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

Date of Notification (1)			Name	of Building	Owner/Operator (2	2)					
5 /19 /	16		Вос	s-Wood	bine, LLC		2016 MAY	23	PH	11.	, ,
Agencies Notified Type Notifica	tion	į.	Street	Address			4		100	11.	41
☑ EPA ☑ Initial			410	Park Pla	ice		3111	26		T	
□ DOLWD □ Amended	-1.40	İ	City, S	tate, Zip C	Code		a Lill	EN:	This	1111	Ĵί
□ DHSS Amendme □ DCA □ Emergence			Clea	arwater,	FL 33759				114	2	
(NJAC 5:23-8) Emergence			Name	of Contact	t		Telephone Numb	per			
☐ Cancellati	10		Ben	Elbe		· · · · · · · · · · · · · · · · · · ·	0.000				
			FAC	CILITY IN	FORMATION						
Name of Facility Where Abatement is T	aking Place	(3)				Type of Facility (4	4)				
Family Dollar Woodbine						School (K-12)					
Street Address							(Other than K-12) vate and commer		ildina	9	
402 Dehirsch Ave.					8	homes, etc.)	vate and comme	0101 00	namig	0,	
City (5)						Square Feet	# of Floors	Blo	ig. Ag	je	
Woodbine, NJ 08270						2000	2		i00+		
County (6)			Coun	ty Code (7)(STATE USE ONLY)	Current Use (Price	or if being demolis	hed)			
Cape May						Residential					
Name of Monitoring Firm Hired by Build	ing Owner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Accredited Environmental Tech	nologies	11922	NA		Alliance Envi	ronmental Syst	tems				
Street Address					Street Address	•		17/31/AUS			
28 N. Pennell Rd.	o Firm				550 East Unio	on St.					
City, State, Zip Code	3				City, State, Zip Co	ode			- 11		
Media, PA 19063					West Cheste						
Project Manager for Monitoring Firm		Tele	phone I	No.	Telephone No.		License No.				
Eric Sutherland			0-891		610-701-9000	Í	00508				
Start Date (10)	cheduled C	omple	tion Dat	te (11)	Name of OSHA M	lonitor					-
6 / 6 / 16	6/	2000 St. 100			AET						
Occupancy Status During Abatement (0					Street Address			-			
□ Facility Closed/Vacated During Entire			ment		28 N. Pennel	Road					
☐ Abatement Performed Outside of No				cribe	City, State, Zip Co					-	
Time of Abatement: 7AMPN	/ <u>3:30</u> PM	/	MA		Media, PA 19						
Scope of Work (Check all that apply)					☐ Full Con	tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf	☐ Re				⊠ Mini-End		ative i lessure				
≥160 sf or ≥260 If	⊠ De	molitic	on			g Procedure	Frielle December				
	1 12	1 1	122	1	⊠ Non-Exe	mpted (*) and Nor	1-Friable Procedu		,		
Location of	100	Locat lorma			Description of	, f		-	atem		1
Asbestos-Containing Material (ACM	Use	d Sole	ely by	Asbe	stos Containing Ma		Amount	Removal	Repair	Enc	Enclosure
TO BE ABATED	Ma	intena	nce/ Staff?		e., thermal systems	insulation,	(Specify	von	air	aps	losi
IN Facility (13)	Cus	(12)	otan:		surfacing, VAT other miscellane		SF or LF)	<u>n</u>		Encapsulate	лге
(10)	Yes	No	N/A		other miscellane	.003)				fe	
Kitchen				Linoleu	ım		500 SF				
Bathroom		\boxtimes	Linoleu	ım		100 SF					
Roof			\boxtimes	Roof M	astic		5000 SF				
		П						П	П	П	П
Name of Registered Waste Hauler			JDEP \	Vaste	Cubic Yards of	Name of Regis	tered Landfill		_		
Richard Burns & Co		H	lauler II		Waste		erks Communi	tv Lar	dfill		
City, State			19955)	Disposal Date	City, State					
Phila., PA					TBD	Birdsboro,	ΡΔ				
	T:41-					Dirasbolo,			/		
Completed By (Print or Type)	Title				Signature	SA+	Da	ate	10	/.	,
Mark Griffin	Estima	LOF						0/	17	1/6	0

ASB-41 MAY 11

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

Print Form

Date of Notification (1)	-	Nama	of Building (Oumarle	Operator	(2)			14/20	0,			-	
4/18/16			PSE		. Owner	Operator	(2)	Æ		14/25	AF	1/2:	65	٠
Agencles Notified Type Notific	ation			Address Hadley R	Road		2.000		å [ICEN	-	T#+		
DEP Amend	ed ment#			late, Zip Co 1 Plainfiel		07080				- 14	HiVE	1	1.	
DOH Justifica		- 1 3		of Contact Neville					Te	lephone N	limhai			
			FAC	ILITY INFO	RMAT	ION								
Name of Facility Where Abatement Is Bayway Switching Station	Taking Place (3)						poers.	f Facility (chool (K-1	0000					
Street Address 602 Trenton Ave	1						S	ubchapter	8 (01)	er than K- & commer	12) clal bu	illding	s, hor	nes,
City (5) Elizabeth, NJ 07202							Square n/a		# o	f Floors		Bidg. n/a	Age	7 <u>- 1 - 1</u>
County (6) Union				Code (7) USE ONLY)				Use (Prioric Switc		ing demoli Yard	shed)			11,1,7-22
Name of Monitoring Firm Hired by Bull n/a	ding Owner (8)		ASCI n/a	M No.				ment Con		(9) vices Ind).			
Street Address n/a							Address d Doc							
City, State, Zip Code n/a							ate, Zip	Code Y 11980	<u> </u>					
Project Manager for Monitoring Firm			elepho	one No.		Telepho	one No.			License 01136	No.			
Start Date (10) 5/2/16	Comp	80253	Date (11)		Name o		Monitor		01100					
Occupancy Status During Abatement (12/31/16					100000000000000000000000000000000000000	Address							
POST .	06 54 64 70 76 60		nt			n/a	1001033							
Facility Closed/Vacated During Er Abatement Performed Outside of Other - Describe: Work performed	Normal Facility H	ours			_	City, Sta	ale, ZIp	Code					70.27	
Scope of Work (Check All That Apply)														
≥3 sfor≥3 f ≥160 sfor≥280 f		novati nolitio				×	Mini-l Glove	Enclosure bag Proce	edure	Negative				
	lelo	cattor	0			Laid	14011-1	xampiad	() and	Null-Fila	DIG FIG		emen	t
Location of	Nor	mally			Des	cription o	of						рв	
Asbestos-Containing Material (ACA) TO BE ABATED In Facility (13)	Solely enanc lal Sta 12)	æ/	(i.e. th	s Conta nermal : surfac	aining Ma systems i ang, VAT alscellane	iterial (A Insulatio , or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Endosure	
26KV Switching Yard		X	Transite	e pipe	(encase	ed con	duit)	200	00 LF	x		•		
		-												
Name of Registered Waste Hauler		NIF	DEP W	aste I (Cuble Y	/arde	T N	ama of P	enlster	ed Landfill				
Waste Management Services		iler ID	No.	of Wast 200		1			Ifill North					
City, State Newark, NJ 07114					Disposa IBD	al Date		lly, State Aorrisvill	e, PA	19067		0.2		
Completed by Michael J DiMaria	Title Proj Mg	r/Site	e Sup	ervisor	Sig	gnature	m	2015			ite 18/16			1

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

Check # 7852

B & G proj. #: 2016-85

2016 MAY 23 AM 12: 60 Date of Notification (1) Name of Building Owner/Operator (2) 0 15 1/12 10 1/11 16 1 Marilyn Garber Agencies Notified Street Address ☐ EPA Initial DEP City, State, Zip Code Amendment X DOL Saddle River, NJ 07458 Telephone Number Name of Contact X DOH Cancellation 224 00 ☐ DCA Marilyn Garber FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Marilyn Garber Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors County (6) County Code (7) City (5) Current Use (Prior if being demolished) (State use only) Saddle River, NJ 07458 Bergen residential Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 06/03/2016 06/02/2016 Street Address 105 Rverson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-LincolnPark, NJ 07035 Describe: Other-Describe: Scope of Work (check all that apply) Glovebag procedure Full Containment w/negative pressure Demolition | Renovation Non-friable procedure Mini-enclosure 7 >160 sf or ≥260 lf × >3 sf or >3 lf Ε Is location normally used solely Е e Location of n by maintenance/custodial Amount Description of asbestos-containing m p asbestos-containing C (Specify SF or staff(12) C material (ACM) material to be a а abated in facility (13) N/A Yes No X 7 If X pipe (wrap & cut) garage Name of Registered Landfill Cubic Yards of Waste NJDEP Hauler ID# Registrired Waste Hauler Tullytown Resource & Recovery Center 19563 B & G Restoration, Inc. Disposal Date City, State City, State Tullytown, PA 06/04/2016 Lincoln Park, NJ Date Signature Completed by (Print or Type) Gordana Luna 05/20/2016 Gordana Luna Secretary/Treasurer

OK 12008

Date of Notification (1) 5/20/16					f Building t Wood						7.			
Agencies Notified	Type Notification			Street A	ddress J Place			28	IS MA	Y 23	PMII.			1
EPA DEP DOL	Initial Amended Amendment Emergency			City, Sta	ate, Zip Co Brunswic		08901		8.1	OS C	-1111: -1111:	<u> </u>		
DOH DCA	justification) Cancellation				f Contact w Masti	n			Te	lephone l	Nimher	-		
				FACI	LITY INF	ORMATI	ON							
Name of Facility Where	Abatement is Takir	g Place (3)		17,01		OrderAti	014	Type of Facility	(4)	nedile.				-
same as above	40							School (K-	12)					
Street Address			200000000000000000000000000000000000000					Subchapte Other (i.e. etc.)	er 8 (Oth			lding	s, hom	es,
City (5)								Square Feet 250,000	12	f Floors		Bldg. 50	Age	
County (6) Middlesex					Code (7) USE ONLY)		Current Use (Pr Hospital	rior if be	ing demo	olished)			
Name of Monitoring Firm Omega	n Hired by Building	Owner (8)		ASCN	/I No.		The Street Street Street Street	of Abatement Co	ntracto	r (9)				
Street Address 280 Huyler Street			2 70				Street	Address /est Street			78-3-11-11			
City, State, Zip Code	th Hackensack, NJ 07606 ct Manager for Monitoring Firm						City, S	tate, Zip Code	200					
Project Manager for Mo	ect Manager for Monitoring Firm						Teleph	mfield, NJ 070 ione No.	003	License	e No.			
Eddy Montoya Start Date (10)		Scheduled	d Cor		39-8700 Date (11)			680-0088 of OSHA Monitor	r	357				
4/18/16		6/10/16					same)		5.5-580				
Occupancy Status Durin	ng Abatement (Che	ck Only One	;)			017	Street	Address						
Abatement Perform	cated During Entire ned Outside of Norr Hospital to remain o	nal Facility I	Hour	S	tely seale	d <u>e</u>	City, S	tate, Zip Code					10000	
Scope of Work (Check A	All That Apply)													
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf			enova			*5	×	Full Containn Mini-Enclosu Glovebag Pro	re ocedure					
								Non-Exempte	ed (*) ar	d Non-Fr	riable Pr	District Sec.	W. 100	20
			ocat										temen ype	t
Locatio Asbestos-Containing		Used			Ashar		scription	of laterial (ACM)	١,	mount		T	T	T
TO BE AB		Main						s insulation,		Specify	72	-	Enc	Ē
In Faci		Custo	(12)				cing, VA		S	F or LF)	Remova	Repair	aps	Enclosure
(15)		Yes	No	N/A		othern	niscellar	leous)			val	#	Encapsulate	ure
Walls and	ceiling		Χ			F	olaster		2	000sf	X			
ceilin			Χ	,		pipe	insula	tion		100lf	X			
floo	Г		X		-	lit	noleum	1	1	700sf	X			
Name of Registered Wa	ste Hauler		TN	JDEP W	/aste	Cubic	Yards	Name of	Registr	ered Land	-lfill			
ProGreen			573	lauler ID		of Was								
City, State East Brunswick, NJ						Dispos	sal Date	City, Sta	te					
Completed by		Title		-110110		S	ignature	11		T	Date			-
Kevin Stack							K	(2)			5/20/1	6		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20)

Date of Notification (1): 5/18/16	Nam YM0		ilding O	wner/Operator (2):			AM STRO	/ 22	BU	11.1	
Agencies Type Notification	Stree	t Addr		1420 (4432 Table			2016 MA				
(X) Initial Notification			RT AVE Zip Code				<u> </u>	199	-60	TIN	0L
() DEP () Amendment (X) DOL Notification	EDIS	SON, N	J 08820				Št. L	ILE	MSH	VG	
() Emergency		e of Co	ontact: IA CREA	ANGO		Telephone	e Numbe				
(X) DOH () Cancellation () DCA											
				FACILITY INFO	ORMATION						
Name of Facility Where Abate	ement is	Takin	g Place (3	3): YMCA	Type of Facility	y (4):					
					(X) School (K- () Subchapter		K-12)				
Street Address: 50 COLVERT		EAST			() Other (i.e., homes, etc.)	private & com	mercial buildings,				
City & State (5): EDISON, NJ			Square Feet: 1 15,000	NA	# of Floors: 1		Bldg.	Age:	50		
County (6): MIDDLESEX			ounty Coo STATE U	de (7) ISE ONLY)	Current Use (COMMUNIT		g demolished):				
Name of Monitoring Firm	l by	Building	Maria Company of the	Name of Aba	tement Contr	actor (9):					
Owner:(8)				NA	S/M Enterpr	ise of NJ, Ir	1c.				
Street Address:					Street Addres	s:					
					339 N. 6 TH .	STREET					
City, State, Zip Code:					City, State, Zi	ip Code:					
Project March Co. No. 11.				Prospect Par							
Project Manager for Monitorin	ig Firm:			Telephone No.:	Telephone No		License No.:				
Start Date (10):	Schedu	led Cor	npletion	Date (11):	(973) 595-695 Name of OSH		00641				
5/27/16	5/29/16	5	- SX		S/M Enterpr		Jersey, Inc.				
Occupancy Status During Abateme					Street Address 339 N. 6 TH . S'						
(X) Facility Closed/vacated During() Abatement Performed Outside	g Entire I of Norn	Period c nal Faci	if Abateme lity Hours	ent	City, State, Zi						
() Other – Describe:					PROSPECT F	ARK, NJ 07	508				
Scope of Work (Check all that app	ly):					() Full (Cantainmant		7		
() \geq 3 sf or \geq 3 lf (X) \geq 160 sf or \geq 260 lf			(X) R () D	enovation Demolition		(X) Wraj (X) Glov	Containment with p & Encapsulate vebag Procedure Friable Procedure	n Neg	gative i	ressu	re
Location of		Locat		De	escription of				Abat	emen	
Asbestos-Containing Material	Use	Norma d Sole	ly by	Asbestos Cont	aining Materia	l (ACM)		-	1	уре	T
(ACM) TO BE ABATED	1	intena lustod		surfa	ll systems insul cing, VAT, or		Amount	Re	R	Enc	Enc
IN Facility		Staff		other	miscellaneous)		(Specify	Removal	Repair	Encapsulat	Enclosure
(13)	Yes	(12) No	N/A				SF or LF)	'al	7	ılat	ure
BOILER ROOM		X		CEILING INSU	LATION		400 SF			X	
OILER ROOM X FITTING				FITTINGS			43			X	
Nome of Decistored West, II	1			AIRDED W	10111						
Name of Registered Waste Hau SERVICE TRANSPORT GRO				NJDEP Waste Hauler ID No 20990			Name of Regis MINERVA	tered	landfi.	11:	
City, State: NEW CASTLE, DE		Disp 5/31/	osal Date 16	t.	City, State WAYNES	: BURG, PA					
Completed By: Title:				DENT	Signature:	1	Date: 5/18/16				

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

Date of Notification (1)	/20/16			Name	of Buildin	g Owner/Operator	(2) St. Paul's Scl	hool	MIS HA	23	P	MII	
Agencies Notified		ation		Street	Address		ot. Taurs oc.	1001	- 32	7.5		111	-5
⊠ EPA	Initial					2	18 Nassau S	treet	8/1	72	(:	VI	
DEP DOL	Amendme	ent #	_ [City, S	State, Zip C		inceton, NJ ()8542		-15	0/A	G	· - 1.
⊠ DOH	justificati	ion)	, l	Name	of Contac				one Numb	er			
☐ DCA	☐ Cancellat	ion			I	Lee Brennen		_	* -				
				FAC	CILITY INF	ORMATION	(2)						
Name of Facility Where			and the second second	8			Type of Facility						
Street Address	St.	Paul's Sc	1001				School (K-1	2) 8 (Other t	han K-12				
otieet Address	218	Nassau S	Stree	t			Subchapter Other (i.e., homes, etc		ommercia	l build	lings		
City (5)) TT				Square Feet	# of FI		BI	dg. A	W. C. C. C.		
County (6)	Pr	inceton,	NJ	I Cour	aty Code /	7) (STATE	15000 Current Use (F	rior if being	3 a demolis		80	+/-	_
				ONLY)	(STATE	Cullent Ose (F		dential	ieu)				
	EPA DEP DEP DOL Mercer Name of Facility Where Abatement is Taking Plants St. Paul's Street Address City (5) Princeton County (6) Mercer Name of Monitoring Firm Hired by Building Own (8) MECS Street Address PO Box 341 City, State, Zip Code Crosswicks, NJ 085 Project Manager for Monitoring Firm Bill Weisgarber Start Date (10) 6/20/15 Occupancy Status During Abatement (Check of Abatement Performed Outside of Normal Fall Other - Describe: Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Yeither Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended Amended St. Paul's St. Policity St. Paul's St. Policity St. Paul's St. Polic						nent Contractor (03-7	~ .				
	Princeto County (6) Mercer Ilame of Monitoring Firm Hired by Building Own B) MECS Street Address PO Box 341 Sity, State, Zip Code Crosswicks, NJ 085 Project Manager for Monitoring Firm Bill Weisgarber Start Date (10) 6/20/15 Decupancy Status During Abatement (Check of Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Facility Closecribe:						ens Environ	mental	Service	s, In	c.		
Street Address	treet Address 218 Nassa ity (5) Princeto ounty (6) Mercer ame of Monitoring Firm Hired by Building Own MECS treet Address PO Box 341 ity, State, Zip Code Crosswicks, NJ 08: roject Manager for Monitoring Firm Bill Weisgarber text Date (10) 6/20/15 ccupancy Status During Abatement (Check of Abatement Performed Outside of Normal Fall Other - Describe: cope of Work (Check all that apply)					Street Address	PO I	Box 322	2				
City, State, Zip Code	rosawioka	NT 0051	5			City, State, Zip C	ode Allentow	n NIO	9501				
		143 0031.		phone	No.	Telephone No.	Allelitow		se N o.				_
			44,000		8-4070		59-9688	2.0011)493	3		
Start Date (10)	- 5	Scheduled C	omple	tion Da	te (11)	Name of OSHA							
			5/22/	16			<u>N</u>	IECS					
				mont		Street Address	PO I	30x 341					
						City, State, Zip C		302 3 11		_	_		_
Other - Describe:							Crosswic	ks, NJ 0)8515				
Scope of Work (Check	all that apply)					□ Full Cor	ntainment with Ne	egative Pre	essure				
≥3 sf or ≥3 lf			enovat emolitio			☐ Mini-En		3					
			HOHIC)T1		Non-Ex	empted (*) and N	on-Friable	Procedur	е			
		1	Location or ally							Α	bate. Typ		
		Used	Solel otenar	y by		Description of		۸			.) !		
TO BE ABA	TED	C	ustodia	al	(i.e.,	tos Containing Ma thermal systems	insulation,	Amo (Spe	cify	Re	ת	Enc	B
	у		Staff? (12)		(0)	surfacing, VAT other miscellane		SF or	LF)	Remova	Repair	Encapsulate	Enclosure
, , ,		Yes	No	N/A			•			<u>a</u>	_	late	Гe
Boiler R	oom	×			Th	ermal Pipe In	sulation	50	lf	×			
Lower Level (Classroom		×		Th	ermal Pipe In	sulation	60	lf	×			
						(All Wrap and	l Cut)						
Name of Registered Wa		·	1 1	JDEP \ lauler ID	No.	Cubic Yards of Waste	Name of Reg			16:11			
Stevens Environmental Services, Inc. City, State					292	2 CU Disposal Date	City, State	GKUV	VS Lan	11111		-	
Sity, State				6/22/16/	///	Morri	isville,	PA					
Completed By	Allentow	Title		7 000 - 477		Signature/	7		Date				_
Mahlon E. St	evens	P	rojec	t Mar	nager	_///V	1/			5/20	1/16		

ASB-41

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

State of NJ

D&S Proj. #: 16-150

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

							HIE HAVE					
Date of Notification (1) 0 5 / 1 6 / 1 6			r/Operator (2)				HIS HAY 2	3 PMI	1:51			
Agencies Notified Type Notification	bill golde Street Addre					Ę	- 1 - 1 - 7 - 10 - 1		0 6			
☐ EPA ☐ Initial	Street Addr	ess					& LICE	NEGHT	KU			
☐ DEP ☐ Amended	City State	Zin Codo						MOTHE	- 1-			
DOL Amendment #:	City, State,		05000									
DOH Emergency (including	Name of Co	TELD, NJ	37090	NAME OF TAXABLE PARTY.		Allerania	Telephon	e Number	Constitution of		Charles to	-0400000
justification)							1	4 0017				
DCA Cancellation	bill gold	den						2 001-	-			-
		FACIL	LITY INFORMA	ATION								
Name of facility where abatement is	taking place (3)					Ту	pe of Facility	(4) ol (K - 12)				
bill golden							=	apter 8 (O	ther th	an K-	12)	
Street Address							Other	(Private/Co	omme		-	
and show the approximate of the control of the cont						_		Homes, e		RI	ig. Ag	
0:4.75	County (6)			Cou	nty Code (7)	5	quare Feet	# 01 11001	5	DI	<i>1</i> 9. ng	C
City (5)	County (0)				te use only)		urrent Use (P	rior if bein	a dem	olishe	ed)	
WESTFIELD	UNION						WAS THE PROPERTY OF THE PARTY O					
Name of Monitoring Firm Hired by E	Bldg. Owner (8)		ASCM No.		Name of Abatemen	t Conf	ractor (9)					
				_	D & S RESTOR	RATI	ON, INC.					
Street Address					Street Address							
					20 California A	THE PERSON NAMED IN					The state of the s	name of the
City, State, Zip Code					City, State, Zip Code							
					Paterson, NJ 0			License	Numb	or		
Project Manager for Monitoring Firm	P	hone Numbe	er		973-345-8020			100000000000000000000000000000000000000	1169	CI		
				_	Name of OSHA Mo							
Start Date (10)	Sched. Complet	ion Date (11)		D & S Restora	tion,	Inc.					
06/07/16	06/27/16				Street Address							
Occupancy Status During Abatemen					20 California A		e					
Facility closed/vacated during Abatement performed outside					City, State, Zip Cod	le						
Describe:				-	Paterson, NJ (7503						
Other-Describe: NORMAL H					Taterson, 143		Containment	w/nogative	proce	uro		
Scope of Work (check all that apply >3 sf or >3 lf					-		-enclosure	Willegalive	, press	uic		
	Renovation						ebag procedu					
≥160 sf or ≥260 lf	Demolition	, used solely				Non	-Exempted (*	and Non-	friable	proc	edure E	
Location of asbestos-containing	Is location normally by maintenance/cu	stodial		on of a	asbestos-containing		Amount		e m	е	n	E n
material (acm) to be	staff(12)		material				(Specify LF)	SF or	0	a	c a	c
abated in facility (13)	Yes No	N/A					LF)		v e	i	р	L
BASEMENT (8 locations)	X		duct INSU	LATI	ON		15 sq ft		X			П
- Autocomposition and a second												
												Ш
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler 13506		ubic Yards of yd.	Waste	Name of Registere TULLYTOWN	ed Lar	ndfill SOURCE R	ECOVE	RY			
City, State		Disposal D	THE RESERVE AND PERSONS ASSESSED.		City, State	,	and the same of the same		e e e e e e e e e e e e e e e e e e e			
PATERSON, NJ 07503		06/07/1			TULLYTOW	N, PA	<u> </u>					
Completed by (Print or Type)	Title	-	Signature		14			Date			V	
BOGDAN JOLDZIC	PRESIDENT				ad a athuiti a a			05/16	5/2016)		omanosa.
ACD 44	Do not use this forr	n for asbesto	os licensure ex	kempte	eu acuvilles.							

D&S Proj. #: 16-151

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

									6 1.1			
Date of Notification (1)	Name	of Building Ov	wner/Operator (2	2)			2016 MAY	23 B				
10 5 / 1 6 / 1 6		audicina						-0 P	17 11:	54		
Agencies Notified Type Notification	Street	Address					& LIC	10	,			
DEP Amended							& LIC	ENSI	MINE	1		
Amendment #:	City, S	tate, Zip Code	9									
DOL Emergency	Fair	Lawn, NJ (07410									
DOH (including justification)	Name	of Contact					Telephon	e Numbe	er			- 20000000
DCA Cancellation	pat	laudicina										
		FA	CILITY INFORM	MOITAN	1							
Name of facility where abatement is	taking place (3)				T	ype of Facility (
pat laudicina							=	(K - 12)				
Street Address						-	Other (apter 8 (0			12)	
whether the control of the control o							Bldgs./	Homes,	etc.	Glai		
						_	Square Feet	# of Floo	ors	Bldg	g. Ag	е
City (5)	County (6)				inty Code (7)	_						
UNION CITY	HUDSO	N		(Sta	te use only)		Current Use (Pr	ior if beir	ng demo	olished	i)	
Name of Monitoring Firm Hired by B	ldg. Owner (8)		ASCM No.	1	Name of Abateme	ent Cor	ntractor (9)					
					D & S RESTO	ORAT	ION, INC.					
Street Address					Street Address							
A					20 California	Ave.						
City, State, Zip Code					City, State, Zip Co	ode						
					Paterson, NJ	07503	3					
Project Manager for Monitoring Firm		Phone Nun	nber		Telephone Number			100 to	Numbe	er		
					973-345-80			()1169			
Start Date (10)	Sched. Con	pletion Date ((11)		Name of OSHA M D & S Restor		Tmo					
05/27/16	06/10/16				Street Address	ration,	Inc.					-
Occupancy Status During Abatement	(Check only or	ne)		-	20 California	Aveni	10					
Facility closed/vacated during e	entire period of	abatement.			City, State, Zip Co							
Abatement performed outside of Describe:	of normal facility	hours-										
Other-Describe: NORMAL HO	URS			_	Paterson, NJ	07503	3					
Scope of Work (check all that apply)					1	Full	Containment w.	/negative	pressu	re		
$\boxtimes > \underline{3} \text{ sf or } > \underline{3} \text{ lf}$	Renovation]	-	i-enclosure					
≥160 sf or ≥260 lf [Demolition				[vebag procedur n-Exempted (*)		fair le la			
Location of	Is location norn	nally used sole	ely			INOI	I-Exempled () a	and Non-	R		E	
asbestos-containing	by maintenance staff(12)	e/custodial		on of as	sbestos-containing	1	Amount		e m	-	n	E n
material (acm) to be abated in facility (13)			material ((Specify SI LF)	F or	0	a	c a	C
(10)	Yes N	lo N/A					L. ,		v e	i	р	L
BASEMENT			PIPE INSU	ILATI	ON		230 l ft		Ň			
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Ha 13506	uler ID#	Cubic Yards of \ 3 yfd	Waste	Name of Register TULLYTOW			COVE	RY	- Control of the Cont		
Dity, State		Disposal			City, State				TO SHARE THE PARTY OF THE PARTY	THE PERSON	neurona.	MUNICIPAL (1).
PATERSON, NJ 07503		05/31/	16		TULLYTOW	N, PA	1					
	Title		Signature					Date				
BOGDAN JOLDZIC	PRESIDENT							05/16/	2016		-	manne.

CHECK# 90	70
	. t ,

Date of Notification (1) 5/20/16		Na	ime of		Zeal			IGE MENT	_Re	Ü	The Table	
Agencies Notified Type Notification		St		ddress 263		LDa			10		2	3
EPA Initial Amended Amendment if Emergency (in justification)		-	ty. Sta	te. Zip Co	NOOI)		ALK, N	Telephone Nur	o 7		-	- · ·
				LITY INFO				. 000				
Name of Facility Where Abatement is Taking	Place (3)					-	Type of Facility School (K					
Street Address							Subchapt	er 8 (Other than K-1), private & commerci	2) al buili	dings.	home	es.
CLIFTON							Square Feet 1,450	# of Floors		ldg. A		
County (6) PASSAIC				Code (7) USE ONLY)				rior if being demolish				
Name of Monitoring Firm Hired by Building C	wner (8)		ASCA	f No.			of Abatement C C Contractin	ontractor (9)				
Street Address							Address /reeland Ave	1				
City, State, Zip Code							ate. Zip Code nd Park, NJ	1000				
Project Manager for Monitoring Firm		Te	elepho	ne No.			one No. 262-5841	License N 00156	lo.		•	
Start Date (10) 16	Scheduled		letion 16	Date (11)		Ome		ental Services				
Occupancy Status During Abatement (Check							Address Huyler St.					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:			nt ———			City, St	ate, Zip Code ensack, NJ (07606				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥250 lf		novatio				E	Mini-Enclosu Glovebag Pr				9	A CONTRACTOR OF THE SAME OF TH
		ocation	ì		***************************************					Abate Ty	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Maint Custod	enanc	9/		tos Conta thermal surfac		aterial (ACM) insulation, I, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Endosure
0	Yes 1	No	N/A	~					ļ.,	/	0	HIAPANI TO
BASENENT			V	Kema	ONE M	ATEL	TANKINTI	NET 13056	14			
					~	adi i i ay ahi pebahaji disebbahan	West and the second second					
Name of Registered Waste Hauler			EP W		Cubic \	Yards	Name o	<u> </u> of Registered Landfill	1	<u> </u>		
Newark Carting , Inc.		Hau 045	ler ID 09	No.	of Was	+	1	'A Bethlehem La		Corp	١,	
City, State Newark, NJ						al Date	City, St. Bethle	ete ehem, PA				
Completed by Joseph Vocaturo	Title Vice Pr	eside	:nt			gnature	1. Vou	Timo Da		20/1	6	

2016-84

B & G proj. #:

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

NON SUB 8

Check # 7854

					NON	300	0						-
Date of Notification	1 (1)	N	lame of E	Building Own	er/Operator (2	2)		2016	HAY 23	Di			
10 15 1/11 16	1/1161		Somer	set Ancho	or, LLC								
Agencies Notified	Type Notificat	ion	treet Ado	Iress				# 3.	EUTES		i r	3.00	
X EPA	X Initial		101 C	rawfords (Corner Road	d		ă	LICEN	311	10	TUL	
☐ DEP			3.57(0)	, Zip Code							. 4		
X DOL	Amend	ment	Holmo	del, NJ 07	733								
X DOH			ame of C	ontact				Telephon	e Number				
☐ DCA	Cancell	ation	Peter	Tisdale									
				FAC	ILITY INFORM	MATIO	N						
Name of facility wh	here abatement	is taking pla	ace (3)				T	Type of Facility (
Former Ancho	or Glass Faci	litv							I (K - 12)	Alm.	- V	401	
Street Address									apter 8 (Othe Private/Com			12)	
145 Cliffwood	d Avenue							Bldgs./	Homes, etc.				
								Square Feet	# of Floors		Blo	ig. Ag	ge
City (5)		Cour	ity (6)			15 15000	unty Code (7) ate use only)	Current Use (Pr	rior if being d	emo	liche	d)	
Cliffwood, N.	J 07721	Mo	nmouth	ı		1	ato doc only)	Glass Facilit		CITIO	Halle	uj	
Name of Monitorin	ng Firm Hired by	m Hired by Bldg. Owner (8) ASCM n/a pointoring Firm Phone Number					Name of Abatement	-					
					n/a		B & G Restorat	ion, Inc.					
Street Address							Street Address						
							105 Ryerson F	Road				D-SERVICE CHIEFE	
City, State, Zip Coo	de						City, State, Zip Code Lincoln Park,	N I 07025					
	M. W. de Fire			Dhana Mussi			Telephone Number	103 07033	T License Nu	mhe	r		
Project Manager to	r Monitoring Firm	n.		Phone Numi	ber		(973)696-686	9	0037				
Scheduled Start Da	ate (10)	ISched	I. Comple	etion Date (1	1)		Name of OSHA Mon						
05/31/2016	,	55-3000	30/2016		9.50		B & G Restorat	tion, Inc.					
Occupancy Status	During Ahatama						Street Address 105 Ryerson R	nad					
Facility close				atement.			City, State, Zip Code					-	
Abatement p	erformed outside						200.50 00000000000						
Describe: Other-Descri	ibe:					_	LincolnPark, N	J 07035					
Scope of Work (ch	neck all that appl	y)											
✗ Demolition		Renovation	n			X	Full Containment w/ne	gative pressure [Glovebag	pro	cedu	re	
3 sf or > 3 sf or > 3 lf	X	≥160 sf or	≥260 If				Mini-enclosure	[Non-friab	le pr	oce	dure	
Location of		Is location		ly used solel	У				F	3	R	E	E
asbestos-cor material to be		staff(12)	anance/c	ustodiai			asbestos-containing	Amount (Specify S	For r	n	р	C	n
abated in fac		Yes	No	N/A	- material	(ACIVI)		ĹF)	v oi	SI P	i	a	L
11 0 1	-1	-		×	7 Furnace	Incula	tion	4,250 sf	E	3	r	П	in
Upper & Lowe	r Leveis			-] Fulliace	IIISUIC	ation	4,230 SI	- I	+		H	H
				=	1					710	5		
					1		WINDOWS						
					1								
Registered Waste F			EP Haule	er ID#	Cubic Yards of	Waste			acover. C	nto	,-		
B & G Restora	uon, Inc.		19563	Disposal I	160 Date		City, State	Resource & Re	covery Ce	SHE		-	eeranor.
City, State Lincoln Park, I	NJ				/31/16 - 06/	30/16		PA					
Completed by (Prin	nt or Type)	Title			Signature		0,0		Date				
Gordana Luna		Secreta	ry/Trea	surer	1		Gordana Luna		05/16/2	016	3		

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

						15 m 1.5	1111 -				
Date of Notification (1)	16		Name Mou	of Building unt Holly	Owner/Operator (2 Twp. Board Of I	2) Edjugation	or of the age		-1/1/22-2		
Agencies Notified Type Notif ☐ EPA ☐ Initial			Street	Address Levis Dr			111 9:11	107	10	-	
☐ DCA ☐ Emerge	ment #8-5/20 ency (including		Mt.	tate, Zip C	J 08060	à LICEN	Telephone Number		なると	1	2
(NJAC 5:23-8) justifica				Buffa	į.		e elephone radings	51	S. S		
			FAC	CILITY IN	IFORMATION		-		1	-	17
Name of Facility Where Abatement is	Taking Place	(3)				Type of Facility	(4)		,	à	1
FW Holbein Middle School						School (K-12	() (Other than K-12)	シニ). 	1	
Street Address 331 Levis Dr							rivate and commerc	ial bu	ilding	s,	
City (5)						Square Feet	# of Floors	Blo	dg. Ag	ge	
Mt. Holly											
County (6) Burlington			Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	ior if being demolish	ed)			
Name of Monitoring Firm Hired by Bu	uilding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
MECS, Inc					BRISTOL EN	VIRONMENTA	L, INC.				
Street Address					Street Address	W					
PO Box 341					1123 BEAVE						
City, State, Zip Code					City, State, Zip Co						
Chesterfield, NJ 08515		T-1-		N	BRISTOL, PA	19007	License No.				
Project Manager for Monitoring Firm William Weisgarber			ephone 09-298		Telephone No. 215-788-6040	r.	00509				
Start Date (10)	Scheduled (Name of OSHA M		00000		11202		
4 / 18 / 16			1 /			VIRONMENTA	L, INC.				
Occupancy Status During Abatemen					Street Address						
☐ Facility Closed/Vacated During E	이 아름다는 사람들이 되었다면 하나 없다니?		ment		1123 BEAVE	R STREET					
Abatement Performed Outside of Time of Abatement:AM					City, State, Zip Co BRISTOL, PA						
Scope of Work (Check all that apply)	X				_						2:
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		enovat emoliti			✓ Mini-Enc✓ Glovebag	g Procedure	gative Pressure on-Friable Procedure	3			
		s Loca	tion		Z Hon Exc	impled () dild 110		1	atem	ent T	vpe
Location of Asbestos-Containing Material (AGENTAL STATES IN Facility (13)	Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility Is L No Used Mair Custo			Asbe (i.e	Description of estos Containing Ma e., thermal systems surfacing, VAT other miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Throughout				Pipe Fi	ttings-Wrap and	Cut	1,575 LF				
Exterior				Louver	caulk		516 LF				
Gym, Gym storage, Stage				Duct V	ibration Cloth		108 SF	\boxtimes			
Room 210 & 211				Lab Ta	ble tops		144 SF				
Name of Registered Waste Hauler SERVICE TRANSPORT GRO	1 22	NJDEP N Hauler II	D No.	Cubic Yards of Waste		stered Landfill LANDFILL					
City, State NEW CASTLE, DE 19720				Disposal Date	City, State WAYNESE	BURG, OH 44688					
Completed By (Print or Type) Brian Scafiro	Title Estima	Title Estimator			Signature Brian x	Scefiro / j	Da S	te /2	0/1	6	
ASB 41 12 / / / -					-	0			10%		

ASB-41 B 5 / 6 0 / 0

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

MAY 11 PRE PROJECT ON HOLD 5 B 3/16

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

Pg2

ate of Notification (1)			Na	ame of E	Building O	wner/Operator (2))	1 1 Las				
3 /	11 /16		1	Mount	Holly Tv	vp. Board Of E	ducation 18	AY 23 PH 9:				-
gencies Notified	Type Notification ☑ Initial				dress vis Dr		d y r		i j			
☑ EPA ☑ DOLWD					e, Zip Cod	le	- Z	LICENSTALIA				
DHSS	Amendment #8-5				ily, NJ 0							
] DCA	☐ Emergency (inclu	ıding			Contact			Telephone Number	șt.			
(NJAC 5:23-8)	justification) Cancellation		1.000	Bill Bu	uffa				(K			
				FACII	ITY INFO	ORMATION						
Name of Facility Where	Abstoment is Taking F	Place (3)		17,012			Type of Facility ((4)				
FW Holbein Middle		1000 (0)					School (K-12) (Other than K 12)				
	3011001						Other (i.e., p	(Other than K-12) rivate and commerc	ial build	ings,		
Street Address							homes, etc.)					_
331 Levis Dr							Square Feet	# of Floors	Bldg.	Age		
City (5)												
Mt. Holly				County	Code (7)(5	STATE USE ONLY)	Current Use (Pr	ior if being demolish	ned)			
County (6)							N.					_
Burlington Name of Monitoring Firr	Hired by Building Ov	vner (8)	A	SCM No	0.	Name of Abateme	ent Contractor (9)					
MECS, Inc	Timed by Damening 1					BRISTOL EN	VIRONMENTA	L, INC.				_
Street Address						Street Address						
PO Box 341						1123 BEAVE	R STREET					_
City, State, Zip Code						City, State, Zip C						
Chesterfield, NJ 0	8515					BRISTOL, PA	4 19007					
Project Manager for Mo			Telep	hone N	0.	Telephone No.		License No.				
William Weisgarb			609	9-298-4		215-788-604		00509				_
Start Date (10)	Schedu	uled Cor	mpleti	ion Date	(11)	Name of OSHA						
4 / 18		5_/				BRISTOL EN	NVIRONMENTA	AL, INC.				
Occupancy Status Dur	ng Abatement (Check	only on	ie)			Street Address						
□ Facility Closed/Vac □ Facilit	ated During Entire Per	riod of A	baten	nent		1123 BEAVE	R STREET					_
Abstament Perform	ed Outside of Normal	Facility	Hours	s - Desc	ribe	City, State, Zip C						
Time of Abatement	AMPN	и/ <u>3:00</u> Р	M- <u>12</u>	:00AM		BRISTOL, P	A 19007		-			
Scope of Work (Check	all that apply)						ntainment with N	egative Pressure				
	ATTERNATION OF THE THE	⊠ Ren	ovatio	on		Mini-Er	nclosure	49 -10-1				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		☐ Den	nolitio	n		M Clayob	ag-Procedure	Non-Friable Procedu	ure			
⊠ ≥100 si 0i ≥200 ii						⊠ Non-Ex	cempled () and i	Ton Thable 1 1000	Aba	ateme	ent Ty	ур
			Locat orma			Description	of			_		
Locat	on of			ely by	Asbe	etos Containing N	Naterial (ACM)	Amount	Removal	Repair	пса	
Asbestos-Containi TO BE A	ng Material (ACM)		ntena		(i.e	e., thermal system surfacing, VA	is insulation,	(Specify SF or LF)	oval	=	Encapsulate	
IN Fa	cility	Cust	(12)	Staff?		other miscella	neous)				ate	
(1	3)	Yes	No	N/A			98 - 20 1 1 2					-
		-	\boxtimes		Transit	te Foom Hood		90 SF	\boxtimes			1
Room 210A						rain Insulation	1	9 LF				1
Throughout				Glue d			1,760 SF	\boxtimes			1	
Room 202-208		- 10 To 10		-	Gide d							
						Cubic Yards of	Name of Re	egistered Landfill		_		
Name of Registered	Waste Hauler	IC.		NJDEP Hauler I	D No.	Waste		A LANDFILL				
SERVICE TRAN	SPORT GROUP, IN	١٠.		2099	0	Disposal Date	City, State					
City, State						Dioposal Bato	WAYNE	SBURG, OH 446	88			
NEW CASTLE, I	DE 19720					Cienatura			Date /	1		
Completed By (Print or Type) Title						Signature	8 0.	1.0	5/2	0/10	6	
		Estima	tor			My.	in Acres 17	21.00	10	1.		

Date of Notification (1)					Name of Building Owner/Operator (2)									É	- 1	
				DPMC CONTRACTOR								22	oesen.	5.80		
Agencies Notified	Type Notification		Street Address 326 BAY AVENUE					2016 MAY 23 PM 9: 1								
												87.			1	
DEP	Amended Amendment	#	- 1	2000	te, Zip Coo		HOLL	NILOZ	700		Œ L	100	Ü,	Wr		
			- in		LANDS E	SURU	ицп,	NJ U7	132	1 = 1	NI	1051	431	1/	101	
DOH DOA	justification)		.03		Contact n Byster					Tele	ephone M			.0		
L DCA	Cancellation				ITY INFO		ON									
Name of Facility Where	Abatement is Taking	g Place (3)		FACIL	LIT INFO	NIVIATI	ON	Туре	of Facility (4	4)						
326 BAY AVE								School (K-12)								
Street Address						Subchapter 8 (Other than K-12)										
326 BAY AVE							Other (i.e. private & commercial buildings, homes,									
City (5)							etc.) Square Feet # of Floors Bldg. Age									
HIGHLANDS													25+			
County (6)				County Code (7)					nt Use (Prid	or if bei	ng demoli	shed)				
Agencies Notified Agencies Notified Agencies Notified Type Notification Initial				(STATE USE ONLY)												
Name of Monitoring Firm Hired by Building Owner (8)					No.			ne of Abatement Contractor (9)								
Health and Safety	Services								prises, In	iC.						
								Addres								
									Essex Av	e						
								, State, Zip Code								
							nwood, NJ 08221									
	nitoring Firm			Telephor	ne No. 52-1311			phone No. License No. 9-567-1250 01172								
	70			on contract	ime of OSHA Monitor											
(S 180)			a Con	ipietion t	Jate (11)			ne of OSHA Monitor ealth & Safety Services, Inc.								
Occupancy Status During Abatement (Check Only One)								Addres		1 11000	5, 1110.					
	- 25	PO					Box 365									
Facility Closed/Vacated During Entire Period of Abate Abatement Performed Outside of Normal Facility Hou									State, Zip Code							
									rlin, NJ 08009							
Scope of Work (Check A	All That Apply)						-				=					
☐ >3 sf or >3 lf		Пв	enova	vation				Full Containment with Negative Pressure								
	emoliti	70.7500				Mini-Enclosure Glovebag Procedure										
				Š			d Non-Fri	Friable Procedure								
		le le	Locati							()			-	temer	ıt	
Logotio	n of	l N	lormal	ly		Do	rescription of ntaining Material (ACM)			Amount			Туре			
	The state of the s		d Sole		Asbest									ш	_	
TO BE AB	ATED	2600000	Maintenance/ Custodial Staff?			(i.e. thermal systen			ns insulation,		Specify	Rer	7.0	nca	Enc	
			(12)				rfacing, VAT, or er miscellaneous)			31	or LF)	Remova	Repair	Encapsulate	Enclosure	
,		Voc	No	N/A								<u> </u>	1	ate	Ге	
		163	IVO								75.05	X	+	-	+	
THROUGHOUT				X			OOR T				375 SF			-		
2ND FLOOR BATH/CLOSET						FLC	OOR T	TILE 150 SF			50 SF					
Name of Registered Waste Hauler					/aste	Cubic	Yards	Yards Name of Registered Landfill								
Ø				auler ID		of Wa	aste			wn I a	ndfill					
			0	0035220 20 cy				Tullytown Landfill								
	a Linusad NI	00001					sal Date	•	City, Stat							
		5/23/16				Bristol, PA										
Completed by Eric Keys		Signatu				14 6 5/13/16										
LIIO NOYS					w likely					y artificial resource.						

Date of Notification (1) 5/13/16				Name of DPMC	Building (Owner/C	Operator	(2)			201	a Ma				26	
Agencies Notified	Type Notification			Street Address 2 MOUNTAIN VIEW WAY							A-	LIA	2	3 /	M	9: ;	
X EPA X DEP X DOL	Amended Amendment		_	City, State, Zip Code SEA BRIGHT BOROUGH,NJ 07760						2018 MAY 23 PM 9:						18111	
☑ DOH DCA	justification)	A 10033 S S S S S S S S S S S S S S S S S S		Name of Contact William Byster							Telephone Number						
NI	AL-1	DI (6		FACI	LITY INFO	RMAT	ION	_							100		
		ig Place (3)		(*)				of Facility (4 School (K-1) Subchapter	2)	er than I	K-12)					
2 MOUNTAIN VIE	W WAY							12.01	Other (i.e. p	rivate 8	& comm	ercial l	ouild	ings,	home	es,	
City (5) SEA BRIGHT	Agencies Notified Agencies Notified Agencies Notified Type Notification Initial						e Feet	# of Floors			Bldg. Age 25+						
County (6) MONMOUTH				County (Code (7) JSE ONLY)			Curre n/a	nt Use (Pric	r if bei	ng dem	olished	1)				
		Owner (8)		ASCM	1 No.			e of Abatement Contractor (9)									
	ervices, Inc.						0.000		prises, In	C.							
PO Box 365							211	et Address I East Essex Ave									
City, State, Zip Code Berlin, NJ 08009							12000		p Code NJ 08221								
Project Manager for Mor	nitoring Firm						Teleph	Telephone No. License No.									
James Proctor						609-567-1250 01172											
Start Date (10) 5/13			ed Cor	npletion I	Date (11)		44/2000 Miles		lA Monitor Safety Se	rvices	s, Inc.						
Occupancy Status Durin	ig Abatement (Che	ck Only On	e)					Addres									
							20,000,000	30x 30	0000000								
	Hours	20002100					State, Zip Code rlin, NJ 08009										
Scope of Work (Check A	All That Apply)	10° 10° 10° 10° 10° 10° 10° 10° 10° 10°						-									
			enova emoli				X	Min	Containme i-Enclosure vebag Proc n-Exempted	edure	Terrence 5.50						
						a INOI	1-Exempled	() all	u Non-r	Hable	Abatement						
Locatio	n of	N	Locat Iorma	lly		De	scription	of						Ту	ре		
Asbestos-Containing TO BE AB In Faci	Material (ACM) ATED lity	Mai Cust	d Sole intena odial (12)	nce/ Staff?	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF)						Description of bestos Containing Material (ACM) Amount (Specify Surfacing, VAT, or SF or LF)						
011114	157	162	No	N/A		TDA	NOIT	NDE.			٥١٦					-	
		_		X		57 (P) (100 (C)	NSIT P	\$-900 St. 50	-	7000	0 LF		X			-	
				X			NSULA				50 LF	-	X				
LAUNDRY	ROOM			X	VINY	'L FLC	ORIN	G/MA	STIC	/	5 SF	+	X	_			
Name of Registered Wa	1.00	NJDEP Waste Cubic Yards				ds Name of Registered Landfill											
Site Enterprises Inc			- 000	Hauler ID No. of Waste 20 cy				Tullytown Landfill									
City, State 211 East Essex Ave	e. Linwood, NJ	08221		Disposal Date City, State 5/23 Bristol,					The second secon								
Completed by		300000	7	Signature								Date					
Eric Keys		OM					1	5/13/16									

CK 7097	1										- 0.0	Pri	nt Form			
(1/(0)/2		N		ICATION	ate of New Jerse OF ASBESTOS to NJAC 8:60 an	ABATE					10.					
Date of Notification (1) 5/13/16				Name of DPMC	Building Owner/0	Operator	(2)			2016	MA	12:				
Agencies Notified Type N	otification			Street A	ddress					2016 MAY 23 PM						
⊠ EPA ⊠ Ini	tial				A DRIFT AVE						71					
	nended nendment	t #	_		te, Zip Code LANDS BORC	DUGH.	NJ 07	7732		1	110	EN	SIMI			
∐ Er	nergency stification)	(including	_		Contact				Telephone N	lumher			11/4/1			
DCA C	ancellation			Williar	n Byster				1							
		DI (0		FACI	LITY INFORMAT	ION	T =									
Name of Facility Where Abateme 40 SEA DRIFT AVE	nt is Takir	ng Place (3)					of Facility (4								
Street Address								School (K-1) Subchapter	2) 8 (Other than K	-12)						
40 SEA DRIFT AVE								Other (i.e. p	rivate & comme	rcial buil	dings,	home	es,			
City (5)								etc.) re Feet	# of Floors	4 8	3ldg. <i>A</i> 25+	ge				
County (6)				County (Code (7)	or if being demol	being demolished)									
MONMOUTH					JSE ONLY)		n/a									
Name of Monitoring Firm Hired by		Owner (8)		ASCN	1 No.			tement Con								
Health & Safety Services,	Inc.						Site Enterprises, Inc.									
Street Address PO Box 365						0	Street Address 211 East Essex Ave									
City, State, Zip Code								ip Code	E							
Berlin, NJ 08009						Contract Contract		NJ 08221								
Project Manager for Monitoring F																
James Proctor					52-1311		-567-1	ACT OF STATE	01172	2						
Start Date (10)		1	ed Co	mpletion l	Date (11)			HA Monitor	ndoos Inc							
5/13 Occupancy Status During Abaten	nent (Che	5/23	10)				Addres		rvices, Inc.							
	28		0.5	mont			Box 3									
Facility Closed/Vacated During Entire Period of Aba Abatement Performed Outside of Normal Facility Ho Other – Describe: Vacant																
Scope of Work (Check All That A	pply)						,									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renovi Demoli				Mir Glo	ni-Enclosure ovebag Proc	cedure							
						Ŀ	△ No	n-Exempted	d (*) and Non-Fr	lable Pro		re emen	t			
1-1-0		1000	Loca: Vorma			onorie #	n of					уре				
Location of Asbestos-Containing Material TO BE ABATED In Facility (13)	(ACM)	Use Ma	ed Sole intens	ely by ance/ Staff?	Asbestos Cor (i.e. therma surfa	Description Asbestos Containing M (i.e. thermal systems surfacing, VA other miscellar			Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure			
		Yes	No	N/A								te	U			
ROOF				Х	SI	HINGL	ES		1,200 SF	х						
Name of Decistered Wests 11				NIDEDIA	lasta I Cut:	o Vorda		Nama of	Pegistered I and	4611						
Name of Registered Waste Haule	at.			NJDEP W Hauler ID		c Yards aste		10000000	Registered Land	41111						
Site Enterprises Inc.			(003522		-			wn Landfill							
City, State	rood NI	100004				osal Dat	е	City, State								
211 East Essex Ave. Linw Completed by	oou, NJ	Title			5/23 Bristol, PA					Date						
Eric Keys		OM			}	o p	h			5/13/1	16					
							-1-	W/								