Date of Notification (1)		Name of	Building (Owner/Op	perator (2)							
3/19/15		PS	64	G				_					
Agencies'Notified Type Notification	n	Street A		. 9 0	garagles (0.		4	1-12				
EPA Initial		49		WE	510	N CAN:	6		so t	OF			
DEP Amended Amendme	nt #	-	te, Zip Co		-	1 1 7				2			
Emergence	y (including		Contact	575	1 ,	100	Tale	8	ie Numi	5		-	
DOH justification			KE	7.	-1-	NSKI	1 616	pilo	ie Nuiti	Del			
Carlothati	JII	1 10 10 10	LITY INFO	RMATIC	SLC ON	MSRI		= "					
Name of Facility Where Abatement is Tak	ing Place (3)	17.01		710071110		Type of Facility (4)		•				
PSEX G						School (K-12							
Street Address		^				Subchapter 8							
474 FloRIDA	GROV	e R	V			Other (i.e. pr etc.)	i ate o	COT	imercia	Dullo	iings,	nome	es,
City (5)						Square Feet	# of	Flor	rs	В	ldg. A	ge	
KEASBY													
County (6)		County (Current Use (Prio		-		100			
MIDDIESEX			JSE ONLY)	-	_	SUB			771	OA)		
Name of Monitoring Firm Hired by Buildin	g Owner (8)	ASCN				of Abatement Cont			DIOA				
ENVIRONMENTAL TACTICS		004	75			UE SYSTEMS	JF /	AIVII	RICA				
Street Address 64 BROAD STREET					Street A	Address VHITEHEAD A	\ /E						
					201000105 110		E.	_					
City, State, Zip Code MATAWAN, NJ 07747						ate, Zip Code TH RIVER, NJ	1 222	2					
Project Manager for Monitoring Firm		Tolopho	no No						naa Na				
TOM GEIGER		732-29	92-2217			one No. 32-8350			nse No 01111				
Start Date (10)	Scheduled C		reid Telephorene		27.7.4.20	of OSHA Monitor		_					
5/29/15	6	1.1.		-		UE SYSTEMS	OF A	IMA	RICA				
Occupancy Status During Abatement (Ch	eck Only One)	8/1	2		Street A	Address	-						
Facility Closed/Vacated During Entir	Period of Aha	tement			396 V	VHITEHEAD A	'E.						
Abatement Performed Outside of No	rmal Facility Ho	urs	1.	İ	City, St	ate, Zip Code	-	-					
Other - Describe: Medicasia	y coelela	500	y_	-	SOUT	TH RIVER, NJ	888	2					
Scope of Work (Check All That Apply)			-				-						
≥3 sf or ≥3 lf	Reno	ovation				Full Containme	r with	Neç	ative Pr	essu	e		
2160 sf or ≥260 lf	Dem	olition			×	Mini-Enclosure	luro						
					Î	 Glovebag Proce Non-Exempted 		d No	1-Friable	e Pro	cedur	е	
	ls Loc	ation						-				ement	
Location of	Norr	nally		Des	cription	of					Ту	ре	
Asbestos-Containing Material (ACM)	Used S Mainte	olely by nance/	Asbest	os Conta	aining Ma	aterial (ACM)		mou				Ш	
TO BE ABATED In Facility	Custodi	al Staff?	(i.e.		systems ing, VAT	insulation,		peci or l		Rem	Repair	ıcar	ind
(13)	(1	2)			iscellan				. /	Remova	pair	Encapsulate	Enclosure
	Yes N	o N/A	Pa-							-		ate	(D)
BASCAST	X	-	0.	1	F		09	_	, _	~			
BASEMENT	- 1			PE 7	121			0	LF	X			
							er attendige to						
Name of Registered Waste Hauler		NJDEP W		Cubic \		Name of F	giste	red	.andfill				
WASTE MANAGEMENT		Hauler ID 1125	No.	of Was	te	GROWS	NO	RTH					
City, State		1120		Disposi	al Date	City, State							
ELIZABETH, NJ					BI	MORRIS		E,	A				
Completed by	Title			Si	gnature					e	/	,	
CAROL RAIMO	OFFICE	MGR.			/	aral to		N	Date	5/	9	/2:	5
						VISON NO	-	1	4	11	11	9 -	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Check # 24944

		(1 ursu	ant to	NJAC	0.00 anu 12.	120)	Check	# 44744	M	<u>E</u> 7 1		2015		
Date of Notification (1)		Name of Bui	lding Own	er/Operator (2)						-				
5/18/2015					BARBARA	SILDAT	7							
Agencies Notified	Type Notific	cation			STREET AD	DRESS				-				
□ EPA	Initial				108 11TH A	VENUE:								
☐ DEP	☐ Amen	ded Ame	ndmen	t #	City, State, Z	Zip Code				•				
□ DOL	☐ Emerg	gency (in	cluding		SEASIDE P	ARK.NJ	08752							
□ DOH	justific	ation)			Name of Cor						Telep	hone	Numi	oer
□ DCA	☐ Cance	ellation			DAVID J.D	'ANDRE	A				1			
				F	ACILITY IN	FORMA	TION			-				
Name of Facility Where Ab	atement is	Taking P	lace (3))				Type of	Facility (4)				
PRIVATE RESIDENCE								Scl	pol (K-12)				
Street Address								Sul	chapter ((Othe	er thar	K-12	2)	
108 11 TH AVENUE								□ Oth	er (i.e., p	ivate	& com	merc	al bui	ldings)
City (5)								Square	eet		# of F	loors	Bldg.	Age
SEASIDE PARK, NJ 08	752													
County					County Code	(7) (STA	ATE USE ONLY)	Current	Jse (Pric	if be	ing de	molis	ned)	
OCEAN														
Name of Monitoring Firm H	lired by Buil	ding Owr	ner (8)		ASCM No.	Name o	f Abatement Cont	ractor (9)						
N/A						CREAN	M RIDGE ENVI	RONMI	NTAL I	vС.				
Street Address				- 10100	<u> </u>	Street A				-				
						15 BLA	CK FOREST R	OAD						
City, State, Zip Code						City, Sta	ate, Zip Code							
						Hamilto	on, NJ 08691							
Project Manager for Monito	oring Firm	Telep	hone N	0.		Telepho	ne No.			•	Licer	se No).	
						609-890)-7110 [']				0067	6		
Start Date (10)		Sched	fuled C	omplet	ion Date (11)	Name of	f OSHA Monitor							
6/1/2015		6/7/20	15			MECS								
Occupancy Status During	Abatement (Check of	nly one)					-					
▼ Facility Closed/Vacate	ed During E	ntire Peri	od of A	bateme	ent	P.O. B0	OX 341							
☐ Abatement Performed	d Outside of	Normal I	acility	Hours		City, Sta	ate, Zip Code							
ESSENTIAL PERSONNEL						CROSS	515							
Scope of Work (Check all t	that apply)							Ful	Containr	ient w	ith Ne	gative	Pres	sure
$\sum_{x} \ge 3 \text{ sf or } \ge 3 \text{ lf}$					Renova	tion		☐ Mir	-Enclosu	е				
≥ 160 sf or ≥ 260 lf					Demolit	ion		₩ Glo	rebag Pr	cedu	re			
							Here was a second of the secon	No	-Exempt	id (*)	& Non	-Friab	le Pro	cedure
		0.00	Locati				2 2 2				Abate	ement	Туре	
Location of Asbestos-C			mally t Solely b				stos Containing thermal systems	Amoun	(Specify	eE or	77		En	Ш
Material (ACM) TO BE A	ABATED In		-	/Custo			, VAT, or other	Amoun	LF)	31 01	Removal	Repair	Encapsulate	Enclosure
Facility (13)		dia	Staff?	(12)		miscellan					ova	air	sula	sur
		Yes	No	N/A							_		ite	0
THROUGHOUT HOME			X		DRYWALL	COMP	DUND	2500 S.	٦.		X			
N														
Name of Registered Waste Hauler					NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name o	Register	∌d Lai	ndfill			
PATRIOT ROOFING				10.		30 YDS	GROW	3						
City, State				l										
Section 8 to to the section of the							Disposal Date	City, Sta		70.1				
JOBSTOWN, NJ Completed By Title					Signatur	6/9/2015 27-Mar	MORR	SVILLI	PA.	Date				
DAVID D'ANDREA			TDEN	т		// /a	a la	Vo.	de		.08203554	2015		
ASR-41		FRES	IDEN	ı		1.00	rug. 1	y ex	the c	2	5/18/	2015	_	

^{*} Do not use this form for asbestos licensure exempted activities

CK # 6269

11 OFA	
0/0/	Ta F
NOT.F.C	Alion

Date of Notification (1)		uilding Owner/Operator	(2)	de la companya de la					
5/19/15	PSEG				11 6				0
Agencies Notified Type Notification	Street Add 4000 HA	ess DLEY ROAD		10.7	1 -				
EPA X Initial Amended	City, State,		- 100						
DOL Amendment #_		PLAINFIELD, NJ (7080		51.				
Emergency (in justification)	Name of C			Teleph	one Numb	er			
DCA Cancellation	JOHN K								
Name of Facility Where Abatement is Taking		YINFORMATION	Type of Facility (4		-				
PSE&G	riace (3)								
Street Address			School (K-1) Subchapter		ıan K-12)				
193 BERGENT	118111:10=		Other (i.e. p	vate & co	mmercial	build	ings,	home	s,
City (5) ^	anpire		etc.) Square Feet	# of FI	ors	BI	dg. A	ge	-
193 BERGEN 7 City (5) RIDGEFIELD	PARK		N/A	N/A			N/A		
County (6)	County Co		Current Use (Pric	if being	emolishe	d)			
BERGEN Name of Monitoring Firm Hired by Building Over		\$ 8 500 000000 4	of Abatement Con	ractor (0)					
ENVIRONMENTAL TACTICS	0045		QUE SYSTEMS						
Street Address		Stree	Address		-				
64 BROAD STREET		396	WHITEHEAD /	VE.					
City, State, Zip Code MATAWAN, NJ 07747			State, Zip Code JTH RIVER, NJ	00000					
Project Manager for Monitoring Firm	Telephone		hone No.		ense No				
TOM GEIGER	732-292		432-8350	14 100	1111				
	Scheduled Completion Da		of OSHA Monitor						
0/1/10	12/31/2015		QUE SYSTEMS	OF AN	ERICA				
Occupancy Status During Abatement (Check	Only One)	Stree	VE						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma			·			-			
Other – Describe: outdoors	Tracinty Flours		State, Zip Code JTH RIVER, NJ	08882					
Scope of Work (Check All That Apply)					-				-
≥3 sf or ≥3 If	× Renovation		Full Containme	nt with N	gative Pr	essui	e		
≥160 sf or ≥260 lf	Demolition	ļ	Mini-Enclosure		9				
			Glovebag Proc Non-Exempted		on-Friable	Pro	cedure	9	
	Is Location		()	-	-		Abate	ment	
Location of	Normally	Descriptio	n of				Ту	oe	
Asbestos-Containing Material (ACM)	Used Solely by Maintenance/	Asbestos Containing	Material (ACM)	Amo	0.000			Ш	
TO BE ABATED In Facility	Custodial Staff?	(i.e. thermal system surfacing, V		(Sp∈		Rem	Repair	ıcap	incl
(13)	(12)	other miscella		000000000000000000000000000000000000000		Remova	pair	Encapsulate	Enclosure
	Yes No N/A		-			1.000		te	ω
OUTSIDE	X	ACM PIPE SC	MASTIC	200	LF	X			
Name of Registered Waste Hauler	NJDEP Was Hauler ID N	0. 0.000	Name of						
WASTE MANAGEMENT	1125	APPX. 15	GROW	3 NORT	H				
City, State ELIZABETH, NJ		Disposal Date	e City, Stat MORRI		ΡΔ		7 1 1		
Completed by	Title	Signatur	ra		Dat	-//	/		
CAROL RAIMO	OFFICE MGR.	Sigilagi	ral Rac		Sal	/	9/	15	-

OK 005 994

D&S Proj. #: 2015-165

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

												70
Date of Notification (1)	Name of Bu		r/Operator (2)			2-2-472-413		l/r.	4	111		
Agencies Notified Type Notificat	tion Street Addre			-								
EPA Initial	200 PAP	K STREE	т									
DEP Amended Amendment #:			1							+ 1	- 4	
M DOI I—			07042									
DOH Emergency (including	Name of Cor	LAIR, NJ	07042	A		W. A.	Teleph	ne Numbe	r			-
justification)							l clopii	2110 TVGITIDO				
DCA Cancellation	heather 1	kennedy										
=		FACIL	ITY INFORM	ATION								
Name of facility where abatement	is taking place (3)					Тур	of Facilit	/ (4) ol (K - 12)				
heather kennedy							=			V	10)	
Street Address								hapter 8 (C r (Private/C			12)	
J. 100(1) 1001								./Homes, e		·Oidi		
299 PARK STREET						Sc	quare Feet	# of Floo	rs	Ble	dg. A	ge
City (5)	County (6)				nty Code (7)	_						
NONTEG A TO	EGGEX			(Stat	e use only)	C	u rent Use	Prior if bein	ig dem	olishe	ed)	
MONTCLAIR Name of Monitoring Firm Hired by	ESSEX		100111		Name of Abatement	Cont	rs stor (0)					
Name of Monitoring Firm Fired by	Blag. Owner (8)		ASCM No.									
				_	D & S RESTOR	ATI	0 1, INC.	-				
Street Address					Street Address							
Otto Ottoba Zia Oada					20 California A						_	
City, State, Zip Code					City, State, Zip Code							
Desired Manager for Manifeston Fire	. In	NI L	220		Paterson, NJ 07	7503		License	Nimak			
Project Manager for Monitoring Firm	1 Pr	one Numbe	r		Telephone Number 973-345-8020	r		1.00 tremp.11 ougst	11169	er		
				_	Name of OSHA Mon				1109			
Start Date (10)	Sched. Completion	on Date (11)			D & S Restorat		r ·					
06/05/15	06/26/15			- 11	Street Address	ion, i						
Occupancy Status During Abateme	nt (Check only one)		Aug William		20 California A	venu	e					
Facility closed/vacated during				-	City, State, Zip Code			-				
Abatement performed outside Describe:	of normal facility hou	rs-										
Other-Describe: NORMAL I	HOURS			_	Paterson, NJ 07	7503						
Scope of Work (check all that appl					П	Full C	ntainmen	w/negative	press	ure		
	Renovation						e closure		7.			
≥160 sf or ≥260 lf	Demolition				⊠		el ag proce				7	
	Is location normally	used solely				Non-	E cempted) and Non-	-triable	Proc	E	1
Location of asbestos-containing	by maintenance/cus		Description	. of o	sbestos-containing		Amoun		е	е	n	E
material (acm) to be	staff(12)		material (spesios-containing		(Specif	SF or	m	p a	c a	n
abated in facility (13)	Yes No	N/A					LF)		V	i	p	L
			PIPE INSU	ΙΛΤΙ	ON	-	2 LFT		e	-		\vdash
BSMNT BOILER, LAUNDRY & ELECTRIC PANEL RM			THEHVOO	LAII	011	-	LII		H	믐	片	卄
						-			╬	片	片	片
				-					+	屵	片	#
						-		-	++-	屵	片	+
Registered Waste Hauler	NJDEP Hauler	ID# I Cu	ibic Yards of V	Vaste	Name of Registered	dlan	d I	-	_		Ш	
D & S RESTORATION, INC.			yd.	. 4510	TULLYTOWN,			ECOVE	RY			
City, State	ate		City, State		and District Courts							
PATERSON, NJ 07503		06/06/15			TULLYTOWN	, PA						
Completed by (Print or Type) Title Signature								Date				
BOGDAN JOLDZIC	PRESIDENT							05/13	3/2015)		_
ASR-41	* Do not use this form	s licensure ex	empter	activities								

CK 0060 11

State of NJ

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

D&S Proj. #: 2015-166			(Pursu	ant to NJAC	8:6	0 and 12:120)								
Date of Notification (1)	111	Name of Bu	uilding Own	er/Operator (2))									
0 5 /1 5 /1 5		fred canta	a						- 1/	-1				
Agencies Notified Type Notificat	ion S	Street Addre												
DEP Amended		101 cant	erbury avo	enue										
Amendment #:		City, State,	Zip Code					_		1				
DOL Emergency		NORTH	ARLING	GTON, NJ 07	109									
DOH (including justification)	IN	lame of Co	ntact						Teleph	ne Numb	er			and the College
☐ DCA ☐ Cancellation	- 11	fred can	ita						I	2.4-9				
-			FACI	ILITY INFORM	ATIO	V								
Name of facility where abatement i	s taking pla	ace (3)					П	Турє	of Facilit	(4) ol (K - 12	2)			
fred canta							П		=	hapter 8 (177	han K	(-12)	
Street Address							11		☑ Othe	(Private/	Comme		-/	
101 canterbury avenue							H	_		./Homes,			-l - A	
City (5)	I Cour	nty (6)			Co	unty Code (7)	1	Sqt	are Feet	# of Flo	ors	B	dg. A	.ge
Only (0)	000	.ty (0)				ate use only)	H	Cui	ent Use	Prior if he	ing den	nolish	ed)	
NORTH ARLINGTON		RGEN			7.5		П	Ou	CITE COC	r nor n bo	ing don	1011311	cuj	
Name of Monitoring Firm Hired by	Bldg. Owne	er (8)		ASCM No.		Name of Abatemer	nt C	ontra	tor (9)	1				
						D & S RESTO	RA	TIO	I, INC.					
Street Address						Street Address								
		- 1			_	20 California								
City, State, Zip Code						City, State, Zip Cod								
Project Manager for Monitoring Firm		In	none Numb	Or.	_	Paterson, NJ (_	03		Tiesne	o Nicesi	201		
reject manager for morntoring rann			ione Numb	el		973-345-802			License Number 01169					
Start Date (10)	ISobor	i. Completion	on Doto /11	1	_	Name of OSHA Mo		r						
100 mg 100 000 000 000 000 000 000 000 000 00			on Date (11	1)		D & S Restora	atio	n, In						
05/27/15	06/16	E.S. (186				Street Address			-					
Occupancy Status During Abatemer	107	TO 20				20 California A	Ave	nue					2	
Facility closed/vacated during Abatement performed outside						City, State, Zip Cod	de							
Describe: NORMAL H	OURS	27			-	Paterson, NJ (750	03						
Scope of Work (check all that apply									ıtainmen	w/negativ	re nress	LIFA		_
$\boxtimes > \underline{3} \text{ sf or } > \underline{3} \text{ If}$	Renovatio	n					_		closure	wiiogaav	o prooc	, , , ,		
≥160 sf or ≥260 lf	Demolition	1							ig proced					
Location of	Is location	n normally	used solely	,		L	N	on-E	empted () and Nor	n-triable	Proc	edure	
asbestos-containing	by mainte	enance/cús		1	on of a	sbestos-containing			Amount		e	е	n	E n
material (acm) to be abated in facility (13)	staff(12)	1550	1	material ((Specify LF)	SF or	o	p a	c a	С
abatod in lability (10)	Yes	No	N/A						LI		v e	i	р	L
BASEMENT		X		PIPE INSU	LAT	ION		9(LFT		X			
BASEMENT BOILER		BOILER INSULATION						31	SQ FT					
Registered Waste Hauler				la Varia	Ma-:	10								
D & S RESTORATION, INC.	135	EP Hauler I 606		ubic Yards of V yds.	vaste	Name of Registere			(IRCE I	ECOVE	RY			
Dity, State			Disposal D	The second secon		City, State	., 10		JACE I	LCO VE				
PATERSON, NJ 07503			05/28/1:	5		TULLYTOWN	N, P	'Α						
Completed by (Print or Type)	Title	-		Signature						Date				
BOGDAN JOLDZIC	PRESID	ENT								05/1	5/2015			

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

CK 4633

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

Date of Notification (1)	Name of Build	ding Owner/Operator (2)			ē.	=
05/16/2015		Dickinson Universit	У		_		
Agencies Notified Type Notification	Street Addres 1000 Rive			11 (
EPA Initial DEP Amended Amendment #	City, State, Z Teaneck, 1			*			
DOH Emergency (including justification)	Name of Cor Craig Gord		ΙT	lorb-			1
DCA Cancellation		INFORMATION					
Name of Facility Where Abatement is Taking Place			Type of Facility (4)				
BECTON HALL			School (K-12)		40)		
Street Address	4		Subchapter 8 (O Other (i.e. privat	& comm	rcial buildin	gs, hom	es,
City (5)	in E		etc.) Square Feet #	of Floors	Bldg	g. Age	
TEANECK County (6)	County Code	e (7)	Current Use (Prior if I	eing dem	lished)		
BERGEN	(STATE USE	ONLY)	School				
Name of Monitoring Firm Hired by Building Owner			of Abatement Contrac Company, Inc	or (9)			
ENVIRONMENTAL DESIGN	2 11/2	100000000000000000000000000000000000000	Address				-
Street Address 5434 KING AUG	E 1986		Piaget Avenue				
City, State, Zip Code		11 10 10 10 10 10 10 10 10 10 10 10 10 1	State, Zip Code on, NJ 07011				
Project Manager for Monitoring Firm	Telephone I		none No.	Licen			
TOM PRUNO	856-6	1310	253-8828	0070	1		
Start Date (10) Sche	eduled Completion Dat	te (11) Name	of OSHA Monitor Company, Inc.				
OS 26 7015 Occupancy Status During Abatement (Check Onl	5 29 2015		Address				
Facility Closed/Vacated During Entire Period							
Abatement Performed Outside of Normal Fa	cility Hours	City, S	State, Zip Code				
Scope of Work (Check All That Apply)							
≥3 sf or ≥3 lf	Renovation		Full Containment Mini-Enclosure	vith Nega	ve Pressure	9	
≥160 sf or ≥260 lf	Demolition	Ĵ	Glovebag Proced	re			
			Non-Exempted (*	and Non		edure Abateme	ant
	Is Location					Туре	110
Location of	Normally Used Solely by	Description Asbestos Containing		Amoun		П	
Asbestos-Containing Material (ACM) TO BE ABATED	Maintenance/	(i.e. thermal syster	ns insulation,	(Specify	Reg	Re	Encl
In Facility	Custodial Staff? (12)	surfacing, V other miscella	AT, or aneous)	SF or Lf	Remova	Repair	Enclosure
(13)	Yes No N/A	0010111100011			<u>n</u>	, g	6
500M 102		TRAISSITE PAI	NELS	100	SFX		
VARIOUS LOCATIONS	×	DIPE FITTING	S WEAPECUT,	32	EH X	T	
VALIOUS COLATIONS			" " " "				
			Name of Re	sistered I	undfill		
Name of Registered Waste Hauler	NJDEP Wa Hauler ID N	4141	IESI Lan				
Newark Carting,Inc	05409				1415		
City, State 5. Freehold, NJ		Disposal Da	Bethlehe	n, PA			
Completed by	Title	Signati		1	OS(10/2	DIC
	President	V	. Coste	Febr.	05(7)01	U()

1 11115 1 91111

CK YEHN

Date of Notification (1) 5/18/2015						Building Own	er/Operato	or (2)			W.L	= 11		5	18 2 - 12	
Agencies Notified	Type Notifi					oomfield A	venue						8			
DEP X DOL	Amer Amer	ided idment#_		1000	City, Stat Verona	e, Zip Code a, NJ										
X DOH X DCA	justific	gency (in cation) ellation	cluding		Name of	Contact ev Varghee	990			Tele	ohor	a Nijmt	er			
IN DOA	L Cano	enation				ITY INFORM				_	_			-		
Name of Facility Where Kip's Castle Park E		s Taking	Place (3)					of Facility (4) School (K-12)		-					
Street Address 22 Crestmont Road	d							×	Subchapter 8 Other (i.e. priv				build	ings,	home	s,
City (5) Verona								Squa 850	etc.) are Feet	# of 4	Floo	3	1893	dg. A 0+	ge	
County (6)					County C	Code (7)		Curr	ent Use (Prior		g de	nolishe	1000	υ τ		
Essex Name of Monitoring Firm	n Hired by B	uilding O	wner (8)	100	ASCM		Nam		artment atement Contr	ctor ((9)					
Hatch Mott MacDo	nald				140			A Gen	eral Constru	ction	ı, Ir	C.				
Street Address 111 Wood Avenue	South								ton Avenue	PM	BS	uite 21	8			
City, State, Zip Code Iselin, NJ 08830							1 2 2 2 2 2 2		Zip Code JJ 07012							
Project Manager for Mor Kevin Herrighty	nitoring Firm				Telephor	ne No. 12-2480		phone N		T		nse No	•			
Start Date (10) 6/2/2015		100	Schedule		Complétion Date (11) Name of OSHA Monitor DIA General Cons					otion						
Occupancy Status Durin	ng Abatemer				Street Address						1, 11	·				
Facility Closed/Vac	ated During	Entire Pe	eriod of A	Abatem	ement 1360 Clifton Avenue					PM	BS	uite 2	8			
Abatement Perform Other – Describe:		of Norma	ai Facility	Hours	City, State, Zip Code Clifton, NJ 07012											
Scope of Work (Check A	All That Appl	y)														
≥3 sf or ≥3 if × ≥160 sf or ≥260 if				Renova Demoliti				M G	lini-Enclosure lovebag Proce	lure		eç ative Pressure			0	
			la la	Lessi				E IN	OII-EXEMPLEO) and	INO	Tiable	3 110		ement	
Locatio	n of		1	Locati Normali d Sole	ly									Ту	pe	
Asbestos-Containing TO BE AB In Faci (13)	BATED ility	CM)	Ma	intenar todial S (12)	nce/	(i.e. the	Description of stos Containing Material (ACM) e. thermal systems insulation, surfacing, VAT, or other miscellaneous)				peci or L	У	Removal	Repair	Encapsulate	Enclosure
Basem	nent				X	Pipe	e/elbow i	nsulat	ion	65	0 L	:	X			
Basem	nent				X		Ceiling P	laster		2,5	00	SF	K			
Name of Registered War Service Transport (H			No. o	Cubic Yards of Waste	3	Name of R Minerva			andfill				
City, State	агоар	20			:0990		60 CY Disposal Da	ite	City, State							
New Castle, DE 19	720					7	7/2/2015		Waynes	urg	, 01					
Completed by Krutarth Jagad			Title Proje	ject Manager Signature			<i>)</i>		Date 5/18/2015							



Date of Notification (1)					Name	of Building	Owner/Operator (2	2)						
5/18	/	15			Holl	y Fitzpat	rick							
Agencies Notified Ty	pe Notif	ication			Street	Address								
⊠ EPA ⊠	Initial				224	Oak Parl	kway							
	Amend				City, S	tate, Zip C	ode		-		(f) (c) (f)			
		ment #_				ellen, NJ								
	Emerge	ency (inc	cluding			of Contact			Teleph	ne Numb	er			
(NJAC 5:23-8)	Cancel					y Fitzpar			, relepit	TIC I WATER				
	Caricei	iation							-				-	
Name of Facility Where Abat	ement is	s Takinn	Place	(3)	FAC	ILII T IN	FORMATION	Type of Facility	(4)				-	
Residential House	CITICITÉ I	3 raking	1 1000	(0)				School (K-1						
								Subchapter	3 (Other 1	an K-12)				
Street Address								Other (i.e.,)	rivate an	commerc	ial bui	lding	s,	
224 Oak Parkway								homes, etc.						
City (5)								Square Feet	# of F	ors	Bld	lg. Ag	je	
Dunellen, NJ 08812														
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (P	or if bein	demolish	ned)			
Middlesex								~						
Name of Monitoring Firm Hire	ed by Bi	uilding C	wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9						
Bio Terra Solutions							ALL PRO MA	NAGEMENT	LC					
Street Address				1			Street Address						7	
P.O. Box 1224							27 Outwater	Lane						
City, State, Zip Code					1167		City, State, Zip Co	ode		-				
Union, NJ							Garfield, NJ							
Project Manager for Monitoria	na Firm			Tele	phone	No.	Telephone No.		Licen	e No.				_
Rick Eustaquio				i	73-494		973-928-4888	t .	11					
Start Date (10)		School	ulad C	1	tion Da		Name of OSHA N							
5 / 31 / 1	15				5_ /			NAGEMENT I	LC					
Occupancy Status During Ab				100			Street Address							
□ Facility Closed/Vacated D □ Abatement Performed Out	35.70					oribo	27 Outwater		-	_				
Time of Abatement:							City, State, Zip Co							
							Garfield, NJ	07026		_	V			
Scope of Work (Check all that	at apply)					M Full Con	tainment with Ne	zotivo Pr	CUEO				
☐ >3 sf or >3 lf			⊠ Re	novat	ion		☐ Mini-End		Jauve FI	ssure				
≥160 sf or ≥260 lf				molitic			☐ Gloveba	g Procedure						
							Non-Exe	empted (*) and N	n-Friable	Procedur	е			
W. 400 D. W. 600			110	Loca Norma							Aba	atem	ent T	уре
Location of Asbestos-Containing Mat	torial (A	CNA)			ely by	Acho	Description of stos Containing Ma		Δn	ount	Re	Re	m	Ē
TO BE ABATE		Civi)	Ma	intena	ance/		., thermal systems			ecify	Removal	Repair	Encapsulate	Enclosure
IN Facility			Cus	todial (12)	Staff?	5.0.000	surfacing, VAT		SF	or LF)	Val		Sul	sure
(13)			Yes	No	N/A		other miscellane	eous)					ate	
Description				_	1//	Dine In	culation		2	LF		П		\boxtimes
Basement						ripe in	sulation		- 2:	LI] [
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Name of Registered Waste H	Hauler			1	NJDEP	Vaste	Cubic Yards of	Name of Reg	stered La	dfill				
All Pro Management L				H	Hauler II		Waste	IESI Lanc	fill					
City, State					00348	360	As Needed Disposal Date	City, State	-	-				
Garfield, NJ							TBD	Bethlehe	1. PA					
		T=-						Doublehe		- 15	40	,		
Completed By (Print or Type)	Title		v 1024			Signature	1/2		Da	Te /	10	111	_
Zvonko Veskov		P	resid	ent			15-1	HEAN	1		5/	10/	15	
ASB-41	226		Do no	1100 4	hie form	for achoo	tos licensure exem	nted activities				100		
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	18 0.								-	
Date of Notification (1)	. /		Name of	Building	Owner/Operator	(2)	· ED 2	SZAVE	6	
- 1 / -	21/15				17910 31			ON INC.	UAH	12: 69
	Type Notification	**	Street A	odress	2 8 C1	FRM	74	Thomas	۲۲۰	
	Zilura .							1 1 1	9	TRAI
	Amended Amendment #		Ciry, Sta	ile, Zip C	CLER!	MONT	WI	- of Pac	ENSIA	IG TOL
J. XX	Emergency (in				3-20-0					
□ DOH	justification)		Name of	Contact			I exec	ane Numb	eı	1
	_ Cancellation			0109	1					
			FACIL	JTY INF	ORWATION	2000		, ă	್ಷ	70
Name of Facility Where Ab	alement is Taking	Place (3)				Type of Faci	y (4)	K (177
l. E. 5 17		,	1 * *			School (K	(12)		-«	\circ
	E 70 .C -					Subahapi	r 8 (Othe	than K	1	. 17
Street Address	YARE AU	E,	•			homes, s	;.)	75.0		3
						Square Feet	# o!	100/E	Blog	A92 -
Ciry (5) CA.DE	MM-P	OINT				1000		<u></u>	-1	0 7
			TiCounty	Code (7) (STATE	Current Use			3	Brita e of
County (6)	MAY		USE O		20.5	V	1 C/0 V	7 -		
		1000	ASCH NO	0.	Name of Abater	neni Convado	(9)			780 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Name of Moviloring Firm H	Irea by Building (ATTIGL	,	861 V	KLGM	100 L	001			
(8)	/ \				Sveel Address		100	1	t	
Street Address					369 9	S. SPR	105	1105.		
					Cry. State, Zip	C∞de	Carried States			
City State Zp C∞de					MA		De,		2805	
		I Ya	ephone No	0	Telephone No.			nse No	. / 1	
Project Manager for Monito	oring Firm		100001010	**	856-7	79-04	2 _	0044	77_	
		auled Comp	alpo Dale	(11)	Name of OSHA					
Stan Date (10)		119	1, 4		JOSE		y M			
5/4/1	/			 -	Sueel Address		1 2		-	
Occupancy Status During	Abstement (Che	ck only one) .		3695	SPILU	ニモハ	/~ «	<u>S</u>	
Facility Closed Nacaled	During Entire Pe	EdA to bons	tement		City, State, Zip	Code		5 5	200	
Abatement Performed (Outside of Norma	I Facility Ho	urs		City, 3616, 20	JE SHA	DÉ.	7=75	05	2
Other - Describe:					TYIPF			3	22	
Scope of Work (Check all	that apply)				Full C	ontainment with	Negative	Predure =		
		Renov	ation .		Mini-E	nclosure bag Procedure			<u>=</u> ≤=	
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<u>.</u>		Is Loca	im						7715	atemer.
	-	Norma			Description	01		7		
- Location of		Used So Mainten		Ache	eins Containing M	(alenal (ACM)		noon!	Ξ≥'_	= =
Aspesios Containing Mi	atenal (ACM)	Custo		(i e	inemal system	s insulation.	(F or LF)	Removal	Ent. apsadate Repair
TO BE ABATE IN Facility	:D	Star			surlating, VA	i, or nears)			9	# ' X
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		Yes H	o NIA							-
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MOUTING					7 1-11 7-0				- -	
BOOFING								,	- -	
plo 071 NC								7)	-	
			NOEP	Maste .	Cubic Yards	I klame 0	Register	Janofill M.	-	
Name of Registered Was	ne Hauler		Hauler D	NO.		Name o	Register M, C	Tlandill , M , C	- - -), &,	
	TNC,		NOEP (Hauler C	NO.	Cubic Yards of Waste	Name o	Register M, C	Flandill , M, C	J, B,	
Name of Registered Was KLÉMCO	INC.		Hauler D	NO.	Cubic Yards of Waste	Name o	Register M, C	TLandill, M.	J, B,	
Name of Registered Was	INC.	5,08	Hauler D	NO.	Cubic Yards of Waste Daposal Date	Name o	Register M, C	Jlandill , M , C	り、ス	1
Name of Registered Was KIEMCO City State MDPLE SINA Competed By	ENC.	C/e	1791 052	2 Ho.	Cubic Yards of Waste Sposal Oale	Name o	Register M, C	, M. C	り、ス	/15
Name of Registered Was KLEMCO City State MDPLE SINA Competed By	INC.	C/e	Hauler D	2 Ho.	Cubic Yards of Waste Sposal Oale	Name o C/ City, Sti	Register M, C	, M. C	り、ス	/1.5

B : 111 iii ii (ii)	Name of Building Owner/Operator (2)							_		<u> </u>	V 1	0)				
Date of Notification (1) May 1, 2015	Name of Building Owner/Operator (2) Ralph DeSimone															
Agencies Notified	Type Notification	-	-	Street Ac		116		ZIIa :	AY 20	H	12:1	-				
- Agencies Notified					Terrace	2										
EPA DEP	× Initial		-	12 12 12 12 12 12 12 12	te, Zip Cod			4581	ES/05 (U	TR	H -	b	P-3		
X DOL	Amended Amendment	#			de Heigh		18751	g	LICEN	ith	IG		5	ران الم		1-9-
	Emergency		_ -	Name of		113, 140 0	70701					Nicipal	<u> </u>	75		
DOH DCA	justification) Cancellation				DeSimo	no				rei	aprion	Nem	Der	2200		311
<u> </u>	Cancellation	<u> </u>		Manager of Control	LITY INFO					-		- 65	-			- 2
Name of Facility Where	Abatement is Takin	g Place (3))	FACIL	LITTINFO	RWATIO	N	Type	of Facility (4)			m	(3)	C		
House		3						-				00	<u></u>	25		-
Street Address				7 III.					School (K-12) Subchapter 8	Oth	er tha	100	$\frac{C}{Z}$	_8		. 11
14 6th Terrace								X	Other (i.e. priv	ite 8	& com	neroial	build	lings	nome	es,
		<u> </u>							etc.)	-	(= 1	4	8		•	
City (5)									e Feet	# 0	f Floor			ldg. 🐔	ge	
Seaside Heights								1000	S	1			_ 5	+0		
County (6)				County C	Jode (/) JSE ONLY)				nt Use (Prior	bei	ng de	olishe	ed)			
Ocean							_	Hou								
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	l No.				ement Contra							
n/a			no-Upo	n/a					anagemen	C	orp					
Street Address								Addres	-							
n/a		2						roy La								
City, State, Zip Code	State, Zip Code						537000		p Code					CON		
n/a	5- 38						Linco	oln Pa	rk NJ 0700	5		20	5	N N		
Project Manager for Mor	nitoring Firm			Telephor	ne No.		Teleph	none No).		1000000	se No	7	25		
n/a				n/a			9737	70679	50		011	33₹		兰面		
Start Date (10)		Schedule	d Cor	npletion [Date (11)		Name	of OSH	IA Monitor		17.7			Similar Control	y)S made	
5-9-2015		5-10-20	015				Lozn	nica M	anagemen	Co	orp	Ů	3	ōZ9	2	
Occupancy Status Durin	g Abatement (Ched	k Only On	e)	Street Address									_	25	-	
➤ Facility Closed/Vac	ated During Entire	Period of A	baten						ane			1	ز	==		
Abatement Perform				urs City, State, Zip Code						-		پ	J	完		
Other – Describe:						_	Linc	oln Pa	ark NJ 070	5		_	-	日刊		
Scope of Work (Check A	III That Apply)							LIN	IE DUMPST	-R9	S & M	ET NE	ATF	RIA		
≥3 sf or ≥3 lf		R	enova	ation				7				ega live Pressure				
≥160 sf or ≥260 lf		⊠ D	emoli	tion			_	Min	i-Enclosure					10.000		
							×		vebag Proced n-Exempted (*		d Non	Friable	Dro	codur	c.	
		1	2 7,0				<u> </u>	1001	I-Exempled (all	u INOII	Tiable	5 110	Abate		
		9000	Locat lorma											Ту		
Location Asbestos-Containing			d Sole		Achest	Desc os Conta	ription		(ACM)	٨	moun					
TO BE AB		5.00000000	ntena			thermal s					Specif		Ŋ		Enc	Ш
In Faci		Cust	(12)	Staff?		surfaci				SF	or LI		Remova	Repair	aps	Enclosure
(13)			X			other mi	scellar	neous)					val	air	Encapsulate	sure
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exteri	ro			X		transite	e shin	nales		7	00 S	1	x			
290000000000000000000000000000000000000	****									-						
				-												
Name of Registered Wa	ste Hauler			JDEP W		Cubic Y			Name of Re	jiste	ered L	ndfill				
Loznica Manageme	ent Corp		H	lauler ID	No.	of Wast	е		GROWS							
	оогр					TBD										
City, State	2005					Disposa	I Date		City, State	-						
Lincoln Park, NJ 07035				14	TBD	_		Morrisvill	; P	A 19	19 67					
Completed by		Title				Sig	mature	7,				Date				
E. Cirovic Secreta						1	-6	4	السام			5/	1/20	15		

											1		01	1) -				
Date of Notification (1) May 1, 2015		10000		Building O DeSimoi				AV no A	No.	· -								
Agencies Notified Type Notification			Ralph DeSimone 215 FAY 20						11	4	-				-			
Agencies Notified Type Notification			1000		F145-0-50				A STATE OF THE STA									
EPA	× Initial		2.0		Terrace			ASRE	50000	11	TOC	_						
DEP Amended			City, State, Zip Code								Inc	- 3	>	17. 18. 17. 17.				
X DOL Amendment #			Seaside Heights, NJ 08751							IN	U	5		2		20		
Emergency (including			Name of Contact							'ele	phone	Jamh	ěř.	25	_	177		
DOH justification) DCA Cancellation			1989							CIC	prioric	Valille	-	700		A		
DCA	1	1	and the same	DeSimo	AVVACE										- 3			
		FACILITY INFORMATION								()		10		F				
Name of Facility Where A	g Place (3)						Type o	f Facility (4)			7				***			
House						1		chool (K-12)			UY	-	7300		-			
Street Address							T S	ubchapter 8 (the	r than	(-12)	2			4 1			
			Other (i.e. priv						e &	comn	ercial	build	ings	ome	s.			
14 6th Terrace								c.)				~	-					
City (5)								Square	Feet	of	Floors		BI	dg. 📆	е			
Seaside Heights		1000					1			5	0+							
			County Code (7) Current Use (Prior						-	a don	licho	d)						
County (6)			(STATE USE OF							Jell	ig uen	Marie	u)					
Ocean				JIAILO	or o,			Hous	se									
Name of Monitoring Firm Hired by Building Ow		Owner (8)	rner (8) ASCM No.			Name of Abatement Co			ement Contra	tor	(9)							
n/a			n/a			Loznica Managemen				Co	rp					1		
Street Address			,,,				Address	•	_	· F	-			_				
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City, State, Zip Code						City, S	State, Zip	Code			4		0					
n/a							Lincoln Park NJ 0703			j		7	5	CONS				
10070			T. L. L. N.								11	- 41=		<u> </u>	-	-		
Project Manager for Monitoring Firm n/a			Telephone I					hone No.				e No.		35				
						97370			067950		011	3 ₹	3					
Start Date (10)		Scheduled	scheduled Completion Date (11)				Name of OSHA Monitor				-		25.2	-				
5-9-2015		5-10-2015				Loznica Management				rn	ŧ		32	5				
								treet Address			-		i	<u></u>	2			
Cooperatory Courter Company (Control Company)										T	3	29.	Lam.					
Facility Closed/Vacated During Entire Period of Abatement 22 Troy Lane									,	,	==							
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code						Code			بيا	J	Sim							
Other - Describe: _						Lincoln Park NJ 0703				5								
0	1 Th -4 A1 A						Line			-			_	>		-		
Scope of Work (Check All That Apply)			Renovation				LINE DUMPST			RS & W		TMATERIAL						
23 sf or ≥3 lf						Full Containment				vith	Nega	ve Pr	essu	е				
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(13)			(12)			miscellaneous)						Remova	Repair	Encapsulate	Enclosure			
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Name of Registered Waste Hauler			NJDEP Waste			Cubic	Yarde	Name of Re		iste	red I	ndfill						
			NJDEP Waste Hauler ID No.			of Waste						TOTAL						
Loznica Management Corp						TBD	I GROWS			_ar	ndfill							
							nol D-t-		City State	-		-		_		_		
City, State						12.00	Disposal Date City, State			7	A 400	27						
Lincoln Park, NJ 07035							TBD Morrisvill			٢.	A 191)/						
Completed by		Title	Title				ignatur	9					Date					
E. Cirovic		Secre	Secretary				(// /)					5/	5/1/2015					
			Coordiary					CUCCO										