		X		PIPE INSU	LATI	ON		24 L FT			ᆜ	Ш	
											1	Ш	Ш	Ш
Dogiotored West	laular					VI	100							
Registered Waste F D & S RESTOR		NJD 135	EP Hauler 506		ubic Yards of V yd.	vaste	i i i i i i i i i i i i i i i i i i i		andfill ESOURCE R	ECOVE	RY			
City, State		_		Disposal D	William Co.		City, State	, 10	CALOD I		-			
PATERSON, N	IJ 07503			05/16/1			TULLYTO	WN, F	PA					
Completed by (Prin	t or Type)	Title		1	Signature		1			Date				
BOGDAN JOL		PRESID								04/30	2015			
ASB-41	,	Do not us	e this form	for asbesto	os licensure exe	empte	d activities.							

(K005981

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

Salary Page

									0p	1.4				
Date of Notification			Name of B	uilding Owr	ner/Operator (2)			6133	KA 1 - 8	5 4	112:	10	
Agencies Notified		lan L			ACKIE MUE	LLE	R				10.50		40	
EPA	Type Notificat	uon [Street Addr	ess					ر الدائد الدائد الر	- 211		1 7	177	
☐ DEP	Amended		1915 A	TLANTIC	AVENUE				SZ	M	h : []	ŧG		
_	Amendment #		City, State,	Zip Code										
☑ DOL			MANA	SQUAN,	NJ 08736									
⊠ DOH	(including justification)	1	Name of Co	ontact					Telephon	e Numbe	er		-0	
☐ DCA	Cancellation	11	GEOR	GE AND .	JACKIE MU	ELLE	ER		1					
				FAC	ILITY INFORM	IATIO	N					53)		
Name of facility w	here abatement	is taking pl	ace (3)					П	Type of Facility (
GEORGE ANI) IACKIE MI	ELLED						П	=	I (K - 12				
Street Address	JACKIL MC	LLLLK						1		apter 8 (0 (Private/0			(-12)	
								П		Homes,		rciai		
1915 ATLANT	TIC AVENUE								Square Feet	# of Floc	rs	В	ldg. A	\ge
City (5)		Cou	nty (6)				unty Code (7)							
MANASQUA	N	Mo	ONMOUT	TH		(Sta	ate use only)	П	Current Use (P	rior if beir	ng den	nolish	ed)	
Name of Monitorin					ASCM No.	\vdash	Name of Abateme	nt Co	ontractor (9)					
	·T	<u> </u>	STATE OF THE STATE				D & S RESTO		~					
Street Address						-	Street Address	ICA.	HON, INC.				-	
							20 California	Ave						
City, State, Zip Coo	le					_	City, State, Zip Coc							
						-	Paterson, NJ	0750	03					
Project Manager fo	r Monitoring Firm	1	P	hone Numb	per	_	Telephone Number	_		License	Numb	per		
							973-345-802	0			1169			
Start Date (10)		Sched	d. Complet	ion Date (1	1)	_	Name of OSHA Mo							
05/06/15		05/2	0/15				D & S Restora	itior	ı, Inc.					
Occupancy Status I	During Abatemer					-	20 California A							
	d/vacated during	4.50		ement.			City, State, Zip Coo	_	nue					
Abatement per Describe:	erformed outside	of normal	facility hou	ırs-			Oity, Otato, Zip Coc							
Other-Descri	be: NORMAL H	IOURS				_	Paterson, NJ (0750	03					
Scope of Work (ch	eck all that apply	y)						1 Fu	II Containment w	/negative	press	ure		
\boxtimes >3 sf or >3 lf		Renovation	on					=	ini-enclosure		p. 000			
≥160 sf or ≥2		Demolitio	n				<u> </u>		ovebag procedur on-Exempted (*)		friable	proc	edure	2
Location of				used solely	/				1		R	R	E	
asbestos-cor material (acn		by mainte staff(12)	enance/cus	stodial			asbestos-containing		Amount		e m	е	n	E n
abated in fac		Yes	No	N/A	material (ACM)			(Specify S LF)	F or	0	a	a	C
		163	140	N/A							v e	r	р	
SHOP/OFFICE			$\square X$		PIPE INSU	LAT	ION		24 L FT					
BATHROOM			$\perp X$		VAT				80 SQ FT		X			
Pogistored West-	louler					March		70						
Registered Waste F D & S RESTOR			EP Hauler 506	2000 AV	Subic Yards of V Lyd.	vaste	Name of Registere TULLYTOWN			COVER	Υ			
City, State				Disposal D			City, State	, _ u			_			
PATERSON, N	J 07503			05/07/1	5		TULLYTOW	N, P.	A					
Completed by (Prin		Title			Signature					Date				
BOGDAN JOL		PRESID					at an arrangement			04/30	/15			
ASR-41	,	Do not us	e this form	Tor asbest	os licensure ex	empte	a activities.							

0.5984 D&S Proj. #: 2015-140

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

PECENTED

		(- 11 11 - 1	10				7815					
Date of Notification (1) 0 4 / 2 9 / 1 5		of Building Owner Y TICHENOR					-414	iá 1 – 6) [H 12	: 30	}
Agencies Notified Type Notifica	tion	Address										
☐ EPA ☐ Initial ☐ Amended	1 404	ESSEX AVEN	IUE.		*		Ġ	LICE	1	NO.	TUL	
Amendment #	1	tate, Zip Code										
☑ DOL ☐ Emergency		OOMFIELD, N	J 07003									
DOH (including	Name o	of Contact				Tele	ephone I	Number				
DCA justification	11	OY TICHENO	R			I						
Cancellatio	11 ====		LITY INFORMA	ATION	1 *							
Name of facility where abatement	is taking place (3	()	-1			Type of Fa						
JUDY TICHENOR						=	School (Subchap	(K - 12) iter 8 (Ot	her th	nan K	-12)	
Street Address	131	3					Other (Pr	rivate/Co	mme		,	
404 ESSEX AVENUE						Square Fe		of Floors		Bl	dg. A	ge
City (5)	County (6)		T		inty Code (7)							
BLOOMFIELD	ESSEX			(Sta	te use only)	Current U	se (Prio	r if being	dem	olish	ed)	
Name of Monitoring Firm Hired by			ASCM No.	\top	Name of Abatemen	t Contractor (9)					
					D & S RESTOR	RATION, IN	C.					
Street Address				_	Street Address	7 - 11 - 1						
_					20 California A							
City, State, Zip Code					City, State, Zip Code							
				_	Paterson, NJ 0	7503						
Project Manager for Monitoring Fire	m	Phone Number	er		Telephone Number 973-345-8020)	1	_icense I ∩1	Numb 169	er		
					Name of OSHA Mo			01	107		_	
Start Date (10)	Sched. Con	npletion Date (11)		D & S Restora							
05/18/15	05/30/15				Street Address							
Occupancy Status During Abateme		1100			20 California A	venue						
☐ Facility closed/vacated during ☐ Abatement performed outsid					City, State, Zip Code	е						
— Describe:	and the state of t	y 110010		-1	Doto NII O	7502						
Other-Describe: NORMAL				-]	Paterson, NJ 0							_
Scope of Work (check all that app	**				-	Full Containn Mini-enclosu		egative	press	ure		
				935		Glovebag pro						
≥160 sf or ≥260 lf	Demolition					Non-Exempt	ed (*) ar	nd Non-f	-			
Location of asbestos-containing	by maintenance	mally used solely e/custodial		,		Amo	uint		e e	R e	E n	E
material (acm) to be	staff(12)		material (/		sbestos-containing	(Spe	ecify SF	or	m o	p a	C	n
abated in facility (13)	Yes	No N/A				LF)			V	i	a p	L
BASEMENT			PIPE INSU	LATI	ION	83 L F	Γ		e	П		\vdash
									Ħ	$\overline{\Box}$	H	H
									一			盲
Registered Waste Hauler D & S RESTORATION, INC	NJDEP Ha . 13506		ubic Yards of V	Vaste	Name of Registere TULLYTOWN		E REC	OVER	Y			
City, State		Disposal D	ate		City, State							
PATERSON, NJ 07503		05/27/15			TULLYTOWN	I, PA						
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT		Signature					Date 04/29/2	2015			
ASB-41	* Do not use this		s licensure exe	empte	d activities.							

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

D&S Proj. #: 2015-140

Date of Notification		N	ame of E	Building Ov	vne	er/Operator (2)				0017					
0 4 1/12 17			TUDY T	TICHEN	OR	•				2015 FAY -	5 44	12: :	C		
Agencies Notified EPA	Type Notificat Initial	ion St	reet Ado	dress											
☐ DEP	Amended		404 ES	SEX AV	EN	TUE				1-135 à 1 à 3 1 à 1 à 3		$i \not = f_X^{2,7}$	2 #		
	Amendment #:	Ci	ty, State	e, Zip Code						a 1, (1,)	. Fa _ 1 / ft	J			
M DOL	Emergency		BLOO	MFIELD	, N	IJ 07003									
☑ DOH	(including justification)	Na	me of C	Contact						Telephone	Numbe				
☐ DCA	Cancellation	.	JUDY	TICHEN	[0]	R				!					
				FA	CII	LITY INFORM	IOITA	N							
Name of facility w	here abatement i	s taking pla	ce (3)							Type of Facility (4	(K - 12)				
JUDY TICHE	NOR									=	pter 8 (C	ther th	nan K	-12)	
Street Address										Other (F	Private/C Homes, e		rcial		
404 ESSEX A	VENUE										of Floo		Bl	dg. A	ge
City (5)		Coun	ty (6)					unty Code (7) ate use only)		Current Use (Pri	or if boin	a dom	olioh	24/	
BLOOMFIEL	.D	ESS	EX				(Old	ate use only)		Current Use (Pri	or it bein	g dem	Olisite	eu)	
Name of Monitorin		Bldg. Owne	r (8)		T	ASCM No.		Name of Abaten	nent (Contractor (9)					
							_	D & S REST	ORA	ATION, INC.					
Street Address								Street Address							
								20 Californi		re.				_	
City, State, Zip Coo	de							City, State, Zip C							
D. in the second	a Vinairo de Fina			Dhana Nive				Paterson, N		503	License	Numb	or	_	
Project Manager fo	or Monitoring Firm	B		Phone Nur	nDe	er		973-345-8				1169)CI		
0		10-1	0	-tice Data	/4.4	,	_	Name of OSHA		tor					
Start Date (10)		Sched	. Comple	etion Date	(11)		D & S Resto	oratio	on, Inc.					
05/26/15		05/30	0.000			News District		Street Address							
Occupancy Status			52					20 California		enue					
	ed/vacated during erformed outside							City, State, Zip C	ode						
Describe:	ibe: NORMAL H				_		-	Paterson, N	107	503					
					_			1 aterson, 14		Full Containment w	/nogative	proce	uro		
Scope of Work (cl		Renovatio	n							Mini-enclosure	negative	press	uie		
≥160 sf or ≥		Demolition								Glovebag procedure				3.79 2 016-3.5	
	260 11			lly used sol	alv	1			Ш	Non-Exempted (*) a	and Non-	friable	proc	edure	1
Location of asbestos-co	ntaining	by mainte	nance/c	ustodial	Ciy		on of a	asbestos-containir	na	Amount		e m	е	n	E n
material (acr	m) to be	staff(12)			_	material (.9	(Specify SI	For	0	p a	c a	c
abated in fac	clifty (13)	Yes	No	N/A						",		v e	i	р	-
BASEMENT			X			PIPE INSU	LAT	ION		83 L FT		X			
Registered Waste D & S RESTOR		NJDE 135	EP Haule 06	er ID#		ubic Yards of \ yd.	vaste			Landfill RESOURCE RE	COVE	RY			
City, State				Disposa	ID	ate		City, State							
PATERSON, N				05/27	/1:			TULLYTO	WN,	PA					
Completed by (Prin		Title	D3 7/D			Signature					Date	12015			
BOGDAN JOL		PRESID:	ST2017 SZ 124	rm for ashe	sto	s licensure ex	empte	ed activities.		~	04/27	2013		_	
ASB-41					27 O.S.										

D&S Proj. #: 2015-145

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

	Y	-	**,		1	÷		
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							2015	114				
Date of Notification (1)	Name of Bu	ilding Owne	er/Operator (2)				2015 	11-6	AFI	2/3	Ω	
0 4 / 2 9 / 1 5	LAUREL	SOBIN					£ - 1.			1	<i>G</i>	
Agencies Notified Type Notification	Street Addre	ess					Ä	Litra	-	11.1		
DEP Amended		ANLEY T	ERRACE					L. 14	. [Pt] (1			
Amendment #:	City, State, 2	Zip Code										
Emergency	The second secon	NJ 07083	5	-								
DOH (including justification)	Name of Cor	ntact					Telepho	ne Numbe	r			
☐ DCA ☐ Cancellation	LAURE	L SOBIN					- ; 					
		FACIL	LITY INFORM	ATION		- 1 3 - 12 - 13 - 13 - 13						
Name of facility where abatement is t	aking place (3)					T	ype of Facility	(4) ol (K - 12)				
LAUREL SOBIN							=			oon V	10)	
Street Address						11	0.000	napter 8 (C Private/C			-12)	
							Bldgs	./Homes, e	etc.			
2074 STANLEY TERRACE	T 0 - 1 (0)					. 5	Square Feet	# of Floo	rs	BI	dg. Ag	ge
City (5)	County (6)				nty Code (7) te use only)	 -	Current Use (I	Prior if bair	og dom	olich	2d)	
UNION	UNION			1010	10 000 011197	11	Current Ose (i	nor ii beii	ig den	011511	eu)	
Name of Monitoring Firm Hired by Blo	dg. Owner (8)		ASCM No.		Name of Abateme	nt Cor	ntractor (9)					
					D & S RESTO	RAT	ION, INC.					
Street Address	85			_	Street Address							
					20 California							
City, State, Zip Code					City, State, Zip Coo	de						
					Paterson, NJ		3					
Project Manager for Monitoring Firm	Pr	none Numbe	er		Telephone Numbe 973-345-802			License	11169	er		
					Name of OSHA Me				71107			_
Start Date (10)	Sched. Completion	on Date (11)		D & S Restora		Inc.					
05/05/15	05/22/15				Street Address							
Occupancy Status During Abatement	(Check only one)				20 California	Avent	ue					
Facility closed/vacated during ei Abatement performed outside o Describe:					City, State, Zip Coo	de						
Other-Describe: NORMAL HO	URS			_	Paterson, NJ	07503	3					
Scope of Work (check all that apply)							Containment	w/negative	press	ure		
$\boxtimes > \underline{3} \text{ sf or } > \underline{3} \text{ lf}$	Renovation						i-enclosure					
≥160 sf or ≥260 lf D	Demolition				ľ		vebag proced n-Exempted (*		-friable	proc	edure	
	Is location normally		1						R	R	E	E
aspesios-containing	by maintenance/cus staff(12)	stodiai			sbestos-containing		Amount (Specify	SE or	m	e p	n	n
material (acm) to be abated in facility (13)	Yes No	N/A	material (ACM)			LF)	01 01	O V	a	a	L
	1,00	1877							е	r	р	
BASEMENT	\perp		PIPE INSU	LAT	ION		93 L FT			片	부	님
									井	屵	뷰	井
		-				-			+#-	片	片	H
		4		-					+ -	片	ዙ	片
Registered Waste Hauler	NJDEP Hauler	ID# I C	ubic Yards of \	Naste	Name of Register	red La	ndfill		_	Ш		
D & S RESTORATION, INC.	13506		yds.		TULLYTOW			ECOVE	RY			
City, State		Disposal D			City, State							
PATERSON, NJ 07503		05/06/1			TULLYTOW	N, PA	<u> </u>					
	Title PRESIDENT		Signature					Date 04/29	/2015			
ASB-41 * [Do not use this form	for asbesto	os licensure ex	empte	d activities.							

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

Date of Notification (1)			Name	of Building Own	ner/Operator	(2)						
Agencies Notified Type Notification			Pr	WITH BOX	J PRO	PERTIE		NED		. / p.w.	D	
Agencies Notified Type Notification ☐ EPA ☒ Initial			Street 19	Address 80 U.S	HIGHW	BY I	201	5 HAY -6				- This is a
□ DEP □ Amended			O:L. O	-1 7 0 1) <u>F</u>	A 12	: 37	
		-	No	DIETH B	RUNSLA	ich bj	6	8902	_i	- T		
☑ DOH justification☑ DCA ☐ Cancellatio	,		Hairie	of Contact U.13 Gode			Te	lephone Nu	nber	NO.	-JŁ	
			V	CILITY INFORM								
Name of Facility Where Abatement is Takin	g Place (3)				, mon	Type of Facility	(4)					
Street Address						☐ School (K	-12)					
1980 US HILHWAY	1	n united to the second				☐ Subchapte ☑ Other (i.e. etc.)	private 8	er than K-12 commercia	i) al buii	dings	, hom	ies,
NORTH BRUNSWICK						Square Feet		f Floors	T	Bldg.	Age	May 2 and
County (6) MIDALESEX		1		Code (7) USE ONLY)		Current Use (P	rior if beir			9		
Name of Monitoring Firm Hired by Building	Owner (8)		ASO	CM No.	Name	OFFICE of Abatement Co	1		いた			
Street Address				Acres Desperance votes	A. M	AC Contracting Ir	10	(5)		-	7	
					0.1000000000000000000000000000000000000	Address Vreeland Ave.						
City, State, Zip Code					City, S	State, Zip Code and Park, NJ 0743	32					
Project Manager for Monitoring Firm			Telep	phone No.		none No.		License No				
Start Date (10) 5/11/15	Schedule	ed Ofor	nolétion	Date (11)		-262-5841		00156				
		The Marie Translate	5/15	Date (11)		of OSHA Monito ega Environment		es Inc.				pro-
Occupancy Status During Abatement (Che Expression Status During Abatement (Che Expression Status During Entire I	Period of Al	hatem	ent		0-0000000000000000000000000000000000000	Address luyer Street						
☐ Abatement Performed Outside of Norm☐ Other - Describe:	al Facility I	Hours	9.50		City, S	tate, Zip Code ensack, NJ 07606	3					
Scope of Work (Check All That Apply)	onnino II.									-		
≥3 sf or ≥3 lf	Æ Re	enovat	ion			Full Containme	ant with A	logative De				
≥ 160 sf or ≥260 lf	□ De	emolitic	on			Mini-Enclosure	}	regative Pre	essure	9		
	F					Glovebag Prod Non-Exempted		Non-Friable	Proc	edure		
		Locati Iormal								Abat	emen	t
Location of Asbestos-Containing Material (ACM)	Used	d Sole	ly by	Asbestos (Description	of //aterial (ACM)				1	/pe	1
TO BE ABATED In Facility	10007	ntenar odial S		(i.e. then	mal systems	insulation,	(S	mount pecify	78	D	Enca	En
(13)		(12)		oth	uffacing, VAT er miscellan	eous)	SF	or LF)	Removal	Rapair	Encapsulate	Enclosure
	Yes	No	N/A	Villaman					=		ele	ē
WACEHOUSE			X		VAT		1	,012SF	X.			
		-			Managara	-2902						
Name of Registered Waste Hauler		1										
		100000	JDEP Wa Buler ID I	No. of V	oic Yards Vaste	Name of	Registere	ed Landfill				
Newark Carting, Inc City, State, Zip Code			04509		ン			ehem Landfi	II Cor	р.		
Newark, NJ 07105					dosál Date	City, State	e, Zip Cod ehem, PA					
Completed by R. McDonald	Title Presider	nt			Signature	Mely	o l	Date	. /	()	/	-
	F	A000			0	- M. Done	-(1 1	4/	301	J	-

(K 4626

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

											200	1 :	1 100	. 1994	
Date of Notification (1) 05/01/2015				Building C h Dickin							1 F L	- 1		1,1	
Agencies Notified Type Notification			Street Ad						26	IS MA	1-6	, !	MI	2. 5	c
X EPA X Initial		4		iver Roa									24 i 1;	-, 3	G
X DEP Amended Amendment #				e, Zip Coc k, NJ 07					4	3E3	le c	į.	U, 1	RO	L
□ Emergency (in justification) □ DCA □ Cancellation	cluaing		lame of						Tale	nhone N	lumh	ar	H	1	
X DCA Cancellation		1		alladino	DMATE	011			10,0	, , , , ,					
Name of Facility Where Abatement is Taking	Place (3)		FACIL	ITY INFO	RIVIATI	ON	Туре	of Facility (4	4)						
FDU Old Library	-00040							School (K-1	2)						
Street Address								Subchapter Other (i.e. p				nuild	inas	home	25
145 Park Avenue							— е	tc.)			ordi k				.0,
City (5) Florham Park							Squar	e Feet	2	Floors			dg. A)+	ge	
County (6)			County C					nt Use (Prid		ng demol	ished	1)			
Morris				SE ONLY)				ry/offices							
Name of Monitoring Firm Hired by Building Ov Environmental Design, Inc.	wner (8)		ASCM 0095	No.				ement Con pany, Inc		(9)					
Street Address						Street	Addres	s							
5434 King Avenue								Avenue							
City, State, Zip Code Pennsauken, NJ 08109							State, Zi on, NJ	p Code 07011							
Project Manager for Monitoring Firm			elephon				none No			License					
Jay Murray				6-4545	11		253-8			00704					
	3chedule 05/23/2		pletion [Date (11)	7.0			IA Monitor pany, Inc							
Occupancy Status During Abatement (Check	Only On	e)			7	Street	Addres	s							
Facility Closed/Vacated During Entire Pe	eriod of A	batem	ent			011	St. 1								
Abatement Performed Outside of Norma Other – Describe: occupied	ii Facility	Hours				City, S	state, Zi	p Code							
Scope of Work (Check All That Apply)		-													
≥3 sf or ≥3 lf		enovat				>	Full	Containme	ent with	Negative	e Pre	ssur	е		
× ≥160 sf or ≥260 lf		emoliti	on					i-Enclosure vebag Prod							
								n-Exempted		Non-Fr	iable				
w ²	500	Locatio	23.40									-	Abate Ty	ment pe	à
Location of Asbestos-Containing Material (ACM)	Use	d Solel	y by	Asbest	De: os Cont	scriptior aining N		(ACM)	A	mount				Е	
TO BE ABATED In Facility		intenan odial S	NE 750 C	(i.e.	thermal	system cing, VA	s insula	tion,		pecify or LF)	3	Ren	Re	ncar	Encl
(13)		(12)				niscella			O.	O. L. ,		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A											te	to
Mechanical Room	Х				Duct	Insula	ation		3,0	35 SF	>	2			
Mechanical Room	Х				Pipe	Insula	ation		32	20 LF	>	c			
Mechanical Room	X			В	oiler F	lue ins	sulatio	n	10	00 SF	×	2			
Name of Registered Waste Hauler		12,00	JDEP W	T05:077	Cubic of Wa	Yards		Name of	-0	red Land	fill				
Newark Carting, Inc		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	409		40		.00	IESI La	ndfill						
City, State Newark, NJ		-1			Dispos 05/23	sal Date		City, State Bethleh		A					
Completed by	Title		-			Signatur) -			Date				
Voytek Roszkowski	Presi	dent				\mathbf{U} :	H	osto	ري	اعا	05/0	1/2	015		

State of NJ Notification of Asbestos Abatement

B & G proj. #:

2015-78

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

Da o proj. ".	-		,	to.				Check	# 7191				_
Date of Notification (1	1)	111	Name of Rui	Idina Owr	ner/Operator (2	`							
10 15 1/10 11	/11 15 1		Jeanne l	_	iei/Operator (2	1		2015 1.7	Y A				
	Type Notificat	ion	Street Addre	-150 601047.00546.				20			- 1	Č:	
☐ EPA ☐ DEP	X Initial		43 Wash	nington	Avenue						-		
X DOL	☐ Amendr		City, State, Z Cliffside		J 07010				1 -				
X DOH			Name of Con				Wasser	Telephon	e Number		-		
☐ DCA	Cancella	ation	Jeanne	Loome	r								
				FAC	ILITY INFORM	MATION							
Name of facility when	re abatement i	s taking p	ace (3)					Type of Facility					
Jeanne Loomer	r								I (K - 12)				
Street Address					*				apter 8 (Ot (Private/Co			-12)	
43 Washington	Avenue							Bldgs.	Homes, et	C.		dg. A	000
City (5)		Cou	inty (6)			Cou	nty Code (7)	Square Feet	# 01 F1001:	5	Б	uy. F	ge
Cliffside Park,	NJ		ergen			1	te use only)	Current Use (P	rior if being	g den	nolish	ed)	
Name of Monitoring I					ASCM No.		Name of Abatement	residential Contractor (9)				-	
n/a		Diag. Oiii	J. (0)		7.00MTNO.	*	B & G Restorati						
Street Address							Street Address 105 Ryerson R	load					
City, State, Zip Code						_	City, State, Zip Code			- 1+		_	
Only, Otato, Elp Code							Lincoln Park, I	NJ 07035					
Project Manager for N	Monitoring Firm	1	Ph	one Numi	per		Telephone Number (973)696-686	9	License 1	Numl 378	oer		
0-1-1-1-1-04-1-0-1-	(40)	ICobo	d. Completic	n Data /1	1\	_	Name of OSHA Moni						
Scheduled Start Date	(10)	1	(CE)	n Date (1	1)	2	B & G Restorat	ion, Inc.					
05/12/2015			13/2015				Street Address						
Occupancy Status Du Facility closed/v				ment			105 Ryerson R	oad					
Abatement perfe							City, State, Zip Code						
Describe: Other-Describe						-	LincolnPark, N.	J 07035					
Scope of Work (chec		v)				_							1
☐ Demolition	X	Renovati	on			F	ull Containment w/neg	gative pressure	Gloveb	ag pr	ocedu	ıre	
	П	>160 sf or	>260 If			X	lini-enclosure	[Non-fri	able	proce	dure	
Location of			n normally u		у	7				R	R	E	E
asbestos-conta	ining	by maint staff(12)	enance/cust	todial			sbestos-containing	Amount	l	e m	e p	n	n
material to be abated in facility	y (13)	Yes	No	N/A	material	(ACM)		(Specify S LF)	r or	0 V	a	а	C
	7)	100	140							е	r	р	1_
Basement				X	pipe insul	ation		160 lf		X		Ц.	111
					 					무	님		뷰
					1			_		Η	屵	<u>H</u>	H
					-					屵	屵	님	H
Registered Waste Hau	iler	INID	EP Hauler II] <u> </u>	Ubic Yards of	Waste	Name of Registered	L andfill		Ш	ш	Ц,	1
B & G Restoratio			19563		3			Resource & Re	covery (Cent	er		
City, State Lincoln Park, NJ				Disposal I	Date /13/2015		City, State Tullytown,	PA					
Completed by (Print o		Title			Signature		0,0		Date			У.	
Gordana Luna	S230 VS	Secreta	rv/Treasu	irer	1		Gordana Luna		05/01/	/201	5		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N. I.A.C. 8:60 and 43:430)

(Pursuant to N.J.A.C. 8:60 and 12:120) (2# 2804

Date of Notification (1)	Name of Building Owner / Operator, (2)											
5/1/15	T	Trenton Board of Education 200 RAY - 6 AM 12: 53										
Agencies Notified Type Notification	S	Street Address										
□ EPA				Street	* s=10	NS 1 1	J . T					
☐ DEP ☐ Initial ☐ Amended				& Zip (& [ICERSIA					
				NJ 08	638							
☑ DOH ☐ Emergency ☐ DCA ☐ Cancellation	10000			ontact	S - III]1	elepho	ne N	lumi	oer
Caricellation	IV	ır. E	r. Everett O. Collins									
			CILI	TY INF	ORMATION			'				
Name of Facility Where Abatement is Taking P	lace (3))			Type of Facili							
Maintenance Building							N FRIABLE					
Street Address							er than K-1		W			
1490 Prospect Street					Other (i.e. private & commercial buildings, homes, et						etc.)	
City (E)	10	-1 0	\1 -	/=/	Square Feet	# 0	of Floors	В	ldg. Ag			
City (5) County (6)	Cou	nty C	ode	(1)	3000		1			60÷		
Trenton					Current Use (73.73	shed)				
Name of Manitarina Firm I lived by D. 11.11.	(0)		140	01411	Maintenanc							
Name of Monitoring Firm Hired by Building Owr Environmental Connection	ner (8)		AS	CM No	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1])				
Street Address					Street Addres		tai, inc.					
120 North Warren Street					1123 Beave	10 10						
City, State & Zip Code	77				City, State & Z							
Trenton, NJ 08010					Bristol, PA							
Project Manager for Monitoring Firm	Teleph	one	Num	ber	Telephone Nu			License N	umber			
Steve Fairess	609-3				(215)788-60	40		00509				
Scheduled Start Date (10) Scheduled Cor			e (11	1)	Name of OSH							
5/11/15	5/12/				Bristol Envi		tal Inc.					
Occupancy Status During Abatement (Check or	nly one)) 5 A !			Street Addres							
Facility Closed/Vacated During Entire P					1123 Beave							
Abatement Performed Outside of Norma Describe:	ai Houi	rs – /	am	to 3pm								
Sescribe. Facility Occupied During Abatement 7 A	M to 2	30 D	N.A		Bristol, PA	19007						
Scope of Work (Check all that apply)	NIVI LO 3.	30 F	IVI									
(encon an anat apply)						☐ Ful	I Containm	ent with Ne	gative	Pres	ssure	Э
≥3 sf or ≥3 lf	\boxtimes	Ren	ovati	on			ni-Enclosure					
≥160 sf ≥260 If		Dem	olitic	on		⊠ Glo	ve Bag Pro	cedures				
				_			n-Exempted	d and Non-				
Location of		ocatio			Description		1 2	Amount	Aba	item	ent T	ype
Asbestos-Containing Material (ACM)	Norma	lely b			Asbestos-Cont Material (AC			Specify F or LF)			ш	
TO BE ABATED	Mainte				(i.e., thermal sy			OI LI)	Re	Z	inca	Enc
in Facility	Custo	dial S			insulation, surfaci	ing, VAT			Removal	Repair	sde	Enclsoure
(13)		12)	11/A	_	or other miscella	aneous)			/al	=	Encapsulate	ure
	1	No	N/A						-			
Mechanical Space		H	닏		Pipe Insula	tion		9 LF		Щ	Ц	
	\dashv		H							Ш	닏	
T.	\Box	屵	님						44	닏	<u>Ц</u>	Щ
	H	닖	\mathbb{H}						-	님	부	Ш
	H	H	뭐							님	닏	H
Name of Registered Waste Hauler		NII)ED	Masta	Cubic Yards	Nome of	Dogistored	Londfil			Ш	Ш
Name of Negistered Waste Hadier		100000000000000000000000000000000000000		D No.	of Waste	ivallie oi	Registered	Landilli				
BRISTOL ENVIRONMENTAL INC		209		D 110.	½ Cu yd	GROWS	LANDFIL	L				
City, State						City, Stat						
BRISTOL, PA					5/11/15		SVILLE, P	Α				
Completed By (Print or Type)		Title	9		Signature	V///	,		Date			
Gino Pizzigoni			ject		U. 0) -	/ .	0	5/1/1	5		
		Mai	nag	er	Line Reggerone of							

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

ursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification	Name of Building Owner / Operator (2)																		
5/1/15						Trenton Board of Education													
Agencies Notified	Type Notific	ation		Street Address															
☐ EPA	1430							1490 Prospect Street											
☐ DEP		1				-	Zip C		L.										
□ DOL	☐ Ame	nded					J 086		2.1	inflict.									
□ DOH	☐ Eme	rgency				of Cor						Teleph	ono	Mum	hor				
☐ DCA		ellation		The same of the same of				Collins			Į.	relehi	one	MIIIII	Del				
				200000000	r. Everett O. Collins														
Name of Engility W/h	oro Abotom	ant in Tabia - D	M	F/	AC	LITY	INF	ORMATION											
Name of Facility Wh Grace Dunn	iere Abatem	ent is Taking P	lace	(3)				Type of Faci		==	_								
Street Address						-			(5) (5)	N FRIABLI									
										her than K-									
401 Dayton Stree	T									& commerc	cial buildin	gs, ho	nes,	etc.)					
011 (#)								Square Feet	#	of Floors	E	Bldg. A	ge						
City (5)		County (6)	C	ounty	Co	de (7	7)	60000		3	-		60-	F					
Trenton		Mercer						Current Use	(Prior if b	eing demoli	shed)				1000				
								School											
Name of Monitoring	Firm Hired b	y Building Own	ner (8	3)		ASCI	M No.	Name of Aba	atement C	ontractor (9	3)								
Environmental C	onnection							Bristol Env			,								
Street Address	9000F01 W							Street Addre											
120 North Warrer								1123 Beave	er Street										
City, State & Zip Coo								City, State &	Zip Code										
Trenton, NJ 0801								Bristol, PA	19007										
Project Manager for	Monitoring F	irm		phon			er	Telephone N	lumber		License N	lumber							
Steve Fairess			_	-392				(215)788-60	(215)788-6040 00509										
Scheduled Start Dat	e (10)	Scheduled Cor			ate	(11)		Name of OSI											
5/18/15				2/15				Bristol Env	rironmer	ntal Inc.									
Occupancy Status D	uring Abater	nent (Check or	nly or	ne)				Street Addres											
		During Entire P						1123 Beave											
		utside of Norm	al Ho	ours -	- 7a	m to	3pm	City, State &	Zip Code										
Describe:								Bristol, PA	19007										
Facility Occu	ipied During	Abatement						-											
Scope of Work (Che	ck all that ap	ply)								12-11-20	80 UZWEN 100	2.578	0883						
≥3 sf or ≥3 lf				_						ıll Containm		egative	Pre:	ssure	3				
≥160 sf ≥260			\boxtimes			ation	1			ni-Enclosur									
△ ≥100 SI ≥200) IT			De	mo	lition		☐ Glove Bag Procedures ☐ Non-Exempted and Non-Friable Procedu											
1.0	cation of		- 1.	1 .	,-														
	cation of os-Containing	,		Loca mally							Amount	Abatement Type							
	erial (ACM)	,		Solely		eu		Asbestos-Con Material (A		(Specify SF or LF)									
TOB	E ABATED			ntena		or		(i.e., thermal s	3	r oi Lr)	70	71	inc	E					
	Facility		Cust	odial	Sta	ff?	ir	sulation, surfacing, VAT				Removal	Repair	aps	clso				
	(13)			(12)				or other miscella	r other miscellaneous)					Encapsulate	Enclsoure				
			Yes	No	N	I/A								6					
C-2, Auditorium R	estrooms	N						Nail Cret	te		1107		\boxtimes						
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			Ħ	Ħ	ΤĒ	Ħ						ᅢ	H	H	H				
Name of Registered Waste Hauler				N.	JDF	PW	aste	Cubic Yards	Name of	Registered	Landfill								
						r ID I		of Waste	Traine of	rtogiotoro	Landilli								
BRISTOL ENVIRO	NMENTAL	INC			99			5 Cu yd	GROW	S LANDFII	LL								
City, State	1-2-1							Disposal Date	City, Sta										
BRISTOL, PA								5/22/15		SVILLE, P	Α								
Completed By (Print	or Type)			Tit	lle			Signature		, .	105	Date							
Gino Pizzigoni					oje	ect	(n. n	< '	. / .	0	5/1/	16						
				0.0000		iger	,	Gens Try.	near	e / A		0/1/	10						
GY 4 50 50				***		901		16	170.	11									

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

		(P	ursı	ıan	t to	0 <u>N.</u>	J.A	.C. 8:60 and	112:	120)	C.	#2	80	4							
Date of Notification	Nar	ne o	of Bui	ilding	Owner / Operat	tor (2)					-										
	5/1/15			Tre	ento	on Bo	oard	of Education	(-)	FTE FEY	-6 1	11 mm - m	10.00								
Agencies Notified	Type Notific	ation				Addre					-		3								
☐ EPA				149	90 F	ros	pect	Street	-												
DEP		I		City	, St	ate &	Zip	Code		1.000	101		1								
□ DOL	☐ Ame	nded		Tre	ento	n, N	J 08	638		å Hi	it s	11/1	ži.								
□ DOH	☐ Emer	gency		Nan	ne o	of Co	ntact					1	Telenh	one l	Viiml	ner					
☐ DCA	☐ Cano	ellation		Mr.	Εv	eret	t O.	Collins				197	- -								
					^	II IT	V INI	ORMATION													
Name of Facility W	here Abateme	ent is Taking F	Place	(3)	AU	1111	IIIVI	Type of Fac	ility (A)	1											
Munoz Rivera Es	S		1000	0)							ARIF										
Street Address					School (K-12) NON FRIABLE Subchapter 8 (Other than K-12)																
400 North Montg	omerv Stre	et											ae hor	noc	oto \						
	, ,							Square Fee		# of Floo				s, homes, etc.) dg. Age							
City (5)	y (5) County (6) Co					ode (7)	4500		1" 01 1 100	2	ا	nug. A	Tel.							
	Monitoring Firm Hired by Building mental Connection dress th Warren Street e & Zip Code NJ 08010 anager for Monitoring Firm airess d Start Date (10) Schedul 5/12/15 Schedul Schedul Closed/Vacated During E batement Performed Outside of escribe: 4 PM – 12:30 AM				, -	(. ,	Current Use		if boing do	2 omolio	hod)		60-	-						
		INICI CCI						School	(1101	ii being de	emons	nea)									
Name of Monitoring	Firm Hired h	v Building Ow	mor /9	\		100	M NI			-1.01	(0)										
Environmental C	Connection	y building Ow	nei (o)	ASCM No. Name of Abatement Contractor (9)																
	onnection				Bristol Environmental, Inc.																
	n Stroot							Street Addre													
								1123 Beav													
								City, State 8													
Steve Fairess 60 Scheduled Start Date (10) Scheduled Compl					100	lumb	or	Bristol, PA			- 1	: N									
	Worldoning I	11111	609				ег		Telephone Number License Number (215)788-6040 00509												
								Name of OS				0509									
		ocitedated 00		3/15		(11)		Bristol Env			_										
		nent (Check o			_			Street Addre		nontai in	С.				-						
Facility Clos	sed/Vacated [During Entire F	Period	of A	bat	emen	ıt	A SANGE OF THE PARTY OF THE PARTY OF THE	1123 Beaver Street												
								City, State &													
			iai i ic	u.o	10	2111 10	Opin														
								Bristol, PA	1900	7											
		F-37								Full Cont	tainme	nt with N	egative	Pre	SSLIFE	2					
≥3 sf or ≥3 l	Facility Occupied During Abatement pe of Work (Check all that apply)				eno	vatior	1		H	Mini-Enc			ogunec	, , , ,	Jourc						
≥160 sf ≥26	O If		П			lition			H	Glove Ba		edures									
			_						\boxtimes		3.75		Friable Procedure								
Lo	ocation of		Is	Loca	atio	n T		Descriptio			mount	Abatement Typ									
Asbest	os-Containing	3	Non						Asbestos-Containing Material (ACM)			(Specify SF or LF)		7 tbatciii		Tont Type					
	erial (ACM)			olely											Ш						
	BE ABATED		Mair						(i.e., thermal systems				l der	Re	ıca	nc					
ır	r Facility		Cust			aff?		insulation, surfa					Removal	Repair	psu	Enclsoure					
	(13)		Yes	(12 No		N/A		or other miscel	laneou	ıs)			<u>a</u>	-	Encapsulate	Jre.					
Nurses Office			103		- 1																
Nurses Office			H			井		Floor T				9 SF		Ц		Ц					
vurses Office				片		\dashv		Nail Cre	ete		54	9 SF	14		Ц	Ш					
			H	닏		4								Ш	Ш	Ш					
			님	Щ		4								Ш	Ш						
· · · · · · · · · · · · · · · · · · ·																					
Name of Registered	Waste Haule	er		120.10				Cubic Yards	Nam	e of Regis	tered l	red Landfill									
BRISTOL ENVIRO	NIMENITAL	INC		1000	099	er ID	No.	of Waste	CDC	OMC LAN	IDEILI										
City, State	DIVIDITAL	INC			UJS	,0		½ Cu yd	1 50000 -00	ROWS LANDFILL											
BRISTOL, PA								Disposal Date 5/16/15		State RRISVILL	E DA										
Completed By (Print	or Type)			T	itle			Signature	INIOI	VIVIOVILL	, r <i>A</i>		D-t-								
Gino Pizzigoni						ect		The state of the s	0-	s	1	1	Date 5/1/	1 <i>E</i>							
or izzigoiii						ager		Sino 1	142	· .	/_	L	3/1/	10							

GI 15058

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CHECK#24908

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

	***						1	District	200			
Date of Notification (1)					Name of Buil	ding Owne	er/Operator (2)	00 to 10	F. 1 -	-0	48	1:27
5/4/2015					Stork Reside	ence	1					-
Agencies Notified	Type Notifica	tion			Street Addres	ss	1	+ 7		5 6		
☑ EPA	Initial				60 Hunter A	venue		- G	Lis	Ε	f.	
☐ DEP	Amende	d Ame	ndmen	t #	City, State, Z	ip Code						
□ DOL	Emerge	ncy (inc	cluding		West Amwe	ll, NJ						
□ DOH	justificat	ion)			Name of Con	ntact	1		Telep	hone	Numb	per
DCA	☐ Cancella	ation			DAVID J. D	'ANDRE	A					
				F	ACILITY IN	FORMAT	ION					
Name of Facility Where Ab	atement is Ta	king Pl	ace (3)					Type of Facility (4)				
PRIVATE RESIDENCE								School (K-12)				
Street Address								Subchapter 8 (Othe	r than	K-12)	
60 Hunter Avenue								Other (i.e., private &	com	merci	al buil	ldings)
City (5)							Ti-	Square Feet	# of F	loors	Bldg.	Age
West Amwell, NJ												
County					County Code	(7) (STA	TE USE ONLY)	Current Use (Prior if bei	ng de	molish	ned)	
Hunterdon												
Name of Monitoring Firm H	lired by Buildin	ng Owr	ner (8)		ASCM No.	Name of	Abatement Cont	ractor (9)				
Air Control Services, Inc						1000-1-000-000-000-0		RONMENTAL INC.				
Street Address						Street Ac						
301 E. Ward Street						15 BLAG	CK FOREST R	OAD				
							te, Zip Code					
Hightstown, NJ 08520							TON, NJ 0869	1				
Project Manager for Monito	oring Firm	Telep	hone N	0.		Telephon			Licen	se No),	
Dave Kichula 732-664-7788						609-890-	1		0067	6		
Start Date (10)					ion Date (11)	1000	OSHA Monitor		-			
5/7/2015		5/7/20		*		N/A						
Occupancy Status During	Abatement (C)		Street Ac	idress					
Facility Closed/Vacate					ent							
Abatement performed out						City, Stat	te, Zip Code					
ESSENTIAL PERSONNE												
Scope of Work (Check all t	that apply)						 	Full Containment w	ith Ne	gative	Pres	sure
≥ 3 sf or ≥ 3 lf					Renoval	tion		Mini-Enclosure		J		
≥ 160 sf or ≥ 260 lf					Demoliti	ion		Glovebag Procedur	е			
								☐ Non-Exempted (*) 8		-Friab	le Pro	cedure
		Is	Locati	on	T						Туре	
Location of Asbestos-0	Containing	Nor	mally (Jsed			tos Containing					
Material (ACM) TO BE		100	Solely b				ne mal systems	Amount (Specify SF or	Rei	R	nca	Enclosure
Facility (13)			enance				VAT, or other	LF)	Remova	Repair	psu	losi
0. 0. 10.		Yes	Staff? No	N/A	·	miscellane	ous)		a	7	Encapsulate	лe
Kitchen			X		Transite wa	ll board		96 s.f.	X			
- Autonom			-				1					
				-			-					
					-		1			_		
Name of Registered Waste	Hauler		-		NJDEP Waste		Cubic Yards of	Name of Registered Lar	ndfill			
Traine or regiotored reads	71100101				Hauler ID No.		Waste					1
Current Construction					17297		2 YDS	GROWS				
City, State							Disposal Date	City, State				
Allentown, NJ 08501							5/8/2015	MORRISVILLE, PA				
Completed By		Title				Signature			Date			
DAVID D'ANDREA		20000	SIDEN	Т		A Jas	vil 2	Oendre.	5/4/2	015		
ASB-41		1				1/ (2000)						
							1/					

* Do not use this form for asbestos licensure exempted activities

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

Date of Notification (1)				Nam	e of Buildir	ng Owner/Operator ((2)								
05 / 05	/ 1	5		Santander Bank, N.A.											
Agencies Notified Type	Notification			_			9818 BEN 3 512 1. 22								
⊠ EPA		I.		100000	et Address		42.6	i Chili	11 14 1	- 1					
	mended				State Str		1				4				
☑ DHSS A	mendment a	#	_	100000	State, Zip										
□ DCA □ E	mergency (i	ncludin	g		ston, MA										
	stification) ancellation			0.0000000000000000000000000000000000000	e of Contac			Telephone I	Number						
	ancellation			Su	san Peck	(
				FA	CILITY	NFORMATION									
Name of Facility Where Abaten	nent is Takir	ng Plac	e (3)				Type of Facility	(4)							
Santander Bank							School (K-12								
Street Address					1004		Subchapter Other (i.e., p	8 (Other than I	K-12) nmercial	huildir	nae				
332 High Street							homes, etc.))	microlar	Dulluli	iys,				
City (5)					- 1946-		Square Feet	# of Floors		Bldg. /	Age				
Burlington, NJ 08146							2,000	2		45					
County (6)				Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being der	molished)					
Burlington															
Name of Monitoring Firm Hired	by Building	Owner	(8)	ASCN	l No.	Name of Abateme	ent Contractor (9)			-					
Hillmann Consulting				622	52	JVN Restora	tion Inc								
Street Address						Street Address	CONTRACTOR AND THE CONTRACTOR AN								
1600 Route 22 East						47 Foster Ro	ad								
City, State, Zip Code						City, State, Zip Co	ode								
Union NJ 07083						Staten Island NY 10309									
Project Manager for Monitoring	Firm		Tel	ephone	No.	Telephone No.		License No	D.						
Craig Abrams			9	08-47	7-3014	718-605-6256 00774									
Start Date (10)	Sche	duled (Compl	etion Da	ate (11)	Name of OSHA M	Ionitor	300 000 000							
05 /15 /15	_ _	06	/ _3	0_/	15	Testor Tech									
Occupancy Status During Abate	ment (Chec	k only	one)			Street Address									
☐ Facility Closed/Vacated Duri				ement		10 59 Jackso	n Avenue								
Abatement Performed Outside	de of Norma	I Facili	у Ног	ırs - De	scribe	City, State, Zip Co									
Time of Abatement:	M- <u>Friday</u>	6:00PI	M/2:3	0PM-S	aturday	LIC NY 11101									
1:00 pm to 9:00 pm, Sur Scope of Work (Check all that a	10:00 pplv)) to 6:	1q 00	n		LIO IVI TITO	8								
	,	_					ainment with Neg	ative Pressure	9						
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		⊠ Re	enova			☐ Mini-Enc	losure								
23 _100 of of _200 ii			SITIOILL	1011		☐ Glovebag	g Procedure mpted (*) and No	n-Friable Proc	edure						
			Loca		T	_	() = ()			batem	ent T	VD0			
Location of			Norma	ally lelv bv		Description o					1				
Asbestos-Containing Materia TO BE ABATED	al (ACM)	101753536		ance/		stos Containing Ma e., thermal systems i		Amount	e l	Repair	nca	nc			
IN Facility		Cus		Staff?	(1.0	surfacing, VAT,	or	(Specify SF or LF)		1 1	psu	Enclosure			
(13)		Yes	(12) No		-	other miscellane	ous)	EDGG VGREENCO	_		Encapsulate	6			
0 15 0 1		Tes									LD.				
Second Floor Conference	Room				Joint C	ompound		330							
									Г			П			
		In	П								1	1			
		1	1	12	-				L	1 _					
Name of Registered Waste Hau	er		137	NJDEP	727 738	Cubic Yards of	Name of Regis	tered Landfill			1				
Newark Carting			1	lauler I NJ-56		Waste 10	IESI								
City, State						Disposal Date	City, State								
Newark, NJ						5/18/15	Bethlehem	,PA							
Completed By (Print or Type)	Title	e				Signature	111		Date						
Ralph Barnhardt	P	roject	Man	ager		1./0	1//	7	05-	05-	15				
ASB-41		- 5		J .		- Files	pro-		0.,	~_					
MAY 11	*	Do not	use t	his form	for asbest	os licensure exemp	ted activities.								