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)	, 100cc (ME)				-	
	8 /	14			Est	ate of S	hirley H. Saint Ja	mes	- M - M					
Agencies Notified	Type Notifi					Address Box 103	201 32 - 66 Goshen R	4 MAY 14, A	X 12: 17:	}				
⊠ DOH	Amende Amendr				100	State, Zip		-1-11-11-1	1- 120					
☐ DCA	☐ Emerge		uding				rg, MA 01096	1.1101X3						
(NJAC 5:23-8)	justifica				1922/00/00/00/00	of Contac			Telephor		er			
	☐ Cancella	ation					ry Thomson			•	-			
					FA	CILITY II	NFORMATION							
Name of Facility Where A		Taking I	Place	(3)		-17		Type of Facility ((4)					
Saint James Reside	ence							School (K-12)	14.40)				
Street Address 21 Knox Hill Rd								☐ Subchapter 8 ☐ Other (i.e., pr homes, etc.)	ivate and o	ommerc	ial bu	uildin	gs,	
City (5)	-							Square Feet	# of Flo	ors	BI	dg. A	ae	-
Morristown								4500	3			50+	3-	
County (6) Morris					Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri		demolish	ed)			
Name of Monitoring Firm	Hired by Bui	ildina Ov	vner (3)	ASCM	No	Name of Abateme		idelice					
Ally Services	r in cd by bai	iidii ig Ov	viici ("	AGGIVI	140.	TO BOTH THE REAL PROPERTY OF THE PROPERTY OF T	nvironmental S	vetome					
Street Address							Street Address	TVII OIII I EIILAI S	ystems					
57 East Durham Str	eet							ehem Pike - Sı	uito 60					
City, State, Zip Code							City, State, Zip Co		aite oo					
Philadelphia, PA 19	119						Spring House							
Project Manager for Moni	toring Firm			Tele	phone	No.	Telephone No.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	License	No				
Andy Miller	300 m				15-498		215 542 7000							
Start Date (10)	. 1	Schedul	led Co	mple	tion Da	te (11)	Name of OSHA M	onitor						
6/_2_/	14	6	_ /	_ 20	_ / _	14	CES							
Occupancy Status During	Abatement	(Check o	only o	ne)			Street Address							
☐ Facility Closed/Vacate							1121 N. Bethl	ehem Pike - Sı	uite 60					
☐ Abatement Performed	Outside of N	Normal F	acility	Hou	s - Des	cribe	City, State, Zip Co		100.00					
Time of Abatement: 7	:00AM	PM/ <u>7:(</u>	<u>)0</u> PM-		_AM		Spring House							
Scope of Work (Check all	that apply)							ainment with Neg	ative Press	ure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			⊠ Rer □ Der					osure						
			ls	oca	ion	T						atem	ent T	vpe
Location (orma	lly ely by		Description of					_		-
Asbestos-Containing N TO BE ABA		M)			nce/		stos Containing Mat e., thermal systems i		Amou (Spec	32.55	Removal	Repair	Encapsulate	Enclosure
IN Facilit	у		Custo	dial (12)	Staff?	(,,,	surfacing, VAT,	or	SF or		val	=	psul	sure
(13)		- 7	Yes	No	N/A		other miscellaned	ous)					ate	
Basement		[\boxtimes	Asbest	os Pipe Insulatio	n & fittings	852 (_F	\boxtimes			
		[
		[П	П	
		Г	T								П	П		
Name of Registered Wast	e Hauler				JDEP V	Vaste	Cubic Yards of	Name of Regist	ered Landi	fill		ш	ш	
Geppert Recycling					auler IC		Waste 40 vards	Western Be			Lan	dfill		
City, State Hatfield, PA							Disposal Date 6/20/14	City, State Birdsboro,	PA 1050s	3				
Completed By (Print or Ty	pe)	Title					Signature	2.1	. 7 19900					
Patricia Visco	/	(0.000000000000000000000000000000000000	ice M	ana	ger		A /	co los	co-	Date	1	1	1	
ASB-41							7 20-00				1	1		

ASB-41 JAN 13

* 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 Buildi	ng Owner/Operator ((2)		† 	-			
05/08	_ / _	14		Ju	ıvenile Jı	ustice Commissio	on /Joby#14	05-4765	Check	#627	2		
	e Notifica	ation		Stree	et Address				Fe. 1, -2,		-		
The state of the s	Initial			10	01 Sprud	e Street		· · · · · · · · · · · ·	4.	115.4			
	Amended				State, Zip		1 12	1 1/5-1	41 - 4 i	**			
	Amendme		-	100		J 08625-0107	1	·	, 1 F				
	Emergen justificatio	cy (includi	ng	_	e of Conta			Tolonko	na Niveri				_
	Cancellat	1170		20000000	ke Preisi			relepho	ne Numb				
						NFORMATION				-			
Name of Facility Where Abate	ment is T	aking Pla	ce (3)		CILITT	NFORWATION	Type of Facility	(4)					
Johnstone Training Ce							School (K-12	3000					
Street Address				100			☐ Subchapter	g (Other th	nan K-12)				
307 West Burlington St	reet						Other (i.e., p	rivate and	commer	cial b	uildin	gs,	
City (5)							homes, etc.)						
Bordentown							Square Feet	# of Flo	ors	B	ldg. A	ge	
County (6)													
				Cou	inty Code ((7)(STATE USE ONLY)	Current Use (Pr		demolish	hed)			
Burlington						ver a company of the second	Pool House						
Name of Monitoring Firm Hired			r (8)	ASCM	l No.	Name of Abateme	ent Contractor (9)						
Environmental Connect	ion, Inc					AbateTech, I	nc.						
Street Address						Street Address							
120 N. Warren Street						30 Maple Ave	. PO Box 25						
City, State, Zip Code						City, State, Zip Co	ode	7				7	524
Trenton, NJ 08608						Lumberton, N	IJ 08048						
Project Manager for Monitoring	Firm		Tel	ephone	No.	Telephone No.		License	e No.				
Ryan Broadwater			6	09-392	2-1216	609-265-2107		0052	in decimal				
Start Date (10)	S	cheduled	Comple	etion Da	ate (11)	Name of OSHA M	onitor			dr			-
06 /02 /14		06	/ _ 0	3_ /	14	EMSL Analyti	cal						
Occupancy Status During Abar	ement (C	check only	one)			Street Address			_				
☐ Facility Closed/Vacated Du				ment		200 Route 13	North						
☐ Abatement Performed Outs	ide of No	rmal Facil	ity Hou	rs - Des	scribe								
Time of Abatement:	AM	PM/	PM		_AM	Cinnamina and							
Scope of Work (Check all that	apply)					Cinnaminson	, NJ 08077						
	~PP.))					☐ Full Conta	ainment with Neg	ative Pres	SUITE				
 ≥3 sf or ≥3 If ≥160 sf or ≥260 If 			enovat			☐ Mini-Encl	osure	4.100	ouic				
△ ≥ 160 St or ≥260 If		Пρ	emoliti	on		☐ Glovebag	Procedure						
			s Loca	tion		⊠ Non-Exer	npted (*) and Nor	n-Friable F	'rocedure	_	70		
Location of			Norma			Donaviation of				Ab	atem	ent T	-
Asbestos-Containing Mater	al (ACM)	Us	ed Sol	ely by	Asbe	Description of estos Containing Mat		Amo	unt	Re	Repair	四	En
TO BE ABATED			aintena stodial			e., thermal systems in	nsulation,	(Spe	100000000	Removal	pai	cap	clos
IN Facility (13)		- Cu.	(12)			surfacing, VAT, other miscellaned		SF or	LF)	<u>a</u>		Encapsulate	Enclosure
(10)		Yes	T	N/A	1	other miscellaned	ous)					ate	
Pool House Roof					Poof Si	hingles		4 500	05				_
	1		-		1001 3	illigies		1,500	SF		Ш	Ш	Ш
										П	П	П	П
			П								_		=
Name of Registered Waste Hau	ıler			JDEP I	Masta	Cubio Varda of	Nom 5 D		ICII	Ш	Ш	Ц	Ш
AbateTech, Inc.	101		1000	lauler I		Cubic Yards of Waste	Name of Regist		till				
The application of the transfer of the section of t				18750		20	G.R.O.W.S.	Landfill					
City, State						Disposal Date	City, State						
Lumberton, NJ						6/3/14	Tullytown,	PA					
Completed By (Print or Type)	1.	Title	2///25			Signature	. ^		Date	9 1		-	
Jennifer Piraine		Operat	ions (Coordi	inator	Y AA AA	La VIANE	4	5	10	11	1	
SB-41						NIVIU	1 1 VIII	14		10	1	1_	
AY 11		* Do not	use th	is form	for asbest	os licensure exempt	ed activities.						

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

Date of Notification (1) 5/9/14				Name	of Building	Own	er/Operato	r (2)		j					- 200	
Agencies Notified EPA DEP DOL	Type Notification Initial Amended Amendmen			Street 210 City, S	Address Chestnut State, Zip C	Stre	et4 M		PHII:							
DOH DCA	Emergency justification Cancellation	(including		Carl	P. O'Brie	n	1			Te	lenh-			_		
Name of Facility Where Vacant Residential Street Address 135 E. Eighth Aver	Building	ng Place (3	3)	FAC	CILITY INF	ORM	ATION	H	School (K Subchapt	(-12) er 8 (Oth	er tha	ın K-1	2)	avues		
City (5) Roselle	ide						-	Squ 4,5	Other (i.e etc.) are Feet 00		f Floor		Т	ilding Bldg. 50+		nes,
County (6) Union				County (STATE	Code (7)	·		Curi	rent Use (P	rior if bei idential	ng de	molis dina	- 1			
	n Hired by Building n/a	Owner (8)		ASC	M No.		Name Yanr	of Ab	atement Co Environ	ontractor	(9)		, Inc		1	
Street Address							Street 152 F		ess e 206 Sc	outh						
	r, State, Zip Code ject Manager for Monitoring Firm						Hillst	orou	Zip Code ugh, NJ (8844	45					
Start Date (10)	itoring Firm			- L #					No. 0880		Licer 012	nse N 28	0.			
5/19/14		6/6/14		ompletion Date (11) Name of OSHA Monitor Yannuzzi Environ					mental Services, Inc.							
Occupancy Status During Facility Closed/Vaca Abatement Performed Other – Describe:	ated During Entire F	Period of Al	hatem	ent			City, St	Route	206 So Zip Code							
Scope of Work (Check Al ≥3 sf or ≥3 if ≥160 sf or ≥260 if	l That Apply)	STATE OF THE PARTY	enovat	1070707	Enti	ire	build	Fu Mii Gk	Igh, NJ 0 dispos Il Containm ni-Enclosur ovebag Pro n-Exempte	ed as	Negat	tive P	ressu	re	· · · · · ·	
Location	of	No	ocatio	,		D	escription (Abat	emen /pe	t
TO BE ABA In Facilit (13)	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Norm Used So Mainten Custodial (12)				nally Descr Asbestos Contain (i.e. thermal sy surfacing other mise				I (ACM) ation,	(Sp	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Continued on no 1st & 2nd	floor	Yes	No	N/A X	F	loor	tile w/ma	astic		540) SF					
1st & 2nd t	floor			х			um w/m				SF		x			-
1st & 2nd f	loor			х			r under f				SF		x			
1st floo				х			ociated v) LF		x			
Yannuzzi & Sons, Inc.					aste No.	Cubic of Wa	Yards		Name of Grand (Registere	ed Lar			andfill		
City, State Hillsborough, NJ						Dispo	sal Date - 6/16/1	4	City, State			2017	-			
Completed by Anna Bastos		Title Adminis	strati	ve As	sistant		Signature		Bush			Date 5/9/				

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

Date of Notification (1)					Name	e of Buildin	ng Owner/Operator (2)							
	9	/14	1		Brixmor c/o Dover Park Plaza, LLC										
Agencies Notified	Type N	otification			Stree	t Address		- 12 M 2 M	_13_Fill:	· 3)1					
⊠ EPA	⊠ Initia	al			Bri	xmor Pro	operty Group - 4	20 Lexinaton A	venue						
□ DOLWD	☐ Ame					State, Zip	200-100		A STATE OF THE STA	1					
☑ DHSS	2000 P. S.	endment #		26	10000		NY 10170	si. l.	MARIE.						
DCA		ergency (ii	ncludin	g			A STATE OF THE PARTY OF THE PAR								
(NJAC 5:23-8)		ification)				e of Contac			Telephone Nu	ımber					
	□ Can	cellation			10000	. David B				-					
Name of Facility Where A	hateme	nt is Takin	a Plac	2 (3)	FA	CILITY IN	NFORMATION	T	4						
Dover Park Plaza - I					-1			Type of Facility							
Street Address	Jonai	1166 (410	60 Y-	ries	>)			☐ School (K-12 ☐ Subchapter 8		12\					
		ac						Other (i.e., pr	ivate and comn	nercial b	uildin	gs,			
3 Sunnybrae Boulev	/ard - S	space uz						homes, etc.)				•			
City (5)								Square Feet	# of Floors	E	ildg. A	ge			
Yardville								1500	1		20 p	lus			
County (6)	3				Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (Pri	or if being demo	olished)	-	0.0002			
Mercer	Llies of lev	Dodleton		(0)	1001		Υ	Vacant							
Name of Monitoring Firm I	nired by	Building	Owner	(8)	ASCM	No.	Name of Abateme								
AET, Inc.							Asbestos and	d Mold Service	s, Corp.						
Street Address	115						Street Address					118	11/2-		
28 North Pennell Ro	ad						3859 Sylon B	oulevard							
City, State, Zip Code							City, State, Zip Co								
Media, PA 19063							Hainesport, N	IJ 08036							
Project Manager for Monit	oring Fir	rm			ephone		Telephone No.		License No.						
Mr. David Turotsy					10-891		00862								
Start Date (10)5 /20 / _	14				etion Da 1/	ate (11) 14	Name of OSHA M EMSL Analyti				7.5				
Occupancy Status During	Abatem			8-			Street Address								
☐ Facility Closed/Vacated					ment		200 U.S. Rout	a 130 North							
☐ Abatement Performed (Outside	of Normal	Facilit	y Hou	rs - Des	scribe									
Time of Abatement:	AM	PI	M/	PM		AM	City, State, Zip Co								
Scope of Work (Check all t	hat app	lv)					Cinnaminson	, NJ 08077		0					
<u> </u>	mat app	.37						ainment with Nega	ative Pressure	FNA	Dill	VI			
≥3 sf or ≥3 lf ≥160 of or ≥3 lf				enovat				osure		CITC	-JN	1-0			
☐ ≥160 sf or ≥260 lf			∐ De	moliti	on		☐ Glovebag	Procedure	F: 5	**************************************					
			le	Loca	tion		⊠ Non-Exer	npted (*) and Nor	-Friable Proced				_		
Location o	ıf			Norma			Description of			Al	atem	ent T	_		
Asbestos-Containing M	laterial (ACM)	53855		ely by	Asbe	stos Containing Mat	VO.55 (15) (0.5) (0.5) (0.5) (0.5)	Amount	Re	Re	ᄪ	四		
TO BE ABAT		2.		intena	ince/ Staff?		., thermal systems i		(Specify	Removal	Repair	Encapsulate	Enclosure		
IN Facility (13)	XI.		Cus	(12)			surfacing, VAT,	or	SF or LF)	<u>a</u>	7	lus.	Sure		
(10)			Yes	No	N/A		other miscellaned	ous)				ate			
Rear Restroom					-	Floor T					_		_		
Treat trestroom						Floor II	ile and Mastic		20 SF	\boxtimes					
					\boxtimes			0							
										П	П	П	П		
			П	П								_			
Name of Registered Waste	Hauler				JDEP V	Naste	Cubic Yards of	Name of Registe	arod Landell	\Box	Ш	Ш	Ш		
Freehold Cartage, Inc				111	lauler ID	334407	Waste								
City, State				\perp	02265		5 Discourt Date	GROWS La	IUIIII						
Freehold, NJ							Disposal Date	City, State	DA 4004-						
	- \	1					5/21/14	Morrisville,	PA 19067			pie p			
Completed By (Print or Typ		Title					Signature	\		ate					
Kimberly A. Trumbet	či –	0	rtice (coord	linator		I WE			5-9	-14				
SB-41 IAY 11		og to a	Do ==/	I	io fo	for set					* 1				
		L	JU HOL	use th	is form	ior aspesto	os licensure exempt	ed activities.							

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

5/Agencies Notified ⊠ EPA ⊠ DOLWD	08	/ 1	Λ				o Owner/Operator	(2)				1/5	-	
⊠ EPA			Name of Building Owner/Operator (2) Verizon Communications / Job #1405-4763 Check #6254											
I M DOLWD	Type No		1		1	et Address 0 Greenv	vood Ave.	(\$ ×)					-	
⊠ DHSS	Amer	nded ndment i			City,	State, Zip	Code							
□ DCA	☐ Emer			-	Je	nkintown	, PA 19046							
(NJAC 5:23-8)	justifi	cation)	includi	ig		e of Contac		2	Telephone Nun	her				
	☐ Canc	ellation				ex Baylor			- Common Train	IDC1				
Name of Facility Where A	hotomout	ie Teleio	DI.	(0)	F.A	CILITY II	NFORMATION							
Verizon - Hightstow		is rakir	ng Piac	æ (3)				Type of Facility	• /					
Street Address	11 00							School (K-12	?) 3 (Other than K-12	2)				
393 Mercer Street								Other (i.e., pr	rivate and comme	rcial b	uildir	as.		
City (5)								homes, etc.)				•		
Hightstown								Square Feet	# of Floors	Е	Bldg. A	Age		
County (6)					Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri	Prior if being demolished)					
N								Offices						
Name of Monitoring Firm I		Building	Owner	(8)	ASCN	No.	Name of Abateme	ent Contractor (9)						
USA Environmental							AbateTech, I	No. 5.						
Street Address			438				Street Address							
8436 Enterprise Ave	nue						30 Maple Ave	. PO Box 25						
City, State, Zip Code							City, State, Zip Co	ode					red to t	
Philadelphia, PA 191	153						Lumberton, N							
Project Manager for Monitor	oring Firm	1		Tel	ephone	No.	Telephone No.		License No.					
Mark Jenkins				2	15-36	5-5810	609-265-2107							
Start Date (10) 05 /22 /	14					ate (11)	Name of OSHA M	VALUE						
					/	14	EMSL Analyti	cal						
Occupancy Status During							Street Address			-				
☐ Facility Closed/Vacated	During E	intire Pe	eriod of	Abate	ment		200 Route 13	0 North						
Abatement Performed (Time of Abatement:	Jutside of AM-	norma P	I Facili	ty Hou	rs - Des	scribe	City, State, Zip Co	de				- 20	-	
			.v., <u>o.o.</u>	51 1VI-1	.00/\lvi		Cinnaminson	, NJ 08077						
Scope of Work (Check all t	hat apply)							No-vo		15			
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				enovat emoliti			☐ Mini-Encl ☐ Glovebag			re				
				Loca							atem	ent T	VDO	
Location of	f			Norma			Description of				_	_		
Asbestos-Containing M TO BE ABAT	aterial (Al ED	CM)	Ma	intena	nce/	Asbe	stos Containing Mat , thermal systems in	erial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure	
IN Facility			Cus		Staff?	(1.6	surfacing, VAT,		(Specify SF or LF)	ova	≝.	psc	nso	
(13)			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(12)	T	-	other miscellaned	ous)		-	1	llate	e	
Basement - Boiler Roo	m	-	Yes	No	N/A	Poiler I				-	<u> </u>	_	_	
					-		nsulation		200 SF			П		
assement - Boiler Room							Breeching		100 SF					
	Basement - Boiler Room Basement:Generator/Storage Room						lope Insulation		5 LF		Ш		П	
Basement - Boiler Roo	torage I	10001		Щ			le & Mastic		330 SF					
Basement - Boiler Roo Basement:Generator/S					11 1-01	Vaste	Cubic Yards of	Name of Registe	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			51.77		
Basement - Boiler Roo Basement:Generator/S Name of Registered Waste				7,672) No	Waste	[C						
Basement - Boiler Roo Basement:Generator/S Name of Registered Waste AbateTech, Inc.				7,672	auler II 18750		Waste 40	G.R.O.W.S.						
Basement - Boiler Roo Basement:Generator/S Name of Registered Waste AbateTech, Inc. Dity, State				7,672	auler I			[C						
Basement - Boiler Roo Basement:Generator/S Name of Registered Waste AbateTech, Inc.				7,672	auler I		40	G.R.O.W.S.	Landfill					
Basement - Boiler Roo Basement:Generator/S Name of Registered Waste AbateTech, Inc. Dity, State Lumberton, NJ Completed By (Print or Type	Hauler	Title		7,672	auler I		40 Disposal Date	G.R.O.W.S. City, State	Landfill PA	te.	1	2		
Basement - Boiler Roo Basement:Generator/S Name of Registered Waste AbateTech, Inc. Dity, State Lumberton, NJ	Hauler	Title		Н	auler I		Disposal Date 6/5/14	G.R.O.W.S. City, State	PA Da	5/8	/14			

Sing of Nov Jordy NOTETCATION OF ASSESTOS ASIATEMENT (Pursuent to NJAC 8:50 and 12:120)

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CHECKS.	X429
CHECKE.	פנון ט

Date of Notification (1)		~···				-		<i>-</i>			I	PROV	(ism)		
5/7/14		nyame i	SAL		7 <u>7) E.C. E</u> Oberapor	77 T		MAP	ept. of He	Ith Ra	Senio	Sorv	ices		
Agencies Notified	Typo Noticelion	-		Street	Address	Control of the last	~			1		1	201	3017	
CI EPA	ii biia				. 130	Ro	UTE I	10	· · ·	l. Data	5/8/1	Į	2	3:09	AM
M DOL	CI Amended Amendmen				wa.zpo Whipp		7.4	. n	7981	-		1	пнет		<u> </u>
22 DOH	ld Energency justification	(including	1	Mame	if Contac	ANG	170.5			万盘	ephone N	usiber.			
II DGA	☐ Cancellation	Ť	- 1		SAL	Cani	DEREL	LA			T	ر انت ستا	-00	- De	<u>`</u> .
Name of Facility Where A	tistement la Tidon	o Place (3)		FAC	ALTEY BU	ORMAT	KON		of Fectiley (45					
	MERCIAL /B		oke			15			trank (K-4)		i I				
Street Address	7					4		១១	her (i.e. p	B (Clibe	rilaan K-1	2) 			
<u>94</u>	East Mo	<u> </u>	T	HOLENNY O		- CONTRACT		C	ic)						#5,
MENDE	14.1							Square		# U)	Piones	1	BROGS. A	50	_
County (6)	1900		7	County	Code (7)			Cunen	900 tuse (Pri	r if bet	g Carnolis	hed)	4.	30	
· HOLLIG.					USEQUI	5			Co	MME	CIAC.		29		
Name of Monkowing Frant	Hired by EtoHeliog 4	Dwier(8)		ASC	AM No.				ensent Con raction lac		9)	1	14 14		
Street Address		·					Sine	Address		للحظام	G0 		Ę.,,	i	
						9	owell Ro			1 5	1 1	دن	9	7	
City, State; Zip Code					•	City, S	late, Zip	Code						1 Sugar	
Project Manager for Mont	monte Herry					<u>-</u>		Rock, N			1		_ 1		111
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Start Date (10) - A	. 1	Schedule	d Got	npletion	Dafe (11)				Monitor				-	-	-
Start Date (10) 5/8/1	4		5	730/1	4	-	Ome	ya Emi		Service	es har.				
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State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NIAC 850 and 12:120)

8438

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Date of Normation (1) 5/09/	14		Tre .	are or c	I. (AAL	JGER:						
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County (6)			6	MANEUS	ECMTA)		RESIDE	NTIAL.				_
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heet Address						STEEL 105 L	Address owell Road			٠		
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Ty, State, Zip Code	-	·		-		Glen	Rock, NJ 07452					
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Start Date (10) / 19/	14	Science	5/3	eletion D	ate (11)	Cons	of OSHA Monitor ga Emmonmental	Services Inc.				
- Order Des	14 Cher	Conly One	<u>5/3</u>	80/14	ab (11)	Sheet	ega Environmental Address	Services Inc.				
Occupancy Status Dui	ing Abelement (Check	Only One	<u>5/3</u>	80/14	ab (11)	Street 280 I	ge Environmental Address Inger Street	Services Inc.				
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Occupancy Status Dus E Facility Glosel/Va Abatement Facility Other - Describe Scope of Work (Check et 25 sf or 25 if 21 2160 sf or 2260 ii	ing Abelement (Check caled During Entire Pt ned Outside of Normal CAN That Apply).	COnly One mind of Ab	5/3	ent .		Street 280 l Gay, S Hack	Address Inger Street Eng. Zip Code ensack, NJ 97606 I/Foll Containmen I/Hini-Enclosure I Glovebay Proof Non-Enganded	r with Negative F educe (*) and Non-Fried	le Proce	Abate Ty	pe ·	
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Occupancy Status Du El Facility Goscil/Va Abatement Perior Other - Describe Scope of Work (Check 25 sf or 25 if 260 sf or 2260 if Ashesius Contain IO BE- In Facility Goscil (1	ing Abelement (Check caled During Entire Pr ned Outside of Normal CAR That Apply)	Conly One mind of Abril Facility H	S/3 increase molification location increase (IZ) No	nit min my y by cost cast?	Ashesias Control (i.e. linean	Sirect 280 in Cary, Sirect 18 in	Address Inger Singel Ing. Zip Code Persock, NJ Graffi I Full Containment I Mini-Enclosure Glovebay Proce I Non-Exempted of Bellerial (ACM) sinsulation T. cr nenus) () (ATIOQ)	Amount Specify SFORTER	Removal	Abate Ty	pe ·	
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(K# 2189 *

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT NIAC 8:60 and 12:120)

Date of Notification (1)) 7/2014			Name of Building Owner/Operator (2) Scotto Properties 2514 KAY 13 PAII: 65										
Agencies Notified	Type Noti				t Addres Vashing		a totte t	f '-t ' (5	1					
DEP DOL	☐ Emerg	lment #_ ency (includir			State, Zip ristown	Code , NJ 07960	& LICE	MS/NG				_		
DCA DCA	justific Cancel		1100		of Conta	act almonte		Telephor	ne Niimbe	r				
N. C. S. W. M. S.				FAC	CILITY IN	FORMATION		- T						
Name of Facility Where Barn Buildings	Abatement is	s Taking Plac	e (3)				Type of Facili							
Street Address 93 Brighton Road							Subchapte	er 8 (Other that private & co		bui	lding	s,		
City (5) Andover							Square Feet 5,000	# of Flo	ors	1 30	ildg.	Age		
County (6) Morris					nty Code ONLY)	(7) (STATE	Current Use (Barn Buildin	Prior if being	demolish	ed)				
Name of Monitoring Fire (8) Bio-Terra Environ			1 233	SCM N	Vo.	Name of Abatem				100				
Street Address	imental Solu	tions LLC.	<u>N</u>	N/A Valiant Associates, LLC Street Address										
P.O. Box 1224						145 Mill Stre				- 250-3400				
City, State, Zip Code Union, NJ 07083				City, State, Zip Code Paterson, NJ 07501										
Project Manager for Mo Rick Eustaquio	nitoring Firm			hone N		Telephone No.		License						
Start Date (10)		Cabadalad	-	494-3		973-553-537		0110	8				_	
05/21/2014		Scheduled 0 06/21/20		on Date	e (11)	Name of OSHA N Valiant Asso								
Occupancy Status Durin	ng Abatement					Street Address	0.0.00, 220			=	_			
Facility Closed/Vacat				ent		145 Mill Stree								
Abatement Performer Other - Describe:	d Outside of N	Normal Facilit	y Hours			City, State, Zip Con Paterson, NJ			<i>5</i> 4					
Scope of Work (Check at 2) >3 sf or >3 If 2 160 sf or 260 If	all that apply)		enovation emolitic			Mini-End Goveba	g Procedure							
			ocation	T		Non-Ex	empted (*) and	Non-Friable	Procedu			ment		
Location	The second construction of the second construction of	Used	ormally Solely b	oy		Description of					Ту	pe		
Asbestos-Containing N TO BE ABAT IN Facility (13)	TED	Cu	ntenance/ ustodial staff? (12)			tos Containing Mate thermal systems in surfacing, VAT, other miscellaneou	sulation, or	Amount (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure	
Horse Barn		Yes		N/A	Trancita	Roofing Panels		2,600 SF		77		w		
Exterior			X	-		Debris		5,000 SF		X				
Exterior - Waste Con	X	-		Debris Debris		30 CY		X						
DATOHOI Waste Con	^	^ -	Tansic	Deoris		30 01	- ^	X	-					
Name of Registered Was		EP Wa		Cubic Yards	Name of Regi	stered Landfi								
Service Transport Group					No. of Waste Minerva Landfill									
City, State New Castle, DE						Disposal Date 06/21/2014	City, State Waynesburg, OH							
Completed By Miodrag Stamenovic	lanager	2	Thi	Signature 6	amente		ate 5/07/201	4						

ASB41

[•] Do not use this form for asbestos licensure exempted activities.

D&S Proj. #: 2014-185

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

PENTAGE

				9041				
Date of Notification (1)	Name of Building Ov	vner/Operator (2)		TO IA LIM	Y 13 PM II	:41		
Agencies Notified Type Notification	SHANNELL WI	LLIAMS						
☐ EPA ☐ Initial	Street Address				TOU CON: 10EMSING	RUL		
☐ DEP ☐ Amended	43 PARK END I			\	1101-13			
DOL Amendment #:	City, State, Zip Code							
Emergency	EAST ORANGI	E, NJ 07019	200					
DOH (including justification)	Name of Contact			Telephoi	ne Number			
DCA Cancellation	SHANNELL W	TLLIAMS		-				
	FA	CILITY INFORM.	ATION	1				
Name of facility where abatement is	taking place (3)			Type of Facility				
SHANNELL WILLIAMS				1 =	ol (K - 12)			
Street Address				Other	napter 8 (Other to (Private/Commo		-12)	
43 PARK END PLACE				Bldgs. Square Feet	./Homes, etc. # of Floors	I BI	dg. A	Age
City (5)	County (6)		County Code (7)	Oquare reet	# 01 1 10013		ag. /	igo
E LOT OR LIVER			(State use only)	Current Use (P	rior if being den	nolishe	ed)	
EAST ORANGE Name of Monitoring Firm Hired by B	ESSEX	T receive	110					
Name of Monitoring Firm Filed by B	idg. Owner (8)	ASCM No.	Name of Abatement	3. 5.				
Street Address			D & S RESTOR. Street Address	ATION, INC.				
ou out Address								
City, State, Zip Code			20 California Av	ve.			_	
			Paterson, NJ 07	503				
Project Manager for Monitoring Firm	Phone Num	ber	Telephone Number	303	License Numb	ber		
*			973-345-8020		01169			
Start Date (10)	Sched. Completion Date (11)	Name of OSHA Moni	itor		1000		
05/29/14			D & S Restorati	on, Inc.				
Occupancy Status During Abatement	05/30/14 (Check only one)		Street Address					
Facility closed/vacated during e			20 California Av	renue				
Abatement performed outside o	of normal facility hours-		City, State, Zip Code					
Describe: NORMAL HO	DURS		Paterson, NJ 07	503				
Scope of Work (check all that apply)					ula sankir sa nasar			
✓ . o - f o / f	Renovation		=	Full Containment w Mini-enclosure	//negative press	ure		
n =	Demolition		The state of the s	Glovebag procedu	re			
	Is location normally used sole	hy		Non-Exempted (*)	and Non-friable	-		}
asbestos-containing	by maintenance/custodial		o of ook eater as at initial	Amount	e	R	E n	E
material (aem) to be	staff(12)	material (A	n of asbestos-containing ACM)	(Specify S	For o	p a	С	n c
abated in facility (13)	Yes No N/A			LF)	V	i	a p	L
BASEMENT & STORAGE RM	X	PIPE INSUI	ATION	80 L FT	e	-	П	+
						H	Ħ	卅
		1				H	+	늄
						H	౼	片
					H	計	Ħ	Ħ
Registered Waste Hauler D & S RESTORATION, INC.	1000	Cubic Yards of W	J				_	1
City, State		1 YD	TULLYTOWN, I	RESOURCE RE	COVERY			
PATERSON, NJ 07503	Disposal I 05/30/1		City, State	DΛ				
	Title	Signature	TULLYTOWN,	FA	Date		_	
	PRESIDENT				05/06/2014	É		
ASB-41 * D	Do not use this form for asbest	os licensure exe	mpted activities.		1		_	-

CKY UUSGUY

D&S Proj. #: 2014-

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

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Data of Natification (4)			Nome of	D. II.II O.	(6)				9814		~			
Date of Notification (1) $0 4 /0 $	1 4	- 11			ner/Operator (2	2)			2014 HAY 13	PH !	: 41			
	e Notificat	ion	LYNN Street Add	LOPES										
☐ EPA 🖾 In	itial								4.1.2100 4.110E	COMI	RU!			
	mended	- 11		ARFIELD	PLCE				C LIVE	MAING				
M DOI 1—	endment #:	11		e, Zip Code							(
	mergency ncluding	11.		RANGE, 1	NJ 07079									
ju	stification)	- 11	Name of C	ontact					Telepho	ne Numb	er			
□ DCA □ C	ancellation		LYNN	LOPES					-	4				
				FAC	CILITY INFORM	IATIC	N							0)
Name of facility where al	batement is	s taking p	lace (3)					T	Type of Facility				_	
LYNN LOPES									=	ol (K - 12	<u>.</u>		14 40)	
Street Address								7		hapter 8 ((Private/				
199 GARFIELD PLO	CE								Bldgs Square Feet	./Homes, # of Floo	etc.			
City (5)		Cou	inty (6)			Co	ounty Code (7)	=	Square reet	# 01 1100	ors	١ '	3ldg. A	age
SO. ORANGE		Ec	SEX				ate use only)		Current Use (F	Prior if bei	ng der	nolisi	ned)	
Name of Monitoring Firm	Hired by E				ASCM No.	Ц,	Name of Abatem	nent C	ontractor (9)					
					7.0011710.		D & S REST							
Street Address				-		-	Street Address	OICA	HON, INC.			_		-
				1			20 California	a Ave						
City, State, Zip Code							City, State, Zip C	ode					- 100	
Project Manager for Marit						_	Paterson, N.		03					
Project Manager for Monito	oring Firm		P	hone Numb	er		Telephone Numb			License				
Start Date (10)		ICahar					973-345-80 Name of OSHA		-)1169			
				ion Date (1	1)		D & S Resto		ā.					
05/20/14	A la - 4	05/30					Street Address						-	
Occupancy Status During / Facility closed/vacate				oment			20 California		nue					
Abatement performe	d outside o	of normal	facility hou	irs-			City, State, Zip Co	ode						
Describe: NO	DRMAL HO	URS				-	Paterson, NJ	0750)3					
Scope of Work (check all	that apply)						1		Il Containment v	//nogotive	Droop			
≥ 3 sf or >3 If	⊠ F	Renovatio	n						ni-enclosure	wilegalive	press	ure		
≥160 sf or ≥260 lf		Demolition	1						ovebag procedu					
Location of		Is location	normally	used solely		_		No	n-Exempted (*)	and Non-	friable TR		_	
asbestos-containing		by mainte	nance/cus	stodial		n of a	sbestos-containing		Amount		e	R e	E n	E
material (acm) to be abated in facility (13)		staff(12)		T	material (A		sbesios-containing	J	(Specify S	F or	m	p	С	n
(10)		Yes	No	N/A					LF)		V	i	a p	L
BASEMENT					PIPE INSUI	LAT	ION		200 L FT		e	\Box		m
											ini	百	H	Ҥ
						112							Ħ	市
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													F	
Registered Waste Hauler D & S RESTORATION	I, INC.	NJDE 135	P Hauler I 06		ibic Yards of W YDS	aste	Name of Register TULLYTOW	red La	ndfill	COMED	v	_		
City, State				Disposal Da	ate	_	City, State	ν, ΑΓ	SOURCE RE	COVER	. 1			
PATERSON, NJ 0750				05/21/14			TULLYTOW	N, PA	A					
Completed by (Print or Type BOGDAN JOLDZIC	100	itle	73.70		Signature					Date				
ASB-41		RESIDI		for ashesto	s licensure exer	mntor	1 activities			05/05/	2014			

State of NJ

D&S Proj. #: 2014-186

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

Date of Notification	1/14		lame of E BEN N	· · · · · · · · · · · · · · · · · · ·	wne	er/Operator (2)			7814 1	14 13	PHII:	Łŋ			
Agencies Notified EPA	Type Notification	ation	treet Add	-			****		13 5	- 115-	[[]]M]4]);];	4		_
☐ DEP	Amended		131 MF	ERCER F	PLA	ACE			Č.	illigi Letan	5146				
	Amendment a	#:	ity, State	, Zip Code	е										
☑ DOL	Emergency	,	SO. OI	RANGE,	NJ	07079									
☑ DOH	(including justification	N.	ame of Co							Teleph	one Num	ber			
DCA	Cancellation	. 11	BEN N	ILES						77.					
				FA	ACIL	ITY INFORM	ATIO	N		-		VIII - 1515			
Name of facility wi	here abatement	is taking pla	ce (3)				-30.67		Туре	of Facility	y (4)				100
BEN NILES								li i			ool (K - 1	2)			
Street Address											chapter 8				
131 MERCER	DIAGE									Othe Bldg	r (Private s./Homes	c/Comm s, etc.	ercial		
City (5)	PLACE	l Cause	t · (0)						Squ	are Feet	# of Flo	oors	В	ldg. /	Age
Oity (5)		Coun	ty (6)					unty Code (7)	_						
SO. ORANGE	Variable and the second	ESS					(Sta	ate use only)	Cur	rent Use ((Prior if be	eing der	nolish	ed)	
Name of Monitorin	g Firm Hired by	Bldg. Owne	r (8)		T	ASCM No.	1	Name of Abatemen	t Contra	ctor (9)					
								D & S RESTOR	RATIO	N, INC.					
Street Address							7	Street Address	-920 1110						
								20 California A	Ave.						
City, State, Zip Code	е			3				City, State, Zip Code	е						
-								Paterson, NJ 0							
Project Manager for	Monitoring Fire	n	P	hone Num	nber			Telephone Number			Licen	se Num			
								973-345-8020				01169			
Start Date (10)		Sched.	Complet	ion Date ((11)	the state of the s		Name of OSHA Mo							
05/19/14		05/30/	14					D & S Restorati	tion, inc). 				-	
Occupancy Status D	During Abateme	nt (Check or	ly one)					20 California A	Venue						
Facility closed	/vacated during	entire perio	d of abate	ement.				City, State, Zip Code							
Describe:	rformed outside		cility hou	ırs-				, , , , , , , , , , , , , , , , , , , ,	7.1		82 1				
Other-Describ	e: NORMAL I	IOURS					-	Paterson, NJ 0	7503						
Scope of Work (che	eck all that appl	y)							Full Cor	ntainment	w/negativ	/e press	ure		
≥ 3 sf or >3 If	\boxtimes	Renovation	į						Mini-en		ogaa	o prooc	uio		
≥160 sf or ≥26	60 lf \Box	Demolition						☒	Gloveba	ag proced	ure				
Location of		Is location	normally	used sole	elvi				Non-Ex	empted (*) and No	n-friable	proc	_	}
asbestos-cont	taining	by mainter			"]	Docarintion	of a	sbestos-containing		Amount		е	e	E n	E
material (acm) abated in facil		staff(12)			-1	material (A		spesios-containing	ı	(Specify	SF or	m	p a	С	n
abated iii ladii	ity (13)	Yes	No	N/A						LF)		v	i	a p	L
BASEMENT			X	1	7	PIPE INSUL	ATI	ON	110	6 L FT		e e	-	-	+
				#	╬				10	OLII		- 남	+	屵	╬
					╬			***************************************				ᆛ	님	H	╫
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Registered Waste Ha		NJDE	Hauler I	ID# (Cub	ic Yards of Wa	aste	Name of Registered	d Landfill			نالا	<u> </u>	ш	쁘
D & S RESTORA	ATION, INC.	1350	6		2 Y	ZDS .		TULLYTOWN,			ECOVE	RY			
City, State	07502			Disposal		е		City, State							
PATERSON, NJ				05/19/	_			TULLYTOWN	, PA						
Completed by (Print BOGDAN JOLD		Title PRESIDE	NT		1	Signature					Date				
ASB-41				for achoe	toc	licensure exer	nnta	activitie -			05/06	5/2014			
CALL POPUL		Do not use	THO IOIII	iui aspesi	105	ilicerisure exer	iihred	activities.							

CK # 005647

DAS Proj. #: 2014-187

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

Date of Notification (1)		Name of	Building Ow	ner/Operator (2	2)								
Agencies Notified Type Not			ELLIOT	T ·		. Cor			1111 3	3			
EPA Initial	ilication	Street Add	dress										
DEP Amende	ed	32 ST/	ANFORD	PLACE						*			
DOL Amendme	nt #:	City, State	e, Zip Code					10 10 10 10					
Emerge	ency	MON	TCLAIR, 1	NJ 07042									
DOH (includir justification)		Name of C	Contact		***			Telepho	ne Numb	er			
DCA Cancell		JARE	D ELLIO	Т				1-	_	-			
				CILITY INFORM	MATIO	N							
Name of facility where abatem	ent is takir	ng place (3)					TTv	pe of Facility	(4)			-	7-75-
JARED ELLIOTT		-, ,,						Scho	ol (K - 12	100		(10)	
Street Address							11	Other	hapter 8 ((Private/	Comme		(-12)	
32 STANFORD PLACE							S	Bldgs quare Feet	./Homes, # of Flo		R	ldg. A	l ne
City (5)		County (6)			Co	unty Code (7)	~	quare r cot	# 01110	513	١	iug. r	ige
					1,00000	ate use only)		urrent Use (F	Prior if be	ng den	nolish	ed)	
MONTCLAIR		ESSEX											
Name of Monitoring Firm Hired	by Bldg.	Owner (8)		ASCM No.		Name of Abateme	nt Cont	ractor (9)					
						D & S RESTO	RATIO	ON, INC.					
Street Address						Street Address							
City, State, Zip Code						20 California	C.C. D.C. DOVON						
Oity, State, Zip Code						City, State, Zip Coo							
Project Manager for Monitoring I	Firm		Ohana Ni		_	Paterson, NJ							
1 Tojest Manager for Monitoring	1 11111		Phone Num	ber		Telephone Number 973-345-802			Licens	e Numb 01169	er		
Ot- + D-+- (40)						Name of OSHA Mo				31109	_		
Start Date (10)	S	Sched. Comple	tion Date (1	1)		D & S Restora		nc					
05/24/14		05/30/14				Street Address	icion, i					1	
Occupancy Status During Abate						20 California A	venue						
Facility closed/vacated du	ring entire	period of aba	tement.			City, State, Zip Coo	le						
Describe:	side of nor	mai facility no	urs-										
Other-Describe: NORMA	L HOURS				=1	Paterson, NJ (7503						
Scope of Work (check all that a	pply)						Full C	ontainment v	w/negative	e press	ure		
≥3 sf or ≥3 lf	Reno	ovation					_	enclosure					
≥160 sf or ≥260 lf	☐ Demo	olition				ř		ebag procedu Exempted (*)		-friable	nroce	edure	,
Location of		cation normally		у						R	R	E	T
asbestos-containing material (acm) to be	staff(aintenance/cu (12)	stodial			sbestos-containing		Amount	_	e m	e p	n c	E n
abated in facility (13)	Ye		N/A	material ((ACM)	٤		(Specify S LF)	SF or	0	a	a	C
10 10 10		110	19/0							v e	r	р	-
BASEMENT /CRAWL SPACE				PIPE INSU	LAT	ON	1	02 L FT					
Registered Waste Hauler													
D & S RESTORATION, IN		NJDEP Hauler 13506		ubic Yards of V LYD	vaste	Name of Registere TULLYTOWN			COVE	ov			
City, State			Disposal D			City, State	, res	OURCE RE	COVE	<u> </u>			
PATERSON, NJ 07503			05/25/1			TULLYTOWN	I, PA						
Completed by (Print or Type)	Title			Signature			mA gyddiddid y dd		Date			-	
BOGDAN JOLDZIC		SIDENT							05/07	/2014	8	1.766	
ASR-41	* Do no	ot use this form	for asbesto	os licensure exe	empte	d activities.							

CK\$ 065648

D&S Proj. #: 2014-188

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

											B == =				
Date of Notification			Name of	Building C	Own	er/Operator (2)		nes	4 * 1 * 4 * 4 * 4 * 4	FK = 1 = 1	25			
10 5 / 0 7			HETO	R NEGR	RON	I					E V = 1 = 4 P	1			
Agencies Notified EPA	Type Notific Initial	ation	Street Ad	dress											
☐ DEP	Amended		15 GR	AND PL	LAC	Œ					8 N 0				
☑ DOL	Amendment	#:	City, State	e, Zip Coo	de								_	-	_
<u> </u>	Emergenc	у	KEAR	NY, NJ	07	032									
☑ DOH	(including justification	n)	Name of C	Contact						Telepho	one Numb	er		_	
☐ DCA	Cancellation	**	HETC	R NEGI	RO	N						2			
						LITY INFORM	ATIO	N	_						
Name of facility wi	here abatemen	t is taking p	place (3)						ТТ	Type of Facility	(4)				
HETOR NEGR											ool (K - 12	2)			
Street Address	COIN		_				_		41		hapter 8				
15 CD AND DI	ACD										r (Private/ s./Homes,		ercial		
15 GRAND PL City (5)	LACE	10	1 (0)		_					Square Feet	# of Flo	ors	E	Bldg. A	Age
Oily (5)		Col	unty (6)					unty Code (7) ate use only)	.				_		
KEARNY			UDSON				(316	ate use only)		Current Use (Prior if be	ing der	nolish	ned)	
Name of Monitorin	g Firm Hired by	Bldg. Owr	ner (8)		T	ASCM No.	\neg	Name of Abateme	ent Co	ontractor (9)					
Street Address								D & S RESTO)RAT	TION, INC.					
Street Address								Street Address	15						
City, State, Zip Code	e						_	20 California							
, otato, 2.p 000	•							City, State, Zip Co		_					
Project Manager for	Monitoring Fire	m	TF	hone Nur	mbe	er	-	Paterson, NJ Telephone Number)3	Llicono	o Niversi			
8 8			1					973-345-802			Licens	9 Num 01169			
Start Date (10)		ISche	d. Comple	tion Date	(11)		_	Name of OSHA M				01107			
05/19/14					(D & S Restor	ation	, Inc.					
Occupancy Status D	Ouring Abateme		0/14		-		_	Street Address							
	/vacated during			ement				20 California		ue					
Abatement pe	rformed outside	of normal	facility hor	urs-				City, State, Zip Co	de					192	
Describe: Other-Describ	e: NORMAL I	HOURS			_	-	-1	Paterson, NJ	0750°	3					
Scope of Work (che								Taterson, 143						_	_
≥ 3 sf or >3 If	×	Renovation	on					F	The State of the S	Containment v	w/negative	e press	ure		
≥160 sf or ≥26	-	Demolitio						Ī	-	vebag procedu	ire				
			n normally	used sole	lohd				No	n-Exempted (*)	and Non		_	edure	
Location of asbestos-cont	aining	by maint	enance/cu		lely	Б	•	New York Control of the Control			85	R e	R	E n	E
material (acm)) to be	staff(12)			-1	material (A		sbestos-containing		Amount (Specify 8	SF or	m	р	C	n
abated in facil	ity (13)	Yes	No	N/A	. [/			ĹF)		o v	a i	a	L
BASEMENT				1	-	PIPE INSUL	ATI	ON		COLUM		e	r	P	_
				╬	₩	THE INSUL	Ail	ON		60 L FT		X	무	Щ	쁜
		-		#	╡	-						 	닏	屵	ዙ
			-		╬				-			井	片	片	14
					#		-					井	片	H	 -
Registered Waste Ha	uler		EP Hauler	ID#	Cul	oic Yards of W	aste	Name of Registere	ed Lar	l ndfill		<u> </u>	Ш	Ш	
D & S RESTORA	TION, INC.	135	06		1	YD		TULLYTOWN			COVER	RY			
City, State PATERSON, NJ	07502			Disposal		te		City, State			-				
Completed by (Print of		Tial -		05/20/		Cianati		TULLYTOW	N, PA	1					
BOGDAN JOLD		Title PRESID	ENT			Signature					Date	/2011			
ASB-41				for asbes	-l stos	licensure exer	npted	activities.			05/07	12014	-		-

D&S Proj. #: 2014-189

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

		N	D 11.11	_	10		340 %	1.5	6					
Date of Notification (1)					ner/Operator (2	2)	\$157 £ 1 1	+ \2 + P	p. 1 = 1				J. 1985	
Agencies Notified Type Notification	ation	FERNA Street Add		ΑI	EPORE		¥3%			- 11				
EPA Initial														
DEP Amended	.	City, State		10000	TREET									
DOL Amendment		7.5												
DOH Emergency	1.1	WEST Name of C		GŁ	E, NJ 07052									
justification	1)								l eleph	one Num	ber			
☐ DCA ☐ Cancellation	on	FERN	ANDIN	A.	LEPORE				-					
			F	AC	ILITY INFORM	IATIO	N							
Name of facility where abatement	is taking p	lace (3)						Туре	of Facility					
FERNANDINA LEPORE									=	ool (K - 1	12			
Street Address				-				L		chapter 8			(-12)	
								4	Othe Bldg:	r (Private s./Homes	Comme, etc.	ercial		
61 CHESTNUT STREET								Squa	re Feet	# of Flo	oors	В	ldg. /	Age
City (5)	Coi	unty (6)				7.000	unty Code (7)							
WEST ORANGE	ES	SEX				(Sta	ate use only)	Curre	ent Use (Prior if be	eing den	nolish	ed)	
Name of Monitoring Firm Hired by					ASCM No.	└──	Name of Abatemen	t Contract	tor (9)					
							D & S RESTOR							
Street Address						-	Street Address	CITION	, Htc.				-	
							20 California A	ve.						
City, State, Zip Code							City, State, Zip Code	9						
							Paterson, NJ 0	7503						
Project Manager for Monitoring Firm	n	F	hone Nu	ımb	er		Telephone Number			Licens	se Numb	oer		
							973-345-8020				01169			
Start Date (10)	Sche	d. Comple	tion Date	(1	1)		Name of OSHA Moi							
05/22/14	05/3	0/14					D & S Restorat	ion, Inc.						
Occupancy Status During Abateme							20 California A	venue						
Facility closed/vacated during	entire per	iod of abat	tement.				City, State, Zip Code					_	_	
Abatement performed outside Describe:		facility ho	urs-											
Other-Describe: NORMAL I				_		=	Paterson, NJ 0	7503						
Scope of Work (check all that appl	y)							Full Cont	ainment	w/negativ	e press	ure	-32-	
	Renovati	on						Mini-encl						
≥160 sf or ≥260 lf	Demolitio	n					×	Glovebac Non-Exe			n-friable	nrac	edura	2
Location of		n normally		lely					mptou () and Ho	R	R	E	1
asbestos-containing material (acm) to be	staff(12)	enance/cu	stodial				sbestos-containing	1 0	Amount		e m	e p	n	E n
abated in facility (13)	Yes	No	N/A	_	material (ACM)			(Specify LF)	SF or	0	a	a	C
21.02				`							v e	r	р	-
BASEMENT		X	4	_	PIPE INSU	LATI	ON	108	LFT					
	<u> </u>		4	_										旦
			-	_							ᆜᆜ	Ш		口
	-		+-	4							441		Ш	닏
Registered Waste Hauler	NID	EP Hauler	ID# I	C	ibic Yards of V	Vaste	Name of Registered	Landfill				Ш	Ш	
D & S RESTORATION, INC.	135		.5."		YDS		TULLYTOWN,		RCE R	ECOVE	RY			
City, State			Disposa				City, State							
PATERSON, NJ 07503			05/23	/14			TULLYTOWN	, PA						
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID	ENT			Signature					Date	T 10 0			
ASB-41			for asbe	sto	s licensure exe	mpter	activities.			05/0	7/2014			

State of NJ

B & G proj. #: 2014-74

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

			10				Check	#6535	·	S - S	er .	_
Date of Notification (1)	Cor	of Buildin		er/Operator (2)		6	2017 AVA , 3	54.10	: 59)		
Agencies Notified Type Notification EPA DEP Initial	68	Address Madisor		nue				1 1 1 1 1 1 1	; ;;;) •		
DOL Amendme	ent Ne		dence	e, NJ 07974								7.
DOH Cancellati		of Contac obert Spe					Telephon	e Numbe	ιr Δ			
			FAC	ILITY INFORM	OITA	1						
Name of facility where abatement is Connie Spencer	taking place (3)					1 =	4) I (K - 12) apter 8 (C		ban k	(12)	
Street Address 68 Madison Avenue							Other (omme	ercial	95	
City (5)	County (6	3)			Col	inty Code (7)	Square Feet	# of Floo	rs	В	ldg. A	ge
New Providence, NJ 07974	Union					ite use only)	Current Use (Presidential	rior if beir	ng den	nolish	ed)	
Name of Monitoring Firm Hired by Blo N/A	dg. Owner (8)			ASCM No.	1	Name of Abatement	A-10.0-10.000					
Street Address					-	B & G Restoration	on, Inc.		0.000			
						105 Ryerson Roa	ıd					
City, State, Zip Code					-	City, State, Zip Code						
-						Lincoln Park, NJ	07035					
Project Manager for Monitoring Firm		Phone	Numb	er		Telephone Number		License	Num	ber		
						973-696-6869		0378				
Scheduled Start Date (10)	Sched. Cor	mpletion D	ate (11	1)	_	Name of OSHA Moni	RAA 10					
05/19/2014	05/21/2	2014				B & G Restoration Street Address	on, Inc.	-				
Occupancy Status During Abatement	Check only o	ne)			_	105 Ryerson Roa	ad.					
Facility closed/vacated during en Abatement performed outside of Describe:	ntire period of	abatemer	nt.			City, State, Zip Code	iu					
Other-Describe:					-1	Lincoln Park, NJ	07035		1700			*
Scope of Work (check all that apply)							Г	wrap	& cu	t		
	enovation					ull Containment w/neg	ative pressure	Glove	bag pi	oced		
	60 sf or ≥260	27	-			/lini-enclosure	L	_ Non-fr	riable	proce	dure	
asbestos-containing	s location non by maintenance staff(12) Yes		al			sbestos-containing	Amount (Specify S LF)	F or	e m o	R e p a	E n c a	E n c l
	103	140	N/A						v e	1	р	
2nd floor area			X	VAT			500 sf			L		H
(2 bedrooms, hallway,									ዙ	닏	닏	쁜
closets, & bathroom)			<u></u>	lingle			205 -1	_		片	片	H
1st floor area			Χ	linoleum			265 sf				片	屵
(kitchen, dining rm, bathroom)	NJDEP H	aulor ID#		ubic Yards of W	lasto	Name of Registered	Landfill				Ш	Ш
B & G Restoration, Inc.	19563	auler ID#		ubic faids of vi	vasit:	Tullytown Resou		Center				
ity, State		Disp	osal D	ate		City, State			-			
Lincoln Park, NJ 07035		_	05/2	1/2014		Tullytown, PA						
	itle			Signature		Gordana Luna		Date 05/00	1204	4		

CK# 008911

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

Date of Notification (1)			Name of Building Owner/Operator (2)											
5/9/14			PSE@G 2814 MAY 13 PM 9: 51											
Agencies Notified EPA	Type Notification			et Address 0 Eagle R	ock Rd									
EPA DEP DOL	Amended Amendmen			, State, Zip (seland NJ										
☑ DOH	Emergency justification			ne of Contac				Te	lephone N	umber				
☐ DCA	Cancellatio			wn Neville										
Name of Facility Where	Abatement is Takin	na Place (3)	F	ACILITY IN	FORMATIO									
West Orange Switch	ching Station	ig Place (3)				Ту	pe of Facility (0.	•					
Street Address							School (K-1: Subchapter		er than K-	12)				
341 Mount Pleasar	nt Ave					×		rivate	& commer	cial bu	ilding	s, hon	nes,	
City (5) West Orange NJ 0	7052					Sq 15	uare Feet	# 0	f Floors		Bldg. 40 yı			
County (6) Essex			Cou (STA	nty Code (7) ITE USE ONL	.y		rrent Use (Price ectric Control							
Name of Monitoring Firm	n Hired by Building	Owner (8)	A	SCM No.			batement Con							
Envirotactics			00	045		WRS Er	nvironmenta	ntal services Inc						
Street Address 64 Broad St						Street Add								
City, State, Zip Code Matawan NJ 07747							, Zip Code k NY 11980							
Project Manager for Mor Tom Geiger	nitoring Firm			phone No. 2-290-2217		Telephone 631-924			License	No.				
Start Date (10) 5/19/14		Scheduled 5/30/14	Complet	ion Date (11)		Name of O	SHA Monitor				-161			
Occupancy Status Durin	g Abatement (Chec	k Only One)			5	Street Add	ress				_	-		
Facility Closed/Vac Abatement Perform	ated During Entire	Period of Aba	atement		Li.	64 Broad								
Other – Describe:		nal Facility H	ours				Zip Code n NJ 07747							
Scope of Work (Check A	Il That Apply)	_						Service Ver						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		property.	novation nolition				Mini-Enclosure Blovebag Proce	nt with Negative Pressure						
						_ <u> </u>	lon-Exempted	(*) and	Non-Fria	ble Pro				
Location	of		cation mally		D							emen /pe	t	
Asbestos-Containing	Material (ACM)		Solely by enance/	Asbes	Descr stos Contair	ription of ning Mater	ial (ACM)	Αı	mount			T _m		
TO BE ABA		Custod	ial Staff?	(i.e	thermal sy surfacin	stems insu g, VAT, or	ulation,		pecify or LF)	Rer	Re	nca	Enc	
(13)		(12)		other mis	cellaneous	5)	O.	OI LI)	Remova	Repair	Encapsulate	Enclosure	
		Yes N	No N/	A						-		te	е	
1st FI R			Х		roof copir	ng/caulki	ng	60	LFT	x				
1st F			Х		Door	caulk		40	LFT	x				
1st FL	25		x	1	Asbestos	Wire/Clo	oth	200	SqFT	x				
1st FL			x		ransite F	loor Pan	els	77	SqFT	x				
Name of Registered Was Waste Management	te Hauler		Hauler		Cubic Ya of Waste		Name of Re Wm Grov							
City, State			17273		20 Disposal	Data		WS IN	Jul Lall	uilli				
100 Ave A Newark N	J 07114				Disposal 5/30/14	Date	City, State Morrisvill	e PA						
Completed by				ature	- 0		Da	ate			-			
Michael J DiMaria		Project	Manage	er/Site sup	per //	Uchs	el Il	ma	Ma 51	9/14				

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

OL# 2613

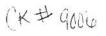
Date of Notification (Name	of Buildir										
5/7/14					ZON CO	MMUNICATIO			a Last						
	Type Notific	ation			Address								-		
⊠ EPA	_				igh stre			THE PARTY AND ADDRESS.							
☐ DEP ☐ DOL					State & Zip			2 19 19			-				
		nded			ngton N.										
DOH □ DCA		rgency			of Contac					Teleph	one	Num	her		
L DCA	☐ Cano	ellation		ALEX	BAYLO	R				-	22	-	1		
Name of Facility Whe	ere Abateme	ent is Taking F	Place (3)		Type of Fac	oility (4)								
Burlington Centra	I Office		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	٠,		School	l (K-12)								
Street Address							apter 8 (Othe	orthon V 1	2)						
446 High street						Other ((i.e. private 8	commerc	∠) امالماناطانہ						
						Square Fee		f Floors				etc.)			
City (5)		County (6)	Co	unty C	ode (7)			rioors	ľ	Bldg. A	ge				
Burlington		Burlington		only C) ouc (1)	3666		4							
J		Darnington					(Prior if bei								
Name of Monitoring F	irm Hired b	v Building Ow	per (8)	-	ASCM N		Verizon communication center Name of Abatement Contractor (9)								
USA Environmenta	al	, building Own	101 (0)		ASCIVITY										
Street Address						Street Addre	ENVIRON	MENIAL	INC						
8436 Enterprise Av	/e						ess VER STRE	ET							
City, State & Zip Code	9					City, State 8		<u> </u>							
Philadelphia pa 19	153					BRISTOL,									
Project Manager for M	onitoring F	irm	Telep	hone I	Number	Telephone N		- 1	_icense N	lumbor	_	-	-		
Mark Jenkins				784-8		215-788-60		1	-icelise i	005					
	heduled Start Date (10) Scheduled Con					Name of OS				003	00				
5/21/14			6/6/	14			ENVIRONN	TENTAL I	NC						
Occupancy Status Du	ring Abaten	nent (Check or	nly one	e)		Street Addre					-				
☐ Facility Closed	d/Vacated D	uring Entire P	eriod o	of Abat	tement		ER STREE	ΞT							
Abatement Pe			al			City, State &							_		
Describe: 5:	:00 PM - 1	:00 AM				BRISTOL,									
Facility Occup	ied During	Abatement													
Scope of Work (Check	k all that ap	ply)	199							Sall a					
□ >2 of o=>2 if			_	Full Containmen						egative	Pres	sure)		
≥3 sf or ≥3 lf≥160 sf ≥260 li	£		\bowtie		vation		Mini-	-Enclosure							
≥160 sf ≥260 li	I		Ш	Demo	olition			e Bag Pro							
Lase							Non-Exempted and Non-								
	ation of -Containing	3		ocatio		Descriptio	Description of Amount Abatement T						ype		
Materia	al (ACM)			ally Us lely by		Asbestos-Cor Material (A	os-Containing (Specify								
TO BE	ABATED	1		enance		(i.e., thermal s	CIVI)	SF SF	or LF)	고	_	Encapsulate	ш		
in F	acility			dial St		insulation, surfa	cing. VAT			Remova	Repair	ap	Enclsoure		
(13)			(12)		or other miscel	laneous)			Va	굨.	sula	our		
			Yes	No I	N/A							ē	ω		
Basement Room 2			\boxtimes			VAT & Ma	stic	14	10 SF		П				
Basement Cauble V			\boxtimes			Vat & Mas	stic		20 SF	Ø	Ħ	H	H		
Basement Room 19			X			Vat & Mas	stic		0 SF	X	님	님	뉘		
Basement Room 25			X			VAT & Ma	Little December 200 and a second seco		0 SF		님	퓜	H		
Basement Battery A	Area				n	Vat & Mas			0 SF		H	H	뮈		
Basement Room 23						Vat & Mas			00SF		님	H	H		
			TIT	TI	T	7 CC CA 111CC		30			井	片	H		
lame of Registered W	aste Hauler			NJD	EP Waste	Cubic Yards	Name of R	egistered I	andfill				Ш		
				Haul	er ID No.	of Waste	, tarrio or re	-gioloi 6u l	_anann						
SERVICE TRANSPO	ORT GROU	JP, INC.		2	20990	18	MINERVA	LANDFI	LL						
City, State NEW CASTLE, DE 19720				Disposal Date City, State											
Completed By (Print or Type)					Title Signature				п	In :					
atrick T. DeCaro	. 100/			(C)	mator	Signature	0 1	. /	_	Date	6				
and it books						Tatrib	ik D. D. Caro / 6 5/7/14								
				1		1,540	J. 10	/	7	1					

14054

CK# 9010

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

Agendies Notified Sie PA	Date of Notification (1)	-				Name	of Buildin	g Owner/Operator (2)				0.50	
Agencies Notified Barrier Barr	5/9	/	14			Ex	conMobil	Research and E	ngineering	(10.50				
Dollwo	Agencies Notified Ty	ype Notifi	cation	-				/	TAY 3	21 13				-
Manual of Pacific Programment (Pacific Programmen	⊠ EPA ⊠	Initial				600	Billinas	port Rd.		5.0				
Name of Facility Where Abatement is Taking Place (3)			7973				73/9	Code						
Date Entergrance (including Statistication) Cancellation Pacification (including Statistication) Cancellation Pacification (including Statistication) Cancellation Pacification P		_					* * * * * * * * * * * * * * * * * * *	N.I 08066	3. 1 2 NS	45				
Cancellation				cludin	g				99 3869		ahar			
Name of Facility Where Abatement is Taking Place (3) Building #19 School (K:12) Subchapter 8 (Other than K:12) Subchapter 9 (Other than K:12) Subchapter			(C) (C) (C) (C)			100 100 100				1 eleumonia m	~ 4			
Name of Facility (A) Street Address Sob Billingsport Rd. Square Address Square Address Square Rd. Square Rest.		T Garicon								-				
School (K-12) School (K-12) Street Address Street	Name of Facility Where Aba	tement is	Taking	Place	(3)	FA	CILITY	IFORMATION	Type of Facility	(4)				
Street Address		tomone io	ranng	, 1 140	(0)				[
City (15)				_					☐ Subchapter 8	3 (Other than K-1	2)			
County (5)									Other (i.e., p	rivate and comme	ercial bu	uilding	js,	
Paulsboro, NJ 080668														
County (6) Gloucester Name of Monitoring Firm Hired by Building Owner (8) Environmental Management International Street Address 34 E. Germantown Pike #204 City, State, Zip Code E. Norriton, PA 19401 Project Manager for Monitoring Firm Ray Glordano Start Date (10) 5								_ =					ge	
Single	The state of the s								<u> </u>			40+		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Management International						Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demol	ished)			
Environmental Management International NA														
Street Address 34 E. Germantown Pike #204 City, State, Zip Code E. Norriton, PA 19401 Telephone No. Telephone No. Telephone No. Storet Address S50 East Union St. City, State, Zip Code West Chester, PA 19382 West Chester, P		(E			200	ASCM	No.	Name of Abateme	ent Contractor (9)					-
State Commantown Pike #204 S50 East Union St.		ement I	nterna	ationa	al	NA		Alliance Envi	ronmental Sys	stems				
City, State, Zip Code								Street Address						
E. Norriton, PA 19401 West Chester, PA 19382	34 E. Germantown Pik	e #204						550 East Unio	on St.					
Project Manager for Monitoring Firm Ray Glordano Scheduled Completion Date (11)	City, State, Zip Code							City, State, Zip Co	ode					
Ray Giordano	E. Norriton, PA 19401							West Chester	r, PA 19382					
Start Date (10)	Project Manager for Monitori	ng Firm			Tele	phone	No.	Telephone No.		License No.		-		
Street Address Str	Ray Giordano				6	10-277	-0405	610-701-9000		00508				
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☑ Abatement Performed Outside of Normal Facility Hours - Describe ☐ Time of Abatement TAM	Start Date (10)		Sched	uled C	omple	tion Da	te (11)	Name of OSHA M	lonitor					
Facility Closed/Vacated During Entire Period of Abatement 20 Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AMPM/3:30PMAM	5/ /28 /	14		5 /	30	_ /	14	AET						
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: \(\frac{T}{AM} \) \(\frac{PM/3:30PM}{AM} \) \(\frac{T}{AM} \) \(\frac{T}{AM} \) \(\frac{PM/3:30PM}{AM} \) \(\frac{T}{AM} \) \(\fr	Occupancy Status During Ab	atement	(Check	only	one)			Street Address						
Time of Abatement: 7AM—PW3:30PM—AM Scope of Work (Check all that apply) Scope of Work (Check all that apply) Scope of Work (Chec	☐ Facility Closed/Vacated □	uring En	tire Per	riod of	Abate	ment		34 E. German	town Pike					
Scope of Work (Check all that apply) Scope of Work (C	Abatement Performed Out	itside of N	Normal	Facilit	y Hou	s - Des	cribe	City, State, Zip Co	ode				-	
Scope of Work (Check all that apply) Secope of Work (Check all that apply) Secope of Work (Check all that apply) Secope of Work (Check all that apply) Secope of Work (Check all that apply) Secope of Work (Check all that apply) Secope of Work (Check all that apply) Secope of Work (Check all that apply) Secope of Work (Check all that apply) Secope of Work (Check all that apply) Secope of Work (Check all that apply) Secope of Work (Check all that apply) Secope of Work (Check all that apply) Secope of Work (Check all that apply) Second of Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Asbestos-Containing Material (ACM) Asbest	Time of Abatement: 7AM	P	M/ <u>3:30</u>	DPM		AM								
Senovation Demolition Description of Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted	Scope of Work (Check all tha	at apply)			-									
□ ≥160 sf or ≥260 lf □ Demolition □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure Stocation of Asbestos-Containing Material (ACM) Specify Sp	M >2 of or >2 if									gative Pressure				
Non-Exempted (*) and Non-Friable Procedure Abatement Type Non-Exempted (*) and Non-Friable Procedure Abatement Type Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non														
Location of Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Pope Tesr Rig					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	211				n-Friable Proced	ıre			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Pope Tesr Rig To Be Ashestos Containing Material (ACM) Maintenance/ Custodial Staff? (12) Yes No N/A T.S.I. Asbestos-Containing Material (ACM) Maintenance/ Custodial Staff? (12) Yes No N/A T.S.I. Aspective Specify SF or LF) Pope Tesr Rig T.S.I. Aspective Specify SF or LF) Pope Tesr Rig Name of Registered Waste Hauler Waste Management Name of Registered Waste Hauler Waste Management Name of Registered Landfill Gloucester County Title Paulsboro, NJ Title Mark Griffin Estimator Normally Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Aspect Specify SF or LF) Namount (Specify SF or				ls	Locat	ion					1 1000	atem	ent T	vne
Second S											-	_		
Second Proper Test Rig Continue Continue Continue City, State Paulsboro, NJ Completed By (Print or Type) Mark Griffin Masked Management Masked Management City Continue			M)								l en	ep.	inc	ncl
Other miscellaneous) Yes No N/A Pope Tesr Rig T.S.I. 4 SF T.S.I. Name of Registered Waste Hauler Waste Management NJDEP Waste Hauler ID No. City, State Paulsboro, NJ Completed By (Print or Type) Mark Griffin Masse III Mark Griffin Title Estimator Other miscellaneous) T.S.I. 4 SF Mark Griffin ASB-41 Other miscellaneous) T.S.I. ASF Mark Griffin Other miscellaneous) T.S.I. ASF Mark Griffin Other miscellaneous) T.S.I. ASF Mark Griffin Signature Other miscellaneous) Tothe Signature Other miscellaneous) Tothe Signature Other miscellaneous) Tothe Signature Date Date		ב					(I.e				ovo	a. a.	sde	uso
Pope Tesr Rig					(12)			other miscellane	ous)	01 01 11)	=		ulat	6
Name of Registered Waste Hauler Waste Management City, State Paulsboro, NJ Completed By (Print or Type) Mark Griffin Masse I				Yes	No	N/A							(D	
Name of Registered Waste Hauler Waste Management City, State Paulsboro, NJ Completed By (Print or Type) Mark Griffin ASB-41 Cubic Yards of Waste Cubic Yards of Waste Hauler ID No. Cubic Yards of Waste Gloucester County City, State Disposal Date TBD Signature Signature Date 5/9/14	Pope Tesr Rig						T.S.I.			4 SF		П	П	П
Name of Registered Waste Hauler Waste Management City, State Paulsboro, NJ Completed By (Print or Type) Mark Griffin Mark Griffin Mark Griffin Mark Griffin Cubic Yards of Waste Hauler ID No. Cubic Yards of Waste Vaste Pouls Disposal Date TBD Signature Date Dat				П							-			
Name of Registered Waste Hauler Waste Management City, State Paulsboro, NJ Completed By (Print or Type) Mark Griffin ASB-41 NJDEP Waste Hauler ID No. Name of Registered Landfill Waste Gloucester County Cubic Yards of Waste Usaste Full Cubic Yards of Waste Flag Cubic Yards						-						ш	Ш	ш
Name of Registered Waste Hauler Waste Management City, State Paulsboro, NJ Completed By (Print or Type) Mark Griffin ASB-41 NJDEP Waste Hauler ID No. Name of Registered Landfill Waste Cibic Yards of Waste Disposal Date TBD Swedesboro, NJ Signature Date Signature				Ш	Ш	Ш								
Waste Management City, State Paulsboro, NJ Completed By (Print or Type) Mark Griffin ASB-41 Hauler ID No. Waste 1 Disposal Date TBD Swedesboro, NJ City, State Signature Signature Fastimator Waste 1 Signature Fastimator Signature Signature Signature Date 5/9/14														
Waste Management City, State Paulsboro, NJ Completed By (Print or Type) Mark Griffin ASB-41 Hauler ID No. Waste 1 Disposal Date TBD Swedesboro, NJ City, State Signature Signature Fastimator Waste 1 Signature Fastimator Signature Signature Signature Date 5/9/14	Name of Registered Waste H	lauler			N	JDEP I		Cubic Yards of	Name of Regis	tered Landfill			_	
City, State Paulsboro, NJ Completed By (Print or Type) Mark Griffin ASB-41 Disposal Date TBD Swedesboro, NJ Signature Date 5/9/14	Waste Management				H	lauler II	O No.	Waste						
Paulsboro, NJ Completed By (Print or Type) Mark Griffin Estimator TBD Swedesboro, NJ Date 5/9/14										NO DESCRIPTION OF THE PROPERTY				_
Completed By (Print or Type) Mark Griffin Estimator Title Signature Date 5/9/14								The state of the second section of the second second		ro NI				
Mark Griffin Estimator 5/9/14	Settlem and Company Company of the Company of the								Swedesbo					
ASB-41		l.	10000000		2 0200			Signature	- HA	D	ate 1		1.	
	1111 1110 11 11 11 11 11 11 11 11 11 11		E	stima	tor				////		5/	7	1/4	+
	ASB-41 MAY 11		* 1	Do not	IISO H	is form	for achoe	tos licensura avarra	ted activities	*	1	1		



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

Job# 14054

Date of Notification (1) 5/7/14		Name of Building Owner/Operator (2) Marx Realty and Improvement Co., Inc.															
Agencies Notified	Type Notifi	cation		-	Street A	ddress				70.1.1110.		- 1 .					
⊠ EPA	X Initial				708 TI	hird Ave	21st	Floor	231	TIEV IS		11:5	C*				
EPA DEP DOL	Amer Amer	dment #		_ [ate, Zip Co Ork, NY		7-4146									
DOH DCA	justific	gency (i cation) ellation	ncluding		10.00	f Contact be Starr			-70-50	GSY .	Tele		Numb	507			
					FAC	LITY INFO	ORMAT	ION	-								
Name of Facility Where A No name	Abatement is	Taking	Place (3	3)						of Facility (4 School (K-12							
Street Address 3607 Bergenline Av	/e.								×	Subchapter Other (i.e. pretc.)	8 (Othe	er than & comm	K-12) nercial l	ouile	dings	hom	es,
City (5) Union City										are Feet	# of	Floors			ldg. A	Age	
County (6) Hudson						Code (7) USE ONLY)			ent Use (Prio ail 1st floo)			
Name of Monitoring Firm Vertex Air Quality S		ilding C	wner (8)		ASCN	/I No.				atement Con Environmen			ns, Ind				
Street Address 700 Turner Way, St	uite 105			9-9-800-8-				Street	Addre			-					
City, State, Zip Code Aston, PA 19014										Zip Code ester, PA 1	9382						
Project Manager for Monitoring Firm Don Heim					Telepho 610-55	ne No. 58-8902		Teleph 610-7	one N	lo.			se No.		-		
						Date (11)			of OS	HA Monitor		0000					
Occupancy Status During	Abatement							Street		ee							
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During I	Entire P	eriod of A	Abatem	nent			700 1	Turne	er Way							
-	Abatemnt to b	e perfor	med in u	noccup	ied area	s of buildin	ng_			ip Code \ 19014							
Scope of Work (Check A ≥3 sf or ≥3 lf	II I nat Apply)			vation Full Containment with Neg												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			-	Renova Demolit				×	Glo	ni-Enclosure ovebag Proce	edure	-					
			1-	Locati					I No	n-Exempted	(*) and	Non-F	riable I		ædur Abate	_	
Location			1	lormal	у		Des	scription	of							ре	
Asbestos-Containing TO BE ABA In Facili (13)	ATED	M)	Ma	d Sole intenar odial S (12)	ice/ staff?	Asbest (i.e.	thermal surface	aining M systems cing, VA niscellan	insula T, or	I (ACM) ation,	(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Basement Boiler a	nd Breech	nina	X	INO	N/A		Therm	al Insul	lation		75	0 SF	X				
Basement X								insulat		-		0 SF	X	\dashv			
Basement X							•	T/Mast				00 SF		\dashv			
3rd Flo					X			Plaster				0 SF	X				
Name of Registered Was				N.	JDEP W	aste	Cubic			Name of R							
Richard Burns 1				Ha	auler ID 1955		of Was			Western				ty I	_and	Ifill	
City, State Philadelphia						Dispos TBD	al Date	1	City, State Burdsbor	PΑ							
Completed by Robert M. Casciato Title President			dent	nt Signature Date 5/7/14													

Location of Asbestos-Containing Material (ACM)	No	Locat	Used	Description of Asbestos Containing Material (ACM)	Amount (Specify		Abate Typ		
TO BE ABATED In Facility (13)	Solely by Maintenan Custodial S (12)		nce/	(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			<u>=</u>		ate	ē
2 nd floor			X	Pipe insulation	5 LF	X	-	-	
2 nd Floor			X	Floor tile	700 SF	X	+		
2 nd Floor			X	Plaster	300 SF	X	1		