UIA U.S. MAII CH# 1682

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

		(Pursuant to NJAC 8	cou and 12:12	رس		-
			Owner/Operaka (2)	xxxxx	
ate of Notification (1)	14	1 6 7 - 1	on Com	panies	1:4 2014 :	
05/09/	7 Type Notification	Street Address	0. 1	tan Aug		
gency Notified	Table Montermon	11.7	1	Tan 1.10		
EPA .	initial D Amended	City, State, Zip C		Pik N.	5. 0896	7
DEP DOL	Amendaneni#	1110		Te	ephone Massin-	
DOF	© Emergency (including justification)	Name of Guntad	k.	1 2	1	18/90
DOH ·	Cancellation	San				
		FACILITY INF	DRMANUN	Type of Facility (4)	•	
of Fortilly When	Abatement is Taking Place	; (3)			An Antonia San Mario	. \
Bills Of Learning Assessment	120			O School (14-12)	ner than K-12) & commercial buildin	ngs.
treet Address	0) -			homes (AC.)		
70 /	one St.			Square Feet #0	of Floors Bldg	. Ags 2.0
by (5)	27		-	2.000		0.5
Man 2 K	iver NJ.	County Code (7	VISTATE USE	Current Use (Prior	being demodshed)	
oundy (5)	1	- OWITA)			KESIDENI	
M. 1.1	lesex		Name of Abates	ment Contractor (9)	•	
ame of Monitoring F	inn Hired by Building Owner	ASCW NO.	NOVA	tech Inc		
3)			Street Address	B CIV	1.	
treet Address	· .		P.O.	BOX 814		
			City, State, Zip		NIJ 080	557.
illy, State, Zip Code	-		019	Dricke	Sooner No.	
1		Telephone No.	Telephone No.	38-7560	00808	1
Project Manager for I			Name of OSH	2 Stanibur	<u> </u>	-
	Scheduled Co	unphilion Date (11)	Name of Ost	ECO IDL	•	<u>:</u>
Start Date (10)	(4)	119119	Street Address	S O.U.		5 5
Checker II	uring Abatement (Check on)	y one)	100.13	CX X14		
			City, State, Za	Code	0.0 C 88	357
		By Hours	010 6	1		
			. TÁB	d Containment with N	egative Pressure	
Scope of Work (Che	ट्रांस्था क्रस्ट क्ष्मिण	P. Resovation	_ (178.345	eni-Enclosuse		
10 > 3 of nr ≥ 3 8		D Demotron	- GN	toveleg Procedure on-Exempted (*) and	Non-Preble Procesu	Ahateme
10≥160 stor ≥ 260	If .	· · ·				Type
	-	is Location Normally	Descripti	on of	Amount	9
	needing of	an a standardor l	- 0.4.5	a Ball-destroit ((ASSIII))	(Specify	Repair Removal
· · · · · · · · · · · · · · · · · · ·	Hairing Madaman (ALCON)	Maintenance/ Custofial	(Le., then a Span	MAT or	SFor LF)	Repair
	N FACILY	Staff? -	other miscal	imeous)		- 5
. 91	(13)	(12)	500	-		-+++
		Yes No NEA			<u> </u>	一人工
<u>.</u>			PE INS	NUMBER	2.50 L/F	19+
· 0 37 17	331	XI	10 110			-++ +
BASEHE	101					
<u> </u>			Cubic Yards	of Name of Regis	tered Landini	
	a telephe Hauter	NIDEP Waste Hader	Waste	GRO	w.S.	•
Name of Registers	EN INC	18501	6	100.110		71
NOUATE	=(1) NC		Disposal Da	Cay State	SILLE TO	H:+
- Overto		08857	बिरि ०	MITOGRAS	1	3/09/14
OID BA	1 7700		Signature	1 Abril	1	5/09/11
Completed by		SIDENT	1 4	manufactivities	-	'
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ASB-41	- 101		3 E	•		

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Date of Notification (1)			Name of	Building	Owner/Oper	ator (2)							1		
May	y 08, 2014		C	ortho D	iagnosti	ic / Johns	on & Jo	hnson	MAN	(1	4 20	14		. 1	
Agencies Notified	Type Notification		_	Street A					W.Fa				- 5		
⊠ EPA	Initial		9	20 / 10	001 Rou	te 202, Po	O Box 3	300							
DEP	Amended			City, Sta	ite, Zip Co	ode		Maria Maria							ĺ
X DOL	Amendment :		— F	Raritan,	NJ 088	869							675		
DOH	justification)	including		Name of	f Contact		400		Tele	phone	Numb	er			
DCA	Cancellation		F	roject	Manage	er									
None of Facility NAM		DI (0		FACI	LITY INFO	ORMATION									
Name of Facility Where	50 No. 10	3 3 3)				Тур	e of Facility (4)						
Ortho Diagnostic / Jo	ohnson & Johns	on					$-\Box$	School (K-1							
Street Address								Subchapter Other (i.e. p				build	inas	home	25
920 / 1001 Route 20	2							etc.)					90,		,01
City (5)							Squ	are Feet	# of	Floors		BI	dg. A	ge	
Raritan, NJ										3					
County (6)		20			Code (7) USE ONLY)		Cur	rent Use (Pri	or if bein	ig dem	olishe	d)			
Somerset							-			acilit	у				
Name of Monitoring Firm		Owner (8)		ASCN	1 No.	1		patement Cor		9)					
Bulava Environmenta	al, Inc.							K Group, L	LC.			7			
Street Address						1 32	reet Addr								
12 Kilmer Drive							The second secon	s HWY N,	STE 2	09					
City, State, Zip Code						100		Zip Code							
Hillsborough, NJ 088							The second secon	I, NJ 0803	4						
Project Manager for Mon	itoring Firm			Telepho		750000	elephone			Licens					
Edward J. Bulava Start Date (10)		0-1-1-1	5.00	08-874	A STATE OF THE STA	1	73) 759			0781					
N 350		Schedule				500		SHA Monitor	2000200						
5/17/14		. 0-1. 0-		5/17/1	5			CGroup, L	LC.						
Occupancy Status During							reet Addr								
Facility Closed/Vac						_		s HWY N,	STE 2	09					
Other - Describe:	ed Outside of Norma	al Facility	Hours			185905		Zip Code	3						
Scope of Work (Check A	II That Apply)					— Ch	erry Hil	l, NJ 0803	4						
	ii That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoliti					ull Containme lini-Enclosure		Negati	ve Pre	ssur	е		
			CITIOIIL	OII			⊠ G	lovebag Prod	cedure						İ
		Т	_				X N	lon-Exempted	(*) and N	lon-Fria	able Pr	oced	ure		
		10000	Locati	200000									Abate Ty	ment	
Location		1000	lormali d Solei	• -			ption of				-		1 y	pe	
Asbestos-Containing TO BE ABA		Mai	ntenar	nce/		tos Containi thermal sys				nount pecify		71		En	m
In Facil		Cust	odial S (12)	taff?	(surfacing	, VAT, or	S No. at		or LF)		em	Re	cap	nclo
(13)			(/			other misc	ellaneous	5)				Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								-		ē	
Bld 1003 Mecha	nical Room	X			fitt	tings & as	hestos	nine	3	5 If	,	X			
Bld 1003 1st Fl.		+/-	V		- 1100			pipe				\Rightarrow			-
			\wedge			fittir				26		\triangle			
OCD Tunr			fitt	ings & as	bestos	pipe	77	'3 l/f		X					
Name of Registered Was	te Hauler		1000000	J DEP W		Cubic Yar	ds	Name of I	Register	ed Lan	dfill				
Erophold Cartage		Н	auler ID		of Waste		DEI .		,						
Freehold Cartage City, State		_	222	33	8.	77.01	BFI Impe		indfill						
Freehold, NJ					Disposal C		City, State		100						
Completed by				5/17	anneas and a second	Imperial,	PA 15	126	Doto						
Michael Cooper		Title	ont			Signa			_		Date				
wildiaei Goopei		Presid	ent			-	-146.04.1				5/8/1	4		E	



~	1	2012			
		4	0,	71	7

Date of Notification (1) 5/12/14		Н	lazella	Building Owne Lapworth						.					
	Type Notification			treet Add 06 S. F	iress Railroad Av	/e	MΔ	Y 14	2014						
EPA DEP DOL	Amended Amendment				e, Zip Code nde NJ 08	242					BEAT TO STATE				
DOH DCA	Emergency (i justification) Cancellation	including		ame of C Chris	Contact	7,000	2	Nr.	Tele	phone N	ıımhar -				
		DI (8)		FACIL	ITY INFORM	ATION	I Toma a	f Facility (4							=
Name of Facility Where At Hazella Lapworth Pri Street Address		g Place (3)					S S	chool (K-12	?) B (Othe	r than K-	-12)				
206 S. Railroad Ave						30	× o	ther (i.e. pr	ivate 8	comme	rcial bu	ildir	ngs, h	omes	\$,
City (5) Rio Grande NJ 0824	2						Square 1000-	Feet	# of	Floors		Bld 35	g. Ag +	е	
County (6) Cape May			C	County C	ode (7) SE ONLY)		Curren	t Use (Prio	r if beir	ng demol	ished)				
Name of Monitoring Firm I	Hired by Building (Owner (8)		ASCM	No.		ne of Abate	ement Con	tractor	(9)					
Street Address		**				0.70000	et Address			-					
City, State, Zip Code						City	, State, Zip		91			_		-	\neg
Project Manager for Monit	oring Firm		T	elephon	e No.	Tele	ephone No 6-753-98			License					
Start Date (10) 5/13/14	•	Scheduled	d Com	pletion D	Date (11)	Nan	ne of OSH					-			
Occupancy Status During	Abatement (Chec		5)				et Addres	\$	-	-		e Doc			-
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire	Period of A	batem	ent		City	, State, Zi	o Code							
Scope of Work (Check All	That Apply)										_				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti	0.000 E		a a	Min Glo	Containmoni-Enclosure vebag Production-Exempted	e cedure						
		Т.					iNOI	I-Exemple) () ai	u Non-i	Table			ment	
Asbestos-Containing TO BE ABA	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)					rmal systematics	ig Material ems insula		(mount Specify F or LF)	1000	Removal	Repair	e Encapsulate	Enclosure
		Yes	No	N/A		П	Tile		1.	100 SF	-	+			
bedrooms living r				X		Floor	Tile		15	100 5	x	-			
dinning re	oom											-		-	
										-	-	_			
Name of Davidson d Was	to Unidos	TN	JDEP W	laste C	Subic Yard	le .	Name of	Regist	ered Lan	dfill					
Name of Registered Was United Containers	te naulei	Н	auler ID 2459		f Waste	13	G.R.O.		0,00 20.						
City, State Elm NJ			10000	isposal D /15/14	ate	City, Sta Morrsv		A 1906	7						
Completed by Anthony T Perna		Title Presi	dent		1	Signa	tures				Date 5/12	/14		£1	

Date of Notification (1) 05 / 0	08/	14	1				g Owner/Operator (Turnpike Autho	91	WAY 1 4	2014		6	
Agencies Notified T	ype Noti	fication			Stree	t Address		5-00-000 WASSE TO BE TO					1
⊠ EPA □] Initial				P	D Box 504	42						
DEP DEP	Ameno				City,	State, Zip	Code						1
☐ DCA (NJAC 5:16) ☐ DHSS	Amend Emerg	dment #	-	_	4		e, NJ 07095						
⊠ DCA	justific		iciuulii	y		e of Contac			Telephone No.	mher			
(NJAC 5:23-8)	☐ Cance				Mr	Peter Ju	ılo. PF		1 Ciopiloni	_			
							NFORMATION						
Name of Facility Where Aba	atement i	s Takin	n Plac	e (3)	FA	CILITY	NFORMATION	Type of Facility					
Toll Utility Building	atomont .	o rakin	91140	c (0)				Type of Facility (
Street Address				0.00				School (K-12		12\			
NJ Turnpike Intercha	nge 9							Other (i.e., pr			ldings		
City (5)	inge 5		-					homes, etc.)	T # 5 E				
Monroe Township								Square Feet	# of Floors	В	Bldg. A	ge	
County (6)					10			10,000	2		53		
Middlesex					Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (Pri		lished)			
CONTRACTOR OF THE PARTY.	**	Utility Buildi	ng		V. 1000 CO.								
Name of Monitoring Firm Hi	red by B	uilding (Owner	(8)	ASCM	No.	Name of Abateme	(20)				2000	
Detail Associates					12		Diamond Hur	ntbach Constru	ction Corpor	ation			
Street Address							Street Address						
300 Grand Avenue			anne militar				500 East Luz	erne Street					
City, State, Zip Code					2000		City, State, Zip Co	ode					
Englewood, NJ 07631							Philadelphia,	PA 19124					
Project Manager for Monitor	ing Firm			Tele	ephone	No.	Telephone No.		License No.			-	-
Anthony Valentine				2	01-569	-6708	215-739-8166		00646				
Start Date (10)		Sched	duled C	omple	etion Da	ate (11)	Name of OSHA M	lonitor					
05 /12 /	14		06_ /	_ 06	3_/	_ 14	SAME AS AB	OVE					
Occupancy Status During Al	batemen	t (Chec	k only	one)			Street Address						
☐ Facility Closed/Vacated [ment		ou out radices						
Abatement Performed Ou						scribe	City, State, Zip Co	odo				1000	
Time of Abatement: 7AM	1-5PM/_	P	VI	AM			Oity, State, Zip Co	de					
Scope of Work (Check all that	at anniv)												
	at apply)						□ Full Cont.	ainment with Neg	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				enovat			☐ Mini-Encl	osure	auro i roccure				
△ ≥100 St or ≥200 If			⊔ъ	emoliti	on		☐ Glovebag	Procedure	Frieble Droced				
			Is	Loca	tion		□ Non-Exer	mpted (*) and Nor	I-Friable Proced				
Location of				Norma			Description of	f		At	batem	ent I	ype
Asbestos-Containing Mat		CM)		ed Sole			stos Containing Mat	terial (ACM)	Amount	Re	Re	四	En
TO BE ABATE IN Facility	<u>U</u>				Staff?	(i.e., the	rmal systems insula VAT, or	tion, surfacing,	(Specify	Removal	Repair	сар	clos
(13)			-	(12)			other miscellaned	ous)	SF or LF)	l a		Encapsulate	Enclosure
			Yes	No	N/A			and the same of th				te	
Mechanical/Boiler Roon	n		\boxtimes			Boiler I	nsulation		300 SF		In		
Mechanical/Boiler Room	n		\boxtimes	П		Poiler F	Oib 9 Ustab Cast	4-		_	분] [
	•			ш	┸	Boller	Rib & Hatch Gask	cets	192 LF			Ш	Ш
			П		In	Office State of State							
Name of Registered Waste H	lauler				JDEP \	Naste	Cubic Yards of	Name of Regist	ared Landell	\perp		Ш	Ш
Diamond Huntbach Co		tion		1 11/09	lauler II		Waste	Minerva	Sieu Lanunii				
City, State					19689)	2 CY	100000000000000000000000000000000000000				4000000	
•							Disposal Date	City, State					
Philadelphia, PA 19124							05/30/14	Waynesbur	g, OH 44688				
Completed By (Print or Type))	Title		na 100 miles			Signature	2011	1	ate	1	10	/
Charles F. Imbimbo		P	roject	Man	ager		/ Y/na	1 /Nh	The state of the s	DIT	1/1.	e/	10
SB-41							Comment	0 100	/-/	-	100	//	I
JL 01		* 1	Do not	use th	is form	for ashest	os licensure exemn	ted activities					

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

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L 01		* 0	o not	use th	is form	for asbesto	os licensure exempte	ed activities.	•				
Charles F. Imbimbo		15.15.01060	oject	Mana	ager		Signature	Men	Da O	te 5/0	81	14	5
Philadelphia, PA 191 Completed By (Print or Typ		Title					05/30/14	Waynesburg	g, OH 44688		<u> </u>		
Diamond Huntbach (City, State	onstruci	tion			19689		Waste 2 CY Disposal Date	Minerva City, State			1500		
Name of Registered Waste				14 1/04/20	JDEP V		Cubic Yards of	Name of Registe	ered Landfill				
													1
-											П		1
lechanical/Boiler Roc	om		\boxtimes			Boiler R	Rib & Hatch Gask	ets	192 LF				-
lechanical/Boiler Roo						Boiler Ir	nsulation		300 SF				İ
			Yes	No	N/A		Julio miscenarieo	uoj				late	
TO BE ABAT IN Facility (13)	TED	,	Ma	intena	ince/ Staff?	(i.e., ther	stos Containing Mate rmal systems insulat VAT, or other miscellaneo	ion, surfacing,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
Location of Asbestos-Containing M		CM)	Use	Norma	illy ely by	Ach	Description of				oatem_		7
☑ ≥160 sf or ≥260 lf			ls	emolitic	tion	Τ	☐ Glovebag		n-Friable Procedu	1			
☐ ≥3 sf or >3 If	тат арріу)			enovat			□ Full Conta □ Mini-Encle	ainment with Nega	ative Pressure				
Time of Abatement: 7/	AM- <u>5</u> PM/	PN	Λ- <u> </u>	AM	10 - De.		City, State, Zip Co	de					
☐ Facility Closed/Vacate ☐ Abatement Performed	d During Er	ntire Pe	riod of	Abate	ement	criba							
Occupancy Status During							Street Address						_
04 /28 /	_14				etion Da	ate (11) 14	Name of OSHA M SAME AS AB						
Anthony Valentine Start Date (10)		Cohe	ا ماراد			9-6708	215-739-8166		00646				
Project Manager for Moni	toring Firm			100000000000000000000000000000000000000	ephone		Telephone No.		License No.				-
Englewood, NJ 076		2250					Philadelphia,						
City, State, Zip Code							City, State, Zip Co						-
300 Grand Avenue							Street Address 500 East Luze	arna Stroot					
Street Address					12			ntbach Constru	uction Corpora	ation			
Name of Monitoring Firm Detail Associates	mired by B	uilding (Owner	(8)	ASCN 12	No.	Name of Abateme	92.5		200	MIREA S		,
Middlesex	Llies d I	o di all		(6)			S .	Utility Build	ing	/			
County (6)					Cou	inty Code (7)(STATE USE ONLY)		ior if being demol	ished)			
Monroe Township								Square Feet 10,000	# of Floors		3ldg. / 53	Age	
City (5)	nange 9							homes, etc.)			_		
Street Address NJ Turnpike Interc	h0							Subchapter 8	8 (Other than K-1 rivate & commerce	2)	ildina		
Toll Utility Building	}				227/2		20	School (K-12	2)				
Name of Facility Where		is Takin	g Plac	e (3)				Type of Facility	(4)				
							NFORMATION		water-				
(NJAC 5:23-8)	☐ Cance	ellation			100000000	r. Peter Ju	25.50		Telephone Nur	nber			-
☑ DHSS ☑ DCA		gency (i cation)	ncludir	ng	-	e of Contac	e, NJ 07095		T+ 1 1 1 1		1		
☑ DCA (NJAC 5:16)	Amen	dment #			1 63	State, Zip							-
⊠ EPA ⊠ DEP	☐ Initial				1	O Box 50			MAY 14	2014			
Agencies Notified	Type Not	tification			Stre	et Address			T				
	24	/	4		1 1 2 2 3 3 3 3		y Turnpike Autho	1.53.65			123	75.7	-
Date of Notification (1)					Nam	e of Ruildin	ng Owner/Operator (2)			1	-	=

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Xx			T	. f D.,	Idina Our	ner/Operator (2)								
te of Notification (1)	09 / 14	- 116	Nam	onmou	uth Cour	ner/Operator (2) nty Prosecuto	rs O	ffice	v 1	4 2014		1		
			Stre	et Addr	ess			\$4. L	71 1 .	7 6017				
encies Notified	Type Notification					Avenue						-		4
EPA DEP	☐ Initial ☑ Amended				Zip Code						2	i		
DCA (NJAC 5:16)	Amendment #	4			d NJ 077									_
DHSS	☐ Emergency (in justification)	cluding	10000	ne of C					Telepho	ne Numbe	er			
DCA (NJAC 5:23-8)	☐ Cancellation			om Al										
(110/10 1111 1/				ACILI	TY INFO	RMATION				Y				
	T.	- Diago (3)	723	AUILI	11 1101 0		Туре	of Facility (4	1)					
ame of Facility Where	Abatement is Takin	ig Place (3)				·	□ s	chool (K-12)						
Existing Bldg A							□ S	ubchapter 8 other (i.e., pri	(Other t	han K-12) ommercia	l buildir	ngs,		
treet Address							⊠ 0	omes, etc.)	vale a c	.01111110101				_
132 Jersey Ville A	venue							are Feet	# of F	loors		g. Age		
ity (5)								,000 Sf.	1			960		
Freehold NJ 07728	8		10	ounty (ode (7)(\$1	TATE USE ONLY)	Curr	ent Use (Pri	or if bein	g demolis	hed)			
County (6)			١	ounty c) out (.)(Pr	rosecutor's	s Office	•		3 		
Monmouth		0	100	CM No.	IN	lame of Abateme	ent Co	ontractor (9)						
lame of Monitoring Fin	m Hired by Building	Owner (o)	10000000	60 10		APS Contrac					. VI 25			
Environmental Co	onnection				S	Street Address								
Street Address	202					155-161 Pen	nsylv	vania Aver	nue					
120 North Warren	St.					City, State, Zip C								
City, State, Zip Code						Paterson, N.		603						
Trenton			Tolenh	one No		Telephone No.			Lice	nse No.				
Project Manager for M						973-754-190	Q		00	875				
			ang.	.392-4	200	9/3-/54-190	0							
Ryan Broadwater	r Took	adulad Con		-392-42				or						
Start Date (10)	Sch	neduled Con	npletio	n Date	(11)	Name of OSHA	Monit							_
Start Date (10) 05 /19	/ 14 Sch	06 / _	npletio 11	n Date	(11) 1 14	Name of OSHA EMSL ANAL	Monit							
Start Date (10)	/ 14 Sch	06 / _ eck only on	npletio 11 e)	n Date	(11) 1 14	Name of OSHA EMSL ANAL Street Address	Monit	CAL, INC						
Start Date (10) 05 / 19 Occupancy Status Du	ring Abatement (Ch	06 / _ eck only on Period of Al	npletio 11 e)	n Date /	(11)	Name of OSHA EMSL ANAL Street Address 1056 SHELT	Monit	CAL, INC						
Start Date (10) 05 / 19 Occupancy Status Du	ring Abatement (Ch	06 / eck only on Period of Al	npletio 11 e) bateme	n Date / ent - Descr	(11) 1 14 :	Name of OSHA EMSL ANAL Street Address	YTIC YTIC	AVE						_
Start Date (10)	ring Abatement (Choated During Entire ned Outside of Norrat:AM	06 / eck only on Period of Al	npletio 11 e) bateme	n Date / ent - Descr	(11) 1 14 :	Name of OSHA EMSL ANAL Street Address 1056 SHELT City, State, Zip (PISCATAWA	Monitory YTIC	AVE	egative F	Pressure				
Start Date (10)	ring Abatement (Choated During Entire ned Outside of Norrat:AM	06 / _ eck only on Period of Al mal Facility _PM/	npletio 11 e) bateme Hours PM	ent - Descr	(11) 1 14 :	Name of OSHA EMSL ANAL Street Address 1056 SHELT City, State, Zip O PISCATAW Stull Co	Monitary Code AY N Contains Color Code AY N	AVE JJ 08854 ment with Noure	egative F	Pressure				
Start Date (10)	ring Abatement (Cheated During Entire ned Outside of Norret:AMk all that apply)	06 / _ eck only on Period of Al mal Facility _PM/	npletio 11 e) bateme Hours PM	n Date / ent - DescrAI	(11) 1 14 :	Name of OSHA EMSL ANAL Street Address 1056 SHELT City, State, Zip (PISCATAW.	Monitary Code AY Nontaine	AVE JJ 08854 ment with Noure			dure			
Start Date (10)	ring Abatement (Cheated During Entire ned Outside of Norret:AMk all that apply)	eck only on Period of Al mal Facility PM/ Ren Den	npletio 11 e) bateme Hours PM	ent - DescrAl	(11) 1 14 :	Name of OSHA EMSL ANAL Street Address 1056 SHELT City, State, Zip (PISCATAW.	Monitary Code AY Nontaine	AVE JJ 08854 ment with Noure			dure A	batem	nent T	·yp
Start Date (10)	ring Abatement (Cheated During Entire ned Outside of Norret:AMk all that apply)	06 / _ leck only on Period of Al mal Facility PM/	npletio 11 e) bateme Hours PM	ent - DescrAl	(11) 1 14 ibe M	Name of OSHA EMSL ANAL Street Address 1056 SHELT City, State, Zip O PISCATAW Stull Co Mini-Ei Glovet Non-E	Monitary TIC Code AY Nontainenclose coag Proxemp	AVE J 08854 ment with Noure rocedure ted (*) and N	lon-Frial	ole Proced	A	T	T	T
Start Date (10)	ring Abatement (Cheated During Entire ned Outside of Norret:AM	06 / _ leck only on Period of Al mal Facility _PM/ ☐ Ren ☑ Den	npletio 11 e) bateme Hours PM ovation nolition Locatic ormally d Solel	ent - DescrAI	(11) 11 14 ibe M	Name of OSHA EMSL ANAL Street Address 1056 SHELT City, State, Zip O PISCATAW Stull Co Mini-Ei Glovet Non-Ei Description	Code AY N ontaininclosic oag Pi xemp	AVE J 08854 ment with Noure rocedure ted (*) and Noure ital (ACM)	Ion-Frial	ole Proced	A	T	T	Т
Start Date (10)	ring Abatement (Cheated During Entire ned Outside of Norret:AM	06 / _ leck only on Period of Al mal Facility _PM/	npletio 11 e) bateme Hours PM ovation nolition Locatic ormally d Solely ntenan	ent - DescrAI	(11) 11 14 ibe M	Name of OSHA EMSL ANAL Street Address 1056 SHELT City, State, Zip O PISCATAW STUIL CO Mini-Ei Glovet Non-E Description stos Containing I mal systems ins	Code AY N ontaininclosic bag Pr xemp n of Mater sulatio	AVE J 08854 ment with Noure rocedure ted (*) and Noure ital (ACM)	Ion-Frial	ole Proced	A	T	T	Т
Start Date (10)	ring Abatement (Cheated During Entire med Outside of Norret:AM	06 / _ leck only on Period of Al mal Facility _PM/	npletio 11 e) bateme Hours PM ovation nolition Locatic ormally d Solel	ent - DescrAI	(11) 11 14 ibe M	Name of OSHA EMSL ANAL Street Address 1056 SHELT City, State, Zip O PISCATAW Stull Co Mini-Ei Glovet Non-Ei Description	Monitory YTIC Code AY N Ontain nclosic pag Pi xemp n of Material fulation	AVE JJ 08854 ment with Noure rocedure ted (*) and Nourial (ACM) and, surfacing	Ion-Frial	ole Proced Amount (Specify	dure A Remova	T	t Encapsulate	Т
Start Date (10)	ring Abatement (Cheated During Entire med Outside of Norret:AM	06 / _ leck only on Period of Al mal Facility _PM/	npletio 11 e) bateme Hours PM ovation nolition Locatic ormally d Solely ntenan	ent - DescrAI	(11) 11 14 ibe M	Name of OSHA EMSL ANAL Street Address 1056 SHELT City, State, Zip © PISCATAW. State, Zip © PISCATAW. State, Zip © PISCATAW. State, Zip © PISCATAW. Description Stos Containing I mal systems ins VAT, of	Monitory YTIC Code AY N Ontain nclosic pag Pi xemp n of Material fulation	AVE JJ 08854 ment with Noure rocedure ted (*) and Nourial (ACM) and, surfacing	lon-Frial	Amount (Specify SF or LF)	A Removal	Repair	Encapsulate	
Start Date (10)	ring Abatement (Cheated During Entire med Outside of Norret:AM	O6 /	npletio 11 e) bateme Hours PM lovation nolition Locatic ormally d Solely ntenan odial S (12)	ent - Descr Al on y y by nce/ staff?	ibe M Asbes (i.e., ther	Name of OSHA EMSL ANAL Street Address 1056 SHELT City, State, Zip 0 PISCATAW. Full Co Mini-En Glovet Non-E Description stos Containing I mal systems ins VAT, or other miscella	Code AY N Code AY N	AVE J 08854 ment with Noure rocedure ted (*) and Noune, surfacing, s)	lon-Frial	ole Proced Amount (Specify	A Removal	Repair	Encapsulate [
Start Date (10)	ring Abatement (Cheated During Entire med Outside of Norret:AM	eck only on Period of Al mal Facility PM/ Ren Den Is N Usec Mai Cust	e) bateme Hours PM covation nolition Locatio ormall d Solel notenan notial S (12) No	ent - Descr Al on y y by nce/ staff?	Asbes (i.e., ther	Name of OSHA EMSL ANAL Street Address 1056 SHELT City, State, Zip O PISCATAW STUIL CO Mini-Ei Glovet Non-E Description stos Containing I mal systems ins VAT, or other miscella	Code AY N Code AY N	AVE J 08854 ment with Noure rocedure ted (*) and Noune, surfacing, s)	lon-Frial	Amount (Specify SF or LF) 3,600 sf.	A Removal	Repair	Encapsulate	
Start Date (10)	ring Abatement (Cheated During Entire med Outside of Norret:AM	06 / _ eck only on Period of Al nal Facility _PM/	npletio 11 e) bateme Hours PM novation cornalition Locatic cornality d Solel ntenan codial S (12) No	ent - DescrAl	Asbes (i.e., ther	Name of OSHA EMSL ANAL Street Address 1056 SHELT City, State, Zip O PISCATAW STUIL CO Mini-Ei Glovet Non-E Description stos Containing I mal systems ins VAT, or other miscella	Code AY Nontainencloss Processor of Material Income	AVE J 08854 ment with Noure rocedure ted (*) and Noune, surfacing, s)	lon-Frial	Amount (Specify SF or LF) 3,600 sf. 324sf	Removal	Repair	Encapsulate	
Start Date (10)	ring Abatement (Cheated During Entire med Outside of Normat:AM	O6 / _ leck only on Period of Al mal Facility _PM/	npletio 11 e) bateme Hours PM ovation nolition Locatic ormally 1 Solely ntenan odial S (12) No	ent - DescrAll on y y by staff?	Asbes (i.e., ther	Name of OSHA EMSL ANAL Street Address 1056 SHELT City, State, Zip O PISCATAW. Full Co Mini-E: Glovet Non-E Description stos Containing I mal systems ins VAT, or other miscella ass Wall Insu Cork Floor Ti	Monital Monita	AVE J 08854 ment with Noure rocedure ted (*) and Non, surfacing s) ment Brd	lon-Frial	Amount (Specify SF or LF) 3,600 sf. 144sf 553 lf	Removal	Repair	Encapsulate	
Start Date (10)	ring Abatement (Cheated During Entire med Outside of Normat:AM	O6 /	npletio 11 e) bateme Hours PM novation nolition Locatio ormally d Solely ntenan ntenan ntenan tenan	ent - Descr Al On y y by loce/ Staff?	Asbes (i.e., ther VAT Fibergla Panels Mastic/ Cemen	Name of OSHA EMSL ANAL Street Address 1056 SHELT City, State, Zip O PISCATAW. Full Co Mini-Ei Glovet Non-E Description stos Containing I mal systems ins VAT, o other miscella ass Wall Insu Cork Floor Ti at Piping/Pipe Cubic Yards o	Monital Monita	AVE J 08854 ment with Noure rocedure ted (*) and Noun, surfacing s) nent Brd lation Name of Re	egistered	Amount (Specify SF or LF) 3,600 sf. 324sf 144sf 553 lf	Removal	Repair	Encapsulate	
Start Date (10)	ring Abatement (Cheated During Entire med Outside of Norret:AM	O6 /	npletio 11 e) bateme Hours PM novation nolition Locatio ormally d Solely ntenan ntenan ntenan tenan	ent - Descr Al	Asbes (i.e., ther VAT Fibergla Mastic/ Cemen Vaste O No.	Name of OSHA EMSL ANAL Street Address 1056 SHELT City, State, Zip (PISCATAW. Full Co Mini-El Glovet Non-E Description Store Containing I mal systems ins VAT, or other miscella Cork Floor Ti triping/Pipe Cubic Yards or Waste 30 Yards	Code AY Nontainmoless Paxemp	AVE JJ 08854 ment with Noure rocedure ted (*) and Non, surfacing s) ment Brd lation Name of Re Grows I	egistered	Amount (Specify SF or LF) 3,600 sf. 324sf 144sf 553 lf	Removal	Repair	Encapsulate	
Start Date (10)	ring Abatement (Cheated During Entire med Outside of Normat:AM	O6 /	npletio 11 e) bateme Hours PM novation nolition Locatio ormally d Solely ntenan ntenan ntenan tenan	ent - Descr Al	Asbes (i.e., ther VAT Fibergla Mastic/ Cemen Vaste O No.	Rame of OSHA EMSL ANAL Street Address 1056 SHELT City, State, Zip O PISCATAW. Full Co Mini-E Glovet Non-E Description stos Containing I rmal systems ins VAT, or other miscella Cork Floor Ti tt Piping/Pipe Cubic Yards of Waste	Monital Monita	AVE J 08854 ment with Noure rocedure ted (*) and Noun, surfacing s) nent Brd lation Name of Re	egisterec_andfill	Amount (Specify SF or LF) 3,600 sf. 324sf 144sf 553 lf	Removal	Repair	Encapsulate	
Start Date (10)	ring Abatement (Cheated During Entire med Outside of Norret:AM	O6 /	npletio 11 e) bateme Hours PM novation nolition Locatio ormally d Solely ntenan ntenan ntenan tenan	ent - Descr Al	Asbes (i.e., ther VAT Fibergla Mastic/ Cemen Vaste O No.	Rame of OSHA EMSL ANAL Street Address 1056 SHELT City, State, Zip O PISCATAW. Full Co Mini-E: Glovet Non-E Description stos Containing I mal systems ins VAT, or other miscella ass Wall Insu Cork Floor Ti tt Piping/Pipe Cubic Yards of Waste 30 Yards Disposal Date	Monit LYTIC FON A Code AY N Ontainin nclosic pag P Exemp Mater sulation r Energy II/Cen Ile Insu In	AVE JJ 08854 ment with Noure rocedure ted (*) and Non, surfacing s) ment Brd lation Name of Re Grows I City, State	egisterec_andfill	Amount (Specify SF or LF) 3,600 sf. 324sf 144sf 553 lf	Removal	Repair	Encapsulate	

D&S Proj. #: 2014-191

Date of Notification					er/Operator (2								
Agencies Notified	Type Notificat				NY SOLOM	1ON							
EPA	Initial	11000	et Addre				M A	Y 1 4 2014					
☐ DEP	Amended	 		ECT TE	RRACE				-+			_	
□ DOL	Amendment #:	— II	, State, Z										
☑ DOH	Emergency (including	V	MONTC ne of Con	LAIR, N	J 07042		The second secon	Telephon	e Number			_	-
	justification)	- 11						- Ciophon	- Trainbor				
DCA	☐ Cancellation	1 1 1	MONTC	LAIR, N	IJ 07042								
				FAC	ILITY INFORM	MATION							
Name of facility w	here abatement i	s taking place	e (3)					Type of Facility (4) I (K - 12)				
MICHAEL & J	ENNY SOLO	MON							apter 8 (Oth	er th	an K-	12)	
Street Address								Other (Private/Cor	nmer		,	
									Homes, etc		Die	l ~ Λ.	
9 PROSPECT	TERRACE		(0)			T o		Square Feet	# of Floors		BIC	lg. A	ge
City (5)		County	(6)			100000000000000000000000000000000000000	nty Code (7) te use only)	Current Use (P	rior if heina	demo	olishe	d)	
MONTCLAIR		ESSE	X			(0.00		Current ose (i	nor ii being	Genn	Judito	۵,	
Name of Monitorin					ASCM No.	<u> </u>	Name of Abatement	Contractor (9)					
							D & S RESTOR	ATION, INC.					
Street Address	48						Street Address					7/12	
							20 California A	The second secon					
City, State, Zip Coo	le						City, State, Zip Code						
P. S.							Paterson, NJ 0'	7503					
Project Manager fo	r Monitoring Firm	1	Ph	one Numb	per		Telephone Number		License N	lumb 169	er		
							973-345-8020 Name of OSHA Mor		01	109	_	_	
Start Date (10)		Sched.	Completio	on Date (1	1)		D & S Restorat						
06/04/14		06/16/	14				Street Address	ion, me.					
Occupancy Status	During Abateme						20 California A	venue					
	d/vacated during						City, State, Zip Code						
Describe	erformed outside		cility hour	rs-									
Other-Descri	be: NORMAL I	IOURS				_	Paterson, NJ 0	7503				_	
Scope of Work (ch		y)						Full Containment v	v/negative p	ress	ure		
$\square > 3 \text{ sf or } > 3 \text{ lf}$	\boxtimes	Renovation					×	Mini-enclosure Glovebag procedu	ro				
≥160 sf or ≥2	260 If	Demolition						Non-Exempted (*)		iable	proce	edure	
Location of		Is location			у					R e	Re	E	E
asbestos-co		by mainten staff(12)	ance/cus	todial			sbestos-containing	Amount (Specify S	SE or	m	р	n c	n
material (acr abated in fac		Yes	No	N/A	- materia	I (ACM)		LF)]	0 V	a i	a p	L
		163	140	IVA						е	r	P	<u> </u>
BASEMENT /ABO	VE CEILING		X		PIPE INS	ULAT:	ION	400 L FT			부	Щ	뿌
					<u> </u>					닏	屵	片	쓔
					ļ					붜	ᆜ	片	#
					 					片	片	片	卄
Deciatored West	Jouler) Uavilar	D# 1	Cubic Yards o	Wasto	Name of Registere	nd Landfill		رابا	Ц_	Ш	
Registered Waste I D & S RESTOR		1350	Hauler 6		6 YDS	. vvasie	TULLYTOWN	, RESOURCE RI	ECOVER	Y			
City, State				Disposal		-	City, State						
PATERSON, N	IJ 07503			06/05/			TULLYTOWN	V, PA					
Completed by (Prin		Title			Signature	li li	was not be a second		Date	2014			
BOGDAN JOL	DZIC	PRESIDE	INI		1				05/08/	2014	×		

D&S Proj. #: 2014-190

0							1.7	F	71			
Date of Notification (1)	TI	Name of B	uilding Own	er/Operator (2)		The state of the s						
10 5 /10 7 /1 4		STACE	Y SUPRA	N		- a =						
Agencies Notified Type Notifica	tion	Street Addr	ress				VIAI 4 ZUI4		7	_		
DEP Amended		73 BLA	CKBURN	ROAD					1			
Amendment #	: [⁷	City, State,	Zip Code			9. 10		1	4			
DOL Emergency		SUMM	IT, NJ 079	901		183						
DOH (including justification	,	lame of Co	ontact				Telephor	e Numbe	r			
DCA Cancellation	- 11	SUMM	IT, NJ 07	901								
			FAC	ILITY INFORM	ATIO	N						
Name of facility where abatement	is taking pl	ace (3)					Type of Facility (
STACEY SUPRAN							=	l (K - 12)	8.			
Street Address							220000	apter 8 (C (Private/C			12)	
							Bldgs.	Homes, e	tc.	rciai		
73 BLACKBURN ROAD		. (6)					Square Feet	# of Floor	rs	В	ldg. A	ge
City (5)	Cou	nty (6)				unty Code (7) ate use only)						
SUMMIT	UN	ION			(Old	ate use only)	Current Use (P	rior if bein	g den	iolish	ed)	
Name of Monitoring Firm Hired by	Bldg. Own	er (8)		ASCM No.	\neg	Name of Abatement	Contractor (9)					
						D & S RESTOR.	ATION, INC.			8		
Street Address)		\neg	Street Address						
		STATE OF THE PARTY				20 California A	ve.					
City, State, Zip Code						City, State, Zip Code					Au-10-1040	
Declared Manager for Manager for E					_	Paterson, NJ 07	503					
Project Manager for Monitoring Firm	n		hone Numb	er		Telephone Number 973-345-8020		License	Numb 1169			
Charl Date (10)	16.1		5		_	Name of OSHA Moni	tor	1	1109		_	
Start Date (10)	Sched	Completi	ion Date (11)		D & S Restorati						
05/23/14	06/10	2.777.8 () ()				Street Address						
Occupancy Status During Abateme		-				20 California Av	enue					
Facility closed/vacated during Abatement performed outside						City, State, Zip Code						
Describe: NORMAL I					_	Determen NI 07	502					
Scope of Work (check all that appl		**				Paterson, NJ 07					_	_
\boxtimes >3 sf or >3 lf	Renovatio	ND.				Annual Contracts	Full Containment w Mini-enclosure	/negative	press	ure		
							Glovebag procedur	re				
□ ≥100 st 01 ≥200 tt	Demolition	and the same	d salah				Non-Exempted (*)	and Non-f				
Location of asbestos-containing	by mainte	enance/cus	used solely stodial				Amount		R e	R	E n	E
material (acm) to be	staff(12)			material (A		sbestos-containing	(Specify S	For	m o	p a	С	n
abated in facility (13)	Yes	No	N/A				LF)		v	i	a p	L
GARAGE BY DOOR		X		PIPE INSUI	LATI	ON	4 L FT		e 🔀	\Box	П	\vdash
BASEMENT CRAWL SPACE		X		PIPE INSUI		Contraction of the Contraction o	15 L FT		X	百	Ī	恄
LAUNDRY ABOVE CEILING		X		PIPE INSUI	LATI	ON	19 L FT				靣	盲
BASEMENT STORAGE ROOM		X		PIPE INSUI	LATI	ON	1 L FT		X			
Decisional West 11												
Registered Waste Hauler D & S RESTORATION, INC.	NJDE 135	EP Hauler 1		ubic Yards of W YD	aste	Name of Registered TULLYTOWN,		COVER	Y			
City, State			Disposal D	ate		City, State			-	-		
PATERSON, NJ 07503			05/24/14			TULLYTOWN,	PA					
Completed by (Print or Type) BOGDAN JOLDZIC	Title	ENTE		Signature				Date				
	PRESID		for poboets	o liconouro evo	make	d a satistation		05/07/2	2014			

D&S Proj. #: 2014-192

D&S Proj. #: 2014-192			(Pursu	ant to NJAC	8:60	and 12:120).		· · · · · · · · · · · · · · · · · · ·	· • •	F C	7		
									- ")		
Date of Notification (1)	Nar	ne of Build	ding Own	er/Operator (2)	Ü		3						
Agencies Notified Type Notificat		ENNIFE		RTY				MAY 1 4	2014		4		
☐ EPA ☐ Initial		et Addres											
☐ DEP ☐ Amended				VENUE									
DOL Amendment #:		, State, Zi		T 05000									
DOH Emergency (including	Nan	LEN RI		J 07028				Telephon	e Number	r			
justification)										.:.			
Cancellation	<u> </u>	ENNIFE	RHAG	ERTY	_							-	
			FAC	LITY INFORM	ATION								
Name of facility where abatement i	s taking place	(3)						ype of Facility (4) I (K - 12)	-			
JENNIFER HAGERTY						0		=	apter 8 (C	other th	nan K	12)	
Street Address							11	Other (Private/C	omme		1000	
134 MIDLAND AVENUE									Homes, e		Ble	ig. A	ge
City (5)	County	(6)			Cou	nty Code (7)	1 _						
CLENI DIDGE	FOOD	v			(Sta	te use only)	1 [Current Use (Pr	rior if bein	g dem	olishe	ed)	
GLEN RIDGE Name of Monitoring Firm Hired by	ESSE Bldg Owner			ASCM No.	_	Name of Abateme	ent Cou	ntractor (9)					
Tame of mornioning i min i mod by	Jiag. Jillion	,		ACCIVITIO.	- 1	D & S RESTO							
Street Address		-			-	Street Address	JIMI	1011, 1110.					
						20 California	Ave.						
City, State, Zip Code						City, State, Zip Co	de						
						Paterson, NJ	100000000000000000000000000000000000000	3					
Project Manager for Monitoring Firm		Pho	ne Numb	er		Telephone Number			License	Numb 1169	er		
						973-345-80 Name of OSHA M			1	1109			
Start Date (10)	Sched. C	Completion	Date (1	1)		D & S Restor							
05/20/14	05/30/1	4				Street Address							-
Occupancy Status During Abatemen						20 California		ue					
Facility closed/vacated during Abatement performed outside						City, State, Zip Co	ode						
Describe:NORMAL H					-	Paterson, NJ	0750	3					
Scope of Work (check all that apply						1 41020011, 1 10		Containment w	/negative	press	ure	_	
	Renovation							ni-enclosure	,,,, ,	н	71.7		
≥160 sf or ≥260 lf	Demolition							vebag procedur		friable		dur	
Location of	Is location r	ormally us	sed solely	/			NO	n-Exempted (*)	allu Noll-	R	R	E	50726
asbestos-containing	by maintena staff(12)			1	on of a	sbestos-containing	1	Amount		e m	e p	n	l E
material (acm) to be abated in facility (13)				material (ACM)			(Specify S LF)	F or	0	a	c a	C
	Yes	No	N/A							v e	r	р	
BASEMENT		X		PIPE INSU	LATI	ON		80 L FT		NA.	ᆜ	므	믞
					-					╬	屵	부	쓔
]	-					#	片	屵	╫
										#	片	+	卌
Registered Waste Hauler		Hauler ID	# C	ubic Yards of V	Vaste	Name of Registe	red La	ndfill		السار	<u> </u>	_	Щ.
D & S RESTORATION, INC.	13500			YD	-	TULLYTOW			COVER	RY			
City, State PATERSON, NJ 07503			oisposal D 05/21/1			City, State TULLYTOW	/N. P.	4					
Completed by (Print or Type)	Title			Signature		TOLLITON	11,11		Date			_	
BOGDAN JOLDZIC	PRESIDE	TV							05/20	14			

State of NJ Notification of Asbestos Abatement

D&S Proj. #: 2014-195			(Pursi	Jani io NJA	U 8:0	0 and 12:120)			7		_		
Date of Notification (1)	TIN	ame of Bu	ilding Owr	ner/Operator (2)				45		1		
0 5 /0 9 /1 4			TENECE		·/		1	1111 1		10			
Agencies Notified Type Notifica	Aires -	reet Addr		SK .			ħ	ABY 1 A	.014	_	1		
EPA Initial DEP Amended		511 CEI	OAR AVI	ENUE									
Amendment #	1	ty, State,									,		
		WEST I	LONG BI	RANCH, NJ	0776	4				1			
DOH (including justification) Na	me of Co	ntact					Telephor	ne Numbe	r			
DCA Cancellation	` II	LYNN	STENEC	EK								24.5.5591	
			FAC	ILITY INFORM	OITAN	N							
Name of facility where abatement	is taking place	ce (3)					Ty	pe of Facility					
LYNN STENECEK									ol (K - 12)				
Street Address							-		apter 8 (C (Private/C			(-12)	
511 CEDAD AVENUE							L		/Homes, e		Jolai		
511 CEDAR AVENUE City (5)	Count	v (6)			T .		<u>.</u> S	Square Feet	# of Floo	rs	В	ldg. A	ige
City (5)	Count	y (0)				unty Code (7) ate use only)	-		ala a Mila a la			. 1\	
WEST LONG BRANCH	MOI	TUOMN	H		(0,,	ato add offiy)	11,	Current Use (P	rior it bein	ig aen	nolisn	ea)	
Name of Monitoring Firm Hired by	Bldg. Owner	(8)		ASCM No.	1	Name of Abateme	ent Con	tractor (9)					
						D & S RESTO	RATI	ON, INC.					
Street Address						Street Address					-		
01.01.7.01						20 California	120700000000000						
City, State, Zip Code						City, State, Zip Co							
Project Manager for Monitoring Firm	n	I Ph	one Numb	nar .	_	Paterson, NJ Telephone Number			License	Numb	205		
,		1''	ione raine	,61		973-345-802				1169			
Start Date (10)	ISched.	Completio	on Date (1	1)	_	Name of OSHA M	lonitor						
05/22/14			· · · · · · · · · · · · · · · · · · ·			D & S Restor	ation,	Inc.					
Occupancy Status During Abateme	06/06/	COLUMN TO THE REAL PROPERTY.			-	Street Address							
Facility closed/vacated during		-	ment.			20 California City, State, Zip Co		e ====				_	
Abatement performed outside Describe:	100					Oity, State, Zip Co	ue						
Other-Describe: NORMAL I	HOURS				_	Paterson, NJ	07503						
Scope of Work (check all that appl	y)						Full	Containment w	/negative	press	ure		
\boxtimes >3 sf or >3 lf	Renovation					Ī		-enclosure	\$750 I				
≥160 sf or ≥260 lf	Demolition					ř		ebag procedu -Exempted (*)		friable	proc	edure	÷
Location of	Is location by mainten			1	(5)/0"					R	R	Е	E
asbestos-containing material (acm) to be	staff(12)	ance/cus	louiai	Description material (sbestos-containing		Amount (Specify S	E or	m	e p	n	n
abated in facility (13)	Yes	No	N/A	material	(ACIVI)		į	LF)	. 0.	O V	a i	a p	C L
BASEMENT /CRAWL SPACE		~		PIPE INSU	T A T	ION		150 L FT		e KZ	r	P	
BASEMENT /CRAWL SPACE				FIFE INSU	LAL	ION		130 L F1			片	屵	╫
							-		-	H	片	H	쓔
										H	H	H	計
										Ħ		靣	盲
Registered Waste Hauler D & S RESTORATION, INC.	NJDEF 1350	Hauler I		ubic Yards of V	Vaste	Name of Register			0011				
City, State	1330		Disposal D	YDS	-	TULLYTOWN City, State	N, RES	SOURCE RE	COVER	Y			
PATERSON, NJ 07503			05/23/1		200	TULLYTOW	N, PA						
Completed by (Print or Type)	Title			Signature					Date				
BOGDAN JOLDZIC	PRESIDE					1 - 1 11			05/09/	2014			
ASB-41	Do not use	uiis torm 1	or asbesto	s licensure ex	empte	activities.							

C1500/169

D&S Proj. #: 2014-194

										.1.	- 1			
Date of Notification		Nar	ne of Buildir	ng Owner	Operator (2)									
0 5 /0 9			YNRAY C	ORPOR	RATION					25.6				_
Agencies Notified	Type Notification	Stre	et Address					MA	7 1 4 2	014	- 2			
☐ EPA	Amended	2	09 NORTI	н місн	IGAN AVE	NUE								
☐ DEP	Amendment #:	City	, State, Zip	Code		3 3 100					·			
☑ DOL	Emergency	_ I	KENILWO	RTH, N	IJ 07033									
☑ DOH	(including	Nan	ne of Contac	ct					Telephor	ne Numi	oer			
□ DCA	justification)		AL BANK	S					100,000					
	Cancellation				ITY INFORM	ATION								
	<u> </u>			FACIL	ITT INFONIVI	ATION		Typ	e of Facility	(4)				_
Name of facility w	here abatement is	taking plac	e (3)					l l'yp	School	ol (K - 1	2)			
SVNDAV COI	RPORATION-B	UII.DING	3 #4						Subch	napter 8	(Other th	an K-	12)	
Street Address	d Old III ol v 2								Other	(Private	/Comme	rcial		
								80	uare Feet	./Homes		Blo	lg. Ag	e
209 NORTH N	MICHIGAN AV		(0)			Count	Codo (7)	34	uale i cei	# 0111	00.0		5 0	3
City (5)		Count	y (6)				y Code (7) use only)	Ci	ırrent Use (F	Prior if b	eing dem	olishe	d)	
KENII WOD	rii	UNI	ON			(00	,,							
KENILWOR	ng Firm Hired by B			T	ASCM No.	- 11	Name of Abatemer	nt Contr	actor (9)					
Name of Worthorn	g , = 2, =	-3	, ,				D & S RESTO	RATIO	N, INC.					
Street Address							Street Address					- 20		
Street Address							20 California	Ave.						
City, State, Zip Co	de					<u> </u>	ity, State, Zip Cod	de						
Only, Otato, 2.p oo							Paterson, NJ	07503						
Project Manager fo	or Monitoring Firm		Pho	ne Numb	er	T	elephone Number		W	Licer	nse Num			
						- 11	973-345-802				01169			
Start Date (10)		Sched.	Completion	Date (11)		Name of OSHA Mo							
35.00							D & S Restora	ation, i	nc.					
05/11/14		05/23	-	_	-	`	20 California	Avenue	2					
Occupancy Status	During Abatemen ed/vacated during	entire nerio	nd of abatem	ent.			City, State, Zip Coo							
Abatement	performed outside	of normal f	acility hours	-			Sity, Otato, Ep							
Describe:	ribe: NORMAL H					-11	Paterson, NJ	07503						
								Full (Containment	t w/nega	ative pres	sure		
Scope of vvork (c) >3 sf or >3	check all that apply	Renovatio	n					Mini-	enclosure					
								Glov	ebag proced -Exempted (dure (*) and N	lon-friabl	e proc	edure	3
≥160 sf or ≥	≥260 lī	Demolition	normally u	end solel	/	J. J. L. J. V. L. J.		Non	-Lxempted (() unu i	- R	R	E	E
Location of		by mainte	nance/custo	odial		tion of as	sbestos-containing	,	Amount		e m	e p	n	n
asbestos-c material (ad		staff(12)			materia		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	'	(Specify LF)	y SF or	0	a	a	C
abated in fa		Yes	No	N/A							v e	r	p	
CD OLD ID I EV	WEL EILE DM				ASBESTOS O	CONTAMI	NATED AREA		400 SQ F	Γ				
GROUND LE	VEL-PILE KIVI				1									JE
-														
Registered Waste	Hauler		EP Hauler II		Cubic Yards o	f Waste	Name of Registe	ered Lar	ndfill	DECO	VEDV			
D & S RESTO	RATION, INC.	135	506		4 YDS		TULLYTOW	N, RE	SOURCE	KECO	VEKY			
City, State	received and a second control of			Disposal			City, State TULLYTOW	WN DA						
PATERSON,				05/12/	Signature		TULLTION	VIN, FF	1	Da	ate			
Completed by (P		Title PRESID	ENT		Signature					0.0000	5/09/201	4		
BOGDAN JC	LULIC	LYEOTT	TATE		-									-

		Notific	ation of Ast ant to NJAC	pestos A	bateme	M N Dept	of Health & Senic	or Services			
D&S Proj. #: 2014-194	-	(Pursua	EN TO NUAC) 0:00 A	1232	1	5/9/ju_Time	1 1 1			
Date of Notification (1)	SYNR	Building Gwne				Date:			,		
Agencies Notified Type Notification EPA Initial DEP Amended	209 N	ORTH MICI	HIGAN AV	ENUE	Zing deta					•	
DOL		e, Zip Code LWORTH, I Contact	NJ 07033			WAY	1 4 2014 ; Telephone	Number			
☐ DCA ☐ Canceliation	ALB	ANKS		<u> </u>		-		AVEV 11			-
	TOTAL MARKET AND ADDRESS OF THE PARTY OF THE	FACI	LITY INFORM	MATION		····	Type of Facility (4	1		-	Marie -
Name of facility where abatement is to		i.		!		i. [']	School	(K - 12) pter 8 (Other	ihan K-	12)	
SYNRAY CORPORATION-BU Street Address	ILLDANG #4	1 2					Other (F	rivate/Comm			
209 NORTH MICHIGAN AVE	NUE	, (:		į.			The second second	fomes, etc. fof Floors	Bld	g. Age	
City (5)	County (6)				Code (7 use only		Current Use (Pr	ior if being de	molishe	d)	بالثان
KENTEWORTH	UNION										7/4
Name of Monitoring Firm Hired by Bu	ig, Owner (8)		ASCM No.	111	Et 1	es FORA	ontractor (9) FION, INC,				
Street Address		No. and			treet Add			The state of the s		1	
City, State, Zip Code					ity, State,		· · · · · · · · · · · · · · · · · · ·		-		- 0
		\$		با واست	-	NI 0750	03				
Project Manager for Monitoring Firm	,, ,	Phone Num	per		A STATE OF THE PARTY OF	45-8020		License Nur 0116		·	
Start Date (10)	Sched. Com	pietion Date (1	1)		D&S	SHA Monito Restoration	200				
05/10/14	05/23/14	*			Street Add	14	:			88	
Occupancy Status During Abatement Facility closed/vacated during e Abatement performed outside o Describe;	ntire period of a f normal facility	batement.		C	City, State,	la .			unou		_
Other-Describe: NORMAL HO	URS	AL .			Paters	, NJ 075					
Please 4 7	Renovation Demolition	, j	•	İ	司法	XX	ull Containment w lini-endloeure lovebag procedu lon-Exempted (*)	re		edire	
separation on the separation of	is location norm by maintenance staff(12)	nally used sole a/custodial	Descrip	ption of as	pestos-co		Amount (Specify S	6	e p	M C O O	Enc
abated in facility (13)	Yes N	N/A	i.	į			L(F)	v		p ,	L
GROUND LEVEL-FILE RM			ASBESTOS	CONTAMI	NATED ARI		400 SQ FT		11		무
		12 11 1			B				井	片	늗
					# 1		10		計	一	
				1		1	i				L
Pagistered Waste Hauter D & S RESTORATION, INC.	NJDEP Ha 13506		Cubic Yards of 4 YDS	of Waste	TULL	The state of the s	andfill RESOURCE RI	ECOVERY		7	
Oity, State PATERSON, NI 07503		Disposal 05/12/			TULL.	MOWN,	PA				
Completed by (Print or Type)	Tide PRESIDENT		Signature			16 2 17 17		Date 05/09/20	14		
	Do not use this	form for ashes	tos licensure	exemples MMUNIC	ATION	N. 18	PAGE. 1				

STATE OF NEW JERSEY

				(PURSU	ANT TO NJ	ASBESTOS AC 8:60-7	ABATEME AND 12:120	D-7	Ker	R #	1 2	2072
Date of Notification					Name o	f Building	Owner / Op		,0-0	7	-	0 12
	/14	3			INFINEL		Mr.	12				-
Agencies Notified	Type of	Notifi	cation		Street A	Address AST LINDE	I AVE			Ę		
☐ EPA			tial		_	ate, Zip Co						
DEP		88,000	nended			, NJ, 07036						
☑ DOH ☑ DOL			nendmer			f Contact		WAI	Telepi	none Nu	mber i	
	1 6		ncellatio	w/ justification	MICHAE	L PULSFO	RT					
		200			FACILITY	INFORMAT	ION				- +	
Name of Facility M			·				1.		N.W.	4		
Name of Facility W INFINEUM	nere Abate	ment	is Takin	g Place (3)		Type of	Facility (4)			• •		
							School (K-12)				
Street Address						7 6		oter 8 (Othe	r than K	-12)		
1900 EAST LINDEN	AVE					✓	Other (I.	e., private 8	cmmer	cial		
City (5)	County (6)		County Cod	0 (7)	Square		omes, etc.)				
LINDEN	UNION	٠,		County Cou	e (1)		-eet 00,000	# Of Floo	ors 5	Build	ling Age	F
								if being der		1)	4	10 +
Name of Marris						OFFICE				'		
Name of Monitoring	J Firm Hire	d by E	Bldg. Ov	vner (8)	ASCM N	O/						
AET						I VI Dem	olition Servi	ces Inc				
Street Address						Street A	700000000000000000000000000000000000000	003 1110.				
907 Doolittle Drive												
City, State, Zip Cod Bridgewater, NJ 088							ns Parkway					
Project Mngr. For N		irm		Telephone N	lumber	City, Sta	te, Zip Cod	е				
Eric Houseknecth				908-218-1108	3	East Han	over, NJ 07	936				
Sheduled Start Date		Sch		pletetion Date	(11)		ne Number		License	e Numbe	er	
	/14		06	/	14		04.0000					
Occupancy Status I	Ouring Aba	temer	nt (Chec	k Only 1)			84-8682 OSHA Mon	itor			00860	
☐ Facility C	losed/Vaca	ated D	Ouring E	ntire Period of			olition Service					
Abateme Abateme			.4			Street Ac	ldress					
Hours - D	escribe:	ea Ou	itside of	Normal Facility		32 William	ns Parkway					
☑ Other - D	escribe: _	5:00	PM FRI	D - 5;00PM SUN			e, Zip Code					
0 (1)() (0)							over, NJ 079					
Scope of Work (Che	ck All That	Appl	у)			100 A						
☐ Demolition	n		1	Renovation		Full Conf	ainment wi	th Negative	Droccu	r 0		
≥3sf or ≥3					Ø	Mini - En		ui Negative	riessu	16		
≥160 sf or	r ≥260 lf						Procedure					
						Non-Exer	npted (*) ar	nd Non-Fria	ble Proc	edure		
Location o	F94		ls	T	Descript	tion of			Abatem	ent Type		
Asbestos Cont	aining	8,0528	ocation	A	sbestos - C				R		E	ĮΕ
TO BE ABAT	ED	8	ormally Used		Material l.e., therma			Amount	E	R	N	N
in Facility			Solely	insi	ulation, sur	facing, VA	т.	(Specify SF or LF)	M	E	C	C L
(13)		by	/ Main-		other misc			0. 0. 2. /	v	A	P	6
		1000	nance/	1		0,00 805			Α	1	s	s
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			NO N/A							+-	ᆙ	R
4TH FLOOR			U D	VAT/CONCRE	TE DEBRIS	3		260 SF	্য	+	+	+
		THE OWNER WHEN								1 7	++	+++
		-										
Name of Registered	Waste Hau	er		NJDEP Waste	Cubic	Name of F	Ogninta and 1	on 46:11				
NEWARK CARTING				Hauler ID No.	Yards	I.E.S.I.	Registered I	Landfill				
Nt. Ot.:					of Waste							
ity, State NEWARK, NJ				NW-	Disposal	City. State		20				
TEVNICE, IND					Date	RF LHFEH	EM, PA 181	05				
completed by (Print	or Type)			Title			Signature	-			Date	
tous Ctil	2500 10500						(5/-	-1	0		Pate	
Steve Stiles				Project Manag	er		201	ndi	M)		05/13/14

ASB-41

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Date of Notification (1)		Name	of Building C	Owner/Operato	or (2)	11111				22
5/13/14		·	ST Hai	1 / 1		CORPOI	2014	ON	1	
Agencies Notified Type Notification		Stree	t Address	1	, (w/701	us i	0/0	-	
EPA Initial DEP Amended		[24]	State, Zip Coo	Porlia	1 RD			i		
DOL / Amendment			anches		CT. 06	NOS				53-6
Emergency (justification)	including	Name	of Contact	,	2	Telepho	ne Numbe	r		
DCA Cancellation		101	14 Ca	lana	vei	10.	77			
Name of Facility Where Abatement is Taking	Place (3)	FA	CILITY INFO	RMATION	Type of Facili	tv (4)		10		
Future CVS					School (55.03.05 55.03.05				
Street Address					Subchar	ter 8 (Other that e. private & con	an K-12)			
453 Valley Stree	et.				etc.)					
1 /					Square Feet	# of Floo	ors	Bldg	. Age	
Maplewood County (6)		Count	y Code (7)		26,000 Current Use (I	Prior, if being de	molished)		2	
ESSEX County	<u> </u>		E USE ONLY)		Vacar	1+	•			
Name of Monitoring Firm Hired by Building C	wner (8)	ASC	CM No.		of Abatement C	optractor (9)	1		a	
Street Address				Street	i Coco ten	Chlody	Rach	NG	(D	190
					Kean	154.		7		1
City, State, Zip Code	1,952			City, S	tate, Zip Code	(1	50 FG - 50 -			,
Project Manager for Monitoring Firm		Talanh	one No.		ST Ba	by/ON,		20	74	
Popularing Film		Teleph	one No.	relepi	one No.	Licei	nse No.	1		
Start Date (10)	Scheduled	Completion	Date (11)		of OSHA Monito		100	1	-	
5/19/14	10	, ,	4	1 G	eorge	2 MON	cayo)		
Occupancy Status During Abatement (Check		tc			Address, 3 Gene	un of	40+	_7	74	S. Jel
Facility Closed/Vacated During Entire Pa Abatement Performed Outside of Norma	enod of Ab al Facility H	atement lours		City, St	tate, Zip Code	. va 51	1101			
Other - Describe:				- Eli	zaboal	L/NJ	0720	5		
Scope of Work (Check All That Apply)	EDNI			r-z		,			*	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novation molition			Full Containn Mini-Enclosu	nent with Negat	tive Pressu	ıre		
	7				Glovebag Pro		Frakla Daa			
	Is Lo	ocation		Phonil	Non-Exemple	d () and Non-	rnable Pro		re emen	t
Location of	No	rmally Solely by		Description (Ty	уре	
Asbestos-Containing Material (ACM) TO BE ABATED	Maint	enance/		Containing Ma ermal systems		Amount (Specify	720	_	E	m
In Facility (13)		lial Staff? 12)		surfacing, VAT	, or	SF or LF)		Repair	Encapsulate	Enclosure
(10)	Yes I	No N/A	1	ulei illiscellalle	sous)		val	=	ulate	ure
BSiNt-Rest Rus, HOT Water		11/	1/1-	FL D W	. 10	1000	- 11			H
10 - Stairway 4		X	1/1-	Flu Pack	ing	683 SI	F X			
1STH-Sales A+Stock		1	0: ,	nastic	-	681131				-
1St Fl-Hoove Ceiling		1	Piper	-NSU1.	1 /	92 L1	- 1			-
Name of Registered Waste Hauler		NJDEP W		ubic Yards	Name of	20,000 Registered Lan	S/1 X			-
ATC INC.		Hauler ID	No. of	Waste			11000	Λ.	~ ~	
City, State		,SN	icky, Di	isposal Date	City, Stat		recep	1015	یک	>
2 Moreiches MidDle	ZIS	Carlo RI). MY		Ways	(3)	0,0A	LiZ	>	
Completed by	Title	. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<i>i</i>	Signature	20		Date	111	L	Κ.
Vincent Adoucci	1 Rec	MENT			70		0//	114	5U	

Date of Notification (1)		Name	of Building Owner,	Operator (2))			- 4	(77	
5/13/14		FiR	ST Harel	DRED RO	ealtr	Corpo	en t	ON	ιĘ	
Agencies Notified Type Notification			Address	1	7					
EPA Initial		14	State, Zip Code	rial	RD.	1111	1-			
DEP Amended Amendment	# 1			A 0-	TOI	Note:	' 4	ZU14		- 6
Emergency (i			of Contact	Ry C,	1.06		DDE WILLIAM			
DOH justification) DCA Cancellation		TON	IV Gallo	Ala W	٠,	· · Olopik				
			CILITY INFORMAT	TION		10-6				· 1
Name of Facility Where Abatement is Taking	Place (3)			T	ype of Facilit	y (4)				
Future C/S Street Address				_	School (F	<-12) ter 8 (Other th	an K-12)		50	
453 Valley Stre			250		Other (i.e	e. private & cor	nmercial I	ouilding	gs, ho	mes,
City (5)	.et ·			S	etc.)	# of Floo	ors	Bldo	. Age	-
1					6,000	A contract of the same			3	
Maplewood)	1		/ Code (7)	Cı	urrent Use (F	Prior if being de	emolished			-
ESSEX County			USE ONLY)		acan	1+				200
Name of Monitoring Firm Hired by Building C	Owner (8)	ASC	M No.			ontractor (9)	1 - 1		1	_
Street Address	-			Street Add		THOM.	tract	ING	(a)	4
Oliver Address			4	000	Kean	154.		9		
City, State, Zip Code				City, State	, Zip Code	· f		-		,
-		99	90 £ 0	Wes	T Ba	by/ON,	24.11	170	04	•
Project Manager for Monitoring Firm		Teleph	one No.	Telephone	No.	Lice	ense No.		1	
Stort Date (50)	Scheduled Gor		Data (dd)	Nome of C	SHA Monito		100	4		
Start Date (10)	10//		L	Name of C	STIA MONILO	MON	Cay	2		
Occupancy Status During Abatement (Check		1/1	7	Street Add	ress,	- 277				
Facility Closed/Vacated During Entire P	eriod of Abaten	nent .	į.	213	Gene	va st	. Apt	-1		
Abatement Performed Outside of Norma Other – Describe:				City, State,	Zip Code					
				Eliz	aboal	- MJ.	0720	25		
Scope of Work (Check All That Apply)	-						0) 300 V/S			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova Demolit				Full Containn Viini-Enclosu	nent with Nega re	tive Press	sure		-
Emile 1	7	112		₩ 0	Slovebag Pro	ocedure	Eriobio D			
	la Laurett				ADI I-EXELLIPLE	ed (*) and Non-	-Friable Pi	1000	emen	nt
Location of	ls Locati Normal	ły	Des	scription of				T	уре	
Asbestos-Containing Material (ACM)	Used Sole Maintenar		Asbestos Cont	aining Mater		Amount			匝	_
TO BE ABATED In Facility	Custodial S		(i.e. thermal surface	systems inst ing, VAT, or		(Specify SF or LF		Repair	cap	nclo
(13)	(12)	,	other n	niscellaneous	5)		oval	미	Encapsulate	Enclosure
	Yes No	N/A							D	
BSM- Rest Rus, Hot water		X	VAT+Flu	Packin	IG	6835	FX			
1St Fl-Sales Fl+Stock		ĺχ	VAT. Mas	Hic -	7.	68115	FY			-
1St Fl-Hoove Ceiling		X	Pige INS	ul.		92 L	FX			-
ExteriorxRoof		V	Row Line Ho	ur Has	LUX9	20,000	SFY	1	7	
Name of Registered Waste Hauler	0.000	DEP W	aste Cubic	ards		Registered La				
ATC INC.	Ha	auler ID	No. of Was	te	MINE	20112 [110.4	ДД:	< P	<
City, State		,SN	ucky, Disposi	al Date	City, Stat		ries	770	يب	-
2 Moreiches MiDD/	e Islan	1- 5). MY			esbur	0.01	4:0	2	
Completed by	JHe .	(,	Sign	gnature	10		Date	10	1	
Vincent Arbucci	resin	ent	<i>-</i>		AC		5/1	119	r	





CK 4082

Date of Notification (1) 5/8/14			- Miles			f Building y Hill Pu			(2)			-57					
Agencies Notified EPA DEP	Туре	Notification Initial			Street A 45 Ra	ddress noldo To	errace				35(3)						
☑ DOL	×	Amended Amendment Emergency		_	Cherry	ate, Zip Co / Hill NJ		4									
DOH DCA		justification) Cancellation	8 5		Tom C	CONTRACTOR CONTRACTOR						ephone 400		ber		6	3
Name of Facility Where	Abater	nent is Takin	g Place (3)	FACI	LITY INFO	ORMAT	ION	Type	of Facility (4	1)	-					
Street Address 1909 Queen Anne I	- 50 								X S	School (K-12 Subchapter Other (i.e. p	2) 8 (Othe				lings,	home	es,
City (5) Cherry Hill NJ 0800	2						dr .			re Feet	# of	Floors			ldg. A	ge	
County (6) Camden		ii)				Code (7) USE ONLY	·		Curre	nt Use (Pric	or if bein	ng dem	olishe	ed)			
Name of Monitoring Firm TTI Environmental	Hired	by Building (Owner (8)		ASCN	/ No.			of Abai	tement Con	tractor	(9)					
Street Address 1253 North Church	North Church Street ate, Zip Code					770000			Addres	177							
City, State, Zip Code Moorestown NJ 080	State, Zip Code prestown NJ 08057									p Code n NJ 080	91	+					
Project Manager for Mon James Guilardi	ect Manager for Monitoring Firm nes Guilardi					ne No. 10-8800		Telepi	none No 753-9	o.		Licens		•			
Start Date (10) 5/9/14			Schedule 5/10/14		npletion	Date (11)	1	Name Sam		A Monitor		 					
Occupancy Status During	g Abai	tement (Chec	k Only On	ie)				Street	Addres	SS		-					
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Ou	tside of Norm	Period of Anal Facility	Abaten	nent s			City, S	State, Zi	p Code							
Scope of Work (Check A												4					
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Date of Notification (1) May 7th, 2014							Operator (2 Y SELF (AGE,LL	_C			- A			(
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Name of Monitoring Firm EWMA	n Hired by Building	Owner (8)		ASCN	No.				nent Cont		(9)					
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City, State, Zip Code Parsippany, New J	ersey 07054						City, Sta Clifton	and the state of t	Code Jersey	0701	1-180	2				
Project Manager for Mor Mr. Alfred Moffit				Telephoi	ne No. 60-1400		Telephor		-8		Licens 0072					
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Date of Notification (1) 5/9/14)				Name o	of Building	Owner/0	Operator	(2)	-		7 -	7 700	7	
Agencies Notified	Туре	Notification			Street A	Donach	y Priva	te Hor	ne						
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Name of Monitoring Fit N/A	rm Hired	by Building	Owner (8)		ASCN	M No.			of Abatement aco Inc.	Contractor	(9)				
Street Address									Address Box 329		-				
City, State, Zip Code									tate, Zip Code Berlin NJ (
Project Manager for Mo	roject Manager for Monitoring Firm tart Date (10)				Telepho	ne No.		430000000000000000000000000000000000000	none No. 753-9800		License 00727				
Start Date (10) 5/19/14	5/19/14				mpletion	Date (11)		Name Sam	of OSHA Mon	itor					
Occupancy Status Duri	ing Abat	ement (Chec	k Only Or	ne)				Street	Address				1000		
Facility Closed/Va Abatement Perfor Other – Describe:	med Out	side of Norn	nal Facility	Abater Hour	nent s			City, S	tate, Zip Code			2.2			
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NOTIFICATION OF ASBESTOS ABATEMENT Check#1896 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 09 05 14 Tammy DiCosmo Agencies Notified Type Notification Street Address ☐ EPA X Initial 52 Archangela Avenue X DOLWD Amended City, State, Zip Code Amendment # X DHSS Colonia, NJ 07067 DCA Emergency (including) (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Tammy DiCosmo FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private home Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, 52 Archangela Avenue homes, etc.) City (5) Square Feet # of Floors Bldg, Age Colonia, NJ 07067 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Middlesex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City. State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No License No. 973-638-1777 01127 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor __05__/ 19__/ 14 05 / 20 / 14 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 34A Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-_ PM/ PM_ AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure ≥ 3 sf or > 3 lf ■ Renovation Mini-Enclosure ☐ ≥ 160 sf or >260 lf Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Demolition Is Location Abatement Type Normally -Location of Description of Used Solely by Asbestos-Containing Material (ACM) Repair Asbestos Containing Material (ACM) Remova Ericapsulate Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A Crawl Space Pipe insulation 110 LF П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State City, State Disposal Date Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature N.Jevtic Owner Merrao 05/09/2014 ASB-41 * Do not use this form for asbestos licensure exempted activities. MAY 11

State of New Jersey

MO#21901434502

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

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Date of Notification (1)					Name	of Buildin	g Owner/Oper	ator (2)				1		
					Gretchen Brewer										
Agencies Notified	Type Notifica												+		
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▼ DOLWD	☐ Amended				-	State, Zip							-		
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DCA (NJAC 5:23-8)		Millburn, NJ 07041 Name of Contact Telephone Number													
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Name of Facility Where A	batement is	i aking F	race	(3)	Type of Facility (4)										
Private home						School (K-12) Subchapter 8 (Other than K-1 2)									
Street Address									Other (i.e.,	orivate and cor	(-12) omercia	l bi	iildin	20	
74 Mountainview Road									homes, etc	.)		ı DC	mum	ys.	
City (5)									Square Feet	# of Floors		В	dg. A	ge	
Millburn, NJ 07041															
County (6)					Cour	nty Code (7)	(STATE USE O	NLY)	Current Use (F	rior if being de	molishe	d)		-	
Essex									827	- 7		200			
Name of Monitoring Firm I	Hired by Build	ding Ow	mer (8	8)	ASCM	No.	Name of Ab	ateme	ent Contractor (9	9)	_				
							Gr Tech LL		**************************************						
Street Address							Street Addre								
							576 Valley	Rd#	283						
City, State, Zip Code						City, State, 2					_	_			
				Wayne, NJ 07470											
Project Manager for Monitoring Firm Tele				Tele	phone No. Telephone No.				License No.						
, or					973-638-1777					3/15/2/15/3/3/3/15/3/15/3/3/3/3/3/3/3/3/3/3/3/).				
Start Date (10) Scheduled Comple				mole	tion Date (11) Name of OSHA M			01127 Monitor							
05/17/	14				3 / 14										
Occupancy Status During				No.					nsultants,Inc						
∑ Facility Closed/Vacated							Street Addre								
Abatement Performed	Outside of No	ormal Fa	u or z	Hour	inerit	crihe	20-21 Waga	araw	Road, Bldg .#	34A					
Time of Abatement:	AM-	PM/	20mily	PM_	S - Describe AM City, State, Zip Code										
							Fair Lawn,								
Scope of Work (Check all t	nat apply)						Cle	an up	and decontami	nation with neg	ative pr	ess	ure		
≥3 sf or >3 if		X	Ren	ovatio	on		H Full	Conti i-Encl	ainment with Ne osure	gative Pressur	€				
≥ 160 sf or ≥260 lf		Ē		nolitio			Glovebag Procedure Tent with Negative Pressure								
							Non	n-Exer	rempted (*) and Non-Friable Procedure						
Location o	£			Locati ormal								Abatement Type			ype
Asbestos-Containing M.)		Sole		Ashe	Descript stos Containin			Amount (Specify		Z.		ш	Ш
TO BE ABAT				ntena			., thermal systematics	ems ir	nsulation,			em	Repair	ıca	ICIO
IN Facility (13)			Custo	dial 8 (12)	ciaii?		surfacing,		or SIF or				₹.	Encapsulate	Enclosure
(13)							other misce	llaneo	ous)			-		ate	Ф
		- Y	es	No	N/A										
Basement				Ц_	X	Pipe inst	ılation			115 LF	E	X			
								9129			Ī	7	\Box		
		Г	7 1									=			
			-								L	_	Ш		Ш
					Ш				2000						
Name of Registered Waste	Hauler			NJD	EP Waste	Hauler ID No.	Cubic Yards of	Waste	Name of Regis	stered Landfill			-		
r Tech LLC				0	03378	5	TBD		T.R.R.F. Inc						
City, State			10				Disposal Date	9	City, State						لـــــا
/ayne, NJ 07470								713							
Completed By (Print or Type	e)	Title					TBD		Tullytown, P.	Α					
2.0							Signatur	9	A . A	1	Date				
.Jevtic		Owner						P. 1	in werra	of	05/08/	20	14		
AY 11		* Do	not r	ise ih	is form	for achoes	os licensuralex	e cont	ad activities	29	4500000				

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

		,			OF ASBE to NJAC 8					noll	1-	$\supset \langle$	29	0		
Date of Notification (1) 5/8/14.					Building (rantino	Owner/O	perator	(2)		77 E		7				
Agencies Notified	Type Notification		100	Street Ad 214 W	ddress alnut Str	reet				117						
EPA DEP X DOL	Initial Amended Amendmen		City, State, Zip Code Middlesex, NJ MAY 1 4 2014													
⊠ DOH □ DCA	Emergency justification) Cancellation		0.00		Contact			Telephone				Number				
				FACI	LITY INFO	RMATI	ON		W. W. T. T. T. T. T. T. T. T. T. T. T. T. T.			-				
Name of Facility Where A house Street Address 214 Walnut Street	Abatement is Takir	ng Place (3	3)					×	Other (i.e. pri etc.)	t) 3 (Other than livate & comm			lings,	home	es,	
City (5) Middlesex								210	are Feet 10	# of Floors 2		B 6	ldg. A O	.ge		
County, (6) Middlesex	377			County ((STATE L	Code (7) JSE ONLY)		/	Curr	ent Use (Prior	r if being dem	olishe	ed)		502		
Name of Monitoring Firm	Hired by Building	Owner (8)	-	ASCN	No.				atement Cont ironmental		LC					
Street Address				1			Street PO E	Addre 3ox 4								
City, State, Zip Code								State, Zip Code enwood, NJ 07418								
Project Manager for Monitoring Firm								Telephone No. Licen 973-583-8500 703				nse No.				
Start Date (10) Scheduled 5/14/14 6/3/14			ed Com	pletion (Date (11)		Name	of OS	SHA Monitor							
Occupancy Status Durin	g Abatement (Che	ck Only Or	ne)			7.2.2.2	Street	Addre	ess					(5)		
Abatement Perform Other – Describe:						18	City, S	State,	Zip Code	-	-			Et .	-	
Scope of Work (Check A ≥3 sf or ≥3 If ≥160 sf or ≥260 If	ll That Apply)	PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PR	Renova Demoliti				>	M G	ull Containmer lini-Enclosure lovebag Proce on-Exempted	edure				e		
Location	of		Locati					otion of			Abatement Type					
Asbestos-Containing TO BE AB. In Facil (13)	Material (ACM) ATED	Ma	ed Solel intenar todial S (12)	nce/	tos Cont thermal surfac	pescription of operationing Material (ACM) ontaining Material (ACM) and systems insulation, facing, VAT, or miscellaneous)			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure		
basem	ent	res	NO	X	pi	pipe fittings/ins			ion	20 LF		x		_		
					P	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	190,111			20 2.						
Name of Registered Was	te Hauler		IN	JDEP W	/aste	Cubic	Vards		Name of R	Registered Lar	dfill					
Name of Registered Waste Hauler Freehold Cartage			Н	auler ID 5939		of Was					Landilli .					
City, State Freehold NJ		2				Dispos TBD	sal Date)	City, State Morrisvil							
Completed by A. Scott Higgins Title Presider								Signature			Date 5/8/14					

checle 5043

5-7-2014			LLA WALSH	or (2)		
Agency Notified	Type Notification	1.04	Address 55 WESTERN	110111=	1 444	4 2014
E EPA DEP	Il initial Cl Amended	I Car S	ERIE ZIO CODO	- 29		
M DOL	Amondment # D Emisgency (inc)	Mo	PRRISTOWN,	NI 07	960 - 4	1928
JE DOH -	justification) U Cancellation	Name	efcomes FR HELEN SHO		Telephone Num	ber
			LITY INFORMATION	CHINDER		
Name of Facility When	re Abatement is Taking	Place (3)	•	Type of Facility (4	9	
VILLA WA	HSH NIVE	MA HALL -		E School (K-12)		
Street Address	1 2 4		T 120 01	☐ Subchapter 8 (☐ Other (i.e. prix		
753 WES	ITERN AVE	No e		homes, dtc.) Sensere Feet	# of Floors	Sidg. Age
MORRISTOU	CNC		8	160,000	7	52 YRS
County (6)			Code (7) (STATE USE	Corrent Use (Pric	r if being demolis	- 17 1
MORRIS		ONEY		CLASSRO	OM TENCIFE	in Résidencé
	SOCIATES IW			ment Contractor (9)	Ť.	
Street Address	3001416 100	C 10001	Best I	Removal In	C	
300 GRA	ND AVENOF			.River St		
City, State, Zip Code	D, NJ.O	7631	City, State, Zip		07601	
Project Manager for M	onitions Firm	Telephone No.	. Telephone No.	sack, N.J	License No	
T. VALINTI		201 569 67		-7444 -	00388	
Start Date (10) 6-2-20	14 7-14	Completion Date (11)	Name of OSHA	Medier nvironment:	al Inc	
Occupancy Status Duri	ng Abatement (Check o		Street Address		110	
Q. Facility Closed/Vaca	ied During Enlire Pener	of Abatement	280 Huy		610	
D Abelement Performe In Other - Desember	6AM - 6 PM	city Hous 7 .	City, State, Zip (Code lackensack	MIO	7606
Scope of Work (Check					#2	7000
Q≥3sfer≥3F D≥160sfer≥260F		III Reno	Neior / Mini-	Containment with Ne Enclosure	gative Pressure	.
JE 100 S U E 200 1		2 Dem		obay Presedure Exempted (*) and No	in-Frieble Proces	kare
		Is Location			Min and a second	Abatement Type
, Locali Achestes-Containi	ion of ng Maharini (ACM)	Nomally Used Solely by	Description (Asbestes Contained Ma	of .	\$ 50 b	
TO SE A	BATED	Custodial	(i.e., thornal systems	insulation,	Amount (Specify	Enclosure Encappulate Repair Remsval
(T		(12)	surfacing, VAT other miscelland	or_ nous)	SF CF LF)	Enclosure Incappulate Repair Removal
<u>.</u> :	•	Yes No N/A			A - 192	- 33
BEILER ROS	om	L .	THERMAL LOUSUI	LATION	1550 5	SFX I
	_					
BOILER ROOM	1	1	THERMAL IN SU	CATION	600 L	FX
Name of Registered Wa	ste Hauter	NUDEP Waste Har	uler Cubic Yards of	Name of Registere	4 1 market (5%)	
Best Remova	l Inc	ID No.	Waste			
Cilly, State		17109	40 YOS	Minerva E	nterpris	es
	sack, N.J.	07601	7-14-2014	Waynesbur	g , Oh	
Completed by	Table Estim	ator	R. Weldra		D ₂	2 2011
RVELDRAN		ture the form for orbo	18. Weldie	m_	1 5	7-2014

chede 5040

5-8-2014		ENDLIN		-	
Agency Notified Type Notification	Street Addres	s			
© SPA Binding	City, State, Zi	UREL D			
Associated # Assoc	SPRIL	UGFIELD	, NJ	07081	
D DCA (Conceilation)	Name of Cont	DLIN		Telephone Municer	
	FACILITY III	FORMATION .		7	
Name of Facility Where Abstract is Taking Place (3)			Type of Facilit		
Street Address			☐ School (K-1 ☐ Subchapter	8 (Other than K-12)	
5 LAUREL DRIVE.			homes, etc.		
SPRINGFIELD			Square Feet	# of Floors Bid	S-A90
UNION	County Code ONLY)	(7) (STATE USE	Corrent Use (F	rior if boing domalished)	
	M No.		nest Contactor (11	
Street Address		Best R	emoval 1	inc is	
,			River St		
City, State, Zip Code	5.0	City, State, Zip C		J. 07601	
Project Manager for Monitoring Firm Telepho	me No. ,	Telephone No.		License No	
Start Date (10) Schoduled Completion Da	de (11)	201-329- Name of OSHA	The state of the s	00388	
5-19-2014 5-21-2014	f	Omega En		tal Inc	
Occupancy Status During Abatement (Check only one)	0.400	280 Huy	ler St	表	
D. Facility Closed/Vacated During Entire Period of Absternant D. Absternant Performed Outside of Normal Facility Hours D. Other - Describe: 8 Am 5 pm		City, State, Zip C	ode	34	
Scope of Work (Check all that apply)	·			k, N.J. 0760	06
Q235023F R2160502280F	Renovation Demolition	C Mini-	Enclosure Iban Precedure	Negative Pressure Nein-Friable Procedure	
is Locati					Abstrant Type
Location of Vend Sole Member (ACM)	- 1	Description o	6		
TO BE ABATED Custodia		, thornal systems i surfacing, VAT.	insulation,	Specify	Reno
(13)		ogne macelane	(S)	SF or LF)	Encleaure Incapaulate Repair Removal
Yes No	N/A			<u> </u>	
BASEMENT	X VA	Ť		750 SF	X
			-+	24 8.	
The New	laste Hauter	Cubic Yards of Waste	Name of Regist	and Lade	
		1/2 40	Minarva	Enterprises	
Best Removal Inc 17109	9	11240		Buterbrises	
Hackensack, N.J. 07601	9	5-21-2014	Chy. San Waynesbi		

- - - Human farmo

May 7 2014 11:17am

Date of Notification (1) 5-7-2014	,			iilding Ov Nanagei	ner/Operator ment	(2)				7.7				
Agencies Notified Type Notification	100000	Street Address 160 S. Livingston Ave. MAY 1 4 2014												
DEP Amended Amendment #_			City, State, Zip Code Livingston, NJ 07039											
Emergency (Incl. justification) DCA Emergency (Incl. justification) Cahcelletion	iyaing	1	Name of Contact Telephone Number John											
Name of Facility Where Abatement is Taking P	láce (3)		FACILI	TY INFOR	MATION	Type of Facility (4	1)	-		,	-	\dashv		
Chilton Towers Apt. 5A Street Address	-					School (K-1) Subchapter	8 (Othe	than K-12)					
220 W. Jersey Street	*		80.5			Other (i.e. p						*•		
City (5) Elizabeth						10,000	15		50	ig. Ag }+	8			
County (6) Union			county Co			Current Use (Pric	ullding	1	ed)					
Name of Monitoring Firm Hired by Building Ow n/a	лаг (B)		ASCM I	No.		of Abatement Cor cnica Managem								
Street Address						reet Address 22 Troy Lane								
City, State, Zip Code	-		2		illy, State, Zip Code Lincoln Park, NJ 07035									
Project Manager for Monitoring Firm			folophono n/a	e No.	- 10000	phone No. License No. 3-706-7950 01193								
Start Date (10)	Schedule		Completion Date (11) Name of OSHA Monitor Loznica Management C						Corporation					
Occupancy Stalus During Abelement (Check	Only Or	1 4)			Street	et Address Troy Lane			1.00	1.20				
Facility Closed/Vacated During Entire Pe Abetement Performed Outside of Norma Other - Describe: Apartment is vacated					City,	State, Zip Code coln Park, NJ 0	7035							
Scope of Work (Check All That Apply)	-		/man				-		 	++-		1.000 P		
≥3 of or ≥3 if ≥160 of or ≥260 if		Renova Demol(t				Full Contains Minj-Endosu Glovebag Pro Non-Exempte	re ocedure				p.			
	i la	Locati	on			Prod MOXI-CYCLUTOR	, () a			Abatement				
Location of	. 1	Normali ed Sole	ly	Anhon		escription of Malning Material (ACM)		Amount		Туре				
(13)		Maintenance/ Custodial Staff? (i.e. therm (12) other				ms insulation, VAT, or laneous)	1	(Specify SF or LF)		Repair	Encapsulate	Enclosure		
In Lands	Yes	Νp	N/A		VAT		-	74 SF	1	-		-		
Kitchen Apt 5A	-		V		VAI		-	1	+	\vdash				
	1	-	1											
	1:													
Name of Registered Waste Hauler Loznica Management Corporation	r r	H	IJDEP W lauler ID 103313	No.	Cubic Yard of Waste TBD	GRO	of Regis WS La	tered Landii andfill		#2 (9		19		
City, State Lincoln Park, NJ 07035	1,			,	Disposal D	als City, St Morris	etu sville l	PA 19067			1	- 33		
Completed by E.Cirovic	Title	retary	,			Signatura Date 5-7-2014					56 B			