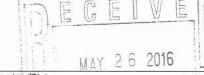
UP .		(Pursuant to NJAC 8:60 and 12:120)							1							
Date of Notification (1)			1	Name of	Building Owner/Operator (2)											
33000		X			35-	54 F	Rector L	Jrban	Renev	wal		_	-004			
Agencies Notified	Type Notification		3	Street Ad		20 A	Albany S	Street		JL; M	AY C	0	201	0	interess	
EPA DEP	Initial Amended			City, Sta	te, Zip Coo	ie				A CODE	2700	00	DECTE	100	<u> </u>	
DOL	Amendment # Emergency (ir					Nev	w Bruns	swick,	, NJ 08	961 ^{ASBES}	LICE	NS!	NG	IUL	Q	
DOH DCA	justification) Cancellation	iolaaliig	1	Name of	Contact	Sa	m Bora	ie		Telephone	Numbe	er				
		<u> </u>		FACII	LITY INFO	RMAT			- 111 /41							
Name of Facility Where	Abatement is Taking ector Street	Place (3	3)				F	-	Facility (4)							
Street Address	ctor Street							Sub		(Other than						
36 Rect	tor Street							Oth etc.		vate & comm	ercial b	ouild	ngs, l	nome	s,	
City (5)	Newark, New J	ersey	071	02	=			Square F	eet 6.800	# of Floors		1	dg. Ag 115	2		
County (6)	sex				Code (7) USE ONLY)		(Current I	Úse (Prior	if being dem						
Name of Monitoring Firm		wner (8)		ASCN	50	8 7000	Name of	f Abaten	nent Contr	Vacant b	ulldir	1g				
	amic Earth LIC								AS Ind	Superior Control (
Street Address	245 Main Stre	ot or	uito 1	10	Zester John -		Street A	ddress	01 5	01		7				
City, State, Zip Code	245 Mail Stre	et, St	iiie i	10			City, Sta	ete Zin (ine Stree	Ţ					
City, State, Zip Code	Cheste	er, NJ	0793	30			City, Ste			way NJ 0	7866	3				
Project Manager for Mo				Telepho	ne No.		Telepho	ne No.		Licens			_			
		bd			379709	5	107,933	73794			0-	128	0			
Start Date (10) May 3	31, 2016	Schedul			Date (11) 31,2016	3	Name of	TOSHA	Monitor							
Occupancy Status Durin	energi skinasosaan	Only Or		Street Address												
	cated During Entire Paned Outside of Norma						City, Sta	ate, Zip (Code	е						
Scope of Work (Check /																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	,		Renova Demolit					Mini-E Glove	Enclosure bag Proce	nt with Negati edure (*) and Non-F				<u>.</u>		
		le	Locati	on				14011-L	Zempted	() and Ivon-I	Habic		Abate	ment		
Locatio	on of		Normal	ly			escription o					-	Тур	ре		
Asbestos-Containing TO BE AB In Fac (13)	BATED	Ma	aintenar	al Staff? (i.e. th		therma surfa	ntaining Ma al systems acing, VAT miscellane	insulatio , or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure	
Docomoni	toroo	162	INU	N/A	-	in a !	oot: :1=4'	on		0000		Χ				
Basement First flo				X		•	nstulation instulat	25		3000 lt		^ X		4		
See				X						1000lf 200 l		X				
First flo	or Shaft	-				PI	pe instu	liation	1	200 1	1	^				
Name of Registered Wa	aste Hauler		N	JDEP W	/aste	Cubic	c Yards	1	Name of R	egistered Lar	ndfill					
Newark C	arting inc		Н	auler ID 045	No. 509	of Wa	aste 60		G.r.o.w.s							
City, State Newar Completed by	k NJ	Title					osal Date 6/30 Signature		City, State	Λ	/lorris	svil	le,	Pa		
Vincent Ma	anganiello	1100	C	wner			orginature	1/2	Broke !	5/16/16						

		NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)							Ē lī							
Date of Notification (1)				Name o	f Building	Owner/0	Operator (2	2)		11(_1)						
May 16th 20	16 x	KO.				&b rea				1.1	MAY	2 1	5 21	116		
Agencies Notified Type	Notification			Street A	ddress		Supor B	l vd			******			710	Jan.	
EPA DEB	Initial			City St			очрог Б	LVU		ASE	ESI(18.0	ONIT	DOL	0	
DEP DOL	Amended Amendment #_		_	oity, ota	ate, Zip Co		rison N	J 07	029		110	EN	WIIG	HUL	. &	
D DOH	Emergency (inclustification)	luding		Name o	f Contact	100 DAGESTS	0. 12=300			Telephon	e Num	ber				
DCA DCA	Cancellation					Ma	ırk Triai	no		,						
Name of Facility Where Abater	mont is Taking D	lace (3)	FAC	ILITY INFO	ORMAT		Type of	Facility (4	\						
2 Story vacan			')				-	_								
Street Address	t waronouc	,,,						Su		Other tha						
1000 Frank	E. Rogers	Blvd.					Ī	Ot etc		ivate & com	mercia	build	lings,	home	s,	
City (5)							1	Square	1	# of Floor	'S	В	dg. A	ge		
Harrison								3,	4.000 s	1 2			70			
County (6) Hudsor	2				Code (7) USE ONLY)	(Current		if being de						
781.146348597781.VACCET	1000	(0)					T NI====	£ A - 1 -		Vacant building						
Name of Monitoring Firm Hired FHS Envi	iromental, I			ASCI	VI NO.		Name o		AS Ind							
Street Address	ii oii ioi itai, i			_			Street A	Address								
411	Southgate	Cou	rt Su	ite E					21 P	Pine Street						
City, State, Zip Code						City, Sta	ate, Zip	Code			70					
	Mickleto								way NJ							
Project Manager for Monitoring	The second secon			Telepho			Telepho			Lice	nse No	128	20			
Start Data (10)	Tb		ad Cam		224-00 Data (11)				43618 Monitor			1120			_	
Start Date (10) May 31, 2	016	cnedule			Date (11) 31,201		Name 0	OSHA	CIVIONILOI							
Occupancy Status During Abat	tement (Check C	Only Or			.,		Street A	ddress								
Facility Closed/Vacated D	Ourina Entire Per	iod of A	Abatem	ent												
Abatement Performed Ou Other – Describe:							City, Sta	y, State, Zip Code								
Scope of Work (Check All That	t Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoliti	tion ion			Ē	Mini- Glove	Enclosure ebag Proce	nt with Nega edure (*) and Non				9		
		lo	Locati	0.0				14011	ZXOTTPICO	() dila ivon	Tidol		Abate			
Location of		. 1	Normall	у		De	escription of	of					Ту	ре		
Asbestos-Containing Mater			d Sole			tos Con	itaining Ma	aterial (/		Amoun		-		En	П	
TO BE ABATED In Facility			todial S		(I.e.		l systems acing, VAT		on,	(Specif SF or LI		Remova	Repair	Encapsulate	Enclosure	
(13)			(12)			other	miscellane	eous)			1364	oval	air	sulat	sure	
	No	N/A										e	0.763			
Roof	Roof						f asbes	tos r	oofing	26,000	sf	Χ				
									7							
Name of Registered Waste Ha	uler		NJDEP Waste													
Newark Cartin	g inc		Н	auler ID 04	509	of Wa	60			G.r.o.w.s						
City, State						Dispo	sal Date		City, State							
Newark NJ							6/30 Signature	/16		Morrisville , Pa						
Completed by	²							1	Bull		Dat	е				
vincent ivianga	Vincent Manganiello Owner							-	7	5/16/16						

CE 12107	I	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)												
Date of Notification (1) 5/20/2016	S. 1111			f Building Ow rset Busine					MAY	2 F	5 2	116		
Agencies Notified Type Notification EPA Initial			Street A 152 Rt	ddress te. 206 So	uth		1		IVIAI					
DEP Amended DOL Amendment #				ate, Zip Code prough, NJ				ASI	JESTO LICI	S C EN:	JIJC OM	TRO 3	L &	
DOH justification DCA Cancellation	cluding		Name or Ed Ba	f Contact rnes				Tel	lephone N	Nı ıml	per			
			FACI	LITY INFOR	MATION									
Name of Facility Where Abatement is Taking Somerset Business Park	Place (3	3)				_	ype of Facility School (K	-12)						
Street Address 152 Rte.206 South							Subchapt Other (i.e etc.)				build	lings,	home	es,
City (5) Hillsborough, NJ							Square Feet 200	# o	f Floors		B 70	idg. A	ge	
County (6) Somerset				Code (7) USE ONLY)			Current Use (Purnoccupied	rior if be	ing demo	lishe	d)			
Name of Monitoring Firm Hired by Building Ov	wner (8)		ASCN	ЛNo.	10000000		Abatement C zzi Envrom		(9)					
Street Address				*			ddress nnelon Rd	Suite 1	02					
City, State, Zip Code					1771		te, Zip Code on NJ 0740	5						
Project Manager for Monitoring Firm			Telepho	ne No.	100000000000000000000000000000000000000		ne No. 8-0880		License 01228				7.50.42.0	
	Schedul 3/17/6	ed Con	npletion	Date (11)	100000000000000000000000000000000000000		OSHA Monito zzi Group	or						
Occupancy Status During Abatement (Check	Only O	ne)					ddress						-11175	
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:					City, S	Stat	te, Zip Code							
Scope of Work (Check All That Apply)					Kinn	nelo	on , NJ 074	05						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	_	Renova Demolit				×	Full Contains Mini-Encloss Glovebag Pr Non-Exempt	ire ocedure	Ü				è	
		Locati			20							Abate Ty	ALC: THE REAL PROPERTY OF	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	ed Sole aintenar todial S (12)	ly by nce/	Description of Asbestos Containing Mate (i.e. thermal systems in surfacing, VAT, other miscellaneo			terial (ACM) nsulation, or	(5	Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure	
walk in freezer	No	N/A		Mastic			1'	200 sf		x		е		
Walk III II COZOI	Х				IVIASTIC	_		12	200 51		^			
Name of Registered Waste Hauler		N	JDEP W	/aste	Subic Yards		Name o	f Registe	ered Land	1611				
Yannuzzi group	Н	auler ID 7467	No. o	f Waste 0		GROV		57 GG EG116						
City, State Kinnelon NJ				1000	oisposal Date /17/16		City, Sta	ate ville pa	1					
Completed by John Mucha	Project Mang. Signature Date 05/20/16													



State of New Jersey Notification of Asbestos Abatement (Pursuant to <u>N.J.A.C.</u> 8:60-7 and 12:120-7)



Date of Notification (1) 05/23/16				Name of Building Owner/Ope Holmdel Board of Education		M A					
Agencies Notified	Notific	ation Type		Street Address 65 McCampbell Road		ASPES	TOS CONTROL &				
☑ EPA □ DCA ☑ DOL □ DEP ☑DOH	☐ Am ☑ Em justific		n ication (including	City. State, Zip Code Holmdel, NJ 07733-0407 Name of Contact Joseph Hammer Board Pres	sident		ne Number				
			FACILITY INF	I FORMATION							
Name of Facility Where Abaten Village Elementary Sch Street Address		flace (3)		Type of Facility (4) ⊠ School (K-12) □ Subchapter 8 (other than		as ham	on eta)				
67 McCampbell Road				Other (i.e. private & commercial Sq. Feet: # of Floors: Bldg.	Age:	1960's	,				
City (5) Cour Holmdel	nty (6) Monmouth		y Code (7) Use Only)	Current Use (prior if being der	molisnea)	: High Sc	11001				
Name of Monitoring Firm Hired	by Bldg. Owne	(8) ASCN	1 No.	Name of Contractor (9)							
				Panoramic Window & Door	Systems	Inc.					
Street Address				Street Address 712 Sergeantsville Road							
City, State, Zip Code				City State, ZipCode Stockton, NJ 08559							
Project Manager for Monitoring	Firm Telep	none Number		Telephone Number License Number 01237							
Scheduled Start Date (10) 05/25/16	Sched 07/05/		tion Date (11)	Name of OSHA Monitor IAQ GURU LLC							
Occupancy Status During Abate Facility Closed/Vacated During Abatement Performed Outsic	ng Entire Period le of Normal Fa	of Abatemer	nt	Street Address 87 Main Street							
Describe 3:00pm - 11:00pm N	non-Fri & Sat i	-3:30		City, State, Zip Code			3				
□Other - Describe:				Lincoln Park, NJ 07035							
Source of Work (Check all that	apply)				1-03-11-0						
≥ 3 sf or ≥ 3 l ☑ ≥ 160 sf or ≥			⊠ Renova □ Demo	olition 🗆 🖂	ni-Enclos Glovebag Friable P	Procedure	e				
Location of Asbestos- Containing Material (ACM) in Facility (13)	Is Location I Used Solely Maint./Custo (12) YES	by		sbestos Containing Material mal systems insulation, or other misc.)	Amour (Speci LF)	nt fy SF or	Abatement Type Remove Repair Encap Enclose				
Exterior of Building		X	W	indow Caulking	10,370) LF	X				
Name of Reg. Waste Hauler Panoramic Window & Dr Sys	00360	er ID #	Cubic Yards of Waste		Name of Chrin La	f Registered Landfill ndfill					
- Shoranno William & Di Sys	mo			Dis	sposal Da	ate .	City, State Easton, PA				
Completed by (Print or Type) Mark M Jovic		Signature		<u>Date</u> 05/23/16	5						

W CK

Date of Notification (1)							Name of Building Owner/Operator (2)									
3 /		Name of Building Owner/Operator (2) Mount Holly Twp. Board Of Education MAY 2 6 2016										7				
Agencies Notified	Type Notific	ation		-	1	Street	Address			-				1	+	
	Initial					331	Levis D	r			ASBESTOS	COM	ROL	. &		
□ DOLWD □			H1.50		-	City, S	State, Zip (Code			LHOE	MOUNG				
□ DHSS	Amendm		The second second	-			Holly, N.									
DCA (NJAC 5:23-8)	Emerger justificati		cluding	3	1	1000000	of Contac	20,500,00			Telephone N	umber				
The second secon	☐ Cancella					Bill	Buffa									
						FA	CILITY IN	IFO	RMATION							
Name of Facility Where Ab	atement is	Taking	Place	(3)						Type of Facility	(4)					
FW Holbein Middle S	School									School (K-1		40)				
Street Address											8 (Other than K private and com		uildin	as.		
331 Levis Dr										homes, etc.				J 1		
City (5)				V.042			0.0			Square Feet	# of Floors	E	Bldg. A	ge		
Mt. Holly																
County (6)						Cour	ty Code (7)(STA	TE USE ONLY)	Current Use (P	rior if being dem	nolished)				
Burlington																
Name of Monitoring Firm H	lired by Buil	ding (Owner	(8)	A	SCM	No.	Na	me of Abateme	ent Contractor (9)					
MECS, Inc								E	BRISTOL EN	VIRONMENTA	L, INC.					
Street Address								Str	eet Address					the state of		
PO Box 341								1	123 BEAVE	R STREET						
City, State, Zip Code								Cit	y, State, Zip Co	ode						
Chesterfield, NJ 085						1	BRISTOL, PA									
Project Manager for Monito		Te	elep	hone	No.		ephone No.		License No.							
William Weisgarber	3						-4070	2	15-788-6040		00509					
Start Date (10)	15	Sched	uled C	omp	letio	on Da	te (11)	Nai	me of OSHA M	lonitor						
4 / _18_ / _			N	ALTERNATION OF THE PERSON OF T				Е	RISTOL EN	VIRONMENTA	L, INC.					
Occupancy Status During A	Abatement (Check	only o	one)				Stre	eet Address							
□ Facility Closed/Vacated																
Abatement Performed C									, State, Zip Co BRISTOL, PA							
Scope of Work (Check all ti	hat apply)	-										-				
☐ >3 sf or >3 lf			⊠ Re	nove	ation	,			☐ Full Cont ☐ Mini-Enc	ainment with Ne	gative Pressure					
≥160 sf or ≥260 lf			☐ De						⊠ Glovebag							
									Non-Exer	mpted (*) and No	n-Friable Proce	edure				
				Loc								A	batem	ent T	ype	
Location of		#\		Norm			Asha	otos	Description of Containing Mar		Amount	Re	Re	En	E	
Asbestos-Containing Ma TO BE ABATI		1)	Ma	inter	nand	ce/	(i.e	., the	rmal systems i	nsulation,	(Specify	Removal	Repair	cap	Enclosure	
IN Facility	-		Cus	todia (12		aff?		S	surfacing, VAT,	or	SF or LF)	<u>a</u>		Encapsulate	ure	
(13)			Yes	No	<u></u>	N/A		oti	ner miscellaned	ous)				ite		
Throughout					-		Pipe Fit	ting	s-Wrap and	Cut	1,575 LF					
Exterior \square							Louver	cau	lk		516 LF					
Gym, Gym storage, Stage □ ⊠							Duct Vi	brat	ion Cloth		108 SF					
Room 210 & 211							Lab Tab	ole to	ops		144 SF					
Name of Registered Waste	Hauler						Vaste	100000000000000000000000000000000000000	ic Yards of	Name of Regis	stered Landfill		E/C & 40 T			
SERVICE TRANSPORT GROUP, INC.						uler ID 0990	3	Wa	ste	MINERVA	LANDFILL					
City, State								Disp	oosal Date	City, State						
NEW CASTLE, DE 19	720									WAYNESE	BURG, OH 446	888				
Completed By (Print or Type) Title								Signature	0 0	1 %	Date /	1	¥ 00			
Brian Scafiro Estimator									Driva	Scafine	/yl	5/2	3/	16		

ASB-41 MAY 11 B 5 / 6 0 / 0

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

NOCK

F	C.	F		W	E	In
	Pa	2	-			
	MAY	2	б	201	6	

											190		1917	10	111		
Date of Notification (1)	11 /	16	;					g Owner/Operator (Twp. Board Of			MAY 3	2 b	20	10			
Agencies Notified	Type Notific		_				t Address			100	STO	0	TIME	BOI	8		
⊠ EPA						331	Levis D	г		ASB	LIGE	EMS	JING	1101			
□ DOLWD	⊠ Amende		0 5/00		Ci	ty, S	State, Zip (Code			-						
□ DHSS	Amenda					Mt.	Holly, N	J 08060									
DCA (NJAC 5:23-8)	justificat		iciuulii	y	Na	ame	of Contac	ot .		Telephone	Numbe	er er					
	☐ Cancella					Bill	Buffa										
						FA	CILITY IN	FORMATION					-				
Name of Facility Where	Abatement is	Takin	g Place	e (3)		-			Type of Facility	(4)							
FW Holbein Middle	School								School (K-1		17.40						
Street Address									Subchapter Other (i.e., p) cial buildings,					
331 Levis Dr									homes, etc.)							
City (5)								•	Square Feet	# of Floor	S	BI	dg. A	ge			
Mt. Holly																	
County (6)					C	our	nty Code (7)(STATE USE ONLY)	Current Use (Pr	rior if being de	emolish	ed)					
Burlington									_								
Name of Monitoring Firm	Hired by Bui	lding (Owner	(8)	AS	CM	No.	Name of Abateme									
MECS, Inc									VIRONMENTA	L, INC.							
Street Address								Street Address	DOTRET								
PO Box 341									EAVER STREET								
City, State, Zip Code	-4-							City, State, Zip Co									
Chesterfield, NJ 08				-	1			BRISTOL, PA	19007	11:	1-						
Project Manager for Moni				1	elepho			Telephone No.		License N	10.						
William Weisgarber		0-1	L la d C				-4070	215-788-6040		00509					_		
Start Date (10)4 /18 /		Sched			HO		te (11) .D	Name of OSHA N	VIRONMENTA	L. INC.							
Occupancy Status During		(Charl	c only		-			Street Address						_			
☐ Facility Closed/Vacate						ıf.		1123 BEAVE	STREET								
☐ Abatement Performed							cribe	City, State, Zip Co			-						
Time of Abatement: _								BRISTOL, PA									
Scope of Work (Check all	that apply)							☐ Full Cont	ainment with Nec	Negative Pressure							
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re					Mini-Enc	losure	941170 1 10004							
≥160 St or ≥260 If			☐ De	moli	Ition				g Procedure mpted (*) and No	n-Friable Pro	cedure						
					ation							Ab	atem	ent T	уре		
Location					nally olely b	V		Description o			. [Re	Re	Щ	m		
Asbestos-Containing N TO BE ABA		/I)			nance	•		stos Containing Ma ., thermal systems i		Amount (Specify		Remova	Repair	cap	Enclosure		
IN Facilit			Cus	todia (12	al Stafi	f?	,	surfacing, VAT,	or	SF or LF		<u>val</u>		Encapsulate	sure		
(13)			Yes	No		/A		other miscellane	ous)		-			te			
Room 210A]	Transite	Foom Hood		90 SF		\boxtimes					
Throughout							Roof Dr	ain Insulation		9 LF							
Room 202-208					E]	Glue do	ts		1,760 S	F	\boxtimes					
]											
Name of Registered Wast	e Hauler				NJDE			SINA									
SERVICE TRANSPO		P, INC	: .		Haule		2	o. Waste MINERVA LANDFILL									
City, State					208	990		Disposal Date City, State									
NEW CASTLE, DE 1	9720								WAYNESB	URG, OH 4	4688						
Completed By (Print or Ty		Title			<u> </u>			Signature	4 4 1		Date	,		7			
Brian Scafiro Estimator						Brian	Scale	1 d	5	12	3/	16					
Brian Scatiro Estimator								17-24	1. July	7	1 /		/				

State of NJ
Notification of Asbestos Abatement

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

D&S Proj. #: 16-159			(Pursua	ant to NJAC	8:60	and 12:120)		NEG	E I	W [7		
Date of Notification (1)	Nam	ne of Bui	Iding Owne	er/Operator (2)	55		4		0.0	040				
Agencies Notified Type Notificat		ary bulg						MAY	262	UID	Ĺ	2		
Agencies Notified Type Notificat EPA Initial	Stree	et Addre	SS				i							
DEP Amended								ASBESTO	IS CON	TRO	L &			
Amendment #:	City,	State, Z	Zip Code				_	LIV.	771477117	J				
Emergency			ORD, NJ	07016							A - Seller			
DOH (including justification)	Nam	e of Con	itact					Telephone	e Number					
DCA Cancellation	<u> </u>	nary bul	lger											
	ii		FACI	LITY INFORMA	OIT	N								
Name of facility where abatement i	s taking place	(3)						ype of Facility (4	4) (K - 12)					
mary bulger								=	apter 8 (C	ther t	han K	-12)		
Street Address							7		Private/C			1-/		
									Homes, e		DI	dg. Ag		
City (5)	County	(6)			Col	inty Code (7)	- '	Square Feet	# of Floor	S	DI	ug. A	ge	
		X-7				ate use only)	-	Current Use (Pr	ior if bein	g dem	olish	ed)		
CRANFORD Name of Monitoring Firm Hired by	UNIO					INI	<u> </u>	(0)						
Name of Monitoring Firm Filed by	blag. Owner (0)		ASCM No.		Name of Abatem								
Ctroot Address	-				_	D & S REST(ORAT	ION, INC.			_			
Street Address							A							
City, State, Zip Code					-	20 California City, State, Zip Co	_		-		-			
ony, onto, alp occas						Paterson, NJ		2						
Project Manager for Monitoring Firm		Pho	one Numbe	er	-	Telephone Numb)	License	Numb	oer			
		l Almada				973-345-80				1169				
Start Date (10)	Sched. C	ompletio	n Date (11)	-	Name of OSHA N								
06/01/16	06/20/10	6				D & S Resto	ration,	Inc.			_			
Occupancy Status During Abatemer					-	20 California	Aven	ne .						
Facility closed/vacated during						City, State, Zip Co					=			
Abatement performed outside Describe:	of normal faci	lity hour	S-											
Other-Describe: NORMAL H	OURS				-	Paterson, NJ	07503	3			_			
Scope of Work (check all that apply	/)						Full	Containment w	negative/	press	ure			
\boxtimes >3 sf or >3 lf	Renovation					,		i-enclosure						
≥160 sf or ≥260 lf	Demolition							vebag procedur n-Exempted (*) a		friable	proc	edure		
Location of	Is location no									R	R	Е	E	
asbestos-containing material (acm) to be	by maintenal staff(12)	nce/cust	odial			sbestos-containing	3	Amount		e m	e p	n	n	
abated in facility (13)	Yes	No	N/A	material (A	(CM)			(Specify SI	r OI	0	a	а	C L	
D 077 071 V			107						ç	е	r	р		
BASEMENT		X		PIPE INSUI	_			43 1 ft		X	ᆜ		4	
BASEMENT		X		BARE HEA	TIN	G PIPES		64 l ft		믐	片		H	
										ዙ	H	H	H	
					-				-	H	H	片	-	
Registered Waste Hauler	NJDEP			ibic Yards of W	aste							Ш	Ш	
D & S RESTORATION, INC.	13506		The second secon	yd.		The same of the sa	N, RE	SOURCE RE	COVER	Y				
City, State Disposal Date PATERSON, NJ 07503 06/02/16						City, State TULLYTOW	/NT D	(
Completed by (Print or Type) Title Signature					Date									
BOGDAN JOLDZIC	PRESIDENT								05/20/	2016				
ACD 41	* Do not use this form for achestos licensure ev													

D&S Proj. #: 16-158

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

	E C E [
	MAY 2 b	2016
A	LICENS	ONTROL &
Telephon	e Number	
Subcha	4) I (K - 12) apter 8 (Other t Private/Comme Homes, etc.	
	# of Floors	Bldg. Age
Current Use (Pr	ior if being dem	nolished)
tractor (9)		
ION, INC.		
}		
	License Numb	per
	01169	

D & S RESTORATION, INC. 13506 1 yd. TULLYTOWN, RESOURCE RECOVERY			_					6.			TETA!	2 6	20.	16	IIU,
Agencies Notified Park P		er eur e	П	Name of B	uilding Owr	ner/Operator (2)			111	N. A.Y	(1)	20	10	1
Agencies Notified EPA				margare	t walker									- 01	٦
DEP Amended Amender City State, 2p Code west orange. NJ 07052 Name of Contact County Code (Private Commercial Signature) School (K-12) School (K			n s							AS	2171-011	000		2/1	Х
Social Content Facility where abatement is taking place (3) Street Address Total place Tot											LI	JEN	HIVO		
DOL	U DEP I		1	City, State	Zip Code										
DOH	M DOI -		- 11	west or	ange NI	07052									
DCA	DOH (in	ncluding	I	NAME AND ADDRESS OF THE OWNER, WHEN PERSON NAMED IN	THE RESERVE AND PERSONS NAMED IN	0.002			San Salarina San	Telephone	e Numbe	er			
Carbonistron Pacific Various Pacific Vario	D DCA			margar	ot wellson					l					
Name of facility where abatement is taking place (3) margaret walker Street Address County Code (7) State use only) Supplies (0ther than K-12) Supplie		ancellation		margar		II ITY INFORM	LATION		_						
School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) School (K-12) Street Address Street Address Street Address State use only) State use only) State use only State u	Name of facility where a	hatement is	taking nl	ace (3)	FAC	ILITY INFORM	IATIO	V		Type of Facility (4)				
Street Address City (5)		Datement is	ianing pi	ace (3))			
City (5) County (6) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Current Use (Prior if Demolished) Curren									_	Subcha	apter 8 (0	Other t	nan K	-12)	
City (5) County (6) County Code (7) Square Feet If of Floors Bidg. Age	Street Address												rcial		
City (5) west orange Name of Monitoring Firm Hired by Bidg. Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number Paterson, NJ 07503 Paterson, NJ 07503 Description of asbestos-containing Manager for Monitoring Firm Project Maddress 20 California Avecue City, State, Zip Code Paterson, NJ 07503 Paterson, NJ 07503 Paterson, NJ 07503 Description of asbestos-containing Manager for Monitoring Firm Mile Monitoring Firm Project Maddress 20 California Avecue City, State, Zip Code Paterson, NJ 07503 Paterson, NJ 07503 Paterson, NJ 07503 Description of asbestos-containing Manager for Monitoring Firm Mile Monito	y								-		100000000000000000000000000000000000000		Blo	dg. Ad	ge
Name of Monitoring Firm Hired by Bidg. Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number Paterson, NJ 07503 Sched. Completion Date (11) O6/01/16 Sched. Completion Of Monitoring Firm Phone Number Paterson, NJ 07503 Current Use (Prior if being demolished) Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Sched. Completion Date (11) O6/01/16 Start Date (10) Sched. Completion Date (11) O6/01/16 Sched. Completed by (K. Check all that apply) Paterson, NJ 07503 Current Use (Prior if being demolished) Date (15) State Paterson, NJ 07503 Cuty, State Date (16) State (15) ND - & S RESTORATION, INC.	City (5)		Cou	nty (6)			Cou	inty Code (7)	- 1					3	
Name of Monitoring Firm Hired by Bidg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC.								100	1	Current Use (Pr	ior if beir	ng dem	olishe	ed)	
D & S RESTORATION, INC.			_				L								
Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number Start Date (10) O6/01/16 O6/20/16 Cocupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: Other-Describe: NORMAL HOURS Scope of Work (check all that apply) Scope of Work (check all that apply) Scope of Work (check all that apply) Location of abatesos-containing material (acm) to be acated in facility in be acated in facility in State. BASEMENT BASEMENT PIPE INSULATION Signature Signature Signature Signature City, State 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Secope of Work (check all that apply) Full Containment winegative pressure Mini-enclosure Amount Specify Spr or on a containing material (acm) to be acated in facility (10) Pagistered Waste Hauler D & S RESTORATION, INC. NJDEP Hauler ID# Cubic Vards of Waste 1 yd. TULL YTOWN, RESOURCE RECOVERY City, State PATERSON, NJ 07503 Signature Date O5/19/16	Name of Monitoring Firm	n Hired by Bl	dg. Own	er (8)		ASCM No.		Name of Abatem	ent Co	ontractor (9)					
20 California Ave. City, State, Zip Code						-			ORA'	TION, INC.					
City, State, Zip Code Project Manager for Monitoring Firm Phone Number Start Date (10) 06/01/16 Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: Other-Describe: Other-Describe: Other-Describe: Nemoution Demolition Demolition Demolition Location of asbestos-containing material (acm) to be abated in facility (13) BASEMENT Describe: Non N/A PIPE INSULATION PIPE INSULATION TUIL YTOWN, RESOURCE RECOVERY City, State PATERSON, NJ 07503 City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 O1169 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503 Paterson, NJ 07503 Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503 Paterson, NJ 07503 Paterson, NJ 07503 Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503 Paterson, NJ 07503 Completed Variety Advance Amount Registered Landfill Description of asbestos-containing material (ACM) PIPE INSULATION Registered Landfill TUIL YTOWN, RESOURCE RECOVERY City, State PATERSON, NJ 07503 Completed by (Print or Type) Title PATERSON, NJ 07503 Completed by (Print or Type) Title BOGDAN JOLDZIC PRESIDENT Office All Monitor Description of Sha Monitor D & S Restrona Amount Registered Landfill TUIL YTOWN, PA Completed by (Print or Type) Title BOGDAN JOLDZIC PRESIDENT Office All Monitor D & Signature Office All Monitor D & State Address 20 California Avenue City, State Paterson, NJ 07503 Completed Address 20 California Avenue City, State Name of Registered Landfill TUIL YTOWN, PA Completed by (Print or Type) Title BOGDAN JOLDZIC PRESIDENT Office All Monitor D & State Address 20 California Avenue City, State Name of Registered Landfill TUIL YTOWN, PA Completed Paterson, NJ 07503 Completed Variety Advanced Amount (Specify Annother Annother Annoth	Street Address							72 m 2200, 1.3							
Paterson, NJ 07503 Telephone Number Start Date (10) 06/01/16 Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: NORMAL HOURS Oldren-Describe: NORMAL HOURS Paterson, NJ 07503 Telephone Number 973-345-8020 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503 Paterson, NJ 07503 Paterson, NJ 07503 Telephone Number 973-345-8020 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503 Paterson, NJ 07503 Paterson, NJ 07503 Description of asbestos-containing material (acm) to be abated in facility (13) Paterson, NJ 07503 Telephone Number 973-345-8020 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503 Paterson, NJ 07503 Paterson, NJ 07503 Telephone Number 973-345-8020 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Description of asbestos-containing material (acm) to be abated in facility (13) and Non-friable procedure Non-Exempted (1) and Non-friable procedure Non-E	City State Via Code														
Project Manager for Monitoring Firm	City, State, Zip Code							. aw w a							
Start Date (10)	Project Manager for Monit	toring Firm		In	hana Nijimh		_			03	Licence	Niconsis			
Start Date (10) Sched. Completion Date (11) O6/01/16	1 Toject Manager for Morti	toring r iiiii			none wunt	er							er		
D & S Restoration, Inc.	Stort Data (10)		ICabaa		: D-1- /3	41				r		1107			
O6/20/16	Start Date (10)		Sched	i. Complet	ion Date (1	1)		D & S Resto	ration	n, Inc.					
Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: Other-Describe: Normal facility hours- Describe: Normal facility hours- Normal facility								The second secon							
Abatement performed outside of normal facility hours- Describe: ○ Other-Describe: NORMAL HOURS Scope of Work (check all that apply) □ ≥160 sf or ≥260 lf □ Demolition Location of asbestos-containing material (acm) to be abated in facility (13) BASEMENT □ ≥160 sf or ≥260 lf □ Demolition □ Description of asbestos-containing material (acm) to be abated with facility (13) BASEMENT □ PIPE INSULATION □ Non-Exempted (*) and Non-friable procedure □ Non-Exempted (*) and Non-f								20 California	Avei	nue			. Towards		
Describe: NORMAL HOURS Scope of Work (check all that apply) Sope of Work (check all that apply) Sop of your defendance of of You								City, State, Zip C	ode						
Scope of Work (check all that apply) Sope of Work (check all that apply)	Describe:			racility from	113-		_								
Sality			URS				- 1	Paterson, N.	0750)3					
□ ≥160 sf or ≥260 lf □ Demolition □ Non-Exempted (*) and Non-friable procedure Non-	-	000, 300							=		negative/	press	ure		
Location of asbestos-containing material (acm) to be abated in facility (13) BASEMENT PIPE INSULATION PIPE INSULATION PRegistered Waste Hauler D & S RESTORATION, INC. City, State PATERSON, NJ 07503 Completed by (Print or Type) BOGDAN JOLDZIC Position of asbestos-containing material (ACM) Description of asbestos-containing material (ACM) Description of asbestos-containing material (ACM) Description of asbestos-containing material (ACM) PRESIDENT Non-Exempted (*) and Non-friable procedure Amount (Specify SF or LF) Amount (Specify SF or LF) P C 0 0 a a a c C C C C C C C C C C C C C C C C		⊠ P	lenovatio	n							Δ				
asbestos-containing material (acm) to be abated in facility (13) BASEMENT PIPE INSULATION 76 1 ft PRegistered Waste Hauler D & S RESTORATION, INC. Disposal Date PATERSON, NJ 07503 Completed by (Print or Type) BOGDAN JOLDZIC Pyes No N/A Description of asbestos-containing material (ACM) PPIPE INSULATION 76 1 ft Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY City, State PATERSON, NJ 07503 Completed by (Print or Type) BOGDAN JOLDZIC PRESIDENT Description of asbestos-containing material (ACM) NAMOUNT (Specify SF or L m m p c c no L m p c no L m	≥160 sf or ≥260 lf									0 1		friable	proce	dure	
material (acm) to be abated in facility (13) BASEMENT PIPE INSULATION 761 ft PIPE INSULATION Registered Waste Hauler D & S RESTORATION, INC. Disposal Date PATERSON, NJ 07503 Completed by (Print or Type) BOGDAN JOLDZIC PRESIDENT Description of asbestos-containing material (ACM) PIPE INSULATION TOLLYTOWN, PA All Indian (Specify SF or LF) All Indian (Specify		1 6				/							1.00/2004		E
abated in facility (13) Yes No N/A PIPE INSULATION 76 1 ft PIPE		9 .		nance ou				sbestos-containin	g	20,000,000,000,000,000,000	F or	m		1352	n
BASEMENT PIPE INSULATION 76 1 ft PIPE INS			Yes	No	N/A	Illatellal (ACIVI)				0.	1000	a i		L
Registered Waste Hauler D	D A CENTENTE			- ()		DIDE DIO	TATY	ON		7(16			r	۲	
D & S RESTORATION, INC. 13506	BASEMENT			LX.		PIPE INSU	LAII	ON		761 ft			뭐	屵	4
D & S RESTORATION, INC. 13506					-					-		井	뭐	屵	片
D & S RESTORATION, INC. 13506							and a second		nel Santa			井	片	屵	-
D & S RESTORATION, INC. 13506					#	l			*******		-	井	붜	井	Η
D & S RESTORATION, INC. 13506	Registered Waste Hauler		NJDF	P Hauler	ID# I C	ubic Yards of \	Vaste	Name of Registe	ered La	_l andfill		ا لـــا إ		ш	
PATERSON, NJ 07503 06/02/16 TULLYTOWN, PA Completed by (Print or Type) Title Signature BOGDAN JOLDZIC PRESIDENT Date 05/19/16	D & S RESTORATIO	N, INC.			Parish Parish						COVEF	RY			
Completed by (Print or Type) Title Signature Date BOGDAN JOLDZIC PRESIDENT 05/19/16	City, State														and the same
BOGDAN JOLDZIC PRESIDENT 05/19/16					06/02/1			TULLYTOV	VN, P	Α					
00/17/10		10 00 E 1		CNT		Signature		7				11.6			
					for ashesto	os licensure ex	emote	d activities	_		05/19	/16	-		

Notificati

State of NJ	Frank [7]
ion of Asbestos Abatement t to NJAC 8:60 and 12:120)	DEGE

D&S Proj. #: <u>16-155</u>				estos	Abatement and 12:120)			G [\mathbb{V}	E	6
								MAY) [2010		11/1
Date of Notification (1)	Name of I	Building Owne	er/Operator (2)						5 955	_ 0 10	,	
Agencies Notified Type Notificat	· · · · · · · · · · · · · · · · · · ·	wendy trob	be				1 400	50500				
EPA Initial	Street Add	dress	1					LICE	NSIN	G	JLX	
DEP Amended												
Amendment #:	City, State	e, Zip Code										
DOL Emergency	RIDG	EWOOD, N	J 07450									
DOH (including justification)	Name of C	Contact					Telephone	Number				
DCA Cancellation	11 .	& wendy tro	be									
		FACII	LITY INFORMA	ATION								
Name of facility where abatement is	is taking place (3)					11-	Type of Facility (4	1)				
							School	(K - 12)				
robert& wendy trobe						_	☐ Subcha	apter 8 (O	ther th	ian K	-12)	
Street Address								Private/Co		rcial		
	E+					_ -		# of Floor		Blo	dg. Ag	ge
City (5)	County (6)				nty Code (7)	71 L						
RIDGEWOOD	BERGEN			(Sta	te use only)		Current Use (Pr	ior if being	g demo	olishe	ed)	
Name of Monitoring Firm Hired by			ASCM No.	_	Name of Abatem	ent Co	entractor (9)				-	
3	g.		ACOM NO.		D & S RESTO							
Street Address					Street Address	OICAI	11014, 1140.					
					20 California	a Ave.						
City, State, Zip Code				-	City, State, Zip Co							
					Paterson, NJ	0750	13					
Project Manager for Monitoring Firm	n T	Phone Number	er		Telephone Numb			License	Numb	er		
					973-345-80)20		0	1169			
Start Date (10)	Sched. Comple	etion Date (11)	-1	Name of OSHA N							
# E			<u> </u>		D & S Resto	ration	, Inc.			-		
06/23/16 Occupancy Status During Abatemer	07/15/16				Street Address							
Facility closed/vacated during		stement			20 California City, State, Zip Co		iue					
Abatement performed outside					City, State, Zip Ct	oue						
Describe: NORMAL H	IOURS			-	Paterson, NJ	0750)3					
Scope of Work (check all that apply					-		Il Containment w	/negative	pressi	ure		
≥3 sf or ≥3 lf	Renovation						ni-enclosure					
>160 sf or >260 lf	Demolition						ovebag procedur					
		ly used solely				∐ No	on-Exempted (*) a	and Non-f	riable	proce		
Location of asbestos-containing	Is location normal by maintenance/c		100				Amount		e	e	E	E
material (acm) to be	staff(12)		material (A		sbestos-containing	g	(Specify SI	For	m o	р	С	n c
abated in facility (13)	Yes No	N/A	,				LF)		v	i	a p	L
attic		_	vermiculite	attic i	insulation		120 sq ft		e	Н	П	\vdash
			TOMMOGNIC	accio i		A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	120 50110			Ħ	Ħ	計
									H	Ħ	Ħ	市
		TET		K-71-34-00					H	Ħ	Ħ	
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Haule		ubic Yards of W	Vaste	Name of Registe				<u></u>			
Dity, State		Disposal Da	yds.		City, State	IN, KI	ESOURCE RE	CUVER	1			marcon and
PATERSON, NJ 07503		06/24/16			TULLYTOW	VN. P	A					
Completed by (Print or Type)	Signature											
BOGDAN JOLDZIC	PRESIDENT							05/19/	16			
ASR-41	Do not use this for	m for ashesto	shestos licensure exempted activities									

OK 005877

D&S Proj. #: 16-154

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

	E	(P)		П	\\//	E
		1	5	П	\¥/	L
1 1						

		N					1,177			
Date of Notification (1)		nora bish		ner/Operator (2))		LL	MAY 26	2016	P
Agencies Notified Type Notifica	ation	Street Addr								
☐ EPA ☐ Initial ☐ Amended			9007259				ASBE	ESTOS GO LICENSI	MTRO	L&
DEP Amended	". 	City, State,	Zin Code				1	LICENSI	110	
DOL Emergency		50 0	*	7044						
DOH (including	1 1	VERON Name of Co	IA, NJ 07	/044	Acres de la companya		Lalanhar	a Number	and the same	
justification	1) '	varile of Co	macı				relephor	ne Number		
DCA Cancellation	on	nora bis	hop							
			FAC	ILITY INFORM	ATION	J				
Name of facility where abatement	is taking pl	lace (3)					Type of Facility			
nora bishop								ol (K - 12)		
Street Address								apter 8 (Other		(-12)
							Bldgs.	(Private/Com /Homes, etc.		
City (5)	I Cou	inty (6)				1.0.1.(7)	Square Feet	# of Floors	BI	ldg. Age
J. (v)	000	iiity (O)				inty Code (7) ite use only)	Ourrent Head	elas If Lat		a al\
VERONA	ess				(516	accounty)	Current Use (P	rior if being o	emolish	ea)
Name of Monitoring Firm Hired by	Bldg. Own	er (8)		ASCM No.		Name of Abatement C	Contractor (9)			
						D & S RESTORA	ATION, INC.			
Street Address						Street Address				
***************************************						20 California Av	e.			
City, State, Zip Code						City, State, Zip Code				
						Paterson, NJ 075	503			
Project Manager for Monitoring Fire	m	Ph	one Numb	er		Telephone Number		License Nu		
						973-345-8020		011	69	
Start Date (10)	Sched	d. Completion	on Date (11	1)		Name of OSHA Monit				
05/31/16	06/20	0/16				D & S Restoration	on, Inc.			
Occupancy Status During Abateme			The second second		-	20 California Ave	2010			
Facility closed/vacated during	g entire peri	iod of abate	ment.			City, State, Zip Code	enue			
Abatement performed outside Describe:	e of normal	facility hour	rs-			ony, otato, zip oodo				
Other-Describe: NORMAL I	HOURS				-11	Paterson, NJ 075	503			
Scope of Work (check all that app	ly)					ПЕ	ull Containment w	/negative pre	essure	
$\boxtimes > \underline{3} \text{ sf or } > \underline{3} \text{ If}$	Renovation	on					/lini-enclosure			
≥160 sf or ≥260 lf	Demolition	n					alovebag procedu			
		n normally	used solely	,			Non-Exempted (*)	and Non-fria		
Location of asbestos-containing	by mainte	enance/cus			n of a	sbestos-containing	Amount	е	e	E E
material (acm) to be abated in facility (13)	staff(12)	Ι	_	material (A		sbestos-containing	(Specify S	For o		c n
abated in idelity (13)	Yes	No	N/A				LF)	V	i	p L
BASEMENT		X		PIPE INSUI	LATI	ON	25 1 ft	e		
BASEMENT		X		BARE HEA	-		100 L FT	<u> </u>		計片
								F		一一
								F	TH	FIF
									117	FIF
Registered Waste Hauler D & S RESTORATION, INC.	NJDE 135	EP Hauler I	VI - 200	ubic Yards of W	/aste	Name of Registered L		COVERY		
City, State			Disposal D	yds. ate	-	TULLYTOWN, R	ESOURCE RE	CUVERY		
PATERSON, NJ 07503			06/01/16			TULLYTOWN, I	PA			
Completed by (Print or Type)	Title			Signature	_	1 2022110 1111,1		Date		
BOGDAN IOLDZIC	PRECID	FNT		9/3/3				05/10/00	11	

CR005876

D&S Proj. #: 16-156

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

INE	C			\mathbb{W}	EM
III'			_	0040	A STATE OF THE PARTY OF THE PAR
1.1	MAY	2	U	CUIU	: 1

									0010	1					
Date of Notification (1)	Name of B	Building Own	er/Operator (2)			111	MA'	7 2 0	2010	i		i			
0 5 /1 7 /1 6	meg big	ggins					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
Agencies Notified Type Notificat	ion Street Add	Iress					ASBEST	os co	NTR	DL 8					
	- 11						L	CENSI	NG	-		1			
Amendment #:	City, State	, Zip Code													
☑ DOL ☐ Emergency	hawtho	orne, nj 07:	506												
DOH (including justification)	Name of C	AND REAL PROPERTY AND REAL PRO	ALCOHOLOGIC CENT		and a late of the		Telephon	e Numbe	r			-			
DCA Cancellation	meg b	iggins					-								
			ILITY INFORM	ATION	N										
Name of facility where abatement i	s taking place (3)					Туре	of Facility (
meg biggins							=	i (K - 12)							
Street Address								apter 8 (C Private/C			-12)				
Oli Oct Address						'	Bldgs./	Homes, e	etc.	Ciai					
	1.0 . (0)					Squa	re Feet	# of Floo	rs	BI	dg. A	ge			
City (5)	County (6)				unty Code (7) ate use only)	Curr	ont Lloo (Pr	rior if boir	a dom	oliob) d\				
hawthorne	PASSAIC			(010											
Name of Monitoring Firm Hired by I	Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9)										
					D & S RESTOR	RATION	, INC.								
Street Address					Street Address										
					20 California A			E-COURT							
City, State, Zip Code					City, State, Zip Code										
Project Manager for Monitoring Firm		Phone Numb		_	Paterson, NJ 0 Telephone Number			License	Numb	or					
Froject Manager for Monitoring Firm		Phone Numb	er		973-345-8020				11169	er					
					Name of OSHA Mo				71107						
Start Date (10)	Sched. Comple	tion Date (1	1)		D & S Restora										
05/27/16	06/10/16				Street Address	-									
Occupancy Status During Abatemer					20 California A	venue									
Facility closed/vacated during Abatement performed outside Describe:					City, State, Zip Code	е									
Other-Describe: NORMAL H	OURS				Paterson, NJ 0	7503									
Scope of Work (check all that apply	/)					Full Cor	tainment w	/negative	press	ure					
\boxtimes >3 sf or >3 lf	Renovation					Mini-end									
≥160 sf or ≥260 lf	Demolition				.		g procedur empted (*)		-friable	proc	edure				
Location of	Is location normall		/						R	R	Е	E			
asbestos-containing material (acm) to be	by maintenance/co staff(12)	ustodiai			sbestos-containing		Amount (Specify S	For	m	e p	n	n			
abated in facility (13)	Yes No	N/A	material (ACM)			(Specify S LF)	. 01	0	a	а	L			
		13/7	1						е	r	р	- person			
BASEMENT	X		PIPE INSU	LAT	ION	57	l ft			브		H			
			<u> </u>						+#-	ᆜ	부	님			
		4							 	닏	부				
			-						+#-	片	부	片			
Registered Waste Hauler	NJDEP Haule	rID# I C	Subic Yards of V	Vaste	Name of Registere	nd Landfill				Ш	Ш	Ш			
D & S RESTORATION, INC.	13506		l yd	,4010	TULLYTOWN			COVER	RY						
City, State		Disposal D			City, State							-			
PATERSON, NJ 07503		05/28/1			TULLYTOWN	N, PA		-							
Completed by (Print or Type)	Title	=	Signature					Date	1001						
BOGDAN JOLDZIC	PRESIDENT	m for achort	on licensure ex	omoto	d activities			05/17	72016						



		_	
11111	7	2	2016
MEAY	6	U	L010

Data of NatiGostics (1) 0		NI	CD. II.II		r/Operator (2)	MAY	2 6 201	0	1				
Date of Notification (1) 0			Name of Atlantic			r/Operator (2)	5						
Agencies Notified	Notification Type	- 1	Street A 5100 Ha	0.0	Highway		ASBESTO	IS CONTI ENSING	RUL 8				
x EPA X DEP	Initial x Amended		City, Sta										
X DOL	Amendment #	ina L			NJ 0833	0							
□ DOH □ DCA	Justification)		Name o Bryon					Telepho	one Nur	nber			
	Cancellation		Dryon	Draini	uru								
			FAC	ILITY II	NFORM	ATION							
Name of Facility Where A	Abatement is Taking Plac	ce (3)					Type of Facili						
Street Address		*****					☐ School (K-☐ Subchapte		nan K-1	2)			
465 Huffville Rd							x Other (i.e. p homes, et		nmercia	l build			
City (5) Turnersville		*					Square Feet 357						
County (6) Gloucester					ounty Coo	de (7) (STATE	Current Use (Electrical Sub	prior if being -Station	g demol	ished)		
Name of Monitoring Firm Harvard Environmer	Hired by Bldg. Owner (8	3)	ASCM N	lo.	Name of Contractor (9) County Environmental								
Street Address	ntal Inc.					eet Address							
760 Pulaski Highwa	у				461 New Churchmans Rd.								
City, State, Zip Code New Castle, DE 197	720				City State, Zip Code								
Project Manager for Mon		Telepho	ne No.	_	New Castle, DE 19720 Telephone Number License Number								
Wesley Morrison		(302)3	326-23	33	(302)	322-8946		00578					
Scheduled Start Date (10 06/07/2016)) Scheduled Cor 06/07/2016	mpletion	Date		Name of OSHA Monitor County Environmental								
Occupancy Status During	Abatement (Check only	one)			Street	Address							
X Facility Closed/Vacated	d During Entire Period of	Abatem	ent		25000000	lew Churchmar	ns Road						
Abatement Performed Other – Describe:	Outside of Normal Facil	ity Hours	3 -			tate, Zip Code Castle, DE 197	20						
Scope of Work (Check al	I that apply)								5253				
≥ 3 sf or ≥ 3 lf			10.7		ovation	Full Containm Mini-Enclos	ure Glove	ebag Proced	dure				
X ≥ 160 sf or ≥ 260 lf			>	(Demo	olition	X Non-Exempt	ed (*) and Non	-Friable Pro	cedure				
		Is	s Locatio	on						At	aten		
			Normall		Achor	Description of stos Containing Ma	500	Amou	ınt		Ť		
Locati		Ma	aintenan	ce/		. thermal systems i	nsulation,	(Spec	ify	R I	_ En	וים	
Asbestos-Containi TO BE A			Custodia Staff?	al		surfacing, VAT other miscellane		SF or I	LF)	Remova	Repair	Enclosure	
IN Facil	ity (13)		(12)							val	<u>Encapsulate</u> Repair	ure	
		Yes	No	N/A									
Exterior walls & roof pane		X			_	tos cement panels	(transite)	1,140 SF 150 LF		X	1		
Exterior walls & roof pane	515	X			Aspes	tos building caulk		150 LF		X			
Name of Reg. Waste Hau	Name of Reg. Waste Hauler NJDEP Waste Hauler					Cubic Yards of	Name of Re	a Landfill					
Miller Environmenta		7375039530	No. 1A-0			Waste 40	ACUA La						
City, State 105 Riverview Ave Pauls	boro, NJ 08066					Disposal Date TBA	City, State 6700 Delila 08234	h Rd. Egg H	larbor T	owns	hip, l	NJ	
Completed by Ben Hodgdon	Title PM				Signature Date 05/23/16								
Dell i louguoli							05/2	3/16					

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

Date of Notification (1)				Name	e of Buildir	ng Owner/Operator ((2)	1-5					
5/	24 /	16		Muriel Huhn / Job #1605-2084 Chk/ #4367 6 2016									
Agencies Notified EPA DOLWD	Type Notification	on			t Address			ASBES				DL (
☑ DHSS	Amendment	#			State, Zip			<u></u> L	CEN	SiN	3		
□ DCA	☐ Emergency		g		ck, NJ 0								
(NJAC 5:23-8)	justification) Cancellation			The state of the state of	of Conta	D.F.		Telephone Num	ber				
	L Cancellation	1			riel Huh								
N				FA	CILITY II	NFORMATION							
Name of Facility Where		ing Place	e (3)				Type of Facility	(4)					
Residential Proper	ty						School (K-1)						
Street Address							Other (i.e., p	8 (Other than K-12 private and comme)	rcial bi	uilding	gs,		
City (5)							Square Feet	# of Floors	В	dg. A	ge		
Brick							1200	1		60	-		
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	shed)					
Ocean							Vacant						
Name of Monitoring Firm	Hired by Building	g Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9))		J121/			
Horizon Environme	Horizon Environmental						d Mold Service	es, Corp.					
Street Address						Street Address							
PO Box 316						3859 Sylon Boulevard							
City, State, Zip Code						City, State, Zip Co	ode						
Thorofare, NJ 0808	6					Hainesport, N	NJ 08036						
Project Manager for Moni			Tele	phone	No.	Telephone No.		License No.	-				
Dave & Steve Flanig	gan		8	56-848	-0800	609-702-0400		00862					
Start Date (10)		eduled C	omple	tion Da	ite (11)	Name of OSHA M							
6 /6 /	16	6_ /	9	/	16_	EMSL Analyti	ical, Inc.						
Occupancy Status During						Street Address							
Facility Closed/Vacate	d During Entire F	Period of	Abate	ment		200 U.S. Rout	te 130 North						
Abatement Performed	Outside of Norm	nal Facilit	y Hou	rs - Des	scribe	City, State, Zip Co	ode						
Time of Abatement: _		PIVI/	PIVI		AM.	Cinnaminson	, NJ 08077						
Scope of Work (Check all	that apply)						39			_			
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		10000	novat molitic			Mıni-EncGlovebaçNon-Exe	Procedure	gative Pressure E		sire			
		-76	Loca						Ab	atem	ent T	ype	
Location Asbestos-Containing N			Norma ed Sole		Aaba	Description of				_			
TO BE ABA	TED	Ma	intena	nce/		stos Containing Mai		Amount (Specify	Remova	Repair	Encapsulate	Enclosure	
IN Facilit	у	Cus	todial (12)	Staff?	,	surfacing, VAT,	or	SF or LF)	oval	=	nsc	Sur	
(13)		Yes	No	N/A		other miscellaned	ous)				ate	(D	
Basement					Floor T	ile		700 SF					
										П	П		
									1] [
				=						Ш	Ш	Ш	
			Ц										
Name of Registered Wast Carnevale Disposal	e Hauler		100	JDEP \ auler II 17297	O No.	Cubic Yards of Waste 5	Name of Regis						
City, State				201		Disposal Date	City, State						
Hamilton, NJ						6/9/16	Morrisville	, PA 19067					
Completed By (Print or Ty	pe) Ti	tle				Signature	1	Da	ite				
Kimberly A. Trumbe	tti	Office (Coord	linator		12X/1L		15		- 21	111		
SB-41						TIL			14	- L	110		

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

MAY 11

-mo 11-387244880

in marie		6	F	-	77 67		
1 700	1	11 0	1	11	11.57	100	-
11 11		U.D	11	11	147	1	100
11 11	1.3	(0)	1	U	1.1	1	11.
11 11	-				****	1000	

Date of Notification (1) 04/21/2016					of Buildir					-			1 11	-
Agencies Notified	Typo Nations					VNSHIF	BOAF	RD OF EDUC	CATION	N 5 E	2016)	1//	
₩ EPA	Type Notification	1		1 St. 10	Address MORRI	S AVE			SBEST	00.0	ONTE			
≥ DEP ≥ DOL	Amended Amendmer	nt #			State, Zip ON,NJ ,					OEN:		11.8		
DOH DCA	justification Cancellation)	g		of Contact				Te	elenhon	e Numb	er		
				12.56	CILITY IN		ION							
Name of Facility Where A	Abatement is Taki	ng Place	(3)					Type of Facilit	ty (4)					-
Street Address	JL							School (<-12)					
1550 LINDY TERR	ACE							Subchap Other (i.e	ter 8 (Otl	ner than & com	n K-12) mercial	ouildin	gs, ho	mes,
City (5) UNION,NJ,07083								etc.) Square Feet		of Floor			. Age	
County (6)				County	/ Code (7)			N/A	N/			N/A		
ESSEX				(STATE	USE ONL	n		Current Use (F N/A	-rior it be	ing der	nolished)		
Name of Monitoring Firm OMEGA ENV SERV	Hired by Building	Owner (8)	ASC 001	M No.			of Abatement C						
Street Address	V1020			001	20			ABATEME	NT LLC	,				
280 HUYLER STRE	ET							RANKLIN ST	REET					
City, State, Zip Code SOUTH HACKENS.	ACK,NJ 07606	6						tate, Zip Code ERSON,NJ,(7504					
Project Manager for Moni GEISER FAJARDO				100	one No.	_	Teleph	one No.	77004		se No.			
Start Date (10)		Schedul	ed Co		'24-813 Date (11		8280011200100	333-5144 of OSHA Monito						
4/23/2016		4/24/2	016	piotion	Date (11	,	EHW ABATEMENT LLC							
Occupancy Status During			20				District Suice.	Address				12000		
Facility Closed/Vaca Abatement Performe	ted During Entire ed Outside of Norn	Period of a	Abate	ment s				RANKLIN ST	REET				5-772 I	
Other - Describe: _								ERSON,NJ,0	7514					
Scope of Work (Check All ≥3 sf or ≥3 lf	That Apply)	ion.			9		ļ —							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			(enova (emoli				×	Full Containr Mini-Enclosu Glovebag Pro	re ocedure					
		Is	Locat	tion				Non-Exempte	ed (*) and	Non-F	riable F	1000	ure Itemer	nt
Location (1	lorma			Des	scription of	of					уре	
Asbestos-Containing N TO BE ABA	TED	Ma	ntena	nce/	Asbes (i.e.	tos Conta	aining Ma	aterial (ACM) insulation,	1350	mount pecify		,	ū	Е
In Facility (13)	/	Cusi	(12)	Staff?		surfac	ing, VAT	, or		or LF)	Nelliova	Repair	caps	Enclosure
		Yes	No	N/A		Other II	iiscellarie	eous)			oval	air	Encapsulate	sure
ROOM 1	2		X			7	VAT		15	SF	X	+		
ROOM 2	.7		X				VAT		9	5SF	X	-		
Name of Registered Waste	Hauler		IN	JDEP W	aste	Cubic Y	/ards	None	Desire	- 1.1	150			
RI STATE TRANSFE			Н	auler ID A		of Wast		Name of MINER				3		
City, State 199 RANDALL AVE	BRONY NV 40	1474				Disposa	al Date	City, Sta						
Completed by	DI TONX IVI II	Title				TBD		900 MI	NERVA	A RD I		ESBI	JRG	ОН
ICTOR ESPIRITU		SUP				Sig	gnature	1 11/1	(a 0)		Date 4/21/2	2016		
						U	VEM	V Wa	Dunt	~	7/4/1/4	.010		

mo m-164029121

100			25723 S
D٢	int	Fo	rm

necelve.

		·			.oo ana	16.120	,		11-3					- ! !		
Date of Notification (1) 10/20/2015	10/20/2015						Name of Building Owner/Operator (2) MARILYN CARRETO MAY 2 6 2016									
Agencies Notified Type N	Votification		Street	Address												
EPA III	nitial								1 4	SEES	TOS	CON	TRO	_&_		
	mended		100000	tate, Zip Coo							IGEN					
	mendment # mergency (including		ELIZA	ABETH ,N	J,0720	08										
DOH ju	stification) ancellation	9		of Contact ILYN CAR	RETO)			Te	lanhona	Ni imbe	г				
			FAC	ILITY INFO	RMATIC	ON				-						
Name of Facility Where Abateme private house	ent is Taking Place	(3)		1.			Тур	e of Facility	(4)							
								School (K-	-12)							
Street Address								Subchapte Other (i.e. etc.)	er 8 (Oth private	er than I & comm	K-12) ercial b	uilding	s, hon	nes,		
City (5)							Squ	Jare Feet	# of Floors			Bldg. Age				
ELIZABETH							N/A		N/		N/A					
County (6) essex				Code (7) USE ONLY)		_	Cur	rent Use (Pr	ent Use (Prior if being demolished) VATE HOUSE							
Name of Monitoring Firm Hired b	y Building Owner (8	3)	ASC	M No.		Name EHW	of Al	patement Co	ntractor	(9)						
Street Address						Street	Addr	and the second s								
City, State, Zip Code						City, State, Zip Code										
								ON,NJ,07	7524							
	roject Manager for Monitoring Firm					Teleph 973-3				License 01274						
Start Date (10) 10/29/2015	Schedu 10/30/		mpletion	Date (11)				SHA Monitor ATEMEN								
Occupancy Status During Abatem	nent (Check Only O	ne)		ess												
Facility Closed/Vacated Duri	ng Entire Period of	Abaten	nent			89 FF	RAN	IKLIN ST								
Facility Closed/Vacated Duri Abatement Performed Outsi Other – Describe: OCCUOIS	D	y Hours	s 		- [Zip Code ON ,NJ,0	7524							
Scope of Work (Check All That Ap	oply)						777									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	property.	Renova Demolit				×	M G	ull Containm lini-Enclosur lovebag Pro on-Exempte	e cedure							
	le.	Locati	ion				- 13	on Exemple	u () and	I NOTI-LI	able FI	183325	temen			
Location of		Normal			D	ription							уре			
Asbestos-Containing Material TO BE ABATED In Facility	(AON)	ed Sole aintenar stodial S (12)	nce/		s Contai nermal sy surfacir	ning Ma ystems ng, VAT	ateria insu r, or	lation,	(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure		
(13)	Yes	No	N/A		other mis	scellane	eous)			oval	air	sulate	sure		
BASEMENT		X	1	PI	PE IN	SULA	TIO	N	6	0 LF	X					
Name of Registered Waste Hauler		- NI	JDEP W	/osto	Ouble V	ard-		I N	D- ::							
TRI-STATE TRASFER		1255.00	auler ID	No.	Cubic Ya of Waste N/A	5301 2500 700		Name of MINER				S				
City, State 1199 randall av bronx ny 10	474			1	Disposal BD	Date		City, State		A RD W	/ΑΥΝΙ	SRI	IRG	ОН		
Completed by	Title					nature								J1 1		
/ICTOR ESPIRITU	ERVIS	VISOR Signature Date 10/2						/20/2015								

mo 106848 13356

. 11000		TFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)						22.1	E C	En	7\/7	F	-				
D 1 (1) (2)			,,							11-1	= 5		M	E	$ n\rangle$		
Date of Notification (1) 08/20/2015					of Building		Operator	(2)						1			
Agencies Notified	Type Notification			Street A	h vulpin						MAY	26	2016	- 1			
	Type Notification		1	Street	Ruuress	Ī						550 14 2		1	-1		
EPA DEP DOL	Initial Amended		-	City St	ate, Zip C	ode				7.5	FRIDE	7 (10)		\perp			
X DOL	Amendment	#		newar		oue					CSTOS	N HE	JRO	L &			
	Emergency		-		of Contact					Tel	ephone N		+	-			
DOH DCA	justification) Cancellation				h vulpin					1 101	epitone N	unibei					
					ILITY INF	ORMAT	ION										
Name of Facility Where	Abatement is Takin	g Place (3)					Туре	of Facility	(4)							
aparment building								П	School (K-	ool (K-12)							
Street Address									Subchapte	r 8 (Oth							
									Other (i.e. etc.)	private d	s commer	ciai buli	aings	nome	es,		
City (5)									re Feet	100000000	Floors	E	Bldg. A	\ge			
newark								N/A N/A N/A									
County (6)					Code (7) USE ONLY	0		Current Use (Prior if being demolished)									
essex	15 11 5 55						_	APARMENT BUILDING									
Name of Monitoring Fir N/A	m Hired by Building	Owner (8)	ASC	и No.					nent Contractor (9) EMENT LLC							
Street Address						1 1033	eet Address										
						89 F	RAN	KLIN ST	IN ST								
City, State, Zip Code						1		ip Code									
D. I. I.M								ERS									
Project Manager for Mo	onitoring Firm			Telepho	ne No.			none N			License						
Start Date (10)		Cabadul	200		D-t- (44)			333-5			01274						
08/21/ 2015		08/ 23			Date (11)				HA Monitor ATEMEN								
Occupancy Status Duri	ng Abatement (Cher			10			Street			1							
	cated During Entire		0.00	nont			1		KLIN ST								
Abatement Perform	med Outside of Norn	nal Facilit	y Hour	s:					ip Code								
Other - Describe:	OCCUPIED								O LN NC	7524							
Scope of Work (Check	All That Apply)	5.													-		
≥3 sf or ≥3 lf		×	Renova	ation				Fu	II Containm	ent with	Negative	Pressu	re				
≥160 sf or ≥260 lf			Demoli	tion			×	Min	ni-Enclosur	е					73		
								No	ovebag Pro n-Exempte	d (*) and	Non-Fria	able Pro	cedur	е			
		15	Locat	ion									Abate	ement			
Locatio	on of		Norma	lly		De	scription	of					Ту	ре			
Asbestos-Containin			ed Sole aintena			tos Conf	taining M	/lateria			mount			ш			
TO BE A			todial s		(i.e.	thermal surfa	systems cing, VA		ation,		pecify or LF)	Remova	Re	Encapsulate	Enclosure		
(13)		(12)				niscellar		7	O,	0, 2,)	2001	Repair	Sul	nso		
		Yes	No	N/A								=		ate	.е		
BASEM	IENT		X			pipe	insula	tion		16	0 LF	X					
BASEN	MENT		X			tank	insula	tion		2	0 SF	X					
		1										-	-				
												-					
Name of Registered Wa	esta Haular		1 .	JDEP W	lasta	T 0,	Vande		l Name of	D''							
CONTROL SALES SERVICES CONTROL OF SERVICES CON		OF.		IJDEP W lauler ID		of Was	Yards ste		Name of	030							
Tri -STATE Transfe	3		1000	A-456		N/A	(A)		MINER	VA EN	NTERPE	RISES	INC				
City, State						The state of the s	sal Date		City, Stat								
1199 Randall av bi	ronx ny 10474					TBD		,	9000 N	IINER'	VA rd W	/AYNE	SBL	RG	ОН		
Completed by		Title				S	igrature	1		(ate	inggodinas				
VICTOR ESPIRITL	ERVI	SOR			WH	701	111/	1-14	- (08/20/2	2015						

mo 10663193061

			(Pursua	ant to NJAC 8:60	and 12:1:	20)	MEC				T ,			
Date of Notification (1) 12/08/2015			Name	e of Building Owne	r/Operato	or (2) RD OF FDU	111	/ <u>L</u>	<u> </u>	<u>.</u>				
Agencies Notified Type Notific	ation		Stree	t Address MORRIS AVE		TO OF LOO	L MA	Y 26	201	6	1			
DEP Amend				State, Zip Code			4607.5							
_ X Emerge	ment #_ ency (includ	ina	UNI	ON,NJ, 07083			ASBEST	OS CO	INTE	OL 8	Ŗ.			
DOH justifica	ition)	ing		of Contact M WIGGINS		La	Telephone Number							
				CILITY INFORMA	TION		7 ===							
Name of Facility Where Abatement is LIVINGSTON SCHOOL	Taking Place	e (3)	- 17	OLLITT INFORMA	TION	Type of Facilit	ty (4)			-0.5				
Street Address						School (H								
960 MIDLAN AVE	70-E-					X Subchap	ter 8 (Other than	n K-12) mercial l	ouildin	gs, ho	mes			
UNION						Square Feet N/A	# of Floor	S	Bldg N/A	. Age	Ž.			
County (6) ESSEX			County (STATE	y Code (7) E USE ONLY)		Current Use (F N/A	Prior if being der	nolished						
Name of Monitoring Firm Hired by Build OMEGA ENV SERVICES	ling Owner ((8)	ASC 001	CM No. 120	Name	of Abatement C V ABATEMEN	ontractor (9)							
Street Address 280 HUYLER STREET					Street	Address RANKLIN ST								
City, State, Zip Code SOUTH HACKENSACK,NJ,076	306				City, S	tate, Zip Code								
Project Manager for Monitoring Firm			Teleph	one No.		ERSON,NJ,0								
GEISER FAJARDO		201-7	724-8135		333-5144	0127	se No. 7⊿							
Start Date (10) 12/11/2015	12/13	3/2015	mpletion	Date (11)	Name	of OSHA Monito								
Occupancy Status During Abatement (C	heck Only C	One)				Address	II LLC							
Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe:	ire Period of ormal Facili	Abater ty Hour	nent s		89 FF	RANKLIN ST ate, Zip Code								
						ERSON,NJ, 0	7514							
cope of Work (Check All That Apply) ≥3 sf or ≥3 If	Property .													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli	ition ion		×	Glovebag Pro								
		s Locati					a () and Non-r	nable Pr	1000	re emen	t			
Location of Asbestos-Containing Material (ACM)	Use	Normal ed Sole	ly by	Des	scription of	of			T	уре	_			
TO BE ABATED In Facility (13)	Cus	aintenar stodial S (12)	itaff?	Asbestos Conta (i.e. thermal surfac other m	aining Ma systems sing, VAT siscellane	insulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure			
CRAWL SPACE	Yes	No X	N/A	DIDE	10111111					ite	e)			
CRAWL SPACE		X		PIPE IN			150 LF	X						
	13	^		DEBRIS	CLEA	N UP	TBD							
me of Registered Waste Hauler	la V	1												
RI STATE TRANSFER		Ha	DEP Wa	Aste Cubic Y No. of Wast		9993 9999 999 995	Registered Land							
y, State						MINER	VA ENTERP	RISES						
99 RANDALL AV BRONX NY 1	0474			Disposa TBD	l Date	City, State	VERVA RD V	VAVNI-	QDI I	DO:	011			
mpleted by CTOR ESPIRITU	Title			Sic	rature /	/ 000 10111		VAYNE Date	SBU	KG (JH			
JION LOFINITU	PRO	JECT	MANA	GER	who	1 11/1/1	4/	12/08/2	2015					

mo 17-164034750

	14			NJAC 8:60 a		0)	+ 1		0 (3 20:	15						
Date of Notification (1) 10/20/2015				Building Owne A HERRER		(2)	Secretary of the second	M	A: -			-					
Agencies Notified Type Notification		S	treet Ad	dress			1	ASEES	STOS C	TMOC	ROL	3.					
EPA Initial DEP Amended Amendment #				e, Zip Code DRANGE N	J				LICEN	SHVO							
Emergency (ir justification) DCA Emergency (ir justification) Cancellation	cluding	2.0	lame of	Contact A HERRER	A			Tol									
	Di (0)		FACIL	ITY INFORMA	ATION	Type	of Facility (4)										
Name of Facility Where Abatement is Taking private house	Place (3)					-	chool (K-12)										
Street Address						T S	subchapter 8 other (i.e. priv	(Other t	than K-12	2) al build	inas	nomes					
			F40 45			e e	tc.)										
City (5) EAST ORANGE						Square N/A		# of FI N/A		N	dg. Ag /A	je					
County (6) essex			County C STATE U	ode (7) SE ONLY)		PRIV	nt Use (Prior 'ATE HOU	JSE		nea)							
Name of Monitoring Firm Hired by Building ON/A	EHV								Name of Abatement Contractor (9) EHW ABATEMENT LLC								
Street Address			Street Address 89 FRANKLIN														
City, State, Zip Code					State, Zij ERSO	N,NJ,07524											
Project Manager for Monitoring Firm	Telephor	ne No.	0.0000000000000000000000000000000000000	hone No -333-5		1 1	icense N 1274	lo.									
								LLC									
Occupancy Status During Abatement (Check	Only Or	ie)				t Addres											
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: OCCUOIED	eriod of A al Facility	Abatem Hours	ent		City,	State, Zi	LIN ST p Code N ,NJ,075	524	- 5 -	11			\neg				
Scope of Work (Check All That Apply)				D													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Demoliti				× Min	Containment Ni-Enclosure Nebag Procen-Exempted	edure				2					
		Location				NOI	PEXCHIPICO	() and i	TOTT THAT		Abate						
Location of Asbestos-Containing Material (ACM)	Use	Normali d Solel	y by	Asbestos (Description		(ACM)	Am	ount			т					
TO BE ABATED In Facility (13)	Cus	intenar todial S (12)	Staff?	(i.e. ther	mal syster urfacing, V ner miscell	ns insula 'AT, or			ecify or LF)	Removal	Repair	Encapsulate	Enclosure				
	Yes	No	N/A	DIE	EINSUL	ATION		110) LF	X							
BASEMENT		X		PIF	EINSUL	ATION		110) Li	12							
Name of Registered Waste Hauler	1	l N	JDEP W	Vaste Ci	ubic Yards		Name of F	Registere	ed Landfi	II							
TRI-STATE TRASFER		200	auler ID	10775778	Waste		MINER\	/A EN									
City, State 1199 randall av bronx ny 10474					isposal Da 3D	te	City, State 900 MIN	: NERVA			SBL	IRG	ОН				
Completed by VICTOR ESPIRITU	Title SUP	ERVI	SOR		Signatu		Wind		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ate 0/20/2	2015						

m623221645802

77 10 0 0	N				STOS ABA			Ī	- G		1	W I	5.1	
Date of Notification (1) 12/21/2015		10000			owner/Opera		7.76		I.I.A.V	26	2	016	1.	THE PERSON OF TH
Agencies Notified Type Notification			Street Ad 844 Ch		r Avenue			L .	WA	-2-0		010	-	
EPA Initial Amended Amendment #_				te, Zip Coo on ,NJ 0				48	BESTO LIC	S OC ENS			L &	
Emergency (indiginal plane) DOH DCA Emergency (indiginal plane) justification) Cancellation	cluding	17/11/3		Contact Figuero	oa			Tel	ephone N	ıımha	,			
E Sancollation				_	RMATION			_	-					
Name of Facility Where Abatement is Taking F Chancellor Avenue School	Place (3))					Type of Facility School (K	(-12)		2020				
Street Address 844 Chancellor Avenue							Subchapt Other (i.e etc.)				uild	ings,	home	s,
City (5) Irvington							Square Feet 10,000	# o	f Floors		BI 53	dg. A	ge	
County (6) Essex			County C	Code (7) ISE ONLY)			Current Use (F School	rior if bei	ng demol	ished				
Name of Monitoring Firm Hired by Building Ov Westchester Enviromental LLC	/ner (8)		ASCM 0012		1 1000000		of Abatement C Abatement		(9)					
Street Address 307 N. Walnut Street							Address anklin Stree	t						
City, State, Zip Code West Chester, PA 19380					1000		tate, Zip Code rson,NJ 075	24						
Project Manager for Monitoring Firm Mathew Abraham		8	Felephor	ne No. 31-7545			one No. 333-5144		License 01274					
	chedule 12/29/2		pletion [Date (11)	102.00		of OSHA Monit Abatement							
Occupancy Status During Abatement (Check	Only On	ie)			Str	reet /	Address							
Facility Closed/Vacated During Entire Pe	riod of A	batem	ent		89	9 Fr	anklin Stree	t						
Abatement Performed Outside of Norma Other – Describe:	Facility	Hours			1		tate, Zip Code rson,NJ 075	24						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	X R	Renovat Pemoliti	ion on			×	Full Contair Mini-Enclos Glovebag P Non-Exemp	ure rocedure					9	
		Locatio			_								ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cust	d Solel intenar todial S (12)	y by nce/ staff?		Descrip tos Containir thermal syst surfacing other misco	ng M tems	laterial (ACM) s insulation, T, or	(Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		Boiler Ins	1-	tion.	1	50 SF	X				
Boiler Room	X				Breed	O STOCKE A	ALL COOL - 10-10-10-10-10-10-10-10-10-10-10-10-10-1	_	50 SF	- X	_			
Boiler Room	X				Pipe Ins		-		25LF	X				
Boiler Room	Х				Pipe ins	Sula	LIOIT		ZJLI					
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic Yar	ds	Name	of Regist	ered Land	dfill				
TRI State Transfer		Н	auler ID	No.	of Waste				erprises	3				
City, State 1199 Randall AVE Bronx NY 10474					Disposal I		900 1		RD Wa		sbu	irg C	Н	
Completed by Victor Espiritu	Title Proje	ect Ma	anager		Sign	ature V	for Us	Carl	/	Date 12/2	1/2	2015		

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

mb 23428153901

3 G	E		\mathbb{V}	E	F
MΔY	2	6	2016		
 EEST	DS (L 8	X.

Date of Notification (1)			Name of Bu	ilding Own	10	(0)					1
02/02/2015			Name of Bu YORKIM	PERF7	ner/Operato	or (2)		11111 6	0 6	2010	+
Agencies Notified Type Notificat	ion		Street Addre					MAY 8	0	2010	
EPA DEP DOL Amended Amended Amended Emergen justification Consolled	ent #_ cy (including	_	City, State, Z NEWARK	Zip Code	107				NSIIs	JTRC IG)L &
DCA DCA Cancellat			YORKIM				Teleph	hone Numb	per		
Name of Facility Where Abatement is Ta	king Dlass (S	2)	FACILITY	INFORM	IATION		_				
PRIVATE HOUSE	King Flace (3	٥)				Type of Facility	y (4)				*
Street Address City (5)						Other (i.e etc.)	er 8 (Other to private & co	ommercial	buildin	gs, ho	mes
NEWARK						Square Feet N/A	# of Flo	oors		g. Age	
County (6) ESSEX			County Code (STATE USE C	(7) NLY)		Current Use (P PRIVATE H	rior if being o	demolished	N/A	4	
Name of Monitoring Firm Hired by Buildin N/A	g Owner (8)		ASCM No.		Name EHW	of Abatement Co	ontractor (9)				
Street Address					Street	Address RANKLIN ST					
City, State, Zip Code					City, S	tate, Zip Code ERSON ,NJ,0					
Project Manager for Monitoring Firm		7	elephone No		Teleph	one No.		ense No.			
Start Date (10)	Scheduler	d Com	pletion Date (14\		333-5144		274			
02/12/2016	02/13/2	016	piction Date (11)		of OSHA Monitor ABATEMEN					
Occupancy Status During Abatement (Che					Street A	Address					
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: OCCUPIED	Period of Atmal Facility I	oateme Hours	ent		City, Sta	RANKLIN ST ate, Zip Code					
Scope of Work (Check All That Apply)					PATE	RSON ,NJ,0	7524				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	1000	novatio molitio			X	Full Containm Mini-Enclosure Glovebag Prod Non-Exempted	e cedure				
		ocation				Hon-Exemple	() and Nor	1-Friable Pi	72000	ire temen	t
Location of Asbestos-Containing Material (ACM)	Used	rmally Solely	by	D	escription o	f			T		_
TO BE ABATED In Facility (13)	Maintenance/ lity Custodial Staff? (i.e. thermal systems insulation,						Amoun (Specif SF or LF	y Z	Repair	Encapsulate	Enclosure
BASEMENT	ASEMENT X PIPE INSULATION						001 =			ate	-G
				1111	INSULAT	ION	80LF	X			
me of Registered Waste Hauler		NJD	EP Waste	Cubic	Yards	A1				62	
RI STATE TRANSFER			er ID No.	of Wa			legistered La				
y, State 99 RANDALL AV BRONX NY 104	174			Dispos	sal Date	City, State		- 1000b, - 0 40			
mpleted by CTOR ESOIRITU	Title	СТМ	ANAGER		Signature	900 MIN	ERVA RD	Date		RG	HC
	1							02/02/2	2016		

mo 195263391250

Date of Notification (1)				N	(D. 71)	0 10		(0)	TIDE:								
Date of Notification (1) 05/19/2016					of Building ns institu					MAY	26	20	16	L	91		
Agencies Notified	Type Notification			Street A		10 01 10	70111101	097	1 - 1					1			
× EPA	x Initial			1 cast	tle point	terrace			ASI	BESTOS	SCOL	VTE	ROL	2			
X DEP	Amended		T		ate, Zip Co				-	<u>LIUE</u>	HOM:	<u>a</u>					
▼ DOL	Amendment Emergency				en ,nj 0	7030											
ĭX DOH	justification)				f Contact		De Hooming			Telephone	Numb	er					
DCA .	Cancellation	1			Fernand	0.000-000	011				-						
Name of Facility Where A	batement is Takir	g Place (3	3)	FAC	ILITY INFO	ORMATIC	ON	Type of F	acility (4)								
stevens intitute of te		0	ď					_	0.5838 - (6)								
Street Address								School (K-12) Subchapter 8 (Other than K-12)									
morton rm 324/325	& peirce rm 30	8						Othe etc.)	e & comn	ommercial buildings, home							
City (5)								Square F		of Floors		В	ldg. A	Age			
hoboken nj								N/A		N/A			I/A				
County (6) hudson					Code (7) USE ONLY)		Current U	se (Prior if t UTE	peing dem	olishe	d)					
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	И No.				ent Contrac								
N/A					<u> </u>		EHV	V ABATE	MENT LL	.C							
Street Address								Address		CTDEET							
City, State, Zip Code								FRANKLIN STREET									
City, State, Zip Code								state, Zip Co	ode NJ ,07504	1							
Project Manager for Moni	toring Firm			Telepho	ne No			none No.	1NJ ,07502		se No.	0.					
, managar iar mon	,							333-5144	1	0127							
Start Date (10)	rt Date (10) Scheduled Completion						120000000000000000000000000000000000000	of OSHA N							-		
06/03/2016	06/03/2016 06/05/201						EHV	/ ABATE	MENT LL	С							
Occupancy Status During	Abatement (Chec	k Only Or	ne)					Address									
Facility Closed/Vaca	ted During Entire	Period of	Abaten	nent				RANKLIN									
Abatement Performe Other – Describe:	ed Outside of Norn	nal Facility	/ Hours	3				tate, Zip Co									
Scope of Work (Check All	That Apply)						PAI	ERSON,	NJ 07504								
≥3 sf or ≥3 lf	тпас дрргу)	×		<i>t</i>			F	1 - " -			_						
≥160 sf or ≥260 lf			Renova Demolit						ntainment w iclosure	ith Negat	ive Pre	ssui	re				
							×	Gloveb	ag Procedur empted (*)	e	Trioblo	Dro	aadur	_			
		1	Locati			1000		1 MOH-EX	empled ()	and Non-r	Tiable			ement	ł		
Location	of	10.5	Vormal			Dos	cription	of						ре			
Asbestos-Containing I	Material (ACM)		d Sole			tos Conta	aining N	faterial (AC		Amount				П			
TO BE ABA In Facilit		100000000000000000000000000000000000000	todial S		(i.e.		system: ing, VA	s insulation. Tor		(Specify SF or LF)		Ren	Re	ncap	Encl		
(13)	**		(12)			other m				/		Removal	Repair	Encapsulate	Enclosure		
		Yes	No	N/A								_		ite	е		
MORTON RM	X			M	ASTIC)		680SF	2	K							
PEIRCE RM 308						M	ASTIC	;		312SF	2	ζ					
N. (5)								,									
Name of Registered Wast				JDEP W auler ID		Cubic Y		1	me of Regis								
TRI STATE TRANSF	ER						5.50	M	INERVA	ENTER	PRIS	ES					
City, State 1199 RANDALL AVE	BRONX NY 1	0474				Disposa	al Date	255.00	y, State	VA RD	WAY	NE	SBL	IRG	ОН		
Completed by		Title			-	900 MINERVA RD WAYN Signature Date											
VICTOR ESPIRITU SUPERVISOR					05/19/20						2016						

NOCK

0611-02			FICATIO	tate of New Jers N OF ASBESTOS t to NJAC 8:60 ar	ABATE		n.E	CE		W	E	
Date of Notification (1) 5/24/2016				of Building Owner, CENTER STR			EWALI	hereico	DAD VI	ME	D	
Agencies Notified Type Notifica	ation		Street A	Address OUTH BOAR			F AN ULL,	-WAY12	DP.V	.045	FR	(QF)
EPA Initial DEP Amende DOL	nent #1		City, St	ate, Zip Code ADELPHIA PA			ĀSE	ESTOS LICEN	OON OON	TRO	Lâ	
DOH justifica Cancell		3		of Contact HERMAN			Te	elenhone N	umber			
			FAC	ILITY INFORMAT	TON					- /)		
Name of Facility Where Abatement is 1 ONE THEATER Street Address	aking Place ((3)				Type of Facil School (K-12)					
36 PARK PLACE						Subchar Other (i. etc.)	oter 8 (Otl e. private	her than K- & commer	12) cial bui	dings	, hom	ies,
City (5) NEWARK NJ						Square Feet >50,000	2	of Floors		3ldg. / >50	Age	
County (6) ESSEX				Code (7) USE ONLY)		Current Use (Prior if be	eing demolis	shed)			
Name of Monitoring Firm Hired by Build PENNONI ASSOCIATES, INC	ing Owner (8))	ASC	M No.		of Abatement of TA/BJDS, IN		r (9)				
Street Address 515 GROVE STREET SUITE 1	В					Address INDUSTRI	AL BLV	D				
City, State, Zip Code HADDON HEIGHTS, NJ 08035						tate, Zip Code THAMPTON	N, PA 18	3966				
Project Manager for Monitoring Firm Raymond Alan Lloyd			Telepho 856 54	ne No. 17-0505	Teleph	none No. 322-2900	License I	No.				
Start Date (10) 3/29/2016	Schedul 08/31/2			Date (11)		of OSHA Monit						
Occupancy Status During Abatement (C Facility Closed/Vacated During En					Street	Address PROGRES						
Abatement Performed Outside of N Other – Describe: Monday-Saturda	Iormal Facility	y Hour	nent 's		City, S	tate, Zip Code SALEM, PA						
Scope of Work (Check All That Apply)						O, (LL)(1, 1 7 (10020	-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli			×	Full Contair Mini-Enclos Glovebag F Non-Exemp	ure rocedure				0	
Location of	1	Locat	lly	Do	scription					Abate		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intena todial s (12)	nce/	Asbestos Coni (i.e. thermal surfa	taining M	aterial (ACM) insulation, T, or	(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A						=		ate	9
				PLEASE S	SEE AT	TACHED						
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		Н	IJDEP Walauler ID I			200000000000000000000000000000000000000		ered Landfil ANDFILL	I			
City, State 58 PYLES LANE, NEW CASTLE	DE 19720			Dispos	al Date	City, St		RG, OH	14688			
Completed by DAMIAN LAVELLE/CDV	Title PROJ	JECT	MANA		ignature		_00	, Da	ate 24/20	-		

			ELEVATOR HALLWAY	1ST FLOOR BOTTOM LAVED	ELEVATOR FLOOR	OVER HANGS AT BUILDING	EXISTING ADJOINING ROOMS BASEMENT THROUGHOUT	BASEMENT BOILER AND	2ND FLOOR UNDER CARPET		ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY
			×	××			×	××	×	YES NO N/A	IS LOCATION NORMALLY USED SOLEY BY MAINTENANCE/ CUSTODIAL STAFF?
			FLOOR TILE /MASTIC	FLOOR TILE/MASTIC	EXTERIOR PLASTER OVER HANG	PIPE FITTINGS	CORRUGATED PIPE INSULATION	FLOOR TILE /MASTIC PIPE INSULATION /BOILER BREECHING	PITCH POCKET TAR	•	DESCRIPTION OF ASBESTOS CONTAING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)
			180 SF X	20 SF X	110 SF	141 LF	195 LF	4,280 SF 85 SF	22 SF		AMOUNT SPECIFY SF OR LF
					×	×	×	××	×		REMOVAL R
	L			+	+	\perp					REPAIR E
ASBESTO	M/Y										ENCAPSULATE
ASBESTOS CONTROL	2 6 2016										ENCLOSURE