· N. OPV

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State of New Jersey
NOTIFICATION OF ASSESTOS ARATEMENT

NOCK		IN	Olir				C 8:60 and 5:16		FAR		E	R	7	
Date of Notification (1)					Name	of Building	Owner/Operator (2	2)	665		5	IN	I	
3/	11 /	16	_		Mou	ınt Holly	Twp. Board Of	Education		004				
Agencies Notified	Type Notifica	ation			Street	Address			MAY 18	201)	J	1	
⊠ EPA					331	Levis Dr		□ :						
⊠ DOLWD			=1161	6	City, S	tate, Zip C	ode	-	ASBESTOS C ASBESTIQEIQ	ONTE	OL	&		
☐ DHSS	Amendme			0	Mt.	Holly, NJ	08060	A A	SEESTIGER	SNEP	OL	Š.	4	
(NJAC 5:23-8)	justification		ding		Name	of Contact			Telephone Nun	iber -			_	
	☐ Cancellat	ion				Buffa			1	77.52				
					FAC	CILITY IN	FORMATION							
Name of Facility Where A		aking P	Place	3)				Type of Facility						
FW Holbein Middle	School							School (K-12	Other than K-1	2)				
Street Address								Other (i.e., private and commercial buildings,						
331 Levis Dr								homes, etc.)		DI	da A	20		
City (5)								Square Feet	# of Floors	DI	dg. A	ge		
Mt. Holly					Coun	ty Codo /7)(STATE USE ONLY)	Current Use (Pri	or if being demol	ished)	-		-	
County (6) Burlington					Court	ty Code (r	NSTATE OSE ONET	NLY) Current Use (Prior if being demolished)						
Name of Monitoring Firm	Hired by Build	ding Ow	mer (8) .	ASCM	No.	Name of Abateme	ent Contractor (9)						
MECS, Inc							BRISTOL EN	VIRONMENTA	L, INC.					
Street Address						- 	Street Address							
PO Box 341							1123 BEAVE	RSTREET						
City, State, Zip Code							City, State, Zip Co							
Chesterfield, NJ 08	515						BRISTOL, PA	19007						
Project Manager for Moni	toring Firm				phone I		Telephone No.		License No.					
William Weisgarber					9-298		215-788-6040		00509					
Start Date (10)		Schedul					Name of OSHA N	ionitor VIRONMENTA	INC					
4/18/		5_	<u> </u>	7	_ / -	10		VIRONIVIENTA	L, INC.					
Occupancy Status During							Street Address	CTREET						
□ Facility Closed/Vacate □ Abatement Performed						crihe	1123 BEAVE							
Time of Ahatement	AM-				00AM	Cribe	City, State, Zip Co							
5/16 - 6 PM	- ZAM						BRISTOL, PA	19007						
Scope of Work (Check all	that apply)						☐ Full Conf	tainment with Neg	ative Pressure					
≥3 sf or ≥3 lf		Z	Ren				Mini-End	losure g Procedure						
≥160 sf or ≥260 lf		L	_ Den	nolitic	on		⊠ Non-Exe	mpted (*) and No	n-Friable Proced	ure				
			Is	ocat	ion					Ab	atem	ent T	ype	
Location	of			orma			Description of			R	R	m	ш	
Asbestos-Containing		1)		ntena	ely by nce/		stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	ıcap	Enclosure	
TO BE ABA IN Facilit			Custo		Staff?	(surfacing, VAT	, or	SF or LF)	val		Encapsulate	sure	
(13)		-	Vac	(12) No	N/A		other miscellane	ous)				ate		
Room 210A			Yes	NO NO	N/A	Transite	e Foom Hood		90 SF					
Throughout			5				ain Insulation		9 LF					
Room 202-208			=			Glue do	nte		1,760 SF		П	П		
R00III 202-206			\dashv		H	Olde de	7.00		.,,					
		L					O I : Venders	Name of Regis	torod Londfill				ш	
Name of Registered Was		O INIC		100.00	JDEP V lauler ID		Cubic Yards of Waste	MINERVA						
SERVICE TRANSPO	ORT GROUP	, INC.			20990)	6. 15.		LANDITE		-	Z 1		
City, State	0700						Disposal Date	City, State	URG, OH 4468	88				
NEW CASTLE, DE 1								WATNESD			10.00			
Completed By (Print or Ty	/pe)	Title	imet	~=			Signature	1.1.1		ate_//	11	6		
Brian Scafiro		EST	imat	ונ			prior !	scopero/j			1		1	
ASB-41 B5/60/0)	* 0	n not	100 #	io form	for achast	os licensure evem	ated activities	1		11	164	()	

(#6) ** NOTE! BEI WILL BE ON SITE 5/6; 5/13+5/20 (FRIDAYS ONLY)

(#7) ** ON SITE MONDAY 5/16/16

NO W

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

110			(uisu	ant to M	JAC	o:60 and 5:	16)	TEN FEE G	1	10- 1	II F	7
Date of Notification (1)	11 /	16					Owner/Operator		10)15		411	W	
Agencies Notified	Type Notific	ation			et Address			· Education	Wiffin			~	1
⊠ EPA	☐ Initial	ation							M.	AY 1	8 2	016	
☑ DOLWD		d			31 Levis				1				
☑ DHSS	Amendm	ent # <u>7-5/1</u>	6/16		, State, Zip				Agene	TOP		TRE	TI DE
DCA	☐ Emergen		ng	-	t. Holly, I		08060		ASPES			IRO	L&
(NJAC 5:23-8)	justification				ne of Conta	act			Telephone N	umber			
	☐ Cancellat	tion		Bi	III Buffa								
Name of Facility Where A	hatamant in T	C-12 - DI	(0)	F	ACILITY	INF	ORMATION						
FW Holbein Middle		aking Pla	ce (3)					Type of Facility	5.000 50	1000			
Street Address	0011001							School (K-1	12) r 8 (Other than K	12)			
331 Levis Dr								Other (i.e.,	private and com	mercial	buildi	ngs,	
City (5)			Ç .					homes, etc	25				
Mt. Holly								Square Feet	# of Floors		Bldg.	Age	
County (6)				Cou	inty Code	(7) <i>(</i> S	TATE USE ONLY)	Current Use (Prior if being demolished)					
Burlington									· · · · · · · · · · · · · · · · · · ·	***************************************			
Name of Monitoring Firm	Hired by Build	ling Owner	(8)	ASCN	No.	N	lame of Abatem	ent Contractor (9	9)	-		7.7.0	
MECS, Inc							BRISTOL EN	IVIRONMENTA	AL, INC.				
Street Address						S	treet Address						
PO Box 341				1123 BEAVE	R STREET								
City, State, Zip Code			С	ity, State, Zip C					_				
Chesterfield, NJ 085				BRISTOL, PA	19007								
	Project Manager for Monitoring Firm Tele						elephone No.		License No.				
William Weisgarber					3-4070		215-788-6040)	00509				
Start Date (10)		cheduled (Na	ame of OSHA M	Monitor					
4/18/				0_/	16		BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During						St	reet Address						
☐ Facility Closed/Vacated	During Entire	e Period of	Abate	ement			1123 BEAVE	R STREET					
Abatement Performed (Ci	ty, State, Zip Co	ode					
5/16 - 6PM-	- 2 A M	_PM/6:00	JPIM-Z	:00AM		1	BRISTOL, PA	19007					
Scope of Work (Uneck all t	пат арріу)						The state of the s						
≥3 sf or ≥3 If		⊠ Re	enovat	ion			Full Cont	ainment with Neg	gative Pressure				
≥160 sf or ≥260 lf			emoliti				Mini-Encl Glovebage						
							⊠ Non-Exer	mpted (*) and No	n-Friable Proced	lure			
Localism		100	Loca Norma							Al	atem	ent T	уре
Location of Asbestos-Containing Management		Use	d Sol	ely by	Asha	etne	Description of Containing Mat	f	A 4	Re	Re	ш	ш
TO BE ABAT	ED		intena		(i.e	., the	ermal systems i	nsulation,	Amount (Specify	Removal	Repair	ıcar	nclo
IN Facility (13)		Cus	(12)	Staff?			surfacing, VAT,	or	SF or LF)	val		Encapsulate	Enclosure
(13)		Yes	No	N/A		ot	ther miscellaned	ous)				ate	U
Throughout			\boxtimes		Pipe Fit	ttino	s-Wrap and	Cut	1,575 LF				П
Exterior			\boxtimes		Louver	_			516 LF				
Gym, Gym storage, Stage					Duct Vil	brat	ion Cloth		108 SF				
Room 210 & 211					Lab Tab	ole t	ons		144 SF				
					Vaste		oic Yards of	Name of Regist				ш	ш
SERVICE TRANSPORT GROUP, INC. Haul					No.	Wa		MINERVA L					
City, State 209						Disp	posal Date	City, State	10		120		
NEW CASTLE, DE 19720							annes is more some of the test.	125	JRG, OH 4468	8			
Completed By (Print or Type) Title							Signature			ate			
Brian Scafiro Estimator								Scolis Li		5/16	111		
							vuen &	11/1/1/11	~	0/16	110		

ASB-41 35/6016

#6) MAY 11

#6) MAY 11

#6 NOTE! BEI WILL BE ON 5/7E 5/6,5/13 5/20 (FRIPAYS ONLY)

#7) ** ** ON SITE MONDAY 5/16/16

NO CK

State of New Jersey

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

ETS JOB # 4534/16 & 4551/16							· · · · · · · · · · · · · · · · · ·			
Date of Notification (1) 5/13/2016				er / Operator (2) RITY OF NEW Y		MAY 18 W JERSEY	2016			
Agencies Notified Type Notification	on	Street Addre	337 (37 A)	ROOM 236		CENSICO	NTROL &			
	otification ed Notificatio	City, State & JERSEY C		7310		LICENSIN	iG			
DOH Cancell	ation	Name of Cor				T	elephone Number			
DCA DCA		MR. RALP	H CAMPI	ONE						
		FACILIT	Y INFORI	MATION						
Name of Facility Where Abatement TERMINAL "A"	is Taking Pl	ace (3)	T.	ype of Facility (4) School (K-12)						
Street Address					(Other than K-12)					
NEWARK LIBERTY INTERNAT	TIONAL AII	RPORT				ite & commercial buildings, homes, et				
3 BREWSTER ROAD					# of Floors		ldg. Age			
	ounty (6)	County Code (2.76	1,100,000	3 70+					
NEWARK	SSEX		1000		r if being demolished)					
Name of Manianina Cincol Line days	D:II-II O	(0)		OMMERICAL -	(WASI-USE CONTROL TO SERVICE	(0)				
Name of Monitoring Firm Hired by E CARDNO ATC	Building Own	98	E	Name of Abatement Contractor (9) ETS CONTRACTING, INC.						
Street Address 104 E. 25TH STREET - 10 TH FL	.OOR			Street Address 160 CLAY STREET						
City, State & Zip Code				ity, State & Zip Co						
NEW YORK 10010 Project Manager for Monitoring Firm		Telephone Numb		ROOKLYN, NY elephone Number	11222	License N	umher			
PATRICK SISK		212-353-8280	7	18-706-6300		Licerise IV	00511			
Scheduled Start Date (10) Sc 1/25/2016		npletion Date (11) 1/24/2017	1.5765	ame of OSHA Mor ESTOR TECH.	nitor					
Occupancy Status During Abateme Facility Closed/Vacated Du				treet Address 0 59 JACKSON	AVENUE					
Abatement Performed Outs			The second secon	ity, State & Zip Co						
Describe: MONDAY - F		그렇게 없어야 한 것 이 어디에게 되었다.	DOC 100 DE 1	ONG ISLAND C		101				
Other - Describe:	10.	001111	. -	01.0102/11.0	M 307 Bala 303	itials				
Scope of Work (Check all that apply	5.70									
	Renovat	ion				n Negative P	ressure			
Large Project	- 4014			Mini-Enc						
Quantity is ≥ 3 SF or ≥ 3 LI				Other:	g Procedure					
Quantity is ≥ 160 SF or ≥ 2 Location of	OU LE ACIVI	Is Location		Description of		Amount	Abatement Type			
Asbestos-Containing		Normally Used	As	bestos-Containing		(Specify	(Specify: Removal,			
Material (ACM)		Solely by		Material (ACM)	Sq	uare Feet or	Repair,			
TO BE ABATED		Maintenance or		., thermal systems		near Feet)	Encapsulation or			
in Facility		Custodial Staff?		ation, surfacing, V/ ther miscellaneous			Enclosure)			
(13)		(12)	010	thei miscenarieous	2)					
ARRIVALS LEVEL		NO	F	IREPROOFING		75 SF	MINI ENCLOSURE			
ARRIVALS LEVEL - NO	RTH END	NO	F	IREPROOFING		60 SF	MINI			
				T			ENCLOSURE			
Name of Registered Waste Hauler TRI-STATE TRANSFER	8	NJDEP Waste Ha		Cu. Yds. of Wa		ne of Registe	ered Landfill TERPRISES, INC.			
City, State 1199 RANDALL AVENUE, BRO	ONX NY 10	0474		Disposal Date		, State	A ROAD.			
				9000 MINERVA ROAD, WAYNESBURG, OH 44688						
Completed By (Print or Type) Richie Smith	Title Project	t Executive		Signature	A	//-	Date 5/13/16			
				1/5/	0)					
ASB-41 JUN 95 G4667					1	//				

CK 005874

D&S Proj. #: 16-152

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

	G			W		
	MAY	1	8	2010	5	
I ASB	ES LIC	S	CC	NG	OL	8

Dao i ioji ii	10-132			(, 5, 5,					MAY 1		016		Ull
Date of Notification	(1)	Nam	e of Build	ing Own	er/Operator (2)				MATI	0 4	010_	T	1
0 5 /1 2		ber	n pearson	1					-0700	CON	TDC	1 8	
Agencies Notified EPA	Type Notificati Initial	on Stree	et Address	3					LICEN				
D. Committee of the Com	Amended												- Halles
	Amendment #:	City,	State, Zip	Code									
☑ DOL	Emergency		w bruns	THE R. P. LEWIS CO., LANSING, MICH. 49-140-140-1	j 08901								
DOH □	(including justification)	Name	e of Conta	act				Telephone	e Number				
DCA	Cancellation	be	en pearso	n									
				FAC	ILITY INFORM	ATION							
Name of facility wh	ere abatement is	s taking place	(3)					Type of Facility (4) (K - 12)				
ben pearson								=	apter 8 (O	ther th	an K-	12)	
Street Address								Other (Private/Co	mme			
									Homes, et		Blo	ig. Ag	ge
City (5)		County	(6)			Cou	nty Code (7)						
		.,,,				(Sta	te use only)	Current Use (Pr	ior if being	g dem	olishe	ed)	
new brunswick		middle			ASCM No.	<u> </u>	Name of Abatement	Contractor (9)					_
rame or womening	g i min i mod by i	Jiag. Owner (c	-1		ACCIVITIO.		D & S RESTORA						
Street Address						=	Street Address	THON, INC.					
							20 California Av	ve.					
City, State, Zip Code	9						City, State, Zip Code						
							Paterson, NJ 07	503					
Project Manager for	Monitoring Firm		Pho	ne Numb	per		Telephone Number 973-345-8020		License	Numb l 169	er		
							Name of OSHA Moni	itor		1107	_		_
Start Date (10)		Sched. C	ompletion	Date (1	1)		D & S Restorati						
05/26/16		06/10/1					Street Address						
Occupancy Status D		나 살아보다 하나는 얼마나 있는 이렇게 !					20 California Av	renue ·					
Abatement pe		of normal faci					City, State, Zip Code						
Other-Describ						$=$ \bot	Paterson, NJ 07	503					
Scope of Work (ch							_	Full Containment w Mini-enclosure	/negative	press	ure		
> 3 sf or > 3 lf		Renovation						Glovebag procedu	re				
≥160 sf or ≥2	60 If	Demolition						Non-Exempted (*)	and Non-	riable I R	proce	edure	1
Location of asbestos-con	taining	Is location no by maintena	ormally us nce/custo	sea solei dial			sheetee containing	Amount		е	е	n	E n
material (acm) to be	staff(12)	-		- Descripti material		sbestos-containing	(Specify S	F or	m o	p a	c a	С
abated in faci	lity (13)	Yes	No	N/A				LF)		v e	i	р	L
BASEMENT			X		PIPE INSU	JLAT	ION	80 1 ft		X			
										L			닏
					-					H	片	片	#
Registered Waste H	auler	INJDEP	Hauler ID	# 10	Cubic Yards of	Waste	Name of Registered	Landfill			Ш	Ш	
D & S RESTOR		13506	i	.	1 yd.		TULLYTOWN,		ECOVER	Υ			
City, State	T 07502			isposal I			City, State	DA					
PATERSON, N. Completed by (Print		Title	L	05/27/1	Signature		TULLYTOWN	, rA	Date				
BOGDAN JOLI		Title PRESIDEN	VT.		o ignature				05/12/	16			
AOD 44				or ashest	os licensure ex	xempte	ed activities.		1				

OK 005874

D&S Proj. #: 16-147

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

[E	P	G	П	7\/7	T
11))	15	6	5	IJ	/A\	1

)									(I)	<u>L</u>		
Date of Notification		111	Name of E	Building Owr	ner/Operator (2	2)			v 1 n	201	c		11
0 5 /1 1	- '		daughte	rs of the ar	merican revo	lution		I LI MA	Y 18	201	0	-	a property and a prop
Agencies Notified EPA	Type Notifica Initial	tion	Street Add	ress				Lagran			-	1	
☐ DEP	Amended		35 wash	nburn place	е			.ASRES	IOS CO		OL	5.	
☑ DOL	Amendment #	: T	City, State	, Zip Code				1-000					
_	Emergency	1.1	100	ll, nj 0700	6								
■ DOH	(including justification)	l IIN	ame of Co	ontact				Telephon	e Number	ſ			
☐ DCA	Cancellation	n	thomas	lehman				!					
				FAC	ILITY INFORM	OITA	N			- 110			
Name of facility wh	nere abatement	is taking pla	ace (3)					Type of Facility (
daughters of the	e american rev	olution						=	I (K - 12)	Male = = 41	14	. 10/	
Street Address									apter 8 (C Private/C			-12)	
35 wachburn pl	1000							Bldgs./	Homes, e	tc.			
35 washburn pl City (5)	ace	I Cour	nty (6)			I Cor	unty Code (7)	Square Feet	# of Floor	'S	В	dg. A	ge
0.15 (0)			, (0)				ate use only)	Current Use (Pr	ior if bein	a den	olish	ed)	
caldwell		esse							101 11 2011	9 00.	1011011	Juj	
Name of Monitorin	g Firm Hired by	Bldg. Owne	er (8)		ASCM No.		Name of Abatement Co	ontractor (9)					
							D & S RESTORAT	TION, INC.					
Street Address							Street Address						
City, State, Zip Cod	e					_	20 California Ave City, State, Zip Code					-	
							Paterson, NJ 0750)3					
Project Manager for	Monitoring Firm	1	P	hone Numb	er	_	Telephone Number		License	Numb	er		
							973-345-8020		0	1169	_		
Start Date (10)		Sched	. Complet	tion Date (1	1)		Name of OSHA Monito						
05/25/16		06/10)/16				D & S Restoration Street Address	i, Inc.			-	_	
Occupancy Status I				St rounding coll			20 California Aver	nue					
	d/vacated during						City, State, Zip Code						
Describe:	erformed outside		racility noi	urs-		_							
Other-Describ							Paterson, NJ 0750						
Scope of Work (ch								II Containment w ni-enclosure	/negative	press	ure		
	20.14	Renovatio						ovebag procedur	e				
<u>≥</u> 160 sf or ≥2	60 II	Demolition		used solely	ı		☐ No	on-Exempted (*)	and Non-	riable		_	
Location of asbestos-con	taining	by mainte	nance/cu			on of a	sbestos-containing	Amount		e	R	E n	Е
material (acm abated in faci) to be	staff(12)		T	material (sbestos-containing	(Specify S	For	m o	p a	c a	n c
abateu III laci	шу (13)	Yes	No	N/A				LF)		v e	i r	р	L
BASEMENT &	crawl space		X		PIPE INSU	ILATI	ION	167 ln ft		X			
<u> </u>						-	William Inc State Control of C						
				4	1					님		片	
Registered Waste H	auler	NJDF	P Hauler	ID# I C	ubic Yards of \	Vaste	Name of Registered La	 andfill					Ш
D & S RESTOR		135		2	2 yds.		TULLYTOWN, RI		COVER	Y			
City, State PATERSON, N.	1 07502			Disposal D			City, State						
Completed by (Print		Title		05/25/1	Signature	_	TULLYTOWN, P.	Α	Data				
BOGDAN JOLI		PRESID:	ENT		Oignature				Date 05/11/	16			
ACD 44		Do not us	thic form	for achoes	L liganoura av	omnto	d a ativitica		1		_	_	

CK 065874

D&S Proj. #: 16-149

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

1.50	10.1.0			V 13-13-3		3 300		1	DEG		\mathbb{V}	E	n	
Date of Notification				100 100	ner/Operator (2 merican revo				MA	Y 18	201	6		
Agencies Notified	Type Notifica	tion	treet Add		illericali revo	lution			G . IMA	1 1 0				+
	Initial							1	1	00.00	\ :TO	01.5		
☐ DEP	Amended Amendment #:	1	1 chesti	, Zip Code				_	ASSEST.	OS CI.		OL &	<u>×</u>	
DOL	Emergency				7001			L	.,		110			
☑ DOH	(including	IN	ame of C	ells, nj 07	/021				Telephone	Numbe	r		-	_
□ DÇA	justification)	11.							relephone	5 IVUITIDO	4.			
	Cancellation	1	thomas	lehman										
				FAC	ILITY INFORM	OITAN	N							,
Name of facility wh	ere abatement	is taking pla	ace (3)						ype of Facility (4	4) (K - 12)				
daughters of the	american rev	olution						П		apter 8 (C		han K	-12)	
Street Address								11	Other (I				12)	
1 chestnut lane										Homes, e		DI	-l A	
City (5)		Cour	nty (6)			T Cou	unty Code (7)	;	Square Feet	# of Floo	rs	В	dg. A	ge
, (o)		550	, (0)			2000000	ate use only)	-	Current Use (Pr	ior if beir	na den	nolishe	ed)	
essex fells		esse		2/				Ш.						
Name of Monitoring	g Firm Hired by	Bldg. Owne	er (8)		ASCM No.		Name of Abatemer	nt Cor	ntractor (9)					
_							D & S RESTO	RAT	ION, INC.					
Street Address							Street Address							
City, State, Zip Code							20 California	_					THE REAL PROPERTY.	
City, State, Zip Code	3						City, State, Zip Cod							
Project Manager for	Monitoring Firm		TE	Phone Numb	201	_	Paterson, NJ (3	License	Numb	201		
r roject manager for	Worldoning Film			TIONE NUME	JEI		973-345-802				11169	Jei		
Start Date (10)		ICabaa	Cample	tion Data (1	1\		Name of OSHA Monitor							
27 70		Sched	. Comple	tion Date (1	1)		D & S Restora		Inc.					
05/25/16		06/10					Street Address							
Occupancy Status D							20 California A		ue					
☐ Facility closed ☐ Abatement pe							City, State, Zip Coo	ie						
Describe:			admity 110	u15		_	D. 177	2500						
Other-Describ				A		二上	Paterson, NJ (
Scope of Work (che		1.50					L	=	Containment wa i-enclosure	/negative	press	ure		
		Renovatio					<u> </u>	=	renciosure vebag procedur	е				
≥160 sf or ≥26	60 lf	Demolition						=	n-Exempted (*) a		_		edure	à
Location of	retete e	Is location by mainte		used solely							R e	R	E n	E
asbestos-con material (acm		staff(12)			Descripti material		sbestos-containing		Amount (Specify SI	For	m	р	C	n
abated in facil	lity (13)	Yes	No	N/A	material	(/10111)			LF)		o v	a i	a	L
BASEMENT				_	PIPE INSU	ПАТ	ION		181 ln ft		e	r	П	
									101 111 11		H	H	H	Ħ
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Registered Waste Hard D & S RESTOR		NJDE 135	P Hauler 06		Cubic Yards of 2 yds.	Waste	Name of Registere TULLYTOWN			COVER	RY			
City, State				Disposal D			City, State							
PATERSON, N.				05/25/1	6		TULLYTOW	N, PA	A					
Completed by (Print		Title			Signature	· · · · · · · · · · · · · · · · · · ·								
BOGDAN JOLI)ZIC	PRESID	ENT	a fax ash s-t		05/11/16								



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

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Date of Notification (1) 05	Date of Notification (1) 05/13/2016					r/Operator (2)		MAY 18	3 201	6	i L	加
Agencies Notified x EPA DEP X DOL	Notification Type Initial x ☐ Amended Amendment # ☐ Emergency (Including the content of the		Street A 5100 Ha City, Sta Mays La	rding H		0	ASE	BESTOS C LICES	ONT	OL a	2	
□ DOH □ DCA	Justification) Cancellation		Name of Bryon					Telepho	ne Num	nber		
			FAC	ILITY II	NFORM	ATION				. ,		
Name of Facility Where A	batement is Taking Plac	e (3)			17.		Type of Facili	oct. (1900)				
Street Address . 5031 Tremont Ave							Subchapte x Other (i.e. p	er 8 (other th orivate & con			ings	,
City (5) Pleasantville							Square Feet 357		ors	Bld 60	g. A yea	
County (6) Atlantic					ounty Co	de (7) (STATE ')	Current Use (Electrical Sub		demoli	shed)		
Name of Monitoring Firm Harvard Environmen		2	ASCM N	lo. Name of Contractor (9) County Environmental								
Street Address 760 Pulaski Highway				461 N	Address New Churchma							
City, State, Zip Code New Castle, DE 197		T 1	N-		New	ate, Zip Code Castle, DE 19	720 .	Linana	Nivershoo			
Wesley Morrison	Project Manager for Monitoring Firm Tele Wesley Morrison (30)					one Number 322-8946		License 00578		1		
Scheduled Start Date (10 05/31/2016	05/31/2016		Date		Coun	of OSHA Monitor ty Environmer	ntal		N			
Occupancy Status During	5-00-0 20		Street Address 461 New Churchmans Road									
X Facility Closed/Vacated Abatement Performed Other – Describe:	Outside of Normal Facili	Abatem ty Hours	City, State, Zip Code New Castle, DE 19720									
Scope of Work (Check all	that apply)			n te teste sono	5-0	Full Containr	ment with Nega					
≥ 3 sf or ≥ 3 lf X ≥ 160 sf or ≥ 260 lf				Rend	ovation	✓ Mini-Enclo X Non-Exemp	osure Glov oted (*) and Nor	ebag Proced n-Friable Pro				
	*		s Location			Description	of			Ab	ater Typ	nent e
Locati Asbestos-Containin <u>TO BE A</u> IN Facili	ng Material (ACM)· BATED	Us Ma	ed Solel aintenan Custodia Staff? (12)	y by ice/		stos Containing M t. thermal systems surfacing, VA other miscellan	laterial (ACM) insulation, T, or	Amou (Spec SF or	ify	Removal	Renair	Enclosure
Exterior walls & roof pane	io.	Yes	No	N/A	Ashas	stos cement panel	e (transita)	1,117 SF		X		
Exterior walls & roor parie	15				Aspes	stos cement paner	s (transite)	1,117 01			1	
-										1		
100				aste Ha 041	te Hauler Cubic Yards of Name of Reg. Landfill 1 Waste 40 ACUA Landfill			ill				
City, State 105 Riverview Ave Paulsboro, NJ 08066				Dispos TBA			ate City, State 6700 Delilah Rd. Egg Harbor Township, N 08234			NJ		
Completed by Ben Hodgdon					Signature			Date 05/1	3/16			

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT

(PURSUANT TO NJAC 8:60-7 AND 12:120-7 Date of Notification (1) Name of Building Owner / Operator (2) 05 16 First Energy Street Address Agencies Notified Type of Notification 76 South Street City, State, Zip Code **EPA** Initial 1 DEP Amended Akron, Ohio 44308 DOH Amendment Name of Contact Telephone Number 215-984-4354-TOS DOL Emergency w/ justification Jim Halsey POL & Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Street Address Subchapter 8 (Other than K-12) 200 EAST WARD STREET 7 Other (I.e., private & commercial bldgs., homes, etc.) City (5) County (6) # Of Floors County Code (7) Square Feet **Building Age** HIGHTSTOWN MERCER Current Use (Prior if being demolished) Telephone Pole Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO Environmental Health Investigations NORTHSTAR CONTRACTING GROUP. INC. Street Address Street Address 655 West Shore Trail City, State, Zip Code 32 Williams Parkway Sparta, NJ 07871 City, State, Zip Code Project Mngr. For Monitoring Firm Telephone Number Dino Nappi 212-682-9271 East Hanover, NJ 07036 Sheduled Start Date (10) Sched. Completetion Date (11) Telephone Number License Number 16 31 06 973-884-8682 00860 Occupancy Status During Abatement (Check Only 1) Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC. Facility Closed/Vacated During Entire Period of Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe: __ mon-tue 8:30 am to 5;00 pm 32 Williams Parkway 4 City, State, Zip Code Other - Describe: East Hanover, NJ 07036 Scope of Work (Check All That Apply) Demolition Renovation Full Containment with Negative Pressure 1 >3sf or >3lf Mini - Enclosure ≥160 sf or ≥260 If Glovebag Procedure V Non-Exempted (*) and Non-Friable Procedure Description of Location of Abatement Type Asbestos Containing Location Asbestos - Containing R Е R N Normally Material (ACM) Amount TO BE ABATED Used (I.e., thermal systems (Specify M E C C P in Facility Solely insulation, surfacing, VAT, SF or LF) 0 L P 0 V (13)by Mainor other miscellaneous) Α tenance/ A S S Custodial R U U Staff (12) R YES NO N/A Exterior Telephone Pole Transite Conduit 20 LF J Name of Registered Waste Hauler NJDEP Waste Cubic Name of Registered Landfill NEWARK CARTING Hauler ID No. Yards I.E.S.I. 4509 of Waste City, State Disposal City. State NEWARK, NJ Date BETHLEHEM, PA 18105 Completed by (Print or Type) Title Date Signature 05/17/16 Steven Stiles Project Manager

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