NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	f 01 001				Name	of Building								
	May 21, 2014	4					Peter !	Passarella		, serve	10	12	3	7
Agencies Notified [x] EPA [] DEP	5 5 mm	al Notific	cation		Street	Address	POB	ox 773					hand .	<i>C</i> ;
[x] DOL	- S S S S S S S S S S S S S S S S S S S	endment			City,	State, Zip Co	de			MA	Y 2	7 21	714	
[x] DOH	F		including				Farmi	ngdale, NJ 07	727			15 1500		
[] DCA		ification)			Name	of Contact			Teleph	one Number	r		_	
	[] Can	cellation				Peter	Passarella	ı			- THE TO S			*
				FAC	CILITY	INFORM	MATION							,maga
Name of Facility Where Abar		Place (3	3)		JIDI'I	II (I OIQ)	MIION	Type of Facility	v (4)				_	
Resid	ience							[ool (k-12)				
Street Address	1977 W 10709							[chapter 8 (o				
44 In	stitute Street							[x		er (i.e., priva	ate & c	ommer	cial bui	ldings,
City		Coun	ty (6)		County	Code (7)		Square feet		nes, etc.) of Floors	Blo	lg. Age	- 22 10 -	
Freehold		Man	41		(STAT)	E USE ONL	Y)	2500 sf		2			60	
		IVION	mouth					Current Use (Pr		demolished	1)			
Name of Monitoring Firm Hi	red by Building	Owner (8)		ASCM	No.	Name of	Abatement Contra	sidence					
N/A										ntracting	. Inc.			
Street Address							Street Ad	dress	2007 10000					
City, State, Zip Code							Cit. St.		39 Route	9, Unit 61	8			
000 8 5							City, Stat	e, Zip Code	ne Divor	New Jers	<u>0</u> 0	755 1	271	
Project Manager for Monitori	ng Firm		Telephone	Number			Telephon	e Number	IIS KIVEL	License N			2/1	-
Scheduled Start Date (10)			Cahadalad	1014	D		732-349			00624			0.141	
5/22/14			Scheduled 5/23/		on Date ((11)	Name of	OSHA Monitor	ACT A-	-1-2:1				
Occupancy Status During Aba)				Street Ad		1.S.L. Ar	latytical			-	
[X] Facility	Closed/Vacated	d During	Entire Peri	od of Aba	tement			105	6 Steltor	Road				
	nent Performed	Outside	of Normal I	acility Ho	urs		City, State	e, Zip Code			-			
[] Other-	- Describe						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	23 27	cataway,	New Jerse	ev 088	354		
Scope of Work (Check all that	t apply)						[]							
	51.56						1 1	Full Contains Mini-Enclosu		legative Pres	ssure			
[] >3 sf or			[]	Renova	tion		ii	Glovebag Pro	3373					
[x] ≥160 si	for ≥260 If		[x]	Demoli	tion	20.5-500	[x]	Non-Exempte	ed (*) and 1	Non-Friable	Procedi	ure		
					T						T			
2 0 0			Is Location			1	Description	of				tement	Type	
Location of Asbestos-Containing Mate	onial (ACNA)	l N	formally u			Asb	estos-Cont	aining		Amount	R	R E	E	E
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	\$1400V	YES	NO	N/A							L		L E	R
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Name of Registered Waste Hau		N	JDEP Was	te Hauler	D No.	Cubic Var	ds of Waste	Name of Reg	rictored I	den				
Guardian Contr	acting, Inc.			0223		3	as or waste	T.R.R.F		IGIII				
City, State				Disposi			City, Stat	е			-			
Toms River, Ne Completed by (Print or Type)	w Jersey	Title		5/26/1			Tullyto	wn, Pennsylva	nia					
Nicholas Fernic						ure .	W	1	0		Date			
					for!	1 1	110(14	1		5/21	/14		
		D	o noi use	inis Jorm	jor asb	estos licens	ure exemp	ted activities.						

Date of Notification (1) 5/20/2014		WILLIA	AM PATE	wner/Operator RSON UNI	(2) VERSIT	¥					
Agencies Notified Type Notification		Street Ad 300 PC	^{ddress} OMPTON	ROAD			1. AV	27	ont.	1	
EPA Initial DEP Amended Amendment			te, Zip Code IE, NJ 074			1			201	7	
DOH Emergency (including	120111000000000000000000000000000000000	Contact	CDIST			Telenhana N.	mhar		ě	
DCA Cancellation			LITY INFOR			<u> </u>		-			
Name of Facility Where Abatement is Taking WILLIAM PATERSON UNIVERSIT Street Address 300 POMPTON ROAD	g Place (3) 'Y - PUMP				Sc Su	her (i.e. pri		2) ial buildi	ngs, t	nomes	5,
City (5) WAYNE					Square		# of Floors	Ble	g. Ag	e	
County (6) PASSAIC		County (STATE	Code (7) USE ONLY)		Current	Use (Prior	r if being demolis	shed)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M No.			ment Cont				100000	
N/A							CONTRACTI	NG			
Street Address				250		RFORE	BLVD.				
City, State, Zip Code					State, Zip	Code NJ 0701	4				
Project Manager for Monitoring Firm		Telepho	one No.		ohone No. 3-956-87		License 00494	No.			
Start Date (10) 5/22/2014	Scheduled 5/29/2014		Date (11)		e of OSHA	Monitor (9) ABO	VE				
Occupancy Status During Abatement (Che	ck Only One)			Stree	et Address					W.	
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: VACANT	Period of Aba mal Facility H	atement ours		City,	State, Zip	Code					
Scope of Work (Check All That Apply)		novation nolition			Mini Glov	Enclosure ebag Proc				a	
					EJ NON	LXemplec	/ / and reon in	DIO 1 10	Abate		t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	No Used Maint Custoo	ocation rmally Solely by enance/ dial Staff? (12)	Asbest (i.e.	Description to Section 1997 thermal syste surfacing, Nother miscell	Material ms insulat AT, or	(ACM) tion,	Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Enclosure
	Yes	No N/A		11			- 1			(D)	
EXTERIOR		Х		ROOF	NG		100 SF	X			
Name of Registered Waste Hauler		NJDEP Hauler I		Cubic Yards of Waste	3		Registered Land			2.144	
TWO BROTHERS CONTRACTIN	18743		2			E MANAGEN	IENI (J.K.(J. VV.	ა. ——	
City, State CLIFTON, NJ			Disposal Da 5/29/201/4	1	MORR	SVILLE, PA	-				
Completed by VIVECA RAMOS	RETARY		Signat	ure Lyle	ak	ann	Date 5/20/2	014			

05/20/2014 14:03 Two Brothers Contracting

(FAX)973 956 8811

P.002/004

Print Form

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	encles Notified	Type Notification Initial	1		TANKA TAN C	OMPTON RO	AD		101-010 I				1	
X	DEP	Amended Amendment Emergency	A #			ate, Zip Code NE, NJ 07470			11.1/0/1				IAV	2 7 2014
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N	me of Facility Where A TILLIAM PATERS	Abstement is Take ON UNIVERSI	ng Place TY - Pl	(8) UMP 8		N AT ENTRA		Type of Facil	lly (4) 1612)	<u> </u>				
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W	y (5) Ayne							Square Fest	# of Floors	1)(dg. A	/ge		
P	unly (8) ASSAIC				County (8 PATE	Code (7)			Prior if being demolis	hed)				
N	me of Monitoring Firm	Hired by Building	Owner ((4)	DEA	M No.	Name	of Abatement O BROTHER	Contractor (9)	/G				
Sti	eel Address							Address RUTHERFO	ORD BLVD.					
Cil	y, State, Zip Code			•				State, Zip Code FTON, NJ 0		1				
Þri	les! Manager for Mon	itoring Firm			Telepho	ne No,	Yelep	hone No. -956-8700	License N	Vo.				
	nt Date (10) 22/2014	•	School 5/29/		mplation	Date (11)		of OSHA Moni	for	1	T			
_	CUpancy Status During	Abatement (Chec	ek Only	One)			-	Address		_				
X	Fedilly Closed/Vect Abasement Ferform Other - Describe; Y	ngw ig stigleO be	Period o	i Abale By Hou	ment ru		City,	State, Zip Cods						
80	ope of Work (Check A	That Apply)					٠						_	
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Date of Notification (1)		-	7						- 10	- 25	
Date of Notification (1)	12414		1'	Name of Build	ding Owner/Operato	(2) 0 NSTRV C		,			-
Agencies Notified	Type Notificati	on		tree! Addres		V1-21120C	11610	.025			
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	· ·				FORMATION		 				_
Name of Facility VAC-	Ab at a second of Yell	Di	(5)	PACILITIE	AL OLONA LIGH						
Name of Facility Where			(3)			Type of Facility	(4)				
16	SIDERC	<u> </u>				School (K-1	2)				
Street Address						Subchapter	8 (Other than K-12	2)			
/ 3	7 747-11 5	4.5				homes, etc.	nvate & commerci	al buil	dings	•	
City (5)						Square Feet	# of Floors	TB	ldg A	ge	-
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County (6)			To	ounty Code	(7) (STATE	Current Use /Pr	for if being demolis	had	_		
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	THE RESERVE AND PERSONS ASSESSMENT OF THE PE	A	- 1	CM No.	T Name of Abote	ent Contractor (9			_		_
Name of Monitoring Firm	/ .	Owner	AS	UM NO.	1 17		1				
(8)	A		_			to En	JE,				
Street Address					Street Address	_					
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City, State, Zip Code			-		City, State, Zip Co	ode					
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C	arina Cim		Telepho	ne No	Telephone No.		License No.	==			-
Project Manager for Monit	ionng Pirm	1.	i elebilo	He NO.		9-0472	004	44			
											_
Start Date (10)	Sche	duled Cor		Date (11)	Name of OSHA M	fonitor //					
6/2/14		6/9	/14		705	GBN K-1	Earth				
Occupancy Status During	Abatement (Che	ck only or	ne)		Street Address						
☐ Facility Closed/Vacated				t	369	S, SPR	しいるしばい				
Abatement Performed	Outside of Norma	Facility	lours	5	City State Zin Co	de					
Other - Describe:		,			MA	0 L = 5 1	DDE N.	J.	08	05	2
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Scope of Work (Check all	that apply)				☐ Full Cont	ainment with Neg	ative Pressure				
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≥160 \$1 or ≥260 H		Demo				Procedure					
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IN Facility	14	Sta			surfacing, VAT, o		SF or LF)	Remova	Repair	ğ	SOI
(13)		(12	2)		other miscellaneou	(5)		2	4	Encapsulate	0,11
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Name of Registered Waste	Harier		NUDE	Waste	Cubic Yards	Name of Regis					
	_		Hauler	ID No.	of Waste	CM	, c, M.U. A				
KLEMCO	LNC,		17	904							-
City, State	C		5,5		Disposal Date	City, State	- 1	7			
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Completed By	Title				Signature	11	Date 1		1		•
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CHECK #

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

					28:60 and 12:1	••/		
Date of Notification (5/21/19		Name	of Bulldi	ng Owner/Operati	x(2)	2 7: 2014	-
Agencies Notified	Type Notification	1	Svee	Address				
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	Amended		City. S	State, Zip.	Code			
□ ∞r	Amendment i			l	NUDDBI	NE , NIT	,08270	
□ 00H	justification)	. ~ ~ ~ ~	Name	of Conta				11 00000000
[□ ∞ ·	Cancellation		1		1 FISHER	,	Telephone Numb	De/
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·		01 761		או צרש:	ORMATION			
	re Abatement is Takin	g Place (3)				Type of Facility	(4)	
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Street Address						Suppression i	Other than K-17	?)
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City (5)	IVALON	,				1000	of Floors	90 F
County (6)			Coun	ry Code (7) (STATE	Current Use (Pri	or if being demote	sned)
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Name of Monitoring Fi	m Hired by Building	Owner	ASCH	٧٥	Name of Abate	ment Convegor (9)	c,	
(8)	VA							
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	20		•		The second of th	S. SPRU	CE AVC.	
City, State, Zip Code					Cry. State, Zip	Code		
City, Sale, Dp Code	20.000		<u>:</u>		MA	PLE SHAT	Se, ND	0863 -
Project Manager for M	lonitoring Firm	1.10	i snorige i	NO.	Telephone No.		License No	
FIGGE ME IS OF IT		_ 2:1 _			-	<u> 79 -0.47</u> 2	_ 004	97
S:an Date (10)	Sche	duled Comp	sO naisk	le (11)	Name of OSH	Monko		*
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Occupancy Status Du						4.5		ı
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Abatement Perform	and Owelds of Norma	Facility Ho	ours		City. State, Ap	Code		25 8045
	ned Corios of Home	.,,		1707000000	MOP	LE SHAD	ϵ, N, Σ	08052
Other - Describe:								
Scope of Work (Chec	k all that apply)				FUE C	ontainment with Ne	gatre Pressure	
		Renov	ation .		☐ Min-E	ucloente		
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TO BE A	BATED	Sta		,,,,,	sudaging, YA	AT, 91	SFOLFI	Harrowshi Hermowski
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				<u> </u>	T & C'- V-13-	I Name of Re	pistered Landfill	
Name of Registered	Waste Hauler		NUOEP Hauter I	Magre .	Cubic Yards of Waste	1 0 0	, C , M .	J. B.
V . 3	O INC.		179	04	5		,0,,	
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Compresed By		×	NER			oain In		14/19
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HOTHCATION OF ASBESTOS ABATEMENT

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Agencies Nouned	Type Notification			-			MA	CHINES		
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	Amended			City	State, Zip		70	- TOTORY	THAT CLEAN TO	
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□ 00H	_ justification)	-wii ę	'	Namy	of Conta					- 4
	☐ Cancellation					1 Fish	UER		Telephone Number	eracost.
,	·		لنــ	FA		FORMATION	_			
Name of Facility Where	Abatement is Takino	Place	(3)			0.0471101	-	Type of Facility	72\	
	DENCE							School (K-12	F. C.	
Street Address	· ·						=	Subchapter	6 (Other than K-12)	
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Ciry (5)	acon.							1000	of Floors	8100 AQ
County (6)						1) (STATE			or it being demoksh	ied)
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Name of Maritoning Firm	Hired by Building O	vner	7	asch	No.			ent Convegor (9)		
(8)	<u> </u>							co IN	C /	
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	_	_==	_			City, State	-			
City, State Zp Code			•					LE SHAT	E. NJO	805 - =
Project Manager for Mon	ilorino Firm	-	. Yeley	shone i	No.	Telephone	No.		License No	
		<u>.</u>	_					19-0.472	0044	9
Sian Date (10)	Schedu	led Co	,		le (11)	Name of C	SHA	vionitos	44	
: 6/2/14		18		4		100	61	OKALEM	M1	
Occupancy Status During						Sueel Add	10 55	Spruce	=1,0=.	
Facility Closed Vacale	d During Entire Peri	od od A	paled	nent					-7.00.	
Abatement Performed	Outside of Normal F	acility	Hour	5		City, State	TO C	ode Circa	= 11 7 0	
Oner - Describe:							DPL	- JUID	E, N, J, C	2 600
Scope of Work (Check at	I that apply)					□F	ut Cor	ntainment with Ne	gative Pressure	
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Emergency (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Ed Garage Private Home Date of Notification (1 5/22/14 Street Address Type Notification Agencies Notified 26 West NY Ave City, State, Zip Code Initial **EPA** Long Beach Twp NJ 08008 Amended DEP Telephone Number Amendment # DOL × Emergency (including Name of Contact × justification) Ed DOH Cancellation **FACILITY INFORMATION** DCA Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Ed Garage Private Home Other (i.e. private & commercial buildings, homes, × Street Address etc.) Bldg. Age 26 West NY Ave # of Floors Square Feet 35 +1000+ City (5) Current Use (Prior if being demolished) Long Beach Twp NJ 08008 County Code (7) (STATE USE ONLY) Home County (6) Name of Abatement Contractor (9) Ocean Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Pernaco Inc. Street Address N/A PO Box 329 Street Address City, State, Zip Code West Berlin NJ 08091 City, State, Zip Code License No. Telephone No. Telephone No. 00727 Project Manager for Monitoring Firm 856-753-9800 Name of OSHA Monitor Scheduled Completion Date (11) Same Start Date (10) 5/27/14 5/23/14 Street Address 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 Other - Describe: Full Containment with Negative Pressure Scope of Work (Check All That Apply) Renovation Mini-Enclosure] ≥3 sf or ≥3 lf Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure ≥3 st or ≥3 ii ≥160 sf or ≥260 lf Abatement Type Is Location Description of Normally Encapsulate Amount Asbestos Containing Material (ACM) Enclosure Location of Used Solely by Remova (Specify (i.e. thermal systems insulation, Asbestos-Containing Material (ACM) Maintenance/ SF or LF) surfacing, VAT, or other miscellaneous) Custodial Staff? TO BE ABATED In Facility (12)(13)N/A No Yes 1000Sf x Exterior Siding X Exterior Siding Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler of Waste G.R.O.W.S. Hauler ID No. 22459 United Containers City, State Disposal Date Morrisville PA 19067 5/27/14 City, State Date Elm NJ Signature 5/22/14 Title

President

Anthony T Perna

Completed by

Emergency

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

CK4113

Date of Notification (1) 5/22/14	2/14						erator Privat	(2) te Hon	ne				•		1	
₩ EPA □ II	Notification nitial		1		amingo [•	MAY	2	7	014	
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☑ DOH ju	mergency (ir istification) ancellation	ncluaing	10.1725	William						Tele	ephone	Numb) P			id.
Name of Facility Where Abatem	ant in Taking	Dines (2)		FACIL	LITY INFO	RMATIO	N	Time	of English //							
William & Carol Roth Priv		Place (3)							of Facility (4 School (K-12	2)						
Street Address 139 Flamingo Drive								X	Subchapter 8 Other (i.e. pr etc.)				build	lings,	home	es,
City (5) Tuckerton NJ 08070									e Feet	# of	Floors	1		dg. A 5 +	ge	
County (6) Ocean	2				Code (7) USE ONLY)			Curre	nt Use (Prio	r if bei	ng dem	nolishe	d)			
Name of Monitoring Firm Hired t	y Building O	wner (8)		ASCM	No.	T		of Abat	tement Cont	ractor	(9)			•		
Street Address							Street	Addres	S		-					
City, State, Zip Code						-+		30x 32 State, Zi	p Code							
Project Manager for Monitoring I	irm		ΙT	elephor	ne No			t Berli	n NJ 0809	91	Licen	se No.				
							856-	753-9	800		0072					
Start Date (10) 5/23/14		Scheduled 5/27/14	d Com	pletion [Date (11)		Name Sam		IA Monitor							
Occupancy Status During Abate	ment (Check	Only One	2)				Street	Addres	ss							
Facility Closed/Vacated Du Abatement Performed Outs Other – Describe:	ring Entire P	eriod of Al al Facility	bateme Hours	ent		-	City, S	State, Zi	p Code					-		
Scope of Work (Check All That A	Apply					_										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	фруу		enovati emolitio					Mir Glo	l Containme ni-Enclosure evebag Proce n-Exempted	edure	.5.				9	
10 to		ls l	ocatio	on		9. 11-211					X-2-1-1			Abate	ment	
Location of Asbestos-Containing Materia TO BE ABATED In Facility (13)	al (ACM)	Used Mair Custo	ormally Solely ntenan odial Si (12)	y y by ce/ taff?	Asbest (i.e.	Desc tos Conta thermal s surfaci other mi	system ing, VA	Material s insula AT, or	(ACM)	(8	mount Specify or LF		Removal	Repair	e Encapsulate	Enclosure
Thurston and		Yes	No	N/A	-		or Til	1-			20.00					_
Through-out		-		Х		FIC	or III	ie		00	00 SF		x	-		
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Name of Registered Waste Hau	or		I NI	JDEP W	lasto	Cubic Y	/arde		Name of F	Ponieto	red l a	ndfill				
United Containers	Ci		Ha	auler ID 2459	10.00 to 10.	of Wast			G.R.O.V		iou La	ardini				
City, State Elm NJ						Disposa 5/27/1		•	City, State Morrisvi		190	67				
Completed by Anthony T Perna		Title President				Sig	gnatur	1				Date 5/2	2/14	1		



Date of Notification (1) 05/20/14					Building C		erator	(2)			j.	1 447				
Agencies Notified	Type Notification			Street Ad 27 TAN	idress	DOD LA	NE			1		MAY	2	7 1	014	
EPA DEP × DOL	Initial Amended Amendment	#			e, Zip Coo BRUNS\		J 08	816								4
DOH DCA	Emergency (justification) Cancellation		1	Name of						Tele	ephone N	Numbe	er .			-
<u> </u>	- Cartonation	-			ITY INFO		N					-				
Name of Facility Where	e Abatement is Takin	g Place (3)						☐ s	f Facility (4 chool (K-12	2)		(40)				
Street Address 27 TANGLEWOO	D LANE							0	ubchapter t ther (i.e. pr tc.)				ouild	ings,	home	s,
City (5) EAST BRUNSWI	CK							Square 1800		# of 2	Floors		Ble	dg. A	ge	
County (6) MIDDLESEX				County C	Code (7) ISE ONLY)			Curren	t Use (Prio	r if bei	ng demo	lished)			
Name of Monitoring Fi	rm Hired by Building	Owner (8)		ASCM	No.				PROFE			П				
Street Address				1		- 1		Address	OVE CC	URT		-				
City, State, Zip Code							City, S	State, Zip								
Project Manager for M	onitoring Firm		1	Telephor	ne No.		Teleph	none No 668-90			Licens 1200	e No.				
Start Date (10) 05/22/14		Scheduled		ipletion [Date (11)		Name	of OSH	A Monitor PROFE	9910		-				
	0 h - t 1 (Ch -							Address		3010	IVALO					
Occupancy Status Dur				1000 AV					OVE CC	URT						
× Facility Closed/Vi Abatement Perfor Other – Describe	acated During Entire rmed Outside of Norr :	Period of Ab nal Facility F	aiem lours	ent		H	City, S	State, Zip								
Scope of Work (Check	All That Apply)															
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	f	Account of the last of the las	nova molit					Mini	Containme -Enclosure vebag Proc	edure					9	
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			ocati ormal	27.0		2000			1						ре	
Locat Asbestos-Containi TO BE A In Fa (1	ng Material (ACM) A <u>BATED</u> scility	Used Main Custo	Sole itenar dial S (12)	ly by nce/ Staff?		Desc tos Contai thermal s surfaci other mi	ystem ng, VA	Material is insula: AT, or		(mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A												
BASE	X			FLOC	R TI	LES		7	50 SF	2	2					
Name of Registered V	Vaste Hauler		IN	JDEP W	/aste	Cubic Y	ards		Name of I	Regist	ered Lan	dfill				
NEWARK CARTIN			H	lauler ID 4509		of Wast			IESI			general Ed				
City, State NEWARK, NJ		32450653				Disposa 05/22/			City, State BETHL		/I PA					
Completed by JOSEPH PERLST	EIN	ER			Sig	natur	e				Date 05/2		4		revoce le	

			(P	ursuant	to NJAC	8:60 and	d 12:120	0)	Clar	16-1	2	71	4		
Date of Notification (1) 5/21/14					of Building on Swiss	Owner/C	perator	(2)			0.17		.(4
Agencies Notified × EPA	Type Notification)		Street A 27 Ma	Address aster Stre	eet				*	MAY	2	7	2014	
DEP DOL	Amended Amendmen				ate, Zip Co lin, NJ 0					7)	,,,,,,				
DOH DCA	Emergency justification Cancellatio)			of Contact					Telephone	Numb	-			-4
				- State of the sta	ILITY INFO	DRMATI	ON			L					
Name of Facility Where house	Abatement is Taki	ng Place (3)			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			of Facility (4 School (K-12						7=
Street Address 13 Wild Cat Road				****					Subchapter 8	Other than ivate & comm		build	dings	home	es,
City (5) Franklin									e Feet	# of Floors	17	В 5	ldg. A	\ge	
County (6) Sussex					Code (7) USE ONLY)			Currer	nt Use (Prior	if being dem	olished	1)		18.0	
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	M No.				ement Cont onmental	ractor (9) Services, L	LLC				
Street Address							TOWNS PRO	Addres Box 48	s 3, 4 E Ga	te Drive					
City, State, Zip Code								tate, Zij wood,	Code NJ 0741	8					
Project Manager for Mor	nitoring Firm			Telepho	ne No.			none No 583-85		Licens 703	se No.				
Start Date (10) 6/5/14		Schedul 6/19/1		npletion	Date (11)		Name	of OSH	A Monitor						20/16/04
Occupancy Status Durin	g Abatement (Che	ck Only O	ne)				Street	Addres	S		510	-		-	
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Nor	Period of mal Facility	Abatem y Hours	nent			City, S	tate, Zip	o Code	-					
Scope of Work (Check A	II That Apply)					· ·				-				-	-
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		_	Renova Demolit					Mini Glov	i-Enclosure vebag Proce	nt with Negati edure (*) and Non-F				e	
Location	n of		Locati Normal	ly		Des	scription	of						ement pe	
Asbestos-Containing <u>TO BE AB</u> , In Facil (13)	Material (ACM) ATED	Ma	ed Sole iintenar todial S (12)	nce/		tos Cont thermal surfac	aining M	faterial s insulat T, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
. 1		Yes	No	N/A										Ф	-
Basem				х		pipe	insula	tion		40 LF	X	2			
Basem	Basement					pip	e fittino	gs		15 LF	Х	2			
4,52														1	
Name of Registered Was Freehold Cartage	ste Hauler		Vaste No.	Cubic of Was			Name of R GROWS	egistered Lar	ndfill			1/			
City, State Freehold NJ						Dispos TBD	sal Date		City, State Morrisvill	e, PA				,	
Completed by Andrew Scott Higgin	s	Title Pres	dent			S	ignature	a	~		Date 5/21	/14			

Check#1907

State of New Jaren

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

Date of Notification (1)				Nam	e of Buildir	ng Owner/Operator ((2)		-1			
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Agencies Notified Type No	t ficatio	n			et Address							
						a Avenue		1.7	AV a	- 0	n < 7	
■ DOLWD □ Amer					State, Zip				AY 2	1 21)]4	ener
	dment		17	- Action								
DCA Emer (NJAC 5:23-8)	gency (cation)	includi	ng	Nam	taway, N	J 08854						- 6
Canc				The second		Cl		Telephone N				•
					Malladi		75		ð			
Name of English Where As a			72.	F#	CILITY	NFORMATION						
Name of Facility Where Abatement	is laki	ng Plac	ce (3)				Type of Facilit	y (4)				-
Private home							School (K-	12)				
Street Address							Other (i.e.	r 8 (Other than K- private and comr	12)			
54 Buena Vista Avenue							homes, etc	private and comi	nercial D	uliaing	IS.	
Gity (5)							Square Feet		IB	ldg. A	oe	
Piscataway, NJ 08854										~	-	
County (6)				Cou	nty Code (7)	(STATE USE ONLY)	Current Use (Prior if being dem	olished)			
Middlesex												
Name of Monitoring Firm Hired by I	Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)		-		
						Gr Tech LLC	1	\$ 4 0				
Street Address						Street Address					_	
						576 Valley Rd #	1202					
City. State, Zip Code						City, State, Zip Co	nde					
						Wayne, NJ 0747						
Project Manager for Monitoring Firm	1		Tele	ephone	No.	Telephone No.	70	License No.				
				*								33
Start Date (10)	Sche	duled	Comple	tion Da	ate (11)	973-638-1777 Name of OSHA M		01127				
05 / 30 / 14				1 /		50 0.00						
Occupancy Status During Abatemer					<u> </u>	Envirovision Co	nsultants,Inc					
Facility Closed/Vacated During B	it (One	oriod a	one)			Street Address					-	
Abatement Performed Outside o	Morms	eriou o	ty Harr	ment	a mulla a	20-21 Wagaraw	Road, Bldg .#	34A				
Time of Abatement:AM	F	M/	PM	2 - De:	AM	City, State, Zip Co	ode					
						Fair Lawn, NJ 07						ĺ
Scope of Work (Check all that apply	1					Clean up	and decontam	ination with negat	ive press	sure		
≥3 sf or >3 if ≥ 160 sf or ≥260 if		X R	enovati	on	70 S	Full Cont Mini-Encl	ainment with Ne	egative Pressure			60	
≥ 160 sf or ≥260 lf			emolitic			Glovebad		Tent with Negati	ve Press	sure		i
	10,000	-			-	Non-Exer	mpted (*) and N	on-Friable Proced	lure	10		İ
Location of		1	s Locat Norma						Ab	ateme	nt T	vpe
Asbestos-Containing Material (A	CM)	Us	ed Sole		Ache	Description of	f	49 80	Towns I			
TO BE ABATED		Ma	aintena	nce/	(i.e	stos Containing Mat ., thermal systems in	eriai (ACM)	Amount (Specify	em	Repair	nce	ng.
N Facility (13)		Cus	stodial ((12)	Staff?		surfacing, VAT,	or	SIF or LF)	Remova	<u>a</u> .	psu	Enclosure
(13)		1	T		1	other miscellaneo	ous)	*	1 =		Encapsulate	œ l
	_	Yes	No	N/A	-							
Outside siding		Ш		X	Transite	siding		1,600 SF	X			-1
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		닏		-	<u> </u>							
									П			
Name of Registered Waste Hauler			NJD	EP Waste	Hauler ID No.	Cubic Yards of Waste	Name of Regi	stered Landfill			=1	-
Gr Tech LLC			0	03378	5	TBD	T.R.R.F. Inc					
City, State				00010		Disposal Date	City, State				Service of	
Vayne, NJ 07470												i
Completed By (Print or Type)	Title	2				TBD	Tullytown, P	A				į
(55.5%)#id=1656						Signature	1/1 /	0 0	ate			
Jevtic SB-41	Ow	ner					who we	read 0:	5/21/20	14		
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					A MAINE OF	or memorie exemple	en activities.					

May 20 2014 09:17am

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Check# 8446

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT MAY

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Date of Notification/(1)	,		Nam		MALPE		Joen	t. of Health	Dane	TIOT :	servio	es
Agencies Notified	Type Notification		Stree	Aridrege				(alg	nature)		-	-
EPA	initial		4	<i>+</i> 33	547"	STREET	Dates	2/20/14	Tin	ne: 9.	151	1/1
EPA DEP DOL	Amended Amendment		Gity.	State, Zip C	NEW Y	ORK N.S	7 C	709	3	69		
DOH DCA	Emergency justification)		Mone	a of Continue				anhana Air	pa, l			
DCA	Gancellation	1			ORMATION		`					
Name of Facility Where		ng Place (3)		MOILS I (18)	ONGATION	Type of Facil	ity (4)		$\overline{}$			
COMMERCIA. Street Address						School School			۵.			
433 54	STREET	~						er Ihan K-1 & commerd		dings,	home	28,
City (5) WEST NEW YO	DEK					Square Feet	# 0	of Floors	E	idg. A	_	
County (6)	2444 11 4/4		Cour (STA	nty Code (7) TE USE ONL	n	Current Use	(Prior If be	ing demolis	hed)	1)EA	10
Name of Monitoring Fire	n Hired by Building	Owner (8)	A	SCM No.		e of Abatement Mac Contrac	Contractor			1		
Street Address				1	Stre	et Address 5 Lowell Roa	-					
City, State, Zip Code	- · · · · · · · · · · · · · · · · · · ·		1			State, Zip Code en Rock, N.J.				VII.		- 02
Project Manager for Mo	nitoring Firm	-	Tele	ohone No.	Tele	phone No.		License N	lo.			
Start Date (10)		Scheduled	Complet	ion Date (11		1-262-5841 le of OSHA Mon		00156				
5/20/14 Occupancy Status Durin	A Abelesee of Cha			4		nega Environ	mental 5	Services I	nc.			
Facility Closed/Vac	ated During Entire	Period of Ab	atement		280	et Address D Huyler Stre		-				
Olher – Describe:	ned Outside of Non	nai racility r	1QUFS			State, Zip Code ckensack, N.						
Scope of Work (Check /	All That Apply)		19					×		**		
23 af or ≥3 lf ⊠ ≥160 af or ≥260 lf	(10)		novation molition	*0:		Mini-Enclo Glovebag	sure Procedure	h Negative I nd Non-Friat			_	
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Lacalio		No	mally Solely by		Description				-	Ty	/pe	_
Asbestos-Containing TO BE AB	ATED	Main	tenance/ dial Stati	Asbe	e. Ihermal system		0	Amount Specify	250	20	Ence	m
In Faci (13)			(12)		surfacing, \ other miscell		Ş	F or LF)	emoval	Repair	Encapsulate	Enclosure
		Yes	No N	A							8	0
OUTS: OE		ح ا	:	ROOFING			150051	42				
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			-						-		-	_
Name of Registered Wa	sle Hauler		NUDE	P Waste	Cubic Yards	Name	of Regist	ered Landfil	_	<u> </u>		<u>L</u>
Rovic Transport		3000		rID No.	Cubic Yards of Waste	IES		hlehem L		I Co	φ.	
City, State Riverdale, New Jen	sey 07457				Disposal Da	te City,		PA 18015	5			
R. McDonald		Title Presid	ent		Slove		1		ale /	0/1	4	
					1/1/				1.0	1	1	

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Date of Notification (1) 05/21/2014			of Building nus BOE	Owner/Opera	ator (2)	1 200							
Agencies Notified Type Notification EPA Initial		145 S		illey Road			MA	2	7 20)14			
DEP Amended Amendment Emergency		Parar	ate, Zip Co nus, NJ								1.		
☑ DOH justification) ☐ DCA Cancellation	intologing	Bob A	of Contact Autorino			IV	elephone Nu						
Name of Facility Where Abatement is Takin Paramus High School	g Place (3)	FAC	ILITY INF	ORMATION	Type of	Facility (4)							
Street Address 99 Century Road					Sub	nool (K-12) ochapter 8 (O er (i.e. privat			dings	, home	es,		
City (5) Paramus					Square F		of Floors		Bldg. A	Age			
County (6) Bergen			Code (7) USE ONLY)	Current School	Use (Prior if b	eing demolis	hed)					
Name of Monitoring Firm Hired by Building RK Occupational, Inc.	Owner (8)	ASC 009	M No.		me of Abaten MC Compa		or (9)						
Street Address 403 St. James Ave				Str	eet Address 08 Piaget A								
City, State, Zip Code Philipsburg, NJ 08865				Cit	y, State, Zip (Code							
Project Manager for Monitoring Firm Jonathan Gilbert		Telepho	one No. 54-6316	Tel	lephone No. 73-253-882		License No. 00704						
Start Date (10) 05/22/2014	Scheduled (05/22/201	l Completion		Na	me of OSHA MC Co. Inc	Monitor	00704			-			
Occupancy Status During Abatement (Chec					eet Address								
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of Aba	tement ours			y, State, Zip C	Code							
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		ovation polition			Mini-E Glovel	ontainment w nclosure pag Procedur xempted (*) a	e			e			
Table 1		cation mally							Abate	ement pe	t		
Location of Asbestos-Containing Material (ACM)	Used S	olely by	Asbes	Descript tos Containin	tion of ig Material (A	CM)	Amount		T .		Ш		
TO BE ABATED In Facility (13)	Custodi (1	enance/ al Staff? 2)			ems insulation VAT, or	n, Í	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
Exterrior	Yes N	lo N/A	1	Nindow ca	ulk/alaze		30 LF	-	-	w			
		^-		Williadw ca	unvgiaze		30 LF	X					
Name of Registered Waste Hauler		NJDEP V	Vaste	Cubic Yard	ls N	ame of Regis	stered Landfi						
Newark Carting, Inc		Hauler ID 05409		of Waste	207.0	ROWS	Acrea Landii	II.S					
City, State Newark, NJ				Disposal Da		ity, State Morrisville,	 РА						
Completed by Voytek Roszkowski	nt	-	Signat	ture	zhous	D	ate 5/21/2	2014					

Check No. N/A - PA NY&NJ Project

Date of Notification (1)					Name	of Buildi	ng Owner/Operato	r (2)			-			,
May 20, 2014					PA o	f NY &	NJ				4	100	1	
Agency Notified	Type No	otification			Street	Address								
□ EPA	Initial Initial				2 Ga	teway	Center, 11th F	loor	HAV a					
Historiani per State Reg. 10:2004	☐ Amer	nded			City, S	tate, Zip	Code	12.0	MAT 2 7	2014		100		
⊠ DOL		ndment # gency (includi	na		New	ark, N.	J 07102							
⊠ DOH	justif	ication)	ng.			of Conta	ict		Telephone Nur	nber	- 18			
□ DCA	☐ Canc	ellation			Yi Zh	nang					- 3			
					FACI	LITY IN	FORMATION					-	- mad	
Name of Facility Where	Abatemen	t is Taking Pla	ace (3)					Type of Facility	y (4)					
Holland Tunnel - F	ort Aut	hority Adn	nin. E	3ldg.				☐ School (K-1	2)					
Street Address								☐ Subchapter	8 (Other than K-12					
corner of Boyle St	treet an	d Boyle Pla	aza					Other (i.e. p	rivate & commerci:	al buildir	ngs,			
City (5)			-					Square Feet	# of Floors	Bldg.	. Age	3		-
Jersey City, NJ 07	310							3,600	3	50 -				
County (6)					County	Code (7) (STATE USE	37.7	Prior if being demoi			-		-
Hudson					ONLY)		, ,	Office	3	250502740				
Name of Monitoring Firm	Hired by	Building Owne	er	ASCN	No.		Name of Abater	ment Contractor (9)			-		
A of NY & NJ				N/A				storation Co.	CO.F.					
Street Address							Street Address		,		-	_		
241 Erie Street, Ro	om 236	5					223 Randol	ph Avenue						
City, State, Zip Code							City, State, Zip						75.	
Jersey City, NJ 07	310						Clifton, NJ	07011						
Project Manager for Mon	itoring Fir	m	Te	elepho	ne No.		Telephone No.		License No.					
Uday Mehta			2	01-5	95-488	31	973-478-468	31	00120					
Start Date (10)		Scheduled Co	Discount of the Control of the Contr	ion Da	ite (11)		Name of OSHA	Monitor	1					
June 09, 2014		June 30, 2					McCabe En	vironmental	Services, L.L.	C.				
Occupancy Status During	g Abateme	ent (Check onl	y one)				Street Address				039 191			
☐ Facility Closed/Vacate	d During I	Entire Period o	of Abat	ement				Brook Avenu	е		0.000			
☐ Abatement Performed	Outside o	f Normal Facil	lity Ho	urs			City, State, Zip							
☑ Other - Describe: No			kterior v	work)			Lyndhurst,	NJ 07071-19	98		-			
Scope of Work (Check al	that appl	y)					☐ Full Containment with Negative Pressure							
☐ ≥3 sf or ≥ 3 lf					⊠ Ren		☐ Mini	-Enclosure						
⊠ ≥ 160 sf or ≥ 260 If					☐ Dem	Olition	☐ Glovebag Procedure ☑ Non-Exempted (*) and Non-Friable Procedure							
			Is	Locat	ion			, , , ,			A	bate		nt
1			١	Normal	ly						_	Ту	ре	
Location Asbestos-Containin		(ACM)		d Sole intena		Asbe	Description stos Containing M		Amount				ш	
TO BE A				ustod			., thermal systems	insulation,	(Specify		Re	ZD	nca	Enc
IN Fac (13)		8		Staff? (12)	•		surfacing, VA other miscellan		SF or LF)		Remova	Repair	Encapsulate	Enclosure
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	58			(12)							/al	₹	ate	re l
			Yes	No	N/A									
Roof					X	caull	k		18	31 In ft	\times			
		480 4 27 27						#2500 D						
Name of Registered Was	te Hauler		111000	DEP V No.	Vaste H	auler	Cubic Yards of Waste	Name of Regis	stered Landfill					
Two Brothers Con	tracting	, Inc.	(20)	2695	iii		waste 3	Grand Cer	ntral Sanitary	Landfi	II			
City, State -							Disposal Date	City, State						
Clifton, NJ 07014				-			06/12/14 - 06/18/14	Penn Argy	ı, PA				A45-1-0	
Completed by		Title					Signature	1117		Date				
G. Roger Woodma	n	Project Ma	anage	er			000			5/20/2	201	4		





							O.
pour.	ŧ	#	E STORE				
27	F	1	4	12	· ·	<u></u>	3

Date of Notification (1)						Building O		erator	(2)								
04/01/14				JANE MATTINGLY Street Address 568 IRVINGTON AVE						27	PH 12:	50					
Agencies Notified	Type Not						N AVE										
DEP DOL	Ame	ended endment #	#	100		e, Zip Cod BETH N			i)	1655i 11 &	CEN	SING	RSI.	¥ /			
ĭ DOH	justi	ergency (i fication)	ncluding	-7.5	Name of	Contact			3			phone N		3.			
DCA DCA	L Call	cellation				ITY INFO	RMATIC	N						_	1		
Name of Facility Where	Abatement	is Taking	Place (3)		I AOIL	311111110	TOWN		Type o	f Facility (4)							
Section (Control of Control of Co									☐ Sc	chool (K-12))						
Street Address 568 IRVINGTON A	\/E				200				T St	ubchapter 8 ther (i.e. pri	(Othe			ldin	ngs, h	nome	s,
	.V L								et Square	c.)	# of	Floors	***************************************			10	
City (5) ELIZABETH									1800		3			J. C.	9.78		
County (6) UNION					County C STATE U	ode (7) SE ONLY)		_	Curren	t Use (Prior	if beir	ng demol	ished)				
Name of Monitoring Firm	n Hired by I	Building (Owner (8)		ASCM	No.		Name	ame of Abatement Contractor (9)								
									LEAD	NALS							
Street Address									Address HITE D								
City, State, Zip Code				*****				City, State, Zip Code LAKEWOOD, NJ 08701					-				
Project Manager for Mo	nitoring Fire	n	-		Telephon	ne No.		Teleph	elephone No. Licen								
								100000000000000000000000000000000000000	668-90	11 D-15 CT-0		1200					
Start Date (10) 06/01/14			Schedule 06/02/1		ipletion L	Date (11)			A Monitor PROFES	SSIO	NALS						
Occupancy Status Durin	ng Abateme	ent (Chec	k Only On	e)					Address		LIDT	×			0.000		
Facility Closed/Vac Abatement Perform Other – Describe:	cated Durin ned Outside	g Entire F e of Norm	Period of A nal Facility	batem Hours	ent			City, S	State, Zip								
Scope of Work (Check /	All That An	oly)			****			LAKEWOOD, NJ 08701									
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	All Triat Ap	Ji y)	Processing	enova emolit				Full Containment with Negative Pressu Mini-Enclosure Glovebag Procedure									
								L	_ Non	-Exempted	(*) an	d Non-Fr	iable Pi				
			10000	Locati	SSSS Comments					1				-	Ty	ment pe	
Locatio Asbestos-Containing TO BE AB In Fac (13)	g Material (<u>BATED</u> ility	ACM)	Use Mai	lormal d Sole intenai odial S (12)	ly by nce/	Asbesi (i.e.	tos Cont thermal surfac	system cing, VA	Material is insulat	(ACM) tion,	(5	mount Specify For LF)	Kemova		Repair	Encapsulate	Enclosure
			Yes	No	N/A											fe	(b
BASEM	IENT						PIPE II	NSUL	ATION			OLF	X				
					-					-			-	+		_	
Name of Registered Wa	e of Registered Waste Hauler					laste		Cubic Yards		Name of F	Registe	ered Lan	dfill				
NEWARK CARTIN					lauler ID 4509	No.	of Waste 1 IESI			7							
City, State NEWARK, NJ							Dispos 06/02	sal Date 2/14	Э	City, State BETHLE		/ PA		50			
Completed by JOSEPH PERLSTE	EIN		Title	le Signature Date				Date 05/23	/14	4							
TOOL III LIKEOIL				ame divini				(/ / 00/25/14									

DIALE OF NEW JEISEY

NO CK

NOTIFICATION OF ASBESTOS ABATEMENT

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

							A D			7					
Date of Notification (1)	ay 22, 2014				Name of Building	Owner/Oper Jerry (rator (2)	OC. VE)						
Agencies Notified Ty	ype of Notificati	Notific			Street Address	135 N	ottingham Brive	Y 27 PM 12	: 31						
[x] DOL	Amend	iment #	tification fncluding		City, State, Zip Co	ode Watch	ung, NJ 07069	STOS CONT	R@l.	Ø.					
[] DCA	justific	ation)			Name of Contact			elephone Number	- (10					
] Cancel	lation			Jerry	Grogg		F. 12		ا					
				FAC	CILITY INFORM	MOITAN									
Name of Facility Where Abater Reside		Place (3)				Type of Facility (4)	School (k-12)	0						
Street Address 104 Or	rtley Avenue						[x]	Subchapter 8 (oth Other (i.e., privat homes, etc.)			al build	lings,			
City		Coun	y (6)		County Code (7) (STATE USE ON	.Y)	Square feet 1200 sf	# of Floors	Bldg	Age 6	0				
Lavallette		Ocea			W		Current Use (Prior if Resider								
Name of Monitoring Firm Hire N/A	d by Building O	wner (3)		ASCM No.	Name of	Abatement Contractor Guardi								
Street Address					•	Street Ad									
City, State, Zip Code						City, Sta	te, Zip Code	Giver, New Jerse	ov 087	55_11	71				
Project Manager for Monitoring	g Firm		Telephone	Number	Y	Telephor 732-34	e Number	License N 00624		33-12	-/1				
Scheduled Start Date (10) 5/23/14			Scheduled		ion Date (11)	L. Analytical									
Occupancy Status During Abat	ement (Check or	nly one				Street Ac	ldress								
	Closed/Vacated						1056 S	telton Road							
2 3	ent Performed O Describe	utside	of Normal I	acility Ho	ours	City, Sta	te, Zip Code Piscata	way, New Jerse	y 088:	54					
Scope of Work (Check all that	apply)					[]	Full Containment	with Negative Pres	sure						
F 1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 ([]	Mini-Enclosure								
[] >3 sf or [X] ≥160 sf	≥3 lf or ≥260 lf		[x]	Renova		[] [x]	Glovebag Procedu	ire and Non-Friable I	Procedu	re					
[11] 230032	T		[,]	Demon	T T	[7]	Troil Exempted () and 1100 1100 i							
			Is Locati			D !!	6		Abate	ement	Гуре				
Location of		1	Normally i		As	Descriptionsbestos-Cor		Amount	R E	R E	E N	E N			
Asbestos-Containing Mate			Solely b			Material (A	CM)	(Specify SF	M	P	C	C			
TO BE ABATEI in facility	2	Main	tenance/C Staff	ustodial		e., thermal sulation, su		or LF)	0	A I	A P	L			
(13)			(12)		1111	VAT, c			V	R	S	S			
		YES	305 mm25 tt		ot	ner miscella			A		U L	U R			
	NO	N/A					L		E	E					
Exterior	X		Asbestos sidi	ng		1100 sf	X								
Name of Registered Waste Hau Guardian Contra		1	VJDEP Was	ste Hauler 20223	ID No. Cubic Y	ards of Wast	te Name of Register T.R.R.F.	red Landfill							
City, State	ternig, IIIc.				sal Date	City, Sta	ate 1		-						
Toms River, Ne	w Jersey	Title		5/27/	14_		own Penasylvania	/	I 5						
Completed by (Print or Type) Nicholas Fernico	ct Manag	ger	Signature	icho	(te		Date 5/22								

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

NO CK





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6	
Cas	

Date of Notification (1)				ner/Operator								
05-20-14		D.F. C	nase, Inc		2	14 HAY 27	PMIO					
Agencies Notified Type Notification		Street Ac 3001 A	ldress rmory Dri	ive								
DEP Amended Amendment #	2_		te, Zip Code Ile TN 372			& LICEN:	SING	81				
DOH Emergency (in justification)	cluding	Name of	Contact			Telephone N	lumber	J'E	ć			
DCA Cancellation		Tricia A	Adamo			,						
		FACIL	ITY INFOR	MATION								
Name of Facility Where Abatement is Taking Old Dominion Freight Lines Inc.	Place (3)				Type of Facility School (K	(-12)	40)					
Street Address 180 Talmadge Avenue						ter 8 (Other than K be private & comme		dings,	home	es,		
City (5) Edison					Square Feet	# of Floors	B	Bldg. A	ge			
County (6) Middlesex		County C	Code (7) ISE ONLY)		Current Use (F	Prior if being demo	lished)					
Name of Monitoring Firm Hired by Building On N/A	wner (8)	ASCM	l No.		contractor (9) LLC.							
Street Address												
City, State, Zip Code					State, Zip Code on City NJ 07	87				-		
Project Manager for Monitoring Firm		Telephor	ne No.	Telep	hone No. 216-9603	License 01206			-			
	Scheduled Co	mpletion [Date (11)	Name	of OSHA Monitor	or		NAME OF TAXABLE PARTY.				
00 == 11	05-26-14				Street Address							
Occupancy Status During Abatement (Check					7th St.							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	eriod of Abate al Facility Hou	ment rs			State, Zip Code on City NJ 08	087						
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov Demoi				Glovebag P							
	I			La	a Non-Exemp	led () and Non-11	T TO	Abate				
	ls Loca Norma	0380001- a		_				Ту				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Sol Maintena Custodial (12)	lely by ance/ Staff?	(i.e. th	Description S Containing Mermal system surfacing, VA ther miscellar	Material (ACM) s insulation, AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
First Floor room A,B,H&C	X			VAT & Ma	stic	1200 SF	X	\vdash				
Filst Floor Toolii A,B,H&C	-			VAI & IVIA		1200 01						
Name of Registered Waste Hauler		NJDEP W		Cubic Yards	Name	of Registered Land	lfill					
Delfa Contracting LLc		Hauler ID 35240	1	of Waste		own Resource	Recov	ery F	acilit	ty		
City, State Union City NJ		Disposal Date 05-26-14										
Completed by Jaime Delgado	Title Proj. Man	nager.		Signature	A.		Date 05-20-	14				

NO CK

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

GAC Project # 448-14			(L ULS	uant to <u>11.9.A.C</u>	. 0.00-7 2	.nu 12.120-7)		7 pr	سا لرح	on me	w 20	ę	P
Date of Notification (1)						Building Owner	/Oper	ator (2)			- 21)	
	2, 2014				-	A & LOUISE						<i>-</i>	
Agencies Notified		Notification Initial I		tion		RELWOOD D	RIVE	201	MAY	27 F	PH 1:	21.	
□ EPA □DCA		MAmeno owner's p		ification #1 –		te, Zip Code ORD, NJ 080	55			Erist r		~ 7	
X DOL		correction		amou	Name of	Contact		es.	oTeler	phone Nu	mber i	(OL	
DEP- No Longer REQUI	IRED	Victor (New York)	200 Acces	including		R. PAT GARE			Chap.	11	è	1	
I DOH			cation)		Mgr. K	en's Marine	Svc					C	5
		☐ Cance	and the second s										
				FACILITY INF	ORMATIO	N				•			
Name of Facility Where Abate		aking Place (3)			100	acility (4)							
189 BARTHOLDI AVEN	UE				School								
Street Address		*				apter 8 (other tha							
189 BARTHOLDI AVEN	UE					r (i.e. private & co							
City (5)	County	(6)	T Count	y Code (7)	Sq. Fee	et: 3000 SF	# 01 1	-100rs:	Z Blac	g. Age:	~60+	years	5
JERSEY CITY		ÜDSON		Use Only)	Current	Use (prior if bein	g dem	nolished	: RES	SIDENCE			
Name of Monitoring Firm Hire	d by Bldg	. Owner (8)	ASCM	No.	Name of	Contractor (9)							
ENVIROVISION, INC.			000			WOOD ABA	TERR	ENT C	ONSI	II TANT	C IM	_	
Street Address					Street Ac		I MIAI	LINIC	DNSU	LIANI	3, 1140	٠	
20-21 WARGARAW RO	DAD				268 MA	AIN STREET							
City, State, Zip Code						e, ZipCode						-	
FAIRLAWN, NJ						R, NJ 07405							
Project Manager for Monitorin	g Firm	Telephone			Telephon	e Number			Licen	se Numbe	er		
FRED LARSON		973-636	-9145		973-49	2-0477			0084	40			
Scheduled Start Date (10)				on Date (11)	94-1761-4-900-1	OSHA Monitor							
05/27/14		05/28/14			ENVIR	OVISION, INC	C.						
Occupancy Status During Al					Street Ad								
▼ Facility Closed/Vacated				ent (NOT SUB 8)	20.24 1	VARGARAW	DO.	D					
Abatement Performed Ou	utside of	Normal Facility	y Hours			e, Zip Code	KUA	ND			-		
Describe Facility Occupied During	Entire D	ariad of Abatar	nont		OKY, Otal	o, zip oode							
Hours 8AM – 4PM	Little	erioù di Abater	nent										
TIOUIS OAM - 41 M					FAIRLA	AWN, NJ							
Source of Work (Check all tha	t apply)												
	.11			-		-				ith Negat		ssure	
∑ ≥ 3 sf or ≥ 3 lf				■ Renovation ■ Renovation					20	t & Wrap)		
$\square \ge 160 \text{ sf or } \ge 2$	260 11			Demolition		X		vebag P					•
Location of Asbestos-Containi	ing Is	Location Norma	lly Used	Description of Ast	nestos Con	taining Material	Non-	-Exempt Amoun		and Non-	ent Typ		dure
Material (ACM) in Facility (13)		lely by Maint./C		(ACM) (i.e. therm			ing,	(Specif					
		aff? (12) ES NO	NA	VAT, or other mis	cell.)			or LF)		Remove	Repair	Encap	Enclose
Basement	11	IX	T	TSI - PIPE IN	TA III PL	ION		20 LF		X	т	Т	T
Dascincia	_		<u> </u>	101-111-11	TOOLAT	1014		20 LI	Character III		+	-	
Name of Reg. Waste Hauler		NJDEP Wa	ste Haule	r ID#	Cubio Vo	ards of Waste:	5 C	<u></u>	Name	of Regis	tered La	ndfill	
Newark Carting, Inc.		NJ DEP			Cubic Ta	irus oi vvasie.	3 6	.		O.W.S.			fill
Newark, NJ 04509													
							Disp	osal Da	te		City, Sta		
Notes: None							05/	28/14		1000	00 New		
						-					Morrisvill 215-736-		906/
Completed by (Print or Type)		Title			Signature				Date				
RAYMOND C. PEDAL	INO	SENIOR P		CT		rand C. Per	1.1		May	22, 20	14		
		MANAGE	3		Lagin	iana U. I li	unce	no					

NOCK

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

GAC Project # 448-14			(1 1113	dant to N.J.A.C	. 0.00-7 4	uu 12.120-/)	e a						
Date of Notification (1)					Name of	Building Owner	/Opera	ator (21	क्रा एक	5 % C 2000	D	(D)	
May 16	6, 2014				AMELI	A & LOUISE				C	لا		
Agencies Notified		Notification Initial I		ation	Street Ac	RELWOOD D	RIV頃	11 МА	V 27	DM	1.51		
□ EPA		☐ Amend	led Not	ification	Oity, Otal	C, ZIP COUC		in in	1 2 8	-1:1-	1 4		
DCA		☐ Emerg	gency (including		ORD, NJ 080							
⊠ DOL		justific	cation)		Name of	Contact	Dr.	タラヒン	Tele	phone N	lumber		
DEP- No Longer REQUI	RED	☐ Cance	lled		c/o MR	. PAT GARE	RISO	N &				ET,	
I ☑ DOH					Mgr. K	en's Marine	SVc.					C.	
				FACILITY IN	TORMATIOI	1							
Name of Facility Where Abater	ment is T	aking Place (3)	(389)		Type of F	acility (4)				100			
189 BARTHOLDI AVENU	UE				☐ Schoo								
Street Address		-				pter 8 (other tha							
189 BARTHOLDI AVENU	JE					(i.e. private & co							
0:: (5)					Sq. Fee	: 3000 SF	# of F	-loors:	2 Bld	g. Age:	~60	+ years	3
City (5) JERSEY CITY	County (JDSON		y Code (7) Use Only)	Current U	Ise (prior if bein	g dem	olished): RE	SIDENC	E		
Name of Monitoring Firm Hired	bv Bldg.	Owner (8)	ASCM		Name of Contractor (9)								
ENVIROVISION, INC.			000	79	GREEN	WOOD ABA	TEM	ENT C	ONSL	JLTAN	TS. IN	C.	
Street Address					Street Address								
20-21 WARGARAW RO	DAD				268 MA	IN STREET							
City, State, Zip Code					City State								
FAIRLAWN, NJ						R, NJ 07405							
Project Manager for Monitoring	Firm	Telephone I			Telephone	Number			<u>Licen</u>	se Num	per		
FRED LARSON		973-636	-9145		973-492	-0477			0084	40			
Scheduled Start Date (10)				on Date (11)		OSHA Monitor							
05/27/14		05/28/14			ENVIDO	VISION, INC	^						
Occupancy Status During Ab	natement	(Check only o	ne)		Street Add		<u>. </u>		-				
▼ Facility Closed/Vacated D				ent (NOT SUR 8)	Oli CCI Au	11033							
☐ Abatement Performed Ou				(20-21 W	/ARGARAW	ROA	D					
Describe		vorman r domey	riouis		City, State	, Zip Code							
☐ Facility Occupied During B	Entire Pe	eriod of Abatem	nent										
Hours 8AM - 4PM					FAIRLA	WN N.I							
Course of Work (Check all that	lu				.,								
Source of Work (Check all that	apply)						Euli (Contains	nont w	ith Nega	stive De		
⊠ ≥ 3 sf or ≥ 3 lf				■ Renovation		ö				t & Wra		essure	
□≥ 160 sf or ≥ 26				Demolition		X		vebag P	Same and the state of the		P)		
<u></u>	00 11			Demonton				•		and Non	Erioblo	Drood	luro
Location of Asbestos-Containing	ng Is L	ocation Norma	lly Used	Description of Asl	bestos Conta		14011	Amoun			nent Ty		uie
Material (ACM) in Facility (13)	Sol	ely by Maint./Ci		(ACM) (i.e. therm	nal systems i		ing,	(Specif					
	Sta YE	iff? (12) S NO	NA	VAT, or other mis	cell.)			or LF)		Remov	e Repair	Encap	Enclose
Basement	+	· X	I	TSI - PIPE IN	ICIII ATI	ON		20 LF		X			1
Dasement	_			131-FIFE II	NOULATI	ON		20 LF			+	+-	-
Name of Reg. Waste Hauler		NJDEP Was	te Haule	r ID#	Cubic V-	de of Mester	5 C)	,	Name	of Regi	stered I	andfill	
Newark Carting, Inc.		NJ DEP			Cubic rai	ds of Waste:	501			O.W.S.			ill
Newark, NJ 04509			7,87										
							Disp	osal Da	te		City, Sta		
Notes: None								28/14	1000		100 Ne	w Ford M	57. Ph. Co. 1982
					Morrisville, Pa 19067 215-736-1700						906/		
Completed by (Print or Type)		Title			Signature Date								
RAYMOND C. PEDALI	INO	SENIOR P	ROJEC	T									
		MANAGER)		ragino	and C. Te	Raymand C. Pedalino May 16, 2014						

State of NJ

	1					
-16-	por.	900	1.1	*	-	17

B & G proj. #: 2014-78

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

		XX	***AI	ODITIONA	L FC	OTAGES***_	Check	#6553				
Date of Notification (1)	1	Name of	Building Ow	ner/Operator (2))							
0 5 / 2 2 / 1 4		Victori	a & Antho	ny Giaimo			2814 MAY 27	PM 12:	49			
Agencies Notified Type Notifica EPA DEP Initial		Street Ad 69 Du	dress imont Stre	et			್ತುಕESTUS ಪ್ರಿಕಿರ್ಣಿಸಿ	SUNTI	₹ØL	6	ß	
DOL Amend	dment		e, Zip Code n, NJ 070	11		(1) (2)			- 1	Z		
DOH Cance	llation	Name of O		ony Giaimo			Telephor	ne Numbe	er D			
	L		FAC	CILITY INFORM	ATION	V						
Name of facility where abatement	is taking	place (3)					Type of Facility	(4)				
Victoria & Anthony Giaimo	(E)							K - 12)			
Street Address								apter 8 (0				
69 Dumont Street				10	3		Other Bldgs.	(Private/C /Homes, e	Comm etc.	ercial		
							Square Feet	# of Floo		В	Bldg. A	Age
City (5)	Co	ounty (6)	VI		1000000	inty Code (7)						
Clifton, NJ 07011		Passaic		117	(Sta	te use only)	Current Use (P residential	rior if beir	ng der	nolish	ied)	
Name of Monitoring Firm Hired by N/A	Bldg. Ow	ner (8)		ASCM No.		Name of Abatement	Contractor (9)					
Street Address						B & G Restorati	on, Inc.					
Street Address			,			Street Address	•					
City, State, Zip Code					_	105 Ryerson Ro City, State, Zip Code						
on, oraco, mp oodo						4502						
Project Manager for Monitoring Fire	m		Phone Numl	ber	_	Lincoln Park, N Telephone Number	13 07033	License	Num	her		
N 953						973-696-6869		0378		001		
Scheduled Start Date (10)	ISch	ed. Comple	etion Date (1	1)	-	Name of OSHA Mon	nitor	-				
05/27/2014		5/28/201		80 6 .		B & G Restorati	on, Inc.					
Occupancy Status During Abateme					_	Street Address						a-life sASS
Facility closed/vacated during			atement.			105 Ryerson Ro City, State, Zip Code						
Abatement performed outside						City, State, Zip Code						
Describe:Other-Describe:					-	Lincoln Park, N	J 07035					7.
Scope of Work (check all that appl	lv)				- 11			¬ wrap	9r C11	+		_
☐ Demolition	Renova	ion			F	ull Containment w/ne	L gative pressure	Glovel		-		
≥3 sf or >3 lf	>160 sf c	or >260 If				fini-enclosure]	Non-fr				
Location of			y used solel	yl					TR	R	E	Г
asbestos-containing	by main staff(12	tenance/cu	ustodial	Descriptio	n of as	sbestos-containing	Amount		e	е	n	E n
material to be abated in facility (13)				material (/		obotion containing	(Specify S	F or	m o	p a	c a	C
abated in lability (15)	Yes	No	N/A				LF)		v e	i	p	L
basement			X	pipe insulat	ion	- 1	150 lf		Ť		V	
2nd fl bedroom & hallway			X	VAT ***	*	**	140 sf *** -	XXX	W			
Registered Waste Hauler B & G Restoration, Inc.	100	DEP Hauler 9563	r ID# C	ubic Yards of W 3½	Vaste	Name of Registered		Contra				
City, State		202	Disposal D			Tullytown Resou	irce & Kecovery	Center			_	
Lincoln Park, NJ 07035				9/2014		Tullytown, PA						
Completed by (Print or Type)	Title		-	Signature	gnature CO , CO Date							
Gordana Luna	Secreta	Treasu	ror		_	Gordana Luna		05/22	1201	1		

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Date of Notification (1)	Name of Building Owner/Operator (2) Jeff Washbourne 241 MAY 27 PM i2: 48										
5/19/14					2414 11/	Y 27	PM 12	: 'ų g			
Agencies Notified Type Notification	1000000	reet Addre 26 Sout	ess h Scotch Pla	ains Av	renue ARRE	STUS	CONT	型盘t			
EPA Initial DEP Amended Amendment #			Zip Code I, NJ 07090				KSING		2		
Emergency (including justification) DCA Emergency (including justification) Cancellation	9 1023	ame of Co eff Wasl	ontact hbourne			Telep	phone Nun	nher			
		FACILIT	Y INFORMATI	ON							
Name of Facility Where Abatement is Taking Place (3)				Type of Facility (4	1)		i			
House Street Address					School (K-1) Subchapter		than K-13				
226 South Scotch Plains Avenue					Other (i.e. p				ings,	nome	s,
City (5) Westfield			E		Square Feet N/A	# of I N/A	Floors		dg. A	ge	
County (6) Union		ounty Coc			Current Use (Price House	or if bein	g demolish	ned)			
Name of Monitoring Firm Hired by Building Owner (8		ASCM N	0.	Name	of Abatement Con	tractor (9)			20-00	
N/A					Abatement, In						
Street Address					Address osengren Aver	nue		(0)			
City, State, Zip Code					tate, Zip Code wa, NJ 07512						
Project Manager for Monitoring Firm	Te	elephone	No.		none No. 345-8685		License N #00675	lo.			
Start Date (10) Schedu 5/30/14 5/31/1	all the second of the second o	oletion Dat	te (11)		of OSHA Monitor Abatement, In	 С.					
Occupancy Status During Abatement (Check Only C					Address						
Facility Closed/Vacated During Entire Period of		ent		11 R	osengren Aver	nue					
Abatement Performed Outside of Normal Facili Other – Describe: Occupied											
Scope of Work (Check All That Apply)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovatio Demolitio		RI	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure							
						d (*) and	Non-Frial	ble Pro	Abate		
	s Location									pe	
Aspestos-Containing Waterial (ACW) TO BE ABATED	ed Solely aintenand stodial Sta (12)	by by	Asbestos Con (i.e. therma surfa	I system	Material (ACM) is insulation, AT, or	(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
(13) Yes	No I	N/A	other	miscella	neous)			val	=	ulate	ure
crawl space	X		pipe	insula	ation	9	LF .	х			
Name of Registered Waste Hauler	Ha	IDEP Was auler ID N	o. of Wa	Yards aste		3.7	red Landfi gement o				
D&S Abatement, Inc.	#2	0996	TBD	15			Join Gill C				
City, State Totowa, NJ			TBD	,	Tullyto						-
Completed by Title Deanna Brkusanin Pro	roject Manager Signature Signature Signature Signature Signature Signature Signature Signature Signature										

DECTIVED

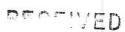


Date of Notification (1) 5/19/14			Name of Building Owner/Operator (2) Tom McCabe 214 MAY 27 PM 12: 4 ?														
Agencies Notified	Type Notifi	cation		0.73	Street Ad	dress din Terra	ace										
X EPA X DEP X DOL		ided idment#				e, Zip Coo Orange,		079	É	<u> </u>	STO: LICE	Cunt Ensine	i tot	> <u></u>			
X DOH □ DCA	justific	gency (in cation) ellation	cluding	870	lame of Tom M	Contact cCabe				-	Tel	ephone Nu	umber 3		555 5 555 -		
					FACIL	ITY INFO	RMATIC	N									
Name of Facility Where A House Street Address	Abatement is	s Taking	Place (3)							of Facility School (K- Subchapte	12)	er than K-	12)				
1 Franklin Terrace										Other (i.e. etc.)				- 75 (S)		s,	
City (5) South Orange									Squa N/A	are Feet	# o	f Floors A	1000000	idg. A /A	ge		
County (6) Essex					County C	ode (7) ISE ONLY)		_	Curre	ent Use (Pri ISE	ior if bei	ng demoli:	shed)				
Name of Monitoring Firm	Hired by Bu	uilding O	wner (8)		ASCM	No.				atement Co tement, Ir		(9)					
Street Address								Street	Addre	caeste so as—e* - oc	28-5		i.			\neg	
City, State, Zip Code								City, S	tate, 2	Zip Code							
Project Manager for Mor	nitoring Firm				Γelephor	ne No.	-	Teleph		NJ 07512 No.		License	No.			_	
Start Date (10)			Schedule	d Com	nletion F) ate (11)		973-		B685 HA Monitor		#00675	5				
5/30/14			5/31/14	D&S				D&S	Aba	tement, Ir							
Occupancy Status Durin	g Abatemen	it (Check	Only One))	111					12	nua						
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside											-					
Scope of Work (Check A	All That Apply	y)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			-	enovat emoliti				Full Containment with Neg Mini-Enclosure Glovebag Procedure Non-Exempted (*) and No									
			1								1			Abate			
Locatio	n of		N	Location ormali	у		Des	scription	of		1			Ту	ре		
Asbestos-Containing TO BE AB In Faci (13)	Material (A) <u>ATED</u> lity	CM)	Mai	d Solel ntenar odial S (12)	ice/	Asbest (i.e.	os Cont thermal surfac	aining N	Materia s insu AT, or		(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure	
			Yes	No	N/A	100					ļ.,	20.05		_	œ.		
garaç	ge			X			boilei	r insula	ation		1	30 SF	X				
Name of Registered Wa	ste Hauler			N	JDEP W	/aste	Cubic	Yards		Name o	f Regist	ered Land	fill				
D&S Abatement, Inc					auler ID 20996	No.	of Was	ste	31	3777-385-3977		gement	of PA				
City, State Totowa, NJ	₩						Dispos TBD	sal Date	7	City, Sta Tullyto		A					
Completed by Deanna Brkusanin			Title Proje	ct Ma	nager		S	ignatur		anner K	Mi		Date 5/19/1	4	-		
				a literative a literative													

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Date of Notification (1) 5/19/14			Name of Building Owner/Operator (2) Pauline Occhipinti Street Address 214 MAY 27 PH 12: 45										
Agencies Notified	Type Notification			Address Ile Terre	Road		2814 MA	Y 2	PH 12	: પૃષ્ટુ			
EPA DEP DOL	Amended Amendment #			ate, Zip Cod Orange, I		52	ABHE *	STU	S CUNT	Kal.	157 ;		
☑ DOH □ DCA	Emergency (in justification) Cancellation	ncluding	100000000000000000000000000000000000000	of Contact ne Occhip	inti		3	Tele	ENSING	ber , J	· £3/		
			FAC	ILITY INFO	RMATIC	ON							
Name of Facility Where A House	Abatement is Taking	Place (3)					Type of Facility (4	2)					
Street Address 37 Belle Terre Rao	d						Subchapter Other (i.e. pretc.)				lings,	home	s,
City (5) West Orange							Square Feet N/A	# of N/A	Floors	33%	ldg. A	ge	
County (6) Essex	——————————————————————————————————————			Code (7) USE ONLY)			Current Use (Price House	or if bei	ng demolis	ned)			
Name of Monitoring Firm	n Hired by Building C	wner (8)	ASC	M No.	I		of Abatement Con Abatement, In-		(9)		, i iliintee		
Street Address						Street	Address osengren Aver			٠.	==	-1,P403	
City, State, Zip Code	*					City, S	state, Zip Code wa, NJ 07512						\neg
Project Manager for Mor	nitoring Firm		Teleph	one No.		Teleph	none No. 345-8685		License N #00675	lo.			
Start Date (10) 6/03/14		Scheduled C	ompletion	Date (11)		Name	of OSHA Monitor Abatement, In		#00073				
Occupancy Status Durin	og Abstement (Chec	2000					Address	·				K. 8-2	
	cated During Entire F	8545 OV	ement				osengren Aver	nue					
	ned Outside of Norm				_		State, Zip Code wa, NJ 07512						
Scope of Work (Check A	All That Apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			vation olition			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure							
				T			Non-Exempted	d (*) an	d Non-Frial	ole Pro			
J*		Is Loc						21			Abate Ty	meni pe	1
Locatio Asbestos-Containing TO BE AB In Faci	g Material (ACM) BATED	Used Sometimes Mainte Custodia	olely by nance/ al Staff?		tos Cont thermal surfac	system cing, VA	Material (ACM) s insulation, AT, or	(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
(13))	Yes N			other m	niscella	neous)			oval	air	ulate	sure
basem	nent	>			pipe	insula	ation	1	00 LF	Х			
Name of Davistand W	-1-11-11-					Cubic Yards Name of Registered Landfill							
Name of Registered Wa D&S Abatement, Inc	NJDEP Hauler I #20996	D No.	of Was				gement o						
City, State Totowa, NJ					Dispos TBD	sal Date	City, Stat		Α				
Completed by Deanna Brkusanin		Title Project	Manage	ır	S	Signature Date 5/19/14							

OK# 6775903187



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Date of Notification (1)				Name of Building Owner/Operator (2) Inez Ehren Krantz													
5/19/14							intz			2014 MAY	27	PM 12	: 45				
Agencies Notified	Type Notif			- 1	Street A 132 Gr	ddress eenwoo	d Driv	е			353 53	_					
EPA DEP DOL	× Initia				City, Sta	te, Zip Co	de			FRAFERE	U5 (HU	卡鲁L	-			
× DOL	Ame	ndment a				n, NJ 07				& LI	CEN	SING	i	Ž.			
▼ DOH		rgency (i ication)	ncluding		Name of	Contact	-		4327		Tele	ephone		_			
DOH DCA		cellation			Ehren	Krantz								9			
					FACI	LITY INFO	RMATI	ON									
Name of Facility Where A House	Abatement i	is Taking	Place (3)						Command of the Comman	of Facility (4							
Street Address				8 7 6						School (K-12 Subchapter 8		er than	K-12)				
132 Greenwood Dr	ive								100	Other (i.e. pr	ivate 8	& comm	ercial b	uild	ings,	home	es,
City (5)							-			etc.) ire Feet	# of	Floors		BI	dg. A	ge	
Millburn									N/A		N/A				/A	3	
County (6)					County (Curre	ent Use (Prio	r if bei	ng dem	olished)			
Essex	=					JSE ONLY)			Hou								
Name of Monitoring Firm N/A	Hired by B	sullaing C	wner (8)		ASCM	1 No.		1000		atement Cont tement, Inc		(9)					
Street Address							70	Street						-			
City, State, Zip Code								rainly		gren Aven	ue						
City, State, Zip Code				+						Zip Code NJ 07512							
Project Manager for Mor	ct Manager for Monitoring Firm							Teleph 973-				Licens #006	se No. 75 -				- 1
Start Date (10) 5/19/14			Schedule 5/20/14		pletion I	Date (11)		100	1000	HA Monitor tement, Inc							
Occupancy Status During	a Abatamar	at (Chaol							Addre		<i>.</i> .				-		
				0.0	1.					ss ren Avenu	е						
Facility Closed/Vaci	ated During ed Outside	entire F	eriod of A	batem Hours	atement												
Other – Describe:	Occupied								NJ 07512								
Scope of Work (Check A	II That Appl	y)						L						_			
≥3 sf or ≥3 lf			☐ R	enova	tion			Full Containment with Negative Pressure									
2160 sf or ≥260 lf				emolit	ion			×	Mi	ni-Enclosure		J					
										ovebag Proce on-Exempted		d Non-F	riable l	Proc	edur	9	
			le	Locati	on						1				300 Vis	ment	
Location	of.		N	ormal	У		De	scription	of					_	Ту	pe ·	
Asbestos-Containing	Material (A	CM)		d Sole			os Con	taining N	/lateria	I (ACM)	Α	mount				ш	_
TO BE AB. In Facil			3,555	odial S		(i.e.		systems cing, VA		ation,		Specify or LF)		Ren	Re	nca	ncl
(13)	ity			(12)				niscellar		1	Si	Of LF)		Remova	Repair	Encapsulate	Enclosure
			Yes	No	N/A									_		ate	ē
basem	ent	310000		X			pipe	insula	tion		2	7 LF	Х				
																	
													-				
Name of Registered Waste Hauler					JDEP W	/aste	Cubic	Cubic Yards Name of Registered Landfill									
	D&S Abatement, Inc.					No.	of Wa			Waste N				Α			
City, State	-				20096			posal Date City, State									
Totowa, NJ							TBD)	Tullytow		4					
Completed by			Title				18	Signatur	000	ia Della	11000	11.	Date		8		
Deanna Brkusanin							ct Manager				ull	er	5/19	/14			

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Date of Notification (1) 5/19/14	***************************************		Name of Building Owner/Operator (2) Susan Gammel									
Agencies Notified	Type Notification	,	Street A 58 Wh	ddress ittingham Ter	ace	2814 MA'	27 F	PH 12: 3	i C			
EPA DEP DOL	Amended Amendment			te, Zip Code n, NJ 07041		asyES	105 C	JUNITR	凯			
DOH DCA	Emergency (i justification) Cancellation	ncluding		Contact Gammel		9 &	- Gelebi	none Nim	har	E E		
			FACI	LITY INFORMA	TION	**************************************		•				
Name of Facility Where A	Abatement is Taking	Place (3)				Type of Facility (4						
Street Address 58 Wittingham Terr	ace					Subchapter Other (i.e. p	8 (Other t			lings,	home	es,
City (5) Millburn						etc.) Square Feet N/A	# of FI N/A	oors	1	ldg. A	ge	
County (6)				Code (7) USE ONLY)		Current Use (Price House		demolish		,,,		
Name of Monitoring Firm	Hired by Building C	Wner (8)	ASCN		Name	of Abatement Con	tractor (0)	,				
N/A	Trinca by Ballaring C	wrier (o)	7,00%	1140.	D&S	Abatement, In		<u>'</u>				
Street Address					1000000	: Address Rosengren Aver	nue					
City, State, Zip Code	84					State, Zip Code wa, NJ 07512						
Project Manager for Mor	nitoring Firm		Telepho	ne No.	100000000000000000000000000000000000000	hone No. 345-8685	33.70	icense No 00675).			
Start Date (10) 6/04/14		Scheduled C	completion	Date (11)	11/2/1/2012	of OSHA Monitor Abatement, In	 c.					
Occupancy Status Durin					Street	Address Rosengren Aver			********			
	ated During Entire P ned Outside of Norm Occupied				City, S	State, Zip Code						
					Totowa, NJ 07512						-10.7	
Scope of Work (Check A	MI I nat Apply)	П.			Total Contribution of with Name time December							
≥160 sf or ≥260 lf			ovation olition		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure							
				· · · · · · · · · · · · · · · · · · ·	E		i (*) and N	Non-Friabl				
	1	Is Loc				F. 282				Abate Ty	meni pe	
Location Asbestos-Containing		Used S	olely by		escription	n of Material (ACM)	Amo	ount				
TO BE AB	ATED	Mainte	nance/ al Staff?	(i.e. therm	al system	ns insulation,	(Spe	ecify	Re	D	Enca	E
In Faci (13)	,	(1			acing, V		SF o	r LF)	Remova	Repair	Encapsulate	Enclosure
3.534		Yes N	o N/A						<u>a</u>	-	late	ire
crawl sp	pace	>	(pip	e insula	ation	45	LF	Х			
Name of Registered Wa			NJDEP V Hauler ID		c Yards aste	Name of						
D&S Abatement, Inc	#20996	TBD)		e Management of PA							
City, State Totowa, NJ				TBE	,	Tullytov					20	
Completed by Deanna Brkusanin		Title Project I	Manager		Signature Date 5/19/14							

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Project #			P		CATION	ate of New Jerse NOF ASBESTOS to NJAC 8:60 an	ABATE		NT	-	neck # 2	472	484-	Ü	
Date of Notification (1)	_				Name o	f Building Owner/	Operator	(2)		20	4 HAY 2	7 1	DM i). ,	_
04/11/2014					Kelech			(-/	## ###			. / 1	17 12	· 4	Į
Agencies Notified	Type	Notification		-	Street A					A	WECKS	A 20			
Agenoics Notified	.,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				ckton Rd				~	BESTO	26	UNI	RO	Í.
EPA DED	ALTERNATION .	nitial		-		ate, Zip Code				9	& LIC	EK5	HHG	-	1425
DEP DOL		Amended Amendment	#			fieldNJ 07825	5								6
		Emergency	(including	-	110000000000000000000000000000000000000	f Contact				T Te	lephone Nu	mber			
DOH DCA		ustification) Cancellation			Keleci						icprioric rea	•			
DCA .		Jancenation			2000	ILITY INFORMAT	ION				-	9			
Name of Facility Where A	Abatem	ent is Takir	ng Place (3	3)	FAC	ILIT HAPOKIAL	ION	Ty	pe of Facility	(4)					2002
Private House			,												
Street Address		V-5						F			ner than K-1	2)			
31 Stockton Rd		25						T	Other (i.e.		& commerc		ldings,	home	es,
							_	0,	etc.) uare Feet	1#6	of Floors		3ldg. A	.00	-
Bloomfield N	J 070	003									V		olug. A	ige .	ya -
County (6)				1		Code (7) USE ONLY)		Ci	urrent Use (Pr	ior if be	ing demolis	hed)			
Essex															
Name of Monitoring Firm	Hired	by Building	Owner (8))	ASCI	M No.			Abatement Co storation L		r (9)				
Street Address				_		33-0	Street	t Add	dress	1-20/27					
to a second a second second second second							72 B	roo	kside Rd						
City, State, Zip Code							City, S	State	e, Zip Code						
							Ranc	dolo	h NJ 078	369					
Project Manager for Mon	itoring	Firm			Telepho	one No.	Telep				License N	No.			
							973-9	933	-2550		01133				
Start Date (10)			Schedul	ed Co	mpletion	Date (11)			OSHA Monito						
05/01/2014		20	05/05/2				J&S	Enν	vironmenta	ıl					
Occupancy Status During	g Abate	ment (Che				The same of the same	Street					4		-	
	8		- 55%	85			2333	RT	22						
Facility Closed/Vaca Abatement Perform									, Zip Code			-		-	
Other - Describe: _				,					J 07083						
Scope of Work (Check A	II That	Apply)					Jonioi	1, 1	07000						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		<i>FF37</i>	article and a second	Renov Demol					Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure	·				
			T			T			Non-Exemple	a () ar	id Non-Frial	Die Pit		ement	_
			115,23	Loca										ре пре	ń
Location Asbestos-Containing TO BE ABA In Facili	Materia ATED	al (ACM)	Use Ma	aintena	ely by ance/ Staff?	Asbestos Cor (i.e. therma	al system acing, VA	Mate ns in: AT, o	sulation,	(Amount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
(13)			Yes	No.		other	miscella	neo	us)			val	air	ulate	sure
Basement area				×		pipes			-7-20	60 LI	F	×		-	
lst Floor						floor tiles				2005	SF	×	T		\Box
lst floor	-					plaster ceilir	na		· · · · · · · · · · · · · · · · · · ·	200		×	1		
Maria Caracter (Alberta Caracter)			1	1			3			, '		2000	1		4

NJDEP Waste Hauler ID No.

33782

Title

President

Cubic Yards

Disposal Date

Signature W1/a

of Waste

TBD

TBD

Name of Registered Landfill

Date

04/11/2014

G.R.O.W.S

Tullytown, PA

City, State

Name of Registered Waste Hauler

City, State Randolphk, NJ 07869

Nick Restoration LLC

Completed by

Elvira Mrda

MO # 1963907482

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)



05/21/201					ilding Ov lic Schoo	wner/Operator (2)				, ,				
Agencies Notified	Type Notifica	tion	150000000	t Addre lar Stre				2014 F	AY 2	7 PM 12	2: 20	X.		
TEPA DEP DOL	☐ Amended Amendment# ☐ Emergency		News	State, Zark, NJ e of Co		:			STO	\$ 17 THE 17	`Der			
B'DOH □ DCA	(including justification □ Cancellation	25	Mr. E	Benjam	n Olagao	leyo			•	roing	6	e,		
						FACILITY INFO	ORMA	TION			-			
Name of F	acility Rober	to Clen	nente S	chool			Туре	of Facility (4):						
247 Summ	ner Avenue							hool (K-12) bchapter 8 (Other than l	K-12)					
City/ (5) Newark		Count			Count 07114	y Code (7):	□ Ot	her (i.e., private & com		3		tc.)		
							Bldg	are Feet: g. Age ent Use : School		# of Floo	ors:			
Name of N WHITMA	Monitoring Fir	m Hire	d by Bu	uilding	Owner:	ASCM No.: 00110		ne of Abatement Con	tractor	(9):				
	response s					00110		x Development, I	nc.					
Street Add 7 Pleasan	lress: it Hill Road							et Address:						
Cit. Ct.	7: 0.1							Rutgers Place)					
	, Zip Code:						1	, State, Zip Code:						
	, NJ 08512 anager for Mo	nitorin	- Firm			Telephone No.:		amus, NJ 07652	T : .	NT				
Kevin T		mioring	5 rum.			732-390-5858	27/4/2004	phone No.:	1000000	ense No.:				
Start Date		Ts	chedu	ed Cor	npletion	Date (11):	_) 350-0101 ae of OSHA Monitor	012	15	ALCOHOL:			-
06/13/14			6/15/1		1		100000000000000000000000000000000000000	ro Analytical Laborat						
	Status During A				**************************************			et Address:		0	20 00 00 10			
	Closed/vacated I nt Performed On					t	City	West 36 th Street, Su State, Zip Code: York, New York, 1		-				
□ Other Describe:														
Scope of W	ork (Check all t	hat appl	y):					55.11	a					
$\square \ge 3 \text{ sf or } $ $\ge \ge 160 \text{ sf}$	$\geq 3 \text{ lf}$ or $\geq 260 \text{ lf}$				☐ Řenov ☐ Demo			□ Mini □ Glov	-Enclose bag Pr	ment with sure ocedure ed (*) and l				
L	ocation of			Locat		De	scripti	on of		()		Abate		0.00000
TO	Containing Ma (ACM) BE ABATED N Facility		Ma	d Sole intena ustodi Staff	nce/ al/	(i.e., therma surfa	al syste cing, V	Material (ACM) ms insulation, /AT, or laneous)	(5	mount	Removal	Repair	Encapsulat	Enclosure
	(13)		Yes	(12) No	N/A				51	or LF)	<u>a</u>		lat	re
ROOM I	B5							LE AND MASTIC 440 SF						
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			NIZOTO W II. I. TO											
	Legistered War TE TRANSFE	ste Hauler: R ASSOC., INC. NJDEP Waste Hauler ID				No.:	Cubic Yards of Waste: 30	MIN	ne of Regi NERVA SOC, INC.		landfil ENTI		ISES	
City, State Bronx, NY	10474		Disposal Date:					City, State: Waynesburg, OH 4						
Completed Sylvester (l By: Oraegbunam	***			Title: Preside	ent	Signature: Date: 05/21/2014							

CK#25960

Date of Notification (1)							177	wner/Operator (2 OHME CORP.	, n = 1	· · · ·	FEL)	2/
5 / 21 /	4				Stre	et Address						_	
	otification				126	E. LINCOL	N AVE	ENUE, P.O. BOX	2011 4 Mas 4	127	Mio.	~ ¬	
EPA X III DEP A	nitial Notific mended N ancellation	lotifica			RAH	State, Zip łWAY, NE	Code W JER	SEY 07065	ASSES!	US C	ŪΝΤΑ		
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Name of Facility Where Abatemen	t ic Takin	a Dia	co (3)		FACILITY I	NFORMAT	ION		- (4)				
rane of tuenty where Abatemen	LIS I CKIII	gria	ce (o	*				Type of Facility School (K-					
MERCK SHARP & DOHME CORPO	RATION							Subchapte	er 8 (Other that orivate & comm		re hom	ios otr	
Street Address								Square Feet	# of Floo			lg. Age	
126 EAST LINCOLN AVENUE - SH	ED 105							1,000	1			20	
RAHWAY	ounty (6) NION					nty Code (E USE ON		Current Use (Pri VACANT	or if being der	molished	1)		
Name of Monitoring Firm Hired by ENVIRONMETAL HEALTH INVEST						ASCN 17		Name of Abate			TION		
Street Address						-	_	Street Address					
655 WEST SHORE TRAIL								313 SPOOK RC					
	TA, NEW	JERS						City, State, Zip C SUFFERN, NEV	V YORK 1090	01			
Project Manager for Monitoring Firm					Number	*		Telephone Numi	per	License	Numbe	er	
WILLIAM S. KERBEL, CIH				729-5	BILLY SERVICE STATE OF THE SER			845-369-7500		1101			
Expected State Date (10) 6 / 2 /1	4.0	Sche		mple /	tion Date (1.05		Name of OSHA		INIO	44	4 400	
Month Day Year	25 UK	Мо		1	Day		Year	AMERISCI LAB	JKA I UKIES	INC	#1	1480	
Occupancy Status During Abatement X Facility Closed/Vacated D Abatement Performed Ou X Other - Describe: M	uring Enti	re Pe ormal	riod o	ity Ho	tement ours - Descr			Street Address 117 EAST 30TH City, State, Zip C					
Scope of Work (Check all that apply) X Demolition >3SF OR LF X >160 SF OR 260 LF		Reno	vation			Min Glo	i-Enclo vebag	inment with Negat	N YORK, NE	W YOR	K 10016	5	
Location of	T	ls	Locati	ion	T	Description				$\neg \neg$	Abater	nent T	vne l
Asbestos-containing			nally u			Containing			Amount	t Z			7
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TO BE ABATED			t/Cus		i	nsulation, s		T 10	SF or LF	F) \	2	PS	.os
in Facility (13)	-	Yes	aff (1	2) N/A	1	or other m	iiscella	neous)		P			묾
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Name of Registered Waste Hauler	1	NJDE	P Wa	ste	Cubic Yard	s of Waste)	Name of Registe	red Landfill				\vdash
FREEHOLD CARTAGE, INC.	1		r ID N			20		LYCOMING CO	JNTY RESOL		ANAGE	MENT	SER
825 HIGHWAY 33		1	5939		Dienasta	-1-		447 ALEXANDE	R DRIVE/ROU	UTE 15			
City, State FREEHOLD, NEW JERSEY					Disposal D 6/3-8/30/20			City, State	PA-17752		,	1	1
Completed by (Print or Type)	Title				3.0 0.00/20	Signature	//			Date	1-	. /	/
BENJAMIN SANCHEZ	DIREC	TOR	OF (OPER	RATIONS	/	1	who he	7	S	14	11	

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t' man	tool	Name	Building Owner/O	norstor (2)	•					
Date of Notification (1) 5-23	-14.	Name of		ealine	Cons	truction	, L	, L	_	
Agencies Notified Type Notification	36	Street Ad		1920		HRee+				
□ EPA Initial Ariended	T P -01	City State	e, Zip Code ,	1 Caro						-
DOL & LICAMENTINE	gt #	Oity, State		aKewood	k	NJ C	87	01		
DOH Emergence	ý (incluģing n)	Name of	C	hak-		Telephone Nur	nber		24	
□ DCA □ Cancellation	· · · ·		elie Oc	NODRU	\cap	L .—			-	
Name of Facility Where Abatement is Tale	ting Place (3)	FACIL	ITY INFORMATI		Facility (4	4)				
Single family	Dwelli	19		□ So	thool (K-1	2)	207			
Street Address 256 Rea	101	ree+			ther (i.e. p	8 (Other than K-12 rivate & commerci		ings, l	nomes	s,
City (5) Lakewood	N	T	0870	Square		# of Floors		dg. Ag	300	-
County (6)		County C		Current		or if being demolish	hed)	=		
UCean	on Ounor (0)	ASCM		Name of Abate		tractor (9)	المص	1/25		
Name of Monitoring Firm Hired by Building	esies	ASCM	NA	EPC	Te	hoolee	ies	, ,	In	C
Street Address Box 3	337			Street Address		337	9			
City, State, Zip Code	MZ	08	533	City State, Zip	Code	ZIA +a	0	35	3	3
Project Manager for Monit ri lg Firm		Telephor		Telephone No.		License N	Vo. 9	10	u	
Steve Schenke	as a	609	758-3365			5 0	06	7	7	
Start Date (10) 3 2014	Scheduled C	2	2014	Name of OSHA		hnologies	I	رر		
Occupancy Status During Abatement (Cl				Street Address		727				
Facility Closed/Vacated During Enti	re Period of Abat	ement		City, State, Zip		337				
□ Abatement Performed Outside of N □ Other – Describe:	ormai racility Ho	uio ,,		New E		NJ.	285	53	3	
Scope of Work (Check All That Apply)					JIP.	,,,,,				
E ≥3 sf or ≥3 lf		vation				ent with Negative	Pressu	re		
≥160 sf or ≥260 lf	Dem	olition		☐ Glov	-Enclosure rebag Pro	cedure		2		
				Non-	-Exempte	d (*) and Non-Fria	ble Pro		e ement	
	15	cation							pe	
Location of Asbestos-Containing Material (ACM)		olely by		escription of ntaining Material	(ACM)	Amount			ш	E
TO BE ABATED	Mante	nance/ al Staff?	(i.e. therma	al systems insulat acing, VAT, or		(Specify SF or LF)	Remova	Repair	псар	Enclosure
In Facility (13)		2)		miscellaneous)			loval	pair	Encapsulate	sure
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Name of Registered Waste Hauler		NJDEP V Hauler ID		c Yards laste				,	<u> </u>	AiC
EPC Technolog	ies	170	OO		City, Sta	te Manage		10	E	(N.
City, State New Egypt	NJ.		1 10200	osal Date		visuille	PA			
Completed by	Title	. 0 4		Signature	50		5-	22	. – 1	U
Steve Schenker	MRes	ident		June !		M	<u> </u>	40	- 1	1_



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CK	OF	44	18	

Date of Notification (1) 5/23/14					Name	of Buildir	ng Own	er/Operato	r (2)		1/83		1-1:	0/			_
Agencies Notified	Type N	lotification	n		Paul	& Adrie	nne \	/ecchion	e Pi	ivate Hom	BIA M	AV		24			
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DEP DOL	I A	mended mendmer	nt#			State, Zip		en NJ 08	000	μ	35E	5/10	13 U	UN	TR	9i	
DOH DCA	X E	mergency stification	(includin	g	L	of Contac		511 IND UO	000		Ct	LIL	ENS	1/4	G	-7	<u>. </u>
DCA		ancellatio			Paul						10	eprior	I L MIII	"Der		¥4	4
Name of Facility Where	Abateme	nt is Taki	ng Place	(3)	FA	CILITY IN	FORM	ATION	Тти	pe of Facility ((4)	\Box				_	
Paul & Adrienne Ve	ecchion	e Priva	te Home)						School (K-1	5.50						
Street Address 16 East 20th St										Subchapter	8 (Oth	er thai	n K-12)		10 ar-100	
City (5)									×	Other (i.e. petc.)				l bu	ilding	s, hor	nes,
North Beach Haver	n NJ 08	800							2000	uare Feet 00+	1+	Floor	S		Bldg. 35+	Age	
County (6) Ocean					County (STATE	Code (7)	n		Cu	rrent Use (Pri		ng der	molishe	100			
Name of Monitoring Firm	Hired by	Building	Owner (8)		M No.	16	Name		ome batement Cor	tractor	(0)					
N/A Street Address				12				Pern	aco	Inc.	iliactor	(9)				•	
								Street PO E									
City, State, Zip Code										Zip Code		-		_	-		
Project Manager for Mon	itoring Fir	m			Telenho	one No.		Teleph		rlin NJ 080	91						
01 10 1 10	233									9800		0072	ise No. 27				
Start Date (10) 5/26/14	6		Schedul 5/30/1	ed Co 4	mpletion	Date (11))			SHA Monitor					-		
Occupancy Status During	Abatem	ent (Ched						Same	70	925							
Facility Closed/Vaca Abatement Performe Other – Describe:	ated Durin	o Entire	Period of	Abator	ment s					Zip Code							
Scope of Work (Check Al	I That Ap	ply)					_										
≥3 sf or ≥3 if ≥160 sf or ≥260 if	•	,		Renova Demoli				×	M G	ull Containme ini-Enclosure lovebag Proce	edure						
			ls	Locat	ion			Email	1 180	on-Exempted	(*) and	Non-h	-riable			emen	+
Location Asbestos-Containing I	of Material (A C N A \		lormal d Sole			D	escription	of				1			/pe	
TO BE ABA In Facilit (13)	TED	HOIVI)	Ma	intena odial S (12)	nce/	Asbes (i.e.	therm: surf	ntaining Ma al systems facing, VAT miscellane	insu	lation,	(Sp	ount ecify or LF)		Removal	Repair	Encapsulate	Enclosure
F., I. s.			Yes	No	N/A				LC 00. F-10-					≖		ate	re
Exterior Si	ding				x		Ext	erior Sidi	ing		150	0 SF	×				
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Name of Registered Waste	Hauler				JDEP W		100000000000000000000000000000000000000	c Yards		Name of Re	egistere	d Lan	dfill				
Inited Containers					auler ID 2459	NO.	of Wa	aste		G.R.O.W							
City, State Im NJ								osal Date		City, State	- DA	1000	_				
Completed by			Title	-				Signature	1	Morrisvill	e PA	1906					
nthony T Perna			Presid	lent									Date 5/23/	/14			



State of New Jersey NO.

TIFICATION OF ASBESTOS ABATEMENT		
(Pursuant to NJAC 8:60 and 12:120)	C.K	4119

Agencies Notified Type Notification Type Notification State Address S	Date of Notification (1) 5/23/14						Building O					. 6.	ا:ا					
DOH	92				-			/d		2014 P	AY 27	PM	i2: (j 4				
Name of Facility Where Absterment is Taking Place (3) Bob & Noel Stands Private Home Facility INFORMATION Facility INFORMATION Type of Facility (4) Subchapter (Cher than K-12) Subchapt	erictit (=00	An An	nended nendment # nergency (ir		_ E	Brant B	each NJ		<i>6</i> 3	6	1 1000	11511	. ^		er			
Name of Facility Where Absterment Is Taking Pilace (3)	DCA DCA								*	9	7	. •		14*	2			
Street Address School (K-12) Subchapter 8 (Other than K-12)	Name of English Marco	Abatama	at in Taking	Place (2)		FACIL	ITY INFO	RMAT	ION	Type o	Facility (4	1)						
Size Address Street Address City (5) Brant Beach NJ 08008 County (6) Ocean Ocean Monitoring Firm Hired by Bullding Owner (8) Name of Monitoring Firm Hired by Bullding Owner (8) N/A Street Address City, State, Zip Code City, State City, State, Zip Code City, State				riace (3)														
Second S	Street Address			APRILLE .						SI SI	ubchapter	8 (Othe						_
Brant Beach NJ 08008	5413 Ocean Blvd																	s,
County (6) Ocean County Code (7)		000			#U = 1045055							9	Floor	S			ge	
Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091 Telephone No. Separaco Inc. Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091 Telephone No. Separaco Inc. License No. Doz27 Start Date (10) Sobaltin NJ 08091 Telephone No. Separaco Inc. In the Separaco Inc. Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091 License No. Doz27 Start Date (10) Sobaltin NJ 08091 Telephone No. Separaco Inc. Separac					To	County C	ode (7)						na de	molishe		, T		-
N/A Street Address Street Address Street Address PO Box 329 Street Address Street			(4)), II DOI:	ng do		,,			
Street Address PO Box 329 City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 Foliation No. Start Date (10) Start Date (10) Start Date (10) Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City. State, Zip Code Street Address City. State, Zip Code Full Containment with Negative Pressure Mini-Enclosure City. State, Zip Code City. S		Hired by	/ Building O	wner (8)		ASCM	No.		100			tractor	(9)					
PO Box 329	N/A						1											
Project Manager for Monitoring Firm Telephone No. Telephone Vo. Telephone No. Telephone Vo. Telephone No. Telephone Vo. Telephone No. Telephone Vo. Telephone No. Telephone Vo. Telephone Vo. Telephone Vo.	Street Address																	
Start Date (10) 5/26/14 Start Date (10) 5/26/14 Scheduled Completion Date (11) S/30/14 Same Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other − Describe: Street Address City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code Street Address Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (1) and Non-Friable Procedure Non-Exempted (1) and	City, State, Zip Code											91						
Start Date (10) 5/26/14 Scheduled Completion Date (11) 5/30/14 Same Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) Street Address City, State, Zip Code City, State City, State City, State Cubic Yards of Waste G.R.O.W.S. City, State Cit	Project Manager for Mor	nitoring F	irm		7	Telephor	e No.						- TO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Scope of Work (Check All That Apply) 23 sf or ≥3 lf Location of Asbestos-Containing Material (ACM) (13) In Facility (13) Exterior Siding Exterior Siding Exterior Siding Name of Registered Waste Hauler United Containers City, State Street Address Street Address City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Asbestos-Containing Material (ACM) (Specify Capacity Cap	Start Date (10)			Schedulen	Com	nletion [)ate (11)						007					-
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code					00111	piodoii L	Zato (11)											
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Saliding	Abatement Perform							_	City, S	State, Zip	Code							
Section Demolition Demolition Demolition Demolition Description of Asbestos-Containing Material (ACM) Section Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A No N/A Exterior Siding 1200 SF x Demolition Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Exterior Siding 1200 SF x Demolition Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Exterior Siding 1200 SF x Demolition Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Exterior Siding 1200 SF x Demolition Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Exterior Siding 1200 SF x Demolition Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Exterior Siding 1200 SF x Demolition Normally Used Solely by Used Solely by Used Solely by Signature Date	Scope of Work (Check A	All That A	pply)		1000000			31 15										
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Exterior Siding Name of Registered Waste Hauler United Containers Disposal Date (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Exterior Siding Name of Registered Landfill G.R.O.W.S. Disposal Date (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Name of Registered Landfill G.R.O.W.S. City, State Elm NJ Completed by Title Signature Date				-					-	Mini Glov	-Enclosure rebag Prod	e cedure	:Ta				a	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Exterior Siding Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Exterior Siding Normally Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF) Republic Registered (Specify SF or LF) Normally Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF) Republic Registered (Specify SF or LF) Rep			-	T						I NOI	-Lxemple	<u>u () un</u>	1401	1-1 Hub		Abate	ment	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Exterior Siding X Exterior Siding Name of Registered Waste Hauler United Containers NJDEP Waste Hauler ID No. 22459 City, State Elm NJ Completed by Title Signature Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF) Application Specify SF or LF) Application (Specify SP or LF) Application (Specify SP or LF) Application (Specify SP or LF)	Locatio	n of		No	ormali	у		Г	escription	n of						Ту	ре	
Exterior Siding	Asbestos-Containing	Materia	(ACM)					os Co	ntaining I	Material					71		Ē	т
Exterior Siding				Custo		staff?	(i.e.	sur	facing, VA	AT, or	uon,				Remo	Rep	caps	nclos
Exterior Siding X Exterior Siding 1200 SF X Name of Registered Waste Hauler United Containers 22459 Signature Date Disposal Date 5/30/14 Signature Date Signature Date Date	(13)):		-				othe	r miscella	neous)					val	air	ulate	sure
Name of Registered Waste Hauler United Containers NJDEP Waste Hauler ID No. 22459 Signature Date				Yes	No	N/A												
United Containers Hauler ID No. 22459 of Waste 3 G.R.O.W.S. City, State Disposal Date 5/30/14 City, State Morrisville PA 19067 Completed by Title Signature Date	Exterior	Siding				X		Ex	terior Si	ding		12	200 8	5F	x		-	
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United Containers Hauler ID No. 22459 of Waste 3 G.R.O.W.S. City, State Disposal Date 5/30/14 City, State Morrisville PA 19067 Completed by Title Signature Date																		
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Date of Notification (1) 5/22/14					Owner/Ope Private H				7-129-				
	ype Notification		Street A	ddress Jennifer	Lane		2014 MA	Y 27	PH 12	: 53	-10192		
	Initial Amended Amendment Emergency		City, Sta	ate, Zip Co nawkin I			ბუუ£5 გ &	LICE	NSING	<u>`</u>	9:		
☑ DOH □ DCA	justification) Cancellation		Jay	f Contact			Z.	Tel	ephone Nu	ımber *	i L*		
Name of Facility Where Ab		g Place (3)	FACI	LITY INF	ORMATION	1	Type of Facility (4	1)		*			75 Sancar
Jay Gallagher Private Street Address	Home						School (K-12		41 16	40)			
1148 Jennifer Lane							Subchapter Other (i.e. pretc.)				dings,	home	es,
City (5) Manahawkin NJ 0805	50	90					Square Feet 1000+	# o	f Floors	14 233	8ldg. <i>A</i> 85 +	ge	
County (6) Ocean	1.5			Code (7) USE ONLY)	_	Current Use (Prio	r if bei	ng demoli	shed)			
Name of Monitoring Firm H N/A	ired by Building	Owner (8)	ASC	₫ No.			of Abatement Con	tractor	(9)		•		
Street Address					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Address ox 329			0.5-4			
City, State, Zip Code	#11						ate, Zip Code Berlin NJ 080	 91					
Project Manager for Monito	oring Firm	- 	Telepho	ne No.	T	eleph	one No. 753-9800		License 00727	No.			
Start Date (10) 5/22/14		Scheduled 5/26/14	Completion	Date (11)	N		of OSHA Monitor						
Occupancy Status During A	Abatement (Chec	k Only One)	·				Address						
Facility Closed/Vacate Abatement Performed Other – Describe:	ed During Entire	Period of Aba	atement ours		_	City, St	ate, Zip Code						
Scope of Work (Check All	That Apply)											-3910,2	
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TO BE ABAT In Facility (13)	ED `	Custod (*	enance/ ial Staff? 12)			stems	insulation, T, or	(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
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mough	out				1100	л тие	,		JU SI	×			
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Name of Registered Waste	Hauler		NJDEP V Hauler ID		Cubic Ya of Waste		Name of F	and Tax	ered Landf	ill			
United Containers			22459		3		G.R.O.V						
City, State Elm NJ					Disposal 5/26/14		City, State Morrisvi		A 19067				
Completed by Anthony T Perna		Title Preside	ent		Sign	nature	2			ate 5/22/1	4		

NOTIFIC

State of New Jersey CATION OF ASBESTOS ABATEMENT ursuant to NJAC 8:60 and 12:120)	-Chack#1	0603
Name of Building Owner/Operator (2)	S trees trees	

Agencies Notified Type Notification Type	Date of Notification (1) 5–22–14		- 27 - 10-00-00-00		All	of Building Owl	Real Es	state	DE SILL	HI	Π		
Philadelphia, PA 19103 Set State		Type Notific	ation		Street	Address		000	IN MAY 27	PH 17:	53		
Philadelphia, PA 19103 Set State	O EDA	M (milia)			184	15 Walnut	Street	Suite 2	200	1 11 100			
Second Dock			ied	ì	City, St	ate, Zip Code			ere Fire	onu:	を得し		
Date Concentration Conce	M DOL				Phi	lladelphi	a, PA	19103	多数となりいう。	CONT	1.00		
Second Processing Pr	N DOH			3	Name o	of Contact		2	Telephone	Numb-		A.V.	
Name of Facility Where Abatement is Taking Place (3) Ocean Bay Condocs Street Address 1600 Atlantic Avenue County Code (7)	N 1977 1				Jer	n Hanley		3			0.00		
Ocean Bay Condos Street Address St					FAC	ILITY INFORM	MATION						
Start Date (10) Start Date (10) Steel Address Steel Ad			Taking Place ((3)				Type of Facility	(4)		51.73		
1600 Atlantic Avenue Received the private & commercial buildings, homes, etc. City (5) Square Feet # of Floors Square Feet # of Floor Square Feet # of Floors Square Feet # of Floors Square # of Floors Square Feet # of Floors Square # of Floors Flo		OS						☐ School (K	-12)				
County (5) County (6) County (6) County (6) Atlantic County (6) Count											man		
Square Feet	1600 Atlantic A	avenue							private & comm	ierciai bu	liaings	, norr	ies,
County (5) County Code (7) Crare Use (Prior if being demolished) Cresidence	City (5)								# of Floors		Bldg.	Age	
Name of Monitoring Firm Hired by Suliding Owner (8) EHS Environmental, Inc. Street Address Street Address 4211 Southgate Court, Suite E City, State, Zip Code Mickleton, NJ 08056 Project Manager for Monitoring Firm Jack Carney Stan Date (10) 61-10-14 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Normal State Address ASCM No. Name of Abatement Contractor (9) Plymouth Environmental Co., Inc. Street Address 923 Haws Avenue City, State, Zip Code Normal Facility Closed Plant (10) 610-239-9920 00398 Stan Date (10) 610-239-9920 00398 Stan Date (10) 610-239-9920 00398 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Mickleton, NJ 08056 Scope of Work (Check All That Apply) 28 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Mickleton, NJ 08056 Scope of Work (Check All That Apply) 29 Sof or 28 if 20 Sof or 28 if 20 Sof or 28 of the Check All That Apply) Sec Solely by Mariteman County (10) Asbestos-Containing Material (ACM) To Be Abatement Type Abatement Type Abatement Type Abatement (ACM) To other miscellaneous) For LF) The Abatement Type Abatement (ACM) To other miscellaneous) For LF) The Abatement Type Abatement (ACM) To other miscellaneous) For LF) The Abatement Type Abatement (ACM)	Longport							1,200	1		59y	rs.	
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Telephone No. Telephone No	City, State, Zip Code				38878		City, S	State, Zip Code					
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6-5-14 61-10-14 Cocupancy Status During Abatement (Check Only One) As Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) ≥ 3 of or ≥ 3 if ≥ 160 of or ≥ 260 if Location of Asbestos-Containing Material (ACM) I Description of Asbestos-Containing Material (ACM) I DE ABATED In Facility (13) Yes No N/A Living room Normally Service Pressure Sistest Address 411 Southgate Court, Suite E City, State, Zip Code Mickleton, NJ 08056 Stope of Work (Check All That Apply) Signature Full Containment with Negative Pressure Mini-Enclosure Globebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Abatement Specify Abatement Specify Specif					856-2	24-0080	61.0-	-239–9920	003	398			
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Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Mickleton, NJ 08056 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) Living room Normally (13) Normally Test No N/A Normally Normally Secure of Registered Waste Hauler Robinson Waste Disposal Normally Normally Secure of Registered Waste Hauler Robinson Waste Disposal Abatement Type All Southgate Court, Suite E City, State, Zip Code Mickleton, NJ 08056 Renovation Demolition Full Containment with Negative Pressure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Secure of Waste Master of Registered Landfill NJDEP Waste Hauler No. 17304 Name of Registered Waste Hauler Robinson Waste Disposal Date City, State Order Mickleton, NJ 08056 Abatement Type Abatement State of Non-Exempted (*) and Non-Friable Procedure Abatement State of Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement T	1 10000 DOLLA TILOUNGO				4		EHS	Environme	ental, Inc				
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□ ≥3 sf or ≥3 lf ▼ ≥160 sf or ≥260 lf □ Demolition □ Mini-Enclosure □ Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Procedure ■ Abatement Type ■ Non-Exempted (*) and Non-Friable Procedure ■ Non-Exempted (*) and No							Mic	kleton, Nu	08056				
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Signature Sign	BN 18		0.00 miles (100 miles)					Full Containm	nent with Negativ	ve Pressi	ıre		1
Location of Asbestos-Containing Material (ACM) Amount Location of Asbestos-Containing Material (ACM) Amount Location of Asbestos Containing Material (ACM) Amount Location of	≥ 160 sf or ≥ 260 lf			Demolit	tion								
S Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A N/A N/A Specify (12) Yes No N/A Specify (13) Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Specify (12) Yes No										riable Pro	cedur	е	
Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A			le	Locati	ion								t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Name of Registered Waste Hauler Robinson Waste Disposal City, State Voorhees, NJ Completed by Date Disposal Date Completed by Date Date Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing (Location	of		Normal	lly	9	Description	of			Ty	ре	
living room	Asbestos-Containing I	Material (ACN					Containing M	Material (ACM)	Amount			ш	_
living room			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							Rer	R	nca	Enc
living room		J		(12)					SF OI LF)	nov	pai	nsd	uso
Name of Registered Waste Hauler Robinson Waste Disposal City, State Voorhees, NJ Completed by Com			Yes	No	N/A					<u>a</u>	7	late	Гe
Name of Registered Waste Hauler Robinson Waste Disposal City, State Voorhees, NJ Completed by David Poval are NJDEP Waste Hauler ID No. 17304 Cubic Yards of Waste GROWS Ciby, State Disposal Date 6-10-14 Completed by David Poval are Name of Registered Landfill GROWS City, State Morrisville, PA Date	12-2-		- 100		1073						-		
Robinson Waste Disposal City, State Voorhees, NJ Completed by Completed by Disposal Date Fille Title Disposal Date Fignature Disposal Date Morrisville, PA Date	living room			Х		floor	cile &	mastic	250	x		<u> </u>	
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City, State Voorhees, NJ Completed by Disposal Date 6-10-14 Morrisville, PA Completed by Date Date			1	Н	auler ID	No. of		Traine of	registered Lan	ami.			-
Voorhees, NJ Completed by David Porder Title Title Date		DISPOSA.	L		17304		3	GRO	WS				
Completed by Title Signature Date	City, State					100	T. S.						
David David						6-	-10-14	Morr	risville,	PA			
Project Manager January 5-22-14							1-1	1 //	0	. T. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	9 35		
	pavid vowieh		Pro	ject	Mana	ger	1 Jan	ul llow	ley!	5-22-	14		

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	150	-		1000	20

Date of Notification (1) 5-21-14				Name	of Buildin	g Owner/O	Operator	(2)		1		{		φ	, 0
Agencies Notified	Type Notification	1		Street	Address	MI CIL	-y All	21	able F	24816	1912 !! (2			
ĕ EPA	v	•		011001	Cuth										
D DEP	☐ Amended Amendmen				tate, Zip (J 08	992	ಾರ€0 l & L		OHTRA SING	Ti.			
Ď DOH □ DCA .	☐ Emergency justification ☐ Cancellatio)	3		of Contac DiSa			9			ephone N		, T		
				FAC	CILITY IN	FORMAT	ION								
Name of Facility Where and The Apartment	Abatement is Takii	ng Place (i 1 1	(3)						of Facility	* * * * * * * * * * * * * * * * * * *					
Street Address	o de the M								School (K Subchapt		er than K-	12)			
505 Mitchell	Avenue								Other (i.e. etc.)	private	& commer	cial bui	ldings	, hon	nes,
City (5) Burlington									are Feet	# 0	f Floors		Bldg.	Age	
County (6)			T		Code (7)			Curre	ent Use (P	rior if bei	ng demoli	shed)			
Burlington					USE ONL	Υ)			cant m						
Name of Monitoring Firm	20, 11 1.77	Owner (8)	ASC	M No.		100000000000000000000000000000000000000		atement Co			VANGES AS			
EHS Environment	ntal, Inc.						Street A	out	h Envi	ronme	ental (Co.,	Inc	•	
411 Southgate	Court, Sui	te E							s Aver	nue					
City, State, Zip Code Mickleton, NJ	08056				720				ip Code Own, I	PA 194	101				
Project Manager for Mon	toring Firm	L		Telepho	one No.	80	Telepho 610-		o. -9920		License 00398				
Start Date (10) 6-9-14			0.000	11.50	Date (11)		Name of EHS	f OSI Env	HA Monito	ntal	Inc.	*************	-		
Occupancy Status During	Abatement (Chec	k Only O	ne)				Street A								
☐ Facility Closed/Vaca	ted During Entire	Period of	Abaten	nent					thgate	Cour	t, Su	ite :	E		
☐ Abatement Performe ☐ Other – Describe: _	ed Outside of Norn	nal Facility	y Hours						ip Code .on,NJ	080	156				
Scope of Work (Check All	That Apply)			211000					OII, IVO	000					
☐ ≥3 sf or ≥3 lf ► ≥160 sf or ≥260 lf			Renova Demolit				松松	Mir Glo	l Containn ni-Enclosu ovebag Pro	re ocedure					
		Τ.			I			No	n-Exempte	ed (*) and	Non-Fria	ble Pro		e emen	
Location	of	0.048	Locati Normal			Des	cription o	ı,f						/pe	
Asbestos-Containing I TO BE ABA In Facilit (13)	Material (ACM) TED	Ma	ed Sole iintenar todial S (12)	nce/		stos Conta thermal surfac	aining Ma	iterial insula , or		(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								-		ate	œ
throughout build	ing		X		pipe	insul	ation			430	LF	x			
pasement			х		tank	insul	ation			80	SF	x			
irst floor			х		VAT 8	mast	ic			2,80	0 SF	x			
hroughout build	ing		х		fire	doors				42	SF	x			
Name of Registered Waste Robinson Waste				JDEP W auter ID 7304		Cubic Yof Wast	te		Name of GROWS	5724 2008 - 80	ed Landfil				
City, State Oorhees, NJ						Disposa 6-30-	al Date		City, Stat	te					
Completed by James Kelly		Title P:	resi	dent		2	nature MMJ	\cap	(000)	/ /	Da	ite -21-	14		
ASB-41 (R-06-08)							()		nis form for	asbesto				activit	ies.

CK # 2655



Date of Notification (1) 05/05/14	127/	Name of THOM	f Building (Owner/Ope CADE	erator (2)	4 MAY 2	7 PM 12:	€3	6-14 E		-
Agencies Notified Type Notification		Street A	ddress /ERS LA	NE	4.5	BESTU	3 LUNTI	₹91.			
EPA DEP DOL Initial Amended Amendment #			ate, Zip Co IBURY N		6 3	& L10	ENSING	64		3.00	-
Emergency (ir justification) DCA Emergency (ir justification) Cancellation	cluding		f Contact	CADE		*	Telephone	Number		ì	
Total .		FACI	LITY INFO	RMATION	1		1				
Name of Facility Where Abatement is Taking	Place (3)					of Facility (4 School (K-12				F 12	
Street Address 6 LOUISE DR.						Subchapter 8	B (Other than ivate & comm		ldings	, hom	es,
City (5) MILTOWN						re Feet	# of Floors		Bldg.	Age	
County (6) MIDDLESEX	3		Code (7) USE ONLY)		- Curre	ent Use (Prio	r if being dem	olished)			
Name of Monitoring Firm Hired by Building O	wner (8)	ASCA	/I No.			ntement Cont	ractor (9) SSIONALS		2		W U
Street Address	<u> </u>			77.0	Street Addre	ss DOVE CO	URT				
City, State, Zip Code	es vit		·.,2		ity, State, Z AKEWO	ip Code OD, NJ 08	701	-	-		
Project Manager for Monitoring Firm	,	Telepho	ne No.		elephone N 732-668-9		Licens 1200				6 2
	Scheduled C 95/15/14	ompletion	Date (11)	1 6	lame of OS		SSIONALS				t)
Occupancy Status During Abatement (Check	Only One)		11.1	S	treet Addre	SS					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	eriod of Abate	ement	27	C	city, State, Z						
land .					AKEWO	OD, NJ 08	3701				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	Renor Demo				Min Gle	ni-Enclosure ovebag Proce	nt with Negati edure (*) and Non-F			re	
			F							emen	t
	ls Loca Norm			_		1				уре	73
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used So Mainten Custodia (12	lely by ance/ Staff?		os Contain thermal sy: surfacin	iption of sing Materia stems insuli g, VAT, or cellaneous)	ation,	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
DAOGAGAIT	Yes No			FLOOR	TU FO		1000SF		-	e .	
BASEMENT	X			FLOOR	RTILES		1000SF		-	-	
BASEMENT	X			MAST	TIC		10001	2 7	1		14 4
									上		
Name of Registered Waste Hauler NEWARK CARTING		NJDEP W Hauler ID 04509		Cubic Ya of Waste 10		Name of R	Registered Lar	natili		# # # # # # # # # # # # # # # # # # #	22
City, State NEWARK, NJ		3		Disposal	Date 4 OF PAIN	City, State	HEM PA				
Completed by	Title				nature	71		Date		100	
JOSEPH PERLSTEIN	OWNER				1	\sim		-05/05/	114	oshi	114

Date of Notification (1) 5/21/2014			Name Andr	of Building Owner, ea Nelson	Operator	2914 MAY 27	PM 12: 2	1			
Agencies Notified	Type Notification	1	Street	Address oper Place		i gratif	CONTRO				
EPA DEP DOL	Amended Amendmer Emergency			tate, Zip Code hawken		& LIVE	BHICH	Ci"			
DOH DCA	justification Cancellatio)		of Contact ea Nelson			Telephone	Number			
Name of English Whose	Abatament in Tale	DI (0)	FAC	CILITY INFORMAT	ION						
Name of Facility Where A Residential Property		ng Place (3)				Type of Facility (4					
Street Address 9 Cooper Place				0		Subchapter	8 (Other than rivate & comm	K-12) ercial bu	ildings	, hom	ies,
City (5) Weehawken				and the second		Square Feet 1,900 +	# of Floors 2		Bldg. 50+	Age	
County (6) Hudson				Code (7) USE ONLY)		Current Use (Prior	r if being dem	olished)			
Name of Monitoring Firm	Hired by Building	Owner (8)	ASC	M No.		of Abatement Cont orn Contracting					
Street Address					Street	Address Pleasant Valle					
City, State, Zip Code				4.	City, S	tate, Zip Code t Orange, NJ 0					
Project Manager for Moni	toring Firm		Teleph	one No.	Teleph	none No. 333-9176	Licens 0123				
Start Date (10) 5/31/2014		Scheduled (Completion	Date (11)	Name	of OSHA Monitor ovision Consult					
Occupancy Status During	Abatement (Che					Address	iants inc.				
	ted During Entire	Period of Aba	tement		20-2	1 Wagaraw Rd.	- Bldg.35E		7		
Other – Describe: _		nai Facility Ho	ours			tate, Zip Code Lawn, NJ 0741	0				
Scope of Work (Check All	That Apply)		20-2		_	1			1989		
≥3 sf or ≥3 if ≥160 sf or ≥260 if			ovation olition		×	Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	edure			~	
		Is Lo	cation			Tron Exempled	() and 14011-1	Table 1 10		ement	
Location Asbestos-Containing I	of		nally olely by		scription			-		ре	г
TO BE ABA In Facilit (13)	TED	Mainte Custodi (1	nance/ al Staff? 2)			insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Baseme	nt	163 14	X	Pipe	Insula	tion	85 LF	X	-	-	
Name of Registered Waste	e Hauler		NJDEP V	Vaste Cubic	Yards	Name of Re	egistered Land	1611			
reehold Cartage			Hauler ID 15939			G.R.O.W		atilli			
City, State Freehold, New Jersey	,		20	Dispos TBD	sal Date	City, State Morrisville	e, Pennsylv	/ania			
Completed by Blagica Nikolova		Title Presider	nt	. S	ignature	P Via		Date 05/21/2	2014		\dashv





Date of Notification (1) 05/21/14 Ch	(#3105 \$20	00	Name of Building Owner/Operator (2) West New York School District 211 HAY 27 PM 12: 50												
Agencies Notified	Type Notification	1		Street A	Address Broadwa									}	
EPA DEP DOL	Initial Amended Amendmen Emergency		_	City, St	ate, Zip Co	ode		y 07093	عود <u>ن</u> ا & ا	TOS ICE	4214 CO?	G			
DOH DCA	justification Cancellation)			of Contact CI Cons		n Ben	Cappuccio	Tel	ephone	Numb	er			
Name of Facility Where A	hatement is Taki	og Dless //	2/	FAC	ILITY INF	ORMAT	ION								200
PS No 1	toatement is Takii	ng Place (3)					Type of Facility	(4)						
Street Address 6129 Madison Street	et							School (K-Subchapte Other (i.e. etc.)	er 8 (Oth	er than & comm	K-12) ercial l	ouile	dings	, hom	ies,
City (5) West New York, Ne	w Jersey							Square Feet 30,000	# o	f Floors	-300 tre===1	1	ldg. / 5+	Age	
County (6) Hudson					Code (7) USE ONLY	,		Current Use (Pr School	rrent Use (Prior if being demolished)						
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCI	M No.	of Abatement Co Corporation	ntractor	(9)							
Street Address	2							Address McBride Aven	ue			-			
City, State, Zip Code							State, Zip Code odland Park, NJ 07424						- /6		
Project Manager for Moni	roject Manager for Monitoring Firm						Teleph	one No. 225-8400		Licens 0110					
Start Date (10) 05/31/14		Schedule 06/30/	ed Cor	mpletion	Date (11)		Name	of OSHA Monitor Environmenta							
Occupancy Status During	Abatement (Chec	ck Only Or	ie)	Street Address											
Facility Closed/Vaca Abatement Performe Other - Describe: 3	d Outside of Norr	Period of A	Abaten	nent s			City, St	Route 22 We		-	-				
Scope of Work (Check All						n, New Jersey	0708	3							
≥3 sf or ≥3 if ≥160 sf or ≥260 if			enova					Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					e	
		Is	Locati	ion										ement	
Location Asbestos-Containing N			lormal d Sole			De	scription	of			-		Ту	pe	
TO BE ABA In Facilit (13)	<u>TED</u>		ntenar odial S (12)	(A)	(i.e.	thermal surface	aining M systems cing, VAT niscelland		(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Spots on Exterio	r Building	163	X	INA		^^	M Dais		1.0						
Spots on Exterio		+	×				M Pair	lt .		00 SF	X				
Spots on Exterio					Stucco		13	00 SF	-	1					
opoto on Extend	Dulluling	+	^			vvinac	w Caul	King	1,8	00 LF	X	1			
Name of Registered Waste	Hauler		TN	JDEP W	facto	Cubic	Varde	Nome of	Da =:=4=		1011				
ilich Corporation Hauler I 18724				Hauler ID No. of Waste											
City, State Woodland Park, NJ 07424						Dispos 07/01	al Date /14	City, Stat Morrisv		nnsylv	/ania	-			
Completed by Title Vice President							gnature	nu las	11	-	Date 05/21	/14	 4		

Project #	



Date of Notification (1)					Name	of Building	Owner/	Operato	r (2)	2014	MAY	27 PM	110					
04/01/2014					Sue L	in .		on von allend		2017	CIMI	ZI Pr	112:	19				
Agencies Notified	Туре	Notification			Street	Address		~ .		1.101	15 21	112.00	1 1 7 to					
☐ EPA	П	Initial			637 S	peedwe	ell Ave				211	US CO	MIR	et.				
DEP		Amended		Ī	753	tate, Zip C		St		537	at Li	SEMSI	10	/SV	÷			
DOL DOL	(SEE)	Amendmen Emergency			Morris	Plains,	NJ 07	950						1				
■ DOH		justification)		' [Name	of Contact			10/11/	7	Te	ephone Ni	ımher	•				
☐ DCA		Cancellation	1			Ana Kn						, . .						
Name of Facility Where	Abatas	nont in Takin	a Diago (2)	FAC	ILITY INF	ORMAT	ION	T =									
Private House	Abater	nent is Takir	ig Place (3)					Тур	e of Facility	(4)							
Street Address								201		School (K			400					
												er than K-		ildinas	horr	100		
637 Speedwell Ave)						0			etc.)			oidi bu	iidii ig.	, 11011	103,		
City (5) Morris Plains	s, NJ	07950							Squ	are Feet	# 0	f Floors		Bldg.	Age	33		
County (6)						Code (7)			Cur	rent Use (P	rior if be	ing demolis	shed)					
Morris					(STATE	USE ONLY)						3.5					
Name of Monitoring Firm	Hired	by Building	Owner (8)	ASC	M No.		Name	of Ab	atement Co	ontractor	(9)	-					
								Nick	Rest	oration L	LC							
Street Address									Addr									
								72 B	rooks	side Rd								
City, State, Zip Code										Zip Code								
								Ranc	lolph	NJ 078	369							
Project Manager for Mon	itoring	Firm		-	Telepho	one No.		Telep			-	License I	No.	-		-		
								973-9	933-2	2550		01133						
Start Date (10)			Schedu	ed Cor	Completion Date (11) Name					SHA Monito	r					-		
04/01/2014			04/03/2	2014	4 J&S En					onmenta	al							
Occupancy Status During	g Abate	ement (Ched	k Only O	ne)		-		Street	Addre	ess								
Facility Closed/Vaca	ated Di	uring Entire	Period of	Abaten	nent			2333	RT 2	22						8		
Abatement Performe	ed Out	side of Norn	nal Facilit	y Hours	3			City, S	State,	Zip Code								
Other – Describe: _								Unior	n, NJ	07083								
Scope of Work (Check Al	l That	Apply)																
≥3 sf or ≥3 lf				Renova	ition	9			J Fu	ıll Containn	nent with	Negative	Pressi	ıre				
≥160 sf or ≥260 lf				Demolit	ion			1	M	ini-Enclosu	re							
								in the	G	ovebag Pro	cedure	d Non Eria	blo Dr	and				
						I			2 14	JI-LACIII PIC	T Tan	1 NOII-FIIA	Die Fit	NAME OF	emen	+		
Landin			100	Locati Normal	1000000				00000						/ре			
Location Asbestos-Containing		al (ACM)	Use	ed Sole	ly by	Ashes	De: tos Cont	scription		I (ACM)		mount		T				
TO BE ABA	TED		47 C COM-ST 1	intenar todial S	77.00		thermal					pecify	Z.	1 7	Enc	5		
In Facilit (13)	ty		040	(12)	zian :			cing, VA niscellar		in and a second	SF	or LF)	Remova	Repair	aps	clos		
(,-)					T	1	Ou let 11	iisceiiai	ieous,	!			val	=	Encapsulate	Enclosure		
			Yes	No	N/A										0			
First Floor				×		Clen u	p Plas	ter de	bris		1 SF							
									0.0									
				-		-		***************************************					+	-	-			
			-		-									_	_	_		
Name of Registered Wast	o Mari	los.	1 1	1.0	IDES													
AND 100 100 100 100 100 100 100 100 100 10		er			JDEP Wauler ID		Cubic of Was			Name of	Registe	red Landfil	1					
Nick Restoration LLO	C			1,000	3782		TBD			G.R.O.	W.S							
City, State	NI L C	7000						al Date		City, Sta	te					-		
Randolph,	NJ 0	7869					TBD			Tullytov								
Completed by			Title				S	ignature	1				ate					
Elvira Mrda			President					Signature Usa Uld				da 04/01/2014						

Check#1910

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

				*					_		6	A	-
Date of Notification (1) 05 / 2	22 /	14			Name	of Buildin	g Owner/Operator (2) 5	3 17 18 1	FEL)		12.0
						ie Post							
	ype Notifi	cation			Stree	t Address		2814	MAY 27	PM 12:	17		
	Initial				14 M	illstone D	rive			11112	5.6		
X DHSS	Amenda Amenda				City,	State, Zip	Code	1.202	Coton	CONTR	i dia		In Pro-
	_ Emerge				Livin	gston, NJ	07039	ية فيوا "حاد	ESTUS	CUMIT	司i.		
(NJAC 5:23-8)	justifica		Gludin	į.		of Contac		5/2	& LICEA Telephon	e Number	3.1 f		-
	Cancell				Debb	ie Post			6		4. 1		
			(C)		-		UEODANA TION		4	.5			
Name of Facility Where Aba	toment is	Takina	Diana	(2)	FA	CILITY	NFORMATION	1					
2000 CO	atement is	raking	Place	(3)				Type of Facility	2016/03/25				
Private home								School (K-1	2) 8 (Other than	- IZ 4 OV			
Street Address								Other (i.e.,	o (Other than private and c	1 K-1 Z) ommercia	buildi	100	
14 Millstone Drive								homes, etc		Ullillelula	Dullul	195,	
City (5)								Square Feet	# of Floo	nrs	Bldg.	Ane	_
Livingston, NJ 07039								0 400.01	" 01 1 100	,,,,	Diog.	nge	
County (6)			533	-	Cou	nty Code (7)	(STATE USE ONLY)	Current Hea /0	rior if boing	domoliohe	d)		- 07-
Essex					500	, 5000 (1)	(STATE GOL ONLY)	Current Use (P	nor ii being (aemonsne	u)		
Name of Monitoring Firm Hi	red by Su	ildina C	Junor	(8) T	1000	Ma	Tu	L					
or montoring thin H	ied by Bu	munig C	wiler	(0)	ASCM	No.	Name of Abatem	ent Contractor (9	9)				
Street Address							Gr Tech LLC						
Street Address							Street Address			2.55	0.5000		
7-20-20-20-20-20-20-20-20-20-20-20-20-20-		2000					576 Valley Rd #	[‡] 283					
City, State, Zip Code							City, State, Zip C						
							Wayne, NJ 074	70					
Project Manager for Monitor	ing Firm			Tele	ephone	No.	Telephone No.	,,,	License	No		-	
							973-638-1777		1 22				
Start Date (10)		Sched	uled C	ompie	tion Da	ate (11)	Name of OSHA is	Agnitor	01127			-	
06/01/	14				2/								
Occupancy Status During A					_ ′		Envirovision Co	nsultants,Inc			50		
Security Clased Venetad	Datement	(Check	only	one)			Street Address				200000		
★ Facility Closed/Vacated I Abatement Performed Order	utoido et t	iure Per	100 01	Abate	ment		20-21 Wagaraw	Road, Bldg .#	34A				
Time of Abatement:	AM-	IBMNOP AC	racilit	y Hou	rs - Des	scribe	City, State, Zip Co	ode					1 10
			· · ·			-\(\frac{1}{2}\)	Fair Lawn, NJ 0	7410					
Scope of Work (Check all the	at apply)					~		p and decontami	nation with n	egative pr	essure		
≥3 sf or >3 if			Z n.				Full Con	tainment with Ne	gative Press	ure			
2 > 160 sf or >260 lf			X Re De	novati molitic			Mini-End		Tent with No	agativa Dr	o o o u ro		
				arroner,	311		EZ GIOVEDS	g Procedure mpted (*) and N	on-Friable Pr	ocedure	essure		
			Is	Locat	ion						A la main a	T	
Location of				Vorma		1	Description of	of			Abater	1	ypa
Asbestos-Containing Mai		M)		d Sole intena		Asbe	stos Containing Ma	terial (ACM)	Amou	nt i	Repair	Encapsulate	EIIC
TO BE ABATE IN Facility	<u>:U</u>				Staff?	(i.e	e., thermal systems	insulation,	(Speci	fy	Repair	ap	Enclosure
(13)				(12)			surfacing, VAT other miscellane	, or	SIF or L	-F)	Va r	= 5	a.e
			Yes	No	N/A		other impoenance	505)			4	e	
Caraca			_	140	-	1					_		
Garage			\sqcup	닏	X	Pipe ins	ulation		12 LF		$X \mid \Box$		
								-		Г			
			\Box								<u> </u>	+=	-
													L
		i								I			
Name of Registered Waste I	Hauler			NJE	EP Waste	e Hauler ID No.	Cubic Yards of Wast	e Name of Regi	stered Landfi	11		1	-
Gr Tech LLC				- 3					Jo Lundii				
City, State				(003378	55	TBD	T.R.R.F. Inc	·			T-00	
100 · 100 ·							Disposal Date	City, State					
Wayne, NJ 07470	-111					V-111	TBD	Tullytown, P	A				
Completed By (Print or Type)	Title			1, 200		Signature /	1 0 0	1).	Date			
N.Jevtic		Own	er				40/	In ver	Laor	0.4.00488040	2014		
SB-41				-			:/			05/22/	2014		
AAY 11		*	Do noi	use il	ris forn	ı for asbes	tos licensure Exemp	ted activities.					

(X#7 Dide

Paragon Job#

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

	- 1220
	6
- 63	1
· V	F. 1
•	e2

Date of Notification (1)	Na	ame of Buildin	g Owne	er/Operator (2)											
0 5 / 2 1 / 1 4		NJTA			21	2014 MAY 27 PM 12: 04									
Agencies Notified Type Notifica	tion Str	reet Address			*					-					
DEP Initial	- 11	581 Main St		1.022		La.	aa£31J	366	JKTR#	1.					
Amend	1 0	ty, State, Zip 0	Code				ox LIU	こばつ	Mu	4					
		Woodbridge		7095	CAUDING:					-5,1					
justification	Na Na	me of Contac	t				Tele	ephone	e Nümber						
DCA Cancel	ation	James Hans	on						۵						
			FACI	LITY INFORM	ATIO	N									
Name of facility where abatement	is taking plac	ce (3)					Type of Fa								
NJ State Police Barracks Tro	op "D"	GSP Milepe	ost 42						(K - 12) apter 8 (Ot	her th	nan K	-12)			
Street Address								Other (F	Private/Co	mme		/			
Garden State Parkway							Square Fe		Homes, et		Ble	dg. Ag	ne .		
City (5)	Count	ty (6)			Co	unty Code (7)	N/A	1	V/A		N/A		, -		
					5355.30	ate use only)	Current U	se (Pr	ior if being	dem	olishe	ed)			
Galloway Twp. Name of Monitoring Firm Hired by	Atla	W. W. C.			,	N/A									
2, 35	Blag. Owner	r (8)		ASCM No.		Name of Abatement	62	")							
N/A Street Address					_	Paragon Contract Street Address	ting, Inc.								
Otreet Address					-	590 River Rd.									
City, State, Zip Code					-	City, State, Zip Code		-			-	-	-		
						Clifton, NJ 0701	4								
Project Manager for Monitoring Firm	n	Phone	Numb	er	_	Telephone Number			License I	Numb	er	_			
						(973) 614-1600			00748						
Scheduled Start Date (10)	Sched.	Completion D	ate (11)		Name of OSHA Mon									
05/22/2014	05/28	/14				Paragon Contrac Street Address	ting, inc.		-						
Occupancy Status During Abateme	nt (Check or	nly one)				590 River Rd.									
Facility closed/vacated during			nt.			City, State, Zip Code									
Abatement performed outside Describe:	of normal fa	acility hours-			_										
Other-Describe:					-	Clifton, NJ 0701	4								
Scope of Work (check all that app Demolition	5.60				_										
	Renovation				3	Full Containment w/neg	14 a <u>nna 1</u> 4	95	Gloveb						
>3 sf or >3 lf	≥160 sf or ≥				Ц	Mini-enclosure	⊠ Non-	Exem	pted (") N	Non-fi	riable	proce	dure		
Location of asbestos-containing		normally use								e	R	E n	E		
material to be	staff(12)			Description material (asbestos-containing		ecify SI	F or	m o	p a	С	n		
abated in facility (13)	Yes	No	N/A				LF)			v	i	a p	L		
Underground		X		Transite Pi	pe		75 LF	10		e	П	\Box	П		
							_					盲			
Registered Waste Hauler Paragon Contracting, Inc.	NJDE 2210	P Hauler ID# 61	L VOIS	ubic Yards of \ cyds	Waste	Name of Registered Tullytown/GRO									
City, State Clifton, NJ 07014		F 100 00	posal D BD	ate		City, State Tuffytown, PA									
Completed by (Print or Type)	Title			Signature		Lunytown, PA			Date						
Goran Lazevski	President				05/21/2014										

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		Name of Build	0 10	13			3					
May 22, 20		Name of Building Owner/Operator (2) SmartJack SmartHouse										
[] DEP [] AI	itial Notification mended Notification mendment #	Street Address City, State, Zip	Code	Front street, Sun		- 88		10				
X DOH X En	nergency (including stification)	Name of Contac		Bank, NJ 07701	TOTUDIED		9 s					
[] Ca	ncellation	Sco	tt Wardrop		Telephone Numb	er	PE_B					
Name of Facility Where Abatement is Takin Residence	ng Place (3)	CILITY INFOR	RMATION	Type of Facility (4								
Street Address				[]	School (k-12)							
229 Trenton Ave				[x]	Subchapter 8 (Other (i.e., pri- homes, etc.)	otner t vate &	comme	2) ercial bi	uilding			
Ortley Beach	County (6)	County Code (7) (STATE USE ON	ILY)	Square feet 1500 sf	# of Floors	В	ldg. Ag					
Name of Monitoring Firm Hired by Building	Ocean			Current Use (Prior	Prior if being demolished)							
N/A Street Address	g Owner (8)	ASCM No.	Name of									
City, State, Zip Code			Street Add	dress	ian Contracting		•					
10 10 CP1000			City, State	e, Zip Code	Route 9, Unit 6	9.11.	00 W00000 10000 or 40	VALUE - NO. 10 CM				
Project Manager for Monitoring Firm	Telephone Number		Telephone	Number	ns River, New Jersey 08755-1271 License Number							
Scheduled Start Date (10) 5/23/14	Scheduled Complete 5/26/14	tion Date (11)	732-349 Name of C	OSHA Monitor	00624							
Occupancy Status During Abatement (Check [X] Facility Closed/Vacate [] Abatement Performed [] Other – Describe	only one) ed During Entire Period of Aba Outside of Normal Facility He	atement	Street Add	1056 S	L. Analytical telton Road							
Scope of Work (Check all that apply)					way, New Jers	ey 08	854					
[] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf	[] Renova		[] [] [x]	Mini-Enclosure Glovebag Procedu	with Negative Pre- are) and Non-Friable		lure					
	Is Location		Б			Aba	itement	Туре				
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A	(i.e	Description bestos-Conta Material (AC ., thermal sys ulation, surfa VAT, or er miscelland	ining M) stems icing,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R			
Exterior	X	Asbestos sidir	g		1500 sf	X	-	Е	E			
Name of Registered Waste Hauler Guardian Contracting, Inc. City, State	NJDEP Waste Hauler I 20223	3	rds of Waste	Name of Registere T.R.R.F.	ed Landfill							
Toms River, New Jersey	Disposa 5/27/1		City, State									
ompleted by (Print or Type) Nicholas Fernicola	Signature for asbestos licens	12/	n, Pennsylvania		Date 5/22	/14						

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1	M.	L.	•	4

Date of Notification (1) 5/22/2014			Name of Building Owner/Operator (2) UPPER SADDLE RIVER SCHOOLS										
Agencies Notified EPA	Type Notification		Street A 395 W	ddress '. SADDLE R	VER RO	DAD	2014 HAY	27 PM	1 12:	31			
EPA DEP DOL	Amended Amendment Emergency		UPPE	ite, Zip Code R SADDLE R	IVER, N			ING UU	MTF	.01.			
DOH DCA DCA	justification) Cancellation	molading	NIJAZ	f Contact I LEKA		3		eph-1	°obf ™.		1		
N	At the second in Table	- DI (2)	FACI	LITY INFORMA	TION	Tune of For	-ilit. (4)						
Name of Facility Where CAVALLINI MIDDL		g Place (3)					l (K-12)	arthan K 1	2)				
Street Address 392 W. SADDLE R	IVER ROAD					Other etc.)	apter 8 (Oth (i.e. private		ial buil			es,	
City (5) UPPER SADDLE F	RIVER				50495	Square Fee	et # 0	f Floors	E	ildg. A	ge		
County (6) BERGEN		431		Code (7) USE ONLY)		Current Use	e (Prior if be	ing demolis	hed)				
Name of Monitoring Firm	n Hired by Building	Owner (8)	ASCN	/ No.		ne of Abatement Contractor (9) VO BROTHERS CONTRACTING, INC.							
Street Address													
						RUTHERI		VD.					
City, State, Zip Code						State, Zip Coo TON, NJ							
Project Manager for Mon	nitoring Firm		Telepho	ne No.	1000	none No. -956-8700		License I	No.				
Start Date (10) 6/2/2014		Scheduled C 6/16/2014		Date (11)		of OSHA Mo ME AS (9)							
Occupancy Status Durin	ng Abatement (Chec	k Only One)			Street	Address							
	cated During Entire ned Outside of Norm START 3:30 PM				City, S	State, Zip Coo	de	-			7 0 =		
Scope of Work (Check A	All That Apply)												
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		AND DESCRIPTION OF THE PERSON	vation			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
		ls Loc								Abat	emen /pe	t	
Locatio Asbestos-Containing		Norn Used Se	olely by		escription	n of Material (ACN	A) .	Amount		П	Г	Г	
TO BE A	BATED	Mainte Custodia		(i.e. therm	al system	s insulation,	(Specify	Rer	Re	nca	Enc	
In Fac (13)	1233	(1	2)		facing, VA r miscella		"	F or LF)	Remova	Repair	Encapsulate	Enclosure	
	-	Yes N	o N/A								te		
EXTER	RIOR	×		WIND	OW CAL	JLKING	1	28 LF	X				
		+							-	-			
			NIDED I		:- ٧	I No.	ne of Regist	owed Landf					
Name of Registered Wa		NJDEP Waste Hauler ID No. 18743 Cubic Yards of Waste				ASTE MA			3.R.(D.W.	S.		
City, State CLIFTON, NJ	10740	Dis	osal Date	100	, State ORRISVII	LE, PA							
Completed by	-	Title			Şignatur	1	- ()	[Date				
VIVECA RAMOS	PROJE	CT COO	RDINATOR	1	levie	alta	mrs 5	5/22/2	014				

N# 4546

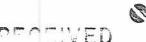
Date of Notificalian (4)		(1		I TO NJAC 6				3	n				6
Date of Notification (1) 05/20/2014				of Building C gh Dickin:						1	/ 500	D	
Agencies Notified Type Notification	ation		Street A	Address River Rd				2014	MAY 2	7	PM :	3: 5	7
DEP Amend Amend		_ [ate, Zip Cod eck, NJ 07				ø ₃ 5	ESTO:	3 C	ONT	下戶籍	
DOH justifica	ition)			of Contact Gorczyca	ì		É	Telep	None Nut	ber	INC	1105	67 to
Name of Facility Where Abatement is	Takina Dlaga /	2/	FAC	ILITY INFO	RMATION								
Becton Hall	raking Place (3)					Type of Facility (4						
Street Address 1000 River Rd.							School (K-12 Subchapter Other (i.e. pr	8 (Other	than K-12	!) al bui	ldings	, hom	es,
City (5) Teaneck						-	etc.) Square Feet	# of F	Floors	T	Bldg. /	Age	
County (6) Bergen				Code (7) USE ONLY)		_ -	Current Use (Prio	r if being	g demolish	ed)			
Name of Monitoring Firm Hired by Build EDI	ding Owner (8)	ASCI	M No.			f Abatement Cont	tractor (9	9)				×
Street Address 5434 King Ave.					- 1	treet A	ddress aget Ave						
City, State, Zip Code Pennsauken, NJ 08109					С	ity, Sta	te, Zip Code , NJ 07011						
Project Manager for Monitoring Firm Tom Pruno			Telepho 888-30	ne No. 06-4545	T	elepho		1.00	License No).			
Start Date (10) 05/30/2014	Schedul 05/31/			Date (11)	N	ame of	OSHA Monitor		,0,01	-			
Occupancy Status During Abatement (Check Only O	ne)				treet A			-				
Facility Closed/Vacated During En Abatement Performed Outside of Other – Describe:	ntire Period of Normal Facility	Abaten Hours	nent s				te, Zip Code		-				
Scope of Work (Check All That Apply)						-							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Full Containme Mini-Enclosure Glovebag Proce Non-Exempted	edure				0	
4	Is	Locati	ion				. Ton Exempted	() unu i	VOIT-I HADI		100 PM	ement	t
Location of		Normaled Sole	ly		Descri	ption o					Ту	ре	
Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)	Ma Cus	intena todial 8 (12)	nce/ Staff?	(i.e. th	s Containi nermal sys surfacing other misc	stems in , VAT,	or		ount ecify r LF)	Removal	Repair	Encapsulate	Enclosure
Various Locations	Yes	No	N/A									(G)	
various Locations		X		Pipe	fitting("	wrap	& cut")	36	ea	x			
								-					
Name of Registered Waste Hauler		N	JDEP W	aste /	Cubic Yar	ds	Name of R	enistere	d Landfill	1,172			
Newark Carting, Inc			auler ID 5409	60000000000000000000000000000000000000	of Waste	.T. T.S	GROWS	. 8	a carrain				
City, State Newark, NJ					Disposal [Date	City, State Morrisvil	le, PA					
Completed by Voytek Roszkowski	Title Presi	dent			Signa	ature (Zoo for	رجاء	Date 05/		2014		

(K # 005617

D&S Proj. #: 2014-210

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





Date of Notification (1)	Na	ame of E	Building Own	er/Operator (2)			2014 MAY	27 PM	1 3: 1	3 F.		
0 5 /2 1 /1 4		LINDA	HENDER	SON				ESTITUTE.	٠, ١١		٠. ر.		
Agencies Notified Type Notifica	ition	reet Add	ress	•				i Jori EST	JS CU	MIR	ijί.		
DEP Amended		108 2N	D AVENU	Æ			4	a & LI	CENSI	NG	41	<u>t</u>	
Amendment #	t: Cit	ty, State	, Zip Code								-		
DOL ☐ Emergency	,	AVON	, NJ 0771	7				Ţn.					
DOH (including justification	Na	me of Co	ontact					Telepho	ne Numb	er		400	
DCA Cancellation		LINDA	A HENDEI	RSON									
			FAC	ILITY INFORM	IATIO	N							
Name of facility where abatement	is taking place	ce (3)		De le service			П	Type of Facility					
LINDA HENDERSON								=	ol (K - 12			(40\	
Street Address							-		napter 8 ((Private/			(-12)	
100 0000 4100000				##E	<i>5</i>				./Homes,				
108 2ND AVENUE	T 0:	(0)					_ [Square Feet	# of Flo	ors	B	ldg. A	ge
City (5)	Count	у (6)				unty Code (7) ate use only)	1	0 111 (L <u>-</u>	- 13	
AVON	MON	NMOU	TH		(516	ate use offiy)		Current Use (F	rior if bei	ing den	nolist	ied)	
Name of Monitoring Firm Hired by				ASCM No.	-	Name of Abatem	ent Co	ontractor (9)	-				
						D & S RESTO	ORA'	TION, INC.					
Street Address						Street Address				_			
						20 California	a Ave						
City, State, Zip Code						City, State, Zip Co	ode						
						Paterson, NJ)3					
Project Manager for Monitoring Firm	n	P	hone Numb	er		Telephone Number			D/17/2008/00/2009	e Numl			
						973-345-80				01169)		
Start Date (10)	Sched.	Complet	tion Date (1	1)		Name of OSHA N D & S Restor							
06/03/14	06/18/	14				Street Address	latio	i, mc.					
Occupancy Status During Abateme		A STATE OF THE PARTY OF THE PAR				20 California	Avei	nue					
Facility closed/vacated during						City, State, Zip Co							
Abatement performed outside Describe:		cility hou	urs-		_								
Other-Describe: NORMAL I					=1	Paterson, NJ	0750)3					
Scope of Work (check all that appl	y)						=	Il Containment v	w/negativ	e press	sure		
	Renovation	ĝ.						ni-enclosure ovebag procedu	150				
≥160 sf or ≥260 lf	Demolition							on-Exempted (*)		-friable	proc	edure	
Location of	Is location by mainten		used solely	1						R	R	E	E
asbestos-containing material (acm) to be	staff(12)	anocrou	Stodiai	Description material (sbestos-containing	9	Amount (Specify S	SE or	m	p	n	n
abated in facility (13)	Yes	No	N/A	material (ACIVI)			LF)	5, 0,	o v	a	a	L
DACENTE.				DATE OF THE				<u></u>		е	į.	р	
BASEMENT		X		DUCTINS	ULA	ITON (OPENIN	GS)	20 SQ FT			<u> </u>	빋	닏
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			#							-1-		님	1
Registered Waste Hauler	NJDEF	P Hauler	ID# I C	ubic Yards of V	Vaste	Name of Registe	red La	I andfill			لـــا	빋	
D & S RESTORATION, INC.	1350			YD		TULLYTOW			ECOVE	RY			
City, State			Disposal D			City, State							
PATERSON, NJ 07503			06/04/1			TULLYTOW	/N, P	A	-				
Completed by (Print or Type) Title Signature BOGDAN JOLDZIC PRESIDENT								Date 05/2	1/2014	ě			
BOGDAN JOLDZIC PRESIDENT ASB-41 Do not use this form for asbestos licensure exempt						d activities.			03/2	1/2014			

CK# 005610

D&S Proj. #: 2014-212

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



Name of Building Owner/Operator (2) Date of Notification (1) 2014 MAY 27 PM 3: 36 10 15 1/12 11 1/11 14 1 GEORGE FELBER Agencies Notified Type Notification Street Address APa 所とSIUS CUNIR®! **EPA** Initial & LICENSING 911 WESTMINSTER AVENUE Amended DEP City, State, Zip Code Amendment #: DOL Emergency HILLSIDE, NJ 07205 (including DOH. Name of Contact Telephone Number justification) ☐ DCA GEORGE FELBER Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) GEORGE FELBER Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 911 WESTMINSTER AVENUE Square Feet # of Floors Bldg. Age County (6) County Code (7) (State use only) Current Use (Prior if being demolished) HILLSIDE UNION Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 06/10/14 06/30/14 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure \times >3 sf or >3 lf Mini-enclosure Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of E by maintenance/custodial е e asbestos-containing n Description of asbestos-containing Amount staff(12) m п p material (acm) to be C (Specify SF or material (ACM) C 0 abated in facility (13) a a LF) Yes N/A No V L p e BASEMENT PIPE INSULATION 298 L FT X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 5 YDS TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 06/11/14 TULLYTOWN, PA Completed by (Print or Type) Signature BOGDAN JOLDZIC PRESIDENT 05/21/14

a not use this form for achostas licensura exempted activities

(K# 005619

D&S Proj. #: 2014-213

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



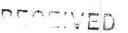


Date of Notification (1) 0 5 / 2 1 / 1 4		of Building Owi	ner/Operator (2))		2014 M	AY 27	PM 3:	35			
Agencies Notified Type Notifica	tion											-
☐ EPA ☐ Initial	Street	Address				4.35E	STUS	CONTR	間.			
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		tate, Zip Code				7	LIOLI	.010	71	ie ,		
DOL Amendment #		itate, Zip Code										
Emergency	MC	NTCLAIR, N	NJ 07042									
DOH (including	Name	of Contact		Charles College		· ·	Telepho	ne Numbe	er			
justification)											
DCA Cancellatio	n geo	orgina harabin						ð	,			
		FAC	ILITY INFORM	ATION	İ							
Name of facility where abatement	is taking place (3	3)				Туре	of Facility					
September 1 - Control							Scho	ool (K - 12)			
georgina harabin							Subo	hapter 8 (Other t	han k	(-12)	
Street Address								r (Private/0				
					+1			./Homes,				
21 macopin avenue						Squa	are Feet	# of Floo	ors	В	ldg. A	\ge
City (5)	County (6))		Cou	nty Code (7)							
					te use only)	- C	ont Head	Dalas If hal		- 15-16	!\	
MONTCLAIR	ESSEX			(0.0	to doc orny)	Curi	ent use (Prior if bei	ng den	iolist	ea)	
Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No.		Name of Abatemen	nt Contrac	ctor (9)					
					D & S RESTOR	RATION	J INC					
Street Address				-	Street Address	u III oi	1, 11.0.					
Oli Cet Address												
					20 California A	Ave.					202000000000000000000000000000000000000	
City, State, Zip Code				-	City, State, Zip Code	е						
					Dataman NI 0	7502						
Project Manager for Manitoring Fire		15:		-	Paterson, NJ 0							
Project Manager for Monitoring Firm	0.	Phone Numb	per		Telephone Number			License				
*					973-345-8020	0			1169			
Start Date (10)	ISched Con	pletion Date (1	11	-	Name of OSHA Mo	nitor						
Otali Date (10)	Donea, oon	ipietion bate (1	'')		D & S Restora	tion. Inc	ý.					
06/11/14	06/20/14				Street Address		-	THE LINE				
Occupancy Status During Abateme		ne)	NAME OF TAXABLE	-		ul Terrenament						
Facility closed/vacated during				- 11	20 California A							
Abatement performed outside	entire period of	abatement.			City, State, Zip Code	е						3
Describe:	or normal facility	nours-										
Other-Describe: NORMAL F	HOURS			-	Paterson, NJ 0	7503						
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Scope of Work (check all that appl	у)				. L	Full Cor	ntainment	w/negative	press	sure		
	Renovation					Mini-en						
≥160 sf or ≥260 lf	Demolition				\boxtimes	Gloveba	ag proced	ure				
	Total Pennsiens					Non-Ex	empted (*) and Non		proc	edure	9
Location of		nally used solel	У						IR	R	E	E
asbestos-containing	by maintenance	e/custodial	Description	n of a	sbestos-containing	İ	Amount		e	е	n	n
material (acm) to be	staff(12)		material (species containing	1	(Specify	SF or	m	p	C	6
abated in facility (13)	Yes N	lo N/A	1	,		1	ĹF)		V	a	а	l L
		100				1			le		р	-
BASEMENT		7	PIPE INSU	LATI	ON	1150	OLFT		X	T	П	117
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Registered Waste Hauler	الا			(7a - 1	DV /=				لال			
D & S RESTORATION, INC.	NJDEP Ha 13506		Cubic Yards of V 2 YDS	vaste	Name of Registere			ECOME	W			
	13300				TULLYTOWN	, KESU	UKCE R	ECOVE	(I			
City, State		Disposal D			City, State							
PATERSON, NJ 07503		06/12/1	4		TULLYTOWN	I, PA			ppportunition			-21-21-01-21-01-0
Completed by (Print or Type)	Title		Signature					Date				
BOGDAN JOLDZIC	PRESIDENT							05/21/	2014			
ASB-41	Do not use this	empter	activities.			33/21/		-				
50500000000000000000000000000000000000												

(K# 000015

D&S Proj. #: 2014-211

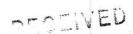
State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)





Date of Notification (1)		of Building Own		RSERY SCHOOL	4 MAY 27	PH 3	3: 34				
Agencies Notified Type Notific	ation	Address	110120 1101		HESIJ.	LUN	Rel		-		
DEP Amended	15 8	SOUTH 3RD	AVENUE	<u>a</u>	& LICE	HSING	a de				
Amendment		tate, Zip Code					46				
☑ DOL ☑ Emergend		GHLAND PAI	RK, NJ 0890	4							
DOH (including justificatio	Name (of Contact				Telephor	ne Numbe	r			
DCA Cancellati		NDI CACACI					3				
		FAC	ILITY INFORM	ATION							
Name of facility where abatemen	nt is taking place (3	3)			Туре	f Facility				- 7	
YELLOW BRICK ROAD N	NURSERY SCH	OOL				=	ol (K - 12) napter 8 (C	Other t	han K	-12)	
Street Address					7 0	Other Bldgs.	(Private/C /Homes, e	omme tc.	ercial	33	
15 SOUTH 3RD AVENUE					Squai	re Feet	# of Floo	rs	BI	dg. A	ge
City (5)	County (6)			County Code (7)							
HIGHLAND PARK	MIDDL	ESEX		(State use only)			rior if bein	g den	olish	ed)	
Name of Monitoring Firm Hired b	y Bldg. Owner (8)		ASCM No.	Name of Abateme							
KARL & ASSOCIATES Street Address			N/A	D & S RESTO	DRATION	, INC.					
				Street Address	4						
P. O. BOX 645 City, State, Zip Code				20 California City, State, Zip Co			***************************************		-	-	
SHILLINGTON, PA 1960	17										
Project Manager for Monitoring Fire		Phone Numb	er	Paterson, NJ Telephone Number			License	Numi	er		
MICHAEL KRISHER				973-345-80				1169	,01		
Start Date (10)	ISched Com	610-856-77		Name of OSHA M	1onitor						
Secretaristicates in the constraint of the Property of the Pro		ipionon Baio (1	.,	D & S Restor	ration, Inc.						
058/24/14 Occupancy Status During Abatem	05/30/14	201		Street Address							
Facility closed/vacated during				20 California							
Abatement performed outside				City, State, Zip Co	ode						
Describe: NORMAL	HOURS			Paterson, NJ	07503						
Scope of Work (check all that app				_		ainment w	v/negative	proce	uro	==	
				Ì	Mini-enc		villegative	press	uie		
≥160 sf or ≥260 lf	Demolition					g procedu mpted (*)	re and Non-	friable	proce	edure	.
Location of asbestos-containing	Is location norm by maintenance	nally used solely e/custodial	1					R	E e	E n	E
material (acm) to be	staff(12)		Description material (n of asbestos-containing		Amount (Specify S	SF or	m	p	C	n
abated in facility (13)	Yes N	lo N/A	I material (10W)		ĹĖ)		O V	a i	a	ĬĽ
BASEMENT/CRAWL SPACE		7	PIPE INSU	LATION	130	1.64		e	r	F 7	
BASEMENT/CRAWL SPACE				TING PIPES	25 1			H		片	井
D. IOLINEATICKA WE OF ACE			DAKE HEA	.1110 11113		11		片	井		井
	 				_			岩	井	무	11
								믐	屵	+	#
Registered Waste Hauler	NJDEP Ha	uler ID# C	ubic Yards of V	Vaste Name of Register	red Landfill				<u> </u>		
D & S RESTORATION, INC	13506		ı/a	n/a							
City, State PATERSON, NJ 07503		Disposal D	ate	City, State		The state of the s	N-11 (2) 11 (1) (1) (1) (1) (1) (1) (1) (1) (1)				
Completed by (Print or Type)	Title	n/a	Signature	n/a	-		I Data	4			
BOGDAN JOLDZIC	PRESIDENT		Signature	5			Date 05/21/	2014			
ASB-41	* Do not use this	form for asbesto	s licensure exe	empted activities.			1.0.21				

CK # 337.7



Date of Notification (1) 05/22/2	2014			Na	me of Buildi	ing Owner/Operator Apartment & Co	r (2)	IN TO PH	3: 3	3		
Agencies Notified	Type Notif	fication		0.0	cot / ladics		unity Case	AN ZI III	. ~ 5%	es i		
□ EPA	Initial		*	-	Cherry Hi		2.1.	rotus co	村村	e L	· h -	
DOL DEP		ment # ency (inclu	ıdina		y, State, Zip ld Bridge,	Code NJ 08857	a	& LICENSI	iec	É	E	
⊠ DOH □ DCA	justific	ation)	9		me of Conta			Telephone No	التهما			
Прох	Cancer	lation		Ber	nadette P	oppel		<u> </u>	Þ			
					ACILITY IN	IFORMATION			-	80-03/0-		
Name of Facility Where Apartments Bldg.	Abatement is	s Taking P	lace (3)			Type of Facili School (K-	12)				
Street Address 36 Appletree Lane							Other (i.e.,	r 8 (Other than K- private & comme		ilding	s,	
City (5)							homes, et Square Feet	# of Floors		Bldg.	Age	
Old Bridge,							2000 SF	2		60+		
County (6) Middlesex				US	ounty Code SE ONLY)	(7) (STATE NJ	Current Use (I	Prior if being dem 31dg.	olished)		
Name of Monitoring Firm	Hired by Bu	ilding Ow	ner	ASC	M No.	Name of Abatem	nent Contractor	(9)				
(8) <u>N/A</u>				.		DIA Genera	I Construction	n, Inc.				_
Street Address						Street Address	A	ID C. :t- 040	tomor Value			Secretalin
City, State, Zip Code						1360 Clifton, City, State, Zip C		IB Suite 218				
						Clifton, NJ C			74-000			
Project Manager for Mon	itoring Firm		Ī	elephor	e No.	Telephone No. 973-389-008	89	License No. 00693				
Start Date (10)		Schedule	d Com	pletion (Date (11)	Name of OSHA N		- 1				_
06/06/2014		06/10/				DIA General	Constructio	n, Inc.				
Occupancy Status During Facility Closed/Vacate						Street Address 1360 Clifton,	Avenue, PN	/IB Suite 218				
Abatement Performed Other - Describe:	Outside of N	Normal Fa	cility H	ours		City, State, Zip C Clifton, NJ 0						
Scope of Work (Check all	I that apply)					Oliton, No o	1012					
>3 sf or >3 lf >160 sf or >260 lf		X	Renov	ation olition		☐ Mini-End	closure g Procedure	egative Pressure Non-Friable Pro	cedure			
			Is Loca		T	1 1 14011-2	tempted () and	Non-i Habie Fio			ement	t
Location o	f	U	Norma sed So	ally lely by		Description of				Ту	ре	
Asbestos-Containing Ma	125 2		Mainten Custo	ance/		tos Containing Mate , thermal systems in	erial (ACM)	Amount (Specify			m	m
TO BE ABATE IN Facility	<u> </u>		staf	?	(i.e.	surfacing, VAT,	or	SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		-	(12) 	4	other miscellaneo	us)		oval	air	sulate	sure
		Ye	s No	N/A							(U	
36 Appletree Lane - Crawl Space					Pipe/El	bow Insulation		160 LF	X			
		_	+	-					+	-	-	-
AND THE STATE OF T		_	+	+					+			
Name of Registered Wast					Waste	Cubic Yards of Waste		istered Landfill				
					ID No. 0	6	Minerva L	andfill				
City, State New Castle, DE						Disposal Date 06/05/2014	City, State Waynesbu	rg, OH 44688				
Completed By		Title				Signature (Date				
Krutarth Jagad		Preside	ent					05/22	2/2014			

			- 2
			(

Date of Notification (1) 05/21/2014			1	Name of	f Building	Owner/	Operator JRBAN	(2) RENE	EWAL LL	G	. 4 6		-		
Agencies Notified EPA	Type Notification Initial		- 5	Street A						MAY 27	PH	3:	33		
DEP X DOL	Amended Amendment Emergency (justification)		- 1	NEW Yarme of	YORK, N		120		8 12	2 LICE	16.01	MC	Ret	el	
☐ DCA	Cancellation			BOB K								Þ,			
Name of Facility Where A MARKET HALSEY Street Address 165 HALSEY STRE	BUILDING BAS	g Place (3) SEMENT	1B	FACI	LITY INFO	DRMAT	ION	☐ Sc					dinac	hom	00
City (5) NEWARK			-						c.) Feet	# of Floors		P	lidg. A		
County (6) ESSEX					Code (7) USE ONLY)			Current	V.E.	if being den	nolishe	1			
Name of Monitoring Firm RK ENVIRONMENT	Hired by Building (TAL INC.	Owner (8)		ASCN 0090				of Abate	ment Contr		ESTO	RA	TIOI	y INC	 C.
Street Address 401 ST. JAMES AV	ENUE							Address ROU	TE 46 SU	JITE 3D					
City, State, Zip Code PHILLIPSBURG, N.								ate, Zip DWA, I	Code NJ 07512						
Project Manager for Moni JON GILBERT	toring Firm		8		4-6316		973-2	one No. 256-70		Licen 0066	se No. 66			-	
Start Date (10) 05/31/2014	A1-4-1-10	Scheduled 06/01/20)14	pletion [Date (11)		BAK	CON		ION & RE	STO	RA:	TIOI	1 INC).
Cocupancy Status During Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire P	eriod of Ah	nateme	ent			265 A	ate, Zip	TE 46 SU						
Scope of Work (Check All	That Apply)						1010	JVVA, I	NJ 07512						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novati molitic				×	Mini- Glove	Enclosure ebag Proce	t with Negati dure *) and Non-F				۵	
			ocatio							/ 2.13			Abate	ement pe	
Location Asbestos-Containing I TO BE ABA In Facilit (13)	Material (ACM) TED	Used Main Custo	Solely tenand dial St (12)	by be/		os Cont thermal surfa	scription taining M systems cing, VAT niscellane	aterial (/ insulation, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
Basement 1B old E	Breaker room		X	14//		Tran	site par	els		90 SF		ζ			
			-												
Name of Registered Wast	e Hauler		NJ	DEP W	aste	Cubic	Yards		Name of Re	gistered Lar	ndfill	_			
Bako Construction &	Restoration, Inc	э.	40 100000	uler ID I 889	No.	of Was	ste		G.R.O.W	.	75-75-15-16-1				-
City, State Totowa, NJ							sal Date 2/2014		City, State Morrisville	e, PA					
Completed by Damir Valjevac		Title Project	Mar	ager		S	ignature		affra		Date 05/2		014	-	\dashv

Ck# \$ 22

Date of Notification (1)					Nam	e of Buildi	ing O	wner/Operator	(3)	CIVE				
	21	/ _1	4		1 10000000	RIZON	ilig O	when/Operator		- 511				
Agencies Notified EPA	Type No	otification	1			t Address		ERY PLACE		Y 27 PH (77
☑ DOLWD	☐ Ame	93 F. T. T.				State, Zip			to see S	5703 00H	TRO!		-	
⊠ DOH		ndment		-				PA 15212	Ψ.	LICENSIN	G	66		
☐ DCA (NJAC 5:23-8)	☐ Eme	rgency (īcation)	includir	ng		e of Conta		17 10212	a a					
(10.10.0.20.0)	☐ Cano	The second second second				ITHONY	0.000	RTA		Telephone Nu	mber			
					FA	CILITY	NFC	RMATION						
Name of Facility Where A	batemen	t is Taki	ng Plac	e (3)					Type of Facility (4)				
VERIZON BERGEN	CENTR	AL OF	FICE						School (K-12)	(e .				
Street Address									Subchapter 8	(Other than K-	12)			
71 MADISON AVEN	UE								Other (i.e., pr homes, etc.)	ivate and comm	ercial b	uildin	gs,	
City (5)			- 70				-		Square Feet	# of Floors	- 16	Bldg. A	\	
JERSEY CITY, NJ												olug. r	\ge	
County (6) HUDSON					Cou	nty Code	(7)(ST	ATE USE ONLY)	Current Use (Pric	590 500	lished)			
Name of Monitoring Firm	Hired by	Buildina	Owner	(8)	ASCM	l No	N:	ame of Ahatem	ent Contractor (9)	110113				
USA ENVIRONMEN				(-)	7.00.0				IVIRONMENTAL	, INC.				
Street Address							St	reet Address						-
8436 ENTERPRISE	AVENUE	Ξ.						1123 BEAVE	R STREET					
City, State, Zip Code							Ci	ty, State, Zip C	ode					
PHILADELPHIA, PA	19153						1	BRISTOL, PA	19007					
Project Manager for Monit	toring Firm	n		Te	lephone	No.	_	elephone No.		License No.				
MARK JENKINS				1 :	215-365	5-5810		215-788-6040)	00509				
Start Date (10)		Sche	duled (Comp	letion Da	ate (11)		ame of OSHA N		10000		-		
6 / 2 /	14	_	6		4/	14	1	BRISTOL EN	VIRONMENTAL	, INC.				
Occupancy Status During	Abateme	nt (Chec	k only	one)			Str	reet Address						
☐ Facility Closed/Vacated	d During B	Entire Pe	eriod of	Abat	ement			1123 BEAVE	R STREFT					
Abatement Performed	Outside o	of Norma	l Facilit	у Но	urs - Des	scribe		y, State, Zip C				-		
Time of Abatement:	AM-	4:00PM		_PM- <u>′</u>	12:30AN	Л	(J.57-118)	BRISTOL, PA						
Scope of Work (Check all	that apply	/)												-
≥3 sf or ≥3 if ≥160 sf or ≥260 if			⊠ Re					Mini-Enc Gloveba	tainment with Nega losure g Procedure mpted (*) and Non		ure			
			1000	Loca		-					At	atem	ent T	vpe
Location of Asbestos-Containing M		CM		Norm	ally lely by			Description of		100		-	1	-
TO BE ABAT		(CIVI)			ance/			Containing Ma ermal systems		Amount (Specify	Remova	Repair	nce	Enclosure
IN Facility			Cus		Staff?	(surfacing, VAT		SF or LF)	ova	₩·	psu	nso
(13)			Yes	(12 No			ot	her miscellane	ous)		-		Encapsulate	ē
BASEMENT FAN ROO	М		\boxtimes			DUCT	NSU	JLATION		30 SF				
											П	П	П	П
Name of Registered Waste	Hauler			1	NJDEP V	Vaste	Cub	oic Yards of	Name of Registe	red Landfill				
SERVICE TRANSPOR	RT GRO	UP INC	:	100	dauler ID	No.	Wa		MINERVA L					
City, State							Dis	posal Date	City, State		- 1000			
NEW CASTLE, DE									WAYNESBU	RG, OH				
Completed By (Print or Typ	e)	Title)					Signature			ate -	-	,	
PATRICK T. DeCARO		1		CT N	IANAG	ER		Patrice	E D. DeCo	u life	5/2	1/1	14	

ASB-41 JAN 13 PD 14050

Date of Notification (1)					Nam	e of Buildin	g Owner/Operator	(2)	c to	الحاء		·	
	21	/14			Ri	der Unive	ersity	0044					
	57000	tification		Chierra	Stree	et Address			AY 27 PH	3: 3	:6		
D	Initial				20	83 Lawre	nceville Rd.			72.000m			
☑ DHSS	Amer	nded ndment#			City,	State, Zip (Code		ESTOS CON		⊕ 1.		
		gency (in		-	La	wrencevi	lle, NJ	<u></u> &	LICENSIN	G			
(NJAC 5:23-8)	justifi	cation)	o a a a a	9	Nam	e of Contac	at		Telephone Num	ber	V		
	Cance	ellation			Ph	illip Voor	hees	31					
					FA	CILITY IN	FORMATION						
Name of Facility Where Aba								Type of Facility (4	50				
Westminster Choir Co	ollege-	Talbott	Libra	ary				School (K-12)	/OII				
Street Address								Subchapter 8 Other (i.e., pri	Vate and comme	l) rcial h	ouildir	as	
101 Wanlut Lane								homes, etc.)	721			90,	
City (5)								Square Feet	# of Floors	E	Bldg. A	Age	
Princeton				9	1	w- ***							
County (6)					Cou	nty Code (7	(STATE USE ONLY)	Current Use (Prio	r if being demolis	shed)		- SSE	
MERCER				-				Library					
Name of Monitoring Firm Hi		Building C	Owner	(8)	ASCN	No.		ent Contractor (9)					
Pennoni Associates I	nc.							IVIRONMENTAL	, INC.				
Street Address	_						Street Address						
515 Grove St, Suite 11	3						1123 BEAVE						
City, State, Zip Code	0005						City, State, Zip C						
Haddon Heights, NJ 0				1=			BRISTOL, PA	A 19007					
Project Manager for Monitor	ing Firm	ו			lephone		Telephone No.		License No.			7.	- 31100
Craig Wilson Start Date (10)		101.			09-84		215-788-6040		00509			1.6	
	14				etion Da 5 /		Name of OSHA N						
	-							VIRONMENTAL,	INC.				
Occupancy Status During Al							Street Address	updown number character to mention, about the per	300				
☐ Facility Closed/Vacated [☐ Abatement Performed Out	uring E	ntire Per	Tod of	Abate	ement	a a sila a	1123 BEAVE						No.
Time of Abatement: 7:00	AM-4:3	30PM/	P	y not M-	AM		City, State, Zip C						
Scope of Work (Check all the				_			BRISTOL, PA	19007					
Scope of Work (Check all the	at apply)					☐ Full Con	tainment with Nega	tive Pressure				
≥3 sf or ≥3 lf			-	nova		155	Mini-Enc	closure	tive i ressure				
≥160 sf or ≥260 lf	104		De	molit	ion			g Procedure mpted (*) and Non-	Friable Procedur	Δ.			
			Is	Loca	ation	Г		inpled () and Non-	Thable I Tocedar	1	batem	ent T	vne
Location of			-	Norm	ally		Description of	of		-	1	T	· -
Asbestos-Containing Mat		CM)			lely by ance/		stos Containing Ma	iterial (ACM)	Amount	Removal	Repair	Enca	Enclosure
TO BE ABATE IN Facility	ñ	20		todial	Staff?	(i.e.	., thermal systems surfacing, VAT		(Specify SF or LF)	ova	뽘.	squ	uso
(13)				(12	T	-	other miscellane		S. S. E. ,	-		Encapsulate	6
			Yes	No							_		
Boiler Room						Breechi	ng-Wrap and Co	ut	16 LF	\boxtimes			
										-	12		
Name of Registered Waste H	lauler				NJDEP I	Nacte	Cubic Yards of	Nome of Bogisto	rod Londfill			П	
BRISTOL ENVIRONME		INC.		1000	Hauler II	O No.	Waste	Name of Registe G.R.O.W.S. I	NORTH LAND	FILL			
City, State					18706)	Disposal Date	City, State			-		
BRISTOL, PA 19007							Diopodai Dato		E, PA 19067				
Completed By (Print or Type)		Title					Signature	1	. Dat		,		
Brian Scafiro		Es	timat	tor			Brisa	Scoluze/			1/1	14	
SB-41	. /	120-		-				1 2/1		/	/	88	
AY 11 B 5 1311	4	* [o not	use t	nis form	for asbesto	os licensure exemp	ted activities.					

OK# 3376





Date of Notification (1) 05/22/2014					ne of Buildi enwood A	ling O Apar	wner/Operator	(2) untry Club	MAVO	7 PM	٥.	, C,		
Agencies Notified EPA	Type Notif	ication		Stre	et Address Cherry Hi	s		Æ15	mai z	/ FA	J· ,	<u> </u>		
DEP DOL	Amend Amend		ng		, State, Zip d Bridge,			#0.	& LIC	ENSIN	G	# i.	7 /2	
DOH DCA	justifica Cancell	ation)	i i g		ne of Conta		el	- 3	Telep	hone N	<u>-</u>	•	ř.	
				F.F	ACILITY IN	NFOR	MATION							
Name of Facility Where Apartments Bldg.	Abatement is	Taking Plac	ce (3)					Type of Facili	12)		602%			
Street Address 30-32 Appletree Lan	ie							Subchapte Other (i.e., homes, et	private &			lding	S,	
City (5) Old Bridge,								Square Feet 2000 SF		Floors	14 53	Bldg. 60+	Age	
County (6) Middlesex				USI	unty Code E ONLY)	(7) (NJ	STATE	Current Use (I Apartment F		ing demoli	shed)			
Name of Monitoring Firm (8) N/A	Hired by Bu	ilding Owne		ASCN	I No.			ent Contractor (
Street Address						St	treet Address	Avenue, PN		218				
City, State, Zip Code						Ci	ty, State, Zip C Clifton, NJ 0	ode	ID Oute	2 10				
Project Manager for Mon	itoring Firm		Tel	lephone	No.	Te	elephone No. 173-389-008		100,000,000	nse No. 1693			-2007	
Start Date (10) 06/06/2014		etion Da	ate (11)	Na	ame of OSHA M	Monitor		1093				_		
Occupancy Status During	Abatement	06/10/20 (Check only		-			reet Address	Constructio	II, IIIÇ.					
Facility Closed/Vacate	d During En	tire Period o	f Abate	ement		3332		Avenue, PN	/IB Suite	e 218				_
Abatement Performed Other - Describe:	Outside of N	lormal Facili	ty Hou	ırs		23000	ty, State, Zip Co lifton, NJ 07							
Scope of Work (Check all >3 sf or >3 lf >160 sf or >260 lf	I that apply)		enova: Demo				Mini-End Govebag	tainment with Notes of the Note			dure			
77 60		N		у								\bate Ty	ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Is Locat Normal Used Sole Maintena Custodi staff? (12)				nce/ al		, ther su	Description of Containing Mate mal systems in irfacing, VAT, er miscellaneou	erial (ACM) sulation, or		ount ecify r LF)	Removal	Repair	Encapsulate	Enclosure
30 Appletree Lane - C	rawl Spac	Yes	No	N/A X	Pine/FII	lhow	Insulation		160 L	F	X			
32 Appletree Lane-Crawl Space					-		Insulation		160 LI		X			
11				X										
Name of Registered Wast				NJDEP N		723	bic Yards Waste	Name of Reg		indfill	direct la			
				1auler ID 20970		_	Waste	Minerva La	andfill					
City, State New Castle, DE						1000000	posal Date /05/2014	Waynesbur	rg, OH 4	14688				
Completed By Krutarth Jagad	pleted By Title						Signature			Date 05/22/2	014			

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- 4	G)	١.	7	٩
	×		2	

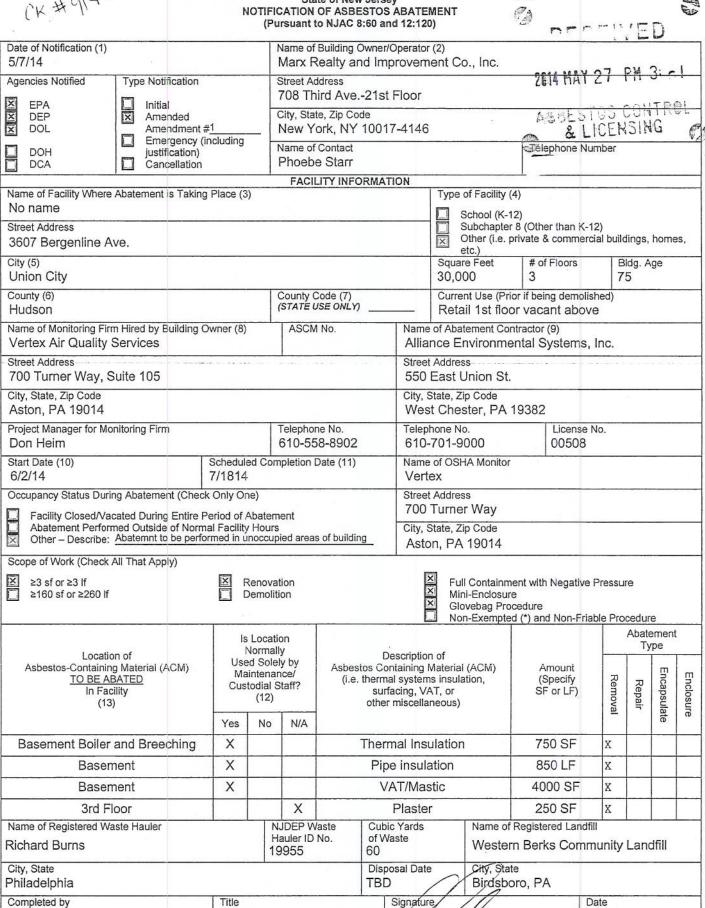
The state of the s					to NJAC				7	P* 5* 1	-11/	1 1	")			
Date of Notification (1) May 21, 2014					f Building po Colle				,	200	comb # #					
	ype Notification		-	Street A	•	ge of	ivew 3	ersey		HAY 2	7 P	4 3	. +	4		
				505 R	amapo \		Road									
EPA DEP DOL	Amended Amendment	#			ate, Zip Co ah, New		ev. 074	30-1	680 ⁵⁻³⁻⁵	ESTU	IS CO CENS	HILL	代書	1.		
Ĭ DOH	Emergency (i justification)	ncluding	- -		f Contact		,,,,,,,				ephone			10		-
DCA C	Cancellation			Gina N	Mayer-C	osta				(1			
				FACI	LITY INFO	ORMAT	ION				34					
Name of Facility Where Ab Academic Building-C	100	Place (3)							of Facility School (K-	1000						
Street Address 505 Ramapo Valley F	Road							×	Subchapte Other (i.e. etc.)					dings,	home	es,
City (5) Mahwah	N N							100000000000000000000000000000000000000	are Feet	# of	Floors			ldg. A	ge	
County (6) Bergen					Code (7))		Curr	ent Use (Prucation B			olishe				
Name of Monitoring Firm H	ired by Building C	Wner (8)		ASCN	/ No		Name		atement Co			-				
USA Environmental N	[17] 이 시간 보게 되었는데 이 그 아이가 있어요? 그 아이			0011			SMA	AC C	orp.		(0)					
Street Address 344 West State Stree	t							t Addre East 3	ess 33rd Stree	et						
City, State, Zip Code Trenton, NJ 08618				2	O. Selling				Zip Code , NJ 0751	1		Т				
Project Manager for Monito	ring Firm			Telepho	ne No.			hone N		T .	Licens	e No				17.000
William Weisgarber,				82.52.50	56-810	1			-4055		0111					
Start Date (10)		Scheduled			Date (11)				HA Monitor			П			-	- 1000
June 9,2014		August		014			100000000000000000000000000000000000000		nalytical, I	nc.						
Occupancy Status During A						•		Addre	ess elton Ave.							
Facility Closed/Vacate Abatement Performed Other – Describe: Fac	Outside of Norm	al Facility I	Hours				City, S	State, 2	Zip Code			Н				
		119 7 10 0101					Pisc	ataw	ay, NJ 08	854						
Scope of Work (Check All T	nat Apply)	101 _					15	रा _								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		PRODUCTO	nova molit					Mi Gl	ull Containm ini-Enclosur lovebag Pro on-Exempte	e cedure					•	
		le l	.ocati	on.				- 140	on-Exemple	u () and	J NOTI-I	ilabit			ement	
Location of		No	ormall	ly		De	scription	n of						Ту	ре	
Asbestos-Containing Ma <u>TO BE ABAT</u> In Facility (13)		Custo	tenar	nce/	Asbes (i.e.	tos Con therma surfa		Materia s insul AT, or	5884868981 * D1	(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A											Œ.	
See Attach	ed															
Name of Registered Waste	Hauler		100	JDEP W		100000000000000000000000000000000000000	Yards		Name of	Registe	red Lan	dfill	-			
SMAC Corp.			100000	auler ID 3590	No.	of Wa			Grows	Landfi	ill					Į.
City, State Paterson ,NJ						100000000000000000000000000000000000000	sal Date		City, Stat		A					ĺ
Completed by		Title					Signature				- T	Date	9	S A S		
Borce Gjorsoski		Presid	ent						a Case	صم		05/	/21/2	2014		

Location of	Nori	Locati mally	Used	Description of Asbestos		A	oaten	nent ⁻	Гуре
Asbestos-Containing Material(AMC) TO BE ABATED In Facility (13)	Mai	olely b ntena odial S (12)	nce/	Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amoun (Specify SF or LF	Re	Repair	Encapsulate	Enclosure
	Yes	No	NA		201			te	100
Core 2, 1st Floor		Х		Sprayed-On Fireproofing	*25	sfx		Х	Х
Core 2, 2nd Floor		χ		Sprayed-On Fireproofing	25	sfx		Х	Х
Core 2, Mechanical Penthouse, Lower Level	Х			Sprayed-On Fireproofing	25	sfx		Х	Х
Core 2, Mechanical Penthouse, Upper Level	Х			Sprayed-On Fireproofing	25	sfx		Х	Х
Care 2, 1st Floor		Х		Drywall with Fireproofing	480	sfx		Х	х
Care 2, 2nd Floor		Х		Drywall with Fireproofing	480	sfx		Х	Х



State of New Jersey





5/19/14

Robert M. Casciato

President

Location of Asbestos-Containing Material (ACM)	No	Locat mally Solely	Used	Description of Asbestos Containing Material (ACM)	Amount (Specify		Abate Typ		
TO BE ABATED In Facility (13)	Ma	aintena stodial ((12)	nce/	(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			/al	7	ilate	ure
2 nd floor			X	Pipe insulation	5 LF	X	-	-	
2 nd Floor			X	Floor tile	700 SF	X	\dashv	-+	
2 nd Floor			X	Plaster	300 SF	X		+	

State of NJ

B & G proj. #: 2014-84

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

ZA									
car	the party	-	-	-	£	5	1	lose.	1
	5	Che	ole	#6	-	5	ч	-	المدنا

Date of Notification	n (1)	LLN	Jame of Bui	Idina Own	er/Operator (2)				- 51	. 0.	<u> </u>		
10 5 /12 2			Margaret	A Duke				2614 MAY					
Agencies Notified EPA DEP	Type Notificat		treet Addre	es Aven	ue			AshES`	CENS	HTHING	₹\$1.	APA	
☑ DOL	Amend		ty, State, Zip Code Gillette, NJ 07933										
	☐ Cancell		ame of Contact Margaret A Dukes Telephone Number										armeters.
	**			FAC	ILITY INFORMA	MOITA	l		\pm		300		
Name of facility wh	nere abatement i	s taking pla	ace (3)				TI	Type of Facility	(4)				
Margaret A D		,						Scho	ol (K - 12)		han K	(-12)	
Street Address							Subchapter 8 (Other than K-12) Other (Private/Commercial						
119 Gates Av	enue/							Bldgs Square Feet	./Homes, e		В	ldg. A	ge
City (5)		Cour	nty (6)			Cou	inty Code (7)	g-1					
Gillette, NJ 0	7933	М	orris				te use only)	Current Use (F	Prior if bein	g dem	olish	ed)	
Name of Monitorin		Bldg. Own	er (8)		ASCM No.	\neg	Name of Abatement C	ontractor (9)					
·	N/A						B & G Restoration	, Inc.					
Street Address							Street Address						
07.00.4.7.0.1						_	105 Ryerson Road						
City, State, Zip Cod	е						City, State, Zip Code						
Project Manager for	r Monitorina Firm		l Ph	one Numb	Nar .	-	Lincoln Park, NJ Telephone Number	07035	License	Numh	ner .		
roject Manager 10	i monitoring i ini	ė I	1	one radine)CI		973-696-6869		0378	reunio	CI		
Scheduled Start Da	to (10)	ISchen	I. Completio	n Date (1:	1\	_	Name of OSHA Monito)t					
06/05/2014	te (10)	3		in Date (1	1)		B & G Restoration	ı, Inc.					
The section is a particular or a partial interests of constant.			/06/2014	-6	had flored and the		Street Address						
Occupancy Status I	-						105 Ryerson Road	l					
Facility closed Abatement per Describe:	erformed outside						City, State, Zip Code						
Other-Descrit	be:					_	Lincoln Park, NJ	07035					
Scope of Work (ch	eck all that apply) .							□ wrap	& cu	<u> </u>	-	
Demolition		Renovation	n			□ F	ull Containment w/nega	tive pressure	Glove	ag pr	ocedi	ıre	
≥3 sf or >3 lf		≥160 sf or	≥260 If			₩ N	/lini-enclosure		☐ Non-fr	iable p	oroce	dure	
Location of			n normally u		v	8 77				R	R	E	E
asbestos-con		staff(12)	enance/cust	odiai			sbestos-containing	Amount (Specify	SE or	e m	e p	n	n
material to be abated in faci	The second secon	Yes	No	N/A	material (A	(CM)		LF)	3F 0I	°	a	a	L
										е	Ė	р	<u> </u>
basement				X	pipe insulat			80 If				片	ዙ
dining room clo	set		-	X	pipe insulat	lon		8 If			屵	ዙ	ዙ
								-		붜		片	H
				-						片	片	H	H
Registered Waste H	auler	INIDE	P Hauler II)# I C	ubic Yards of W	Vaste	Name of Registered L	andfill			Ш	Ц	Ш.
B & G Restoration		195			1		Tullytown Resource		Center				
City, State			l.	Disposal D			City, State						
Lincoln Park, N				06/0	6/2014		Tullytown, PA						
Completed by (Print Gordana Luna	t or Type)	Title Secretary	y/Treasure	r	Signature	(Gordana Luna		Date 05/22	/2014	1		

State of NJ

B & G proj. #: 2014-75

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

										2
Date of Notification (1)	Name of Bu	ilding Own	er/Operator (2)				ым 2· ;	0		
0 5 / 2 2 / 1 4	Nicholas	Acres (Table			7	2014 MAY 27				
Agencies Notified Type Notifica	Street Addre		8			State STOS	CONTRE	I.		
DEP Initial		fax Aven	ue			~ & lilt	MSING	P	and the state of t	
DOL Amend	City, State, 2		N I 07440		2	3		_		
№ DOH	Name of Cor		NJ 07442	-		Talankan	North			
□ □ Cancel						Telephone	Number			
DCA C	Nichola	s rem								
		FACI	LITY INFORMA	ATION						
Name of facility where abatement	is taking place (3)					Type of Facility (4	4) (K - 12)			
Nicholas Fern							apter 8 (Other	than K-	12)	
Street Address		***				Other (Private/Comm		-/	
429 Colfax Avenue							Homes, etc. # of Floors	T Bld	g. Ag	e
City (5)	County (6)			Cour	nty Code (7)				5 . 5	
Pompton Lakes, NJ 07442	2 Passaic				e use only)	Current Use (Pr	ior if being de	molished	d)	
Name of Market and Time United States					Name of Abote and	residential				
Name of Monitoring Firm Hired by N/A	Blag. Owner (8)		ASCM No.		Name of Abatement					
Street Address		L			B & G Restoration Street Address	on, Inc.				
Street Address					105 Ryerson Ro	ad				
City, State, Zip Code					City, State, Zip Code				*	
				.	Lincoln Park, N	J 07035				
Project Manager for Monitoring Firm	n Pr	one Numb	er		Telephone Number		License Nun	nber		
72					973-696-6869		0378			
Scheduled Start Date (10)	Sched. Completion	on Date (11	1)		Name of OSHA Mon					
06/02/2014	06/03/2014				B & G Restorati Street Address	on, inc.				
Occupancy Status During Abateme	nt (Check only one)	3,442		-	105 Ryerson Ro	ad				
Facility closed/vacated during Abatement performed outside					City, State, Zip Code					
Describe:				-11	Lincoln Park, N	J 07035				
Scope of Work (check all that appl	y)					Г	¬ wrap & c	ut		
☐ Demolition ☑	Renovation			☐ F	Il Containment w/ne		Glovebag p		e e	
	≥160 sf or ≥260 lf			M	ini-enclosure		Non-friable	proced	ure	
Location of	Is location normally		4				R	R	E	E
asbestos-containing	by maintenance/cus staff(12)	todial			bestos-containing	Amount (Specify St	e m	p p	n	n
material to be abated in facility (13)	Yes No	N/A	material (A	ACM)		(Specify Si	0 0	a	а	L
	100 100		ļ				e		۲	
basement		X	pipe insulati	ion		120 lf		井	뭐	屵
				******		_		井出	井	井
								++++	H	屵
								 	뻐	뉴
Registered Waste Hauler	NJDEP Hauler I	D# C	ubic Yards of W	/aste	Name of Registered	I Landfill	كالصيند	1-1		<u> </u>
B & G Restoration, Inc.	19563		1 ½		Tullytown Resor	urce & Recovery	Center		-	
City, State		Disposal D	ate 3/2014		City, State					_
Lincoln Park, NJ 07035	Title	06/0	Signature		Tullytown, PA		Date			
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasure	er	Signaturo		Gordana Luna		05/22/201	14		

State of NJ (P

B & G proj. #: 2014-82

Notification of Asbestos Abatement					
Pursuant to NJAC 8:60-7 and 12:120-7)	0 -	pm, 2	Check	#	0
			CHOO	V 11 C	707

Date of Notification	n (1)	111	Name of Bui	ildina O					u 0 '	0					
0 5 / 2 2 Agencies Notified	2 / 1 4 Type Notifica		Donald C	Quinn	ner/Operator (2)			MAY 27 P				2.540			
EPA DEP	Initial		Street Addre 26 Crom	BESTOS CO & LICENS	CUNIKEL ISING 6										
☑ DOL	Amend		-	Summit, NJ 07901											
☑ DOH	☐ Cancel	25 325 1110	lame of Cor			-		Telephone Number							
DCA			Robert I	Lubeck						8					
				FAC	ILITY INFORMA	ATIO	N								
Name of facility will Donald Quinn		is taking pl	ace (3)					\equiv	ol (K - 12		han k	/ 12\			
Street Address				-			Subchapter 8 (Other than K-12) ✓ Other (Private/Commercial								
26 Cromwell	Parkway						Bldgs./Homes, etc.						Bldg. Age		
City (5)		Cou	nty (6)		T	Cou	unty Code (7)		0, 1 .0.		_	3	3-		
Summit, NJ 0			nion			(Sta	ate use only)	Current Use (Prior if being demolished) residential							
Name of Monitorin	g Firm Hired by	Bldg. Own	er (8)		ASCM No.		Name of Abatement C	ontractor (9)							
Street Address						_	B & G Restoration	n, Inc.							
Officer Address				*			105 Ryerson Road	1							
City, State, Zip Cod	e					-	City, State, Zip Code	1							
		-					Lincoln Park, NJ	07035							
Project Manager for	r Monitoring Firr	n	Pho	one Numb	er		Telephone Number		License	Numl	per				
							973-696-6869 Name of OSHA Monito								
Scheduled Start Da	te (10)	1	I. Completio	n Date (1	1)		B & G Restoration		32.						
06/02/2014			/02/2014				Street Address		-						
Occupancy Status I							105 Ryerson Road	i							
Facility closed Abatement per Describe:	erformed outside						City, State, Zip Code								
Other-Describ						-	Lincoln Park, NJ	07035							
Scope of Work (ch									wrap	& cu	t				
Demolition		Renovatio				-	ull Containment w/nega	tive pressure		bag pr					
>3 sf or >3 lf		≥160 sf or			r	M	Mini-enclosure		Non-f	riable		_			
Location of asbestos-con material to be			n normally u enance/custo				sbestos-containing	Amount (Specify S	SF or	e m	R e p	E n c	E n		
abated in faci	ility (13)	Yes	No	N/A				LF)		v e	a i r	a p	Ľ		
laundry room				X	pipe insulati	-		5 If				旦	므		
main area (water m	eter area)			X	pipe insulat	_		5 If	-	M	ᆜ	부	#		
boiler room				X	pipe insulat	ion	····	2 If			부	片	H		
								+	-	#		H	H		
Registered Waste H		10000000000000000000000000000000000000	P Hauler ID)# C	ubic Yards of W	aste	Name of Registered L			-		ш	<u> </u>		
B & G Restoration	on, inc.	195		Disposal D	1/2	_	Tullytown Resource	ce & Recovery	Center						
City, State Lincoln Park, N.	J 07035				ate 3/2014		City, State Tullytown, PA	' A							
Completed by (Print Gordana Luna		Title Secretary	//Treasure		Signature		Gordana Luna		Date 05/22	/2014	1				
				113				05/22/2014							

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

2014-86

B & G proj. #:



Date of Notification (1) Name of Building Owner/Operator (2) 2014 MAY 27 PM 3: 47 10 | 5 | / 12 | 2 | / 1 | 4 | Anna Jedynak Type Notification Agencies Notified ABBESTOS CONTREL Street Address ☐ EPA 176 Scoles Avenue Initial DEP City, State, Zip Code Amendment DOL Clifton, NJ 07011 Telephone Number Name of Contact DOH Cancellation Anna Jedynak ☐ DCA **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Anna Jedynak Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age # of Floors 176 Scoles Avenue Square Feet County Code (7) County (6) City (5) Current Use (Prior if being demolished) (State use only) Clifton, NJ 07011 Passaic residential Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. B & G Restoration, Inc. N/A Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 0378 973-696-6869 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 06/04/2014 Street Address 06/03/2014 Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: **wrap & cut** Scope of Work (check all that apply) Glovebag procedure Full Containment w/negative pressure ✓ Renovation ☐ Demolition Non-friable procedure Mini-enclosure >160 sf or >260 lf $\square > 3 \text{ sf or } > 3 \text{ if}$ E is location normally used solely E e п Location of by maintenance/custodial Amount n Description of asbestos-containing m p C asbestos-containing (Specify SF or C staff(12) 0 a material (ACM) a material to be V abated in facility (13) N/A No Yes e 750 sf VAT & mastic basement Name of Registered Landfill Cubic Yards of Waste NJDEP Hauler ID# Registered Waste Hauler Tullytown Resource & Recovery Center 19563 B & G Restoration, Inc. Disposal Date City, State City, State 06/05/2014 Tullytown, PA Lincoln Park, NJ 07035 Date Signature Cordana Luna Completed by (Print or Type) 05/22/2014

Secretary/Treasurer

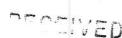
Gordana Luna

D&S Proj. #: 2014-116

ASB-41

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





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Date of Notification (1)	Name of	Building Owr	ner/Operator (2	2814 MAY 27 PM 3: 27									
10 15 1/1 16 1/1 14 1	SUM	MIT BOARI	O OF EDUCA	ATION	Lu	MAIZI	/ PM C	3: 27	•				
Agencies Notified Type Notification	Street Ad				Δ÷	EMESTO	: 00Hz						
DEP Amended	90 M	APLE STRE	EET	A	ASSESTOS CONTROL & LICENSING								
Amendment #:		te, Zip Code	4 2101	16.) / 176 1-3	(Ê							
DOL Emergency	- SUM	MIT, NJ 07		VE									
DOH (including justification)	Name of					Telepho	phone Number						
DCA Cancellation	MIK	E KRISHER											
Cancellation			ILITY INFORM	IATION			 						
Name of facility where abatement is	taking place (3)	170	TETT IN OTH	ATION	LITV	pe of Facility	(4)						
					'		ol (K - 12)					
FRANKLIN ELEMENTARY S Street Address	SCHOOL.				_		hapter 8 (
Street Address						Other Bldgs	(Private/0./Homes,	Comme etc	ercial				
136 BLACKBURN ROAD					s	quare Feet	# of Floo		Е	ldg. A	ge		
City (5)	County (6)			County Code (7)	= _								
CLDATT	TRITOS			(State use only)	C	Current Use (F	Prior if bei	ng den	nolist	ed)			
SUMMIT Name of Monitoring Firm Hired by Bl	UNION				<u> </u>	- 78							
			ASCM No.	Name of Abate									
WESTCHESTER ENVIRONM Street Address	ENTAL LLC		00127	D & S RES		ON, INC.							
	rum.			Street Address									
307 NORTH WALNUT STRE	ET			20 Californ									
WEST CHESTER, PA 19380				City, State, Zip									
Project Manager for Monitoring Firm		Phone Numb	or	Paterson, N	SEATTLE TO THE STATE OF THE STA		License	Nicos	205				
				973-345-8			The second section of the second section is a second section of the second section sec)1169					
MATTHEW ABRAHAM Start Date (10)	Sched. Comp	610-431-75			Name of OSHA Monitor								
	Scried. Compr	ellon Dale (1	1)	D & S Rest	toration, l	Inc.							
06/06/14	06/08/14			Street Address									
Occupancy Status During Abatement				20 Californ	ia Avenu	e							
Facility closed/vacated during e	ntire period of ab f normal facility h	atement. ours-		City, State, Zip	Code				8				
Describe: 4:00 pm				Paterson, N	VI 07503								
Scope of Work (check all that apply)				- 11		Containment v	w/negative	nrecc	uro				
V . 0 - f 0 !f	Renovation				=	enclosure	wilegative	s press	uie				
n =	emolition					ebag procedu							
	s location norma	lly used soleh	/ 		Non-	Exempted (*)	and Non-	-friable	proc	_	1		
asbestos-containing	by maintenance/c			on of asbestos-containi	na	Amount		е	e	E n	E		
material (acm) to be	staff(12)		material ('' ⁹	(Specify S	SF or	m	p	C	C		
abated in facility (13)	Yes No	N/A			1	LF)		v	i	a p	L		
ENTRANCE CANOPY	X		ASBESTO	S CEILING PLAST	ER	140 SQ FT		e	m	1	\vdash		
							*******	H	H	片			
								計	H	H	片		
						-		H	一	H	H		
					-			H	Η	H	H		
Registered Waste Hauler	NJDEP Haule		ubic Yards of V	Vaste Name of Regis	tered Land	dfill		-[
D & S RESTORATION, INC.	13506		YDS	TULLYTO			ECOVE	RY					
City, State PAΓERSON, NJ 07503		Disposal D 06/16/1		City, State TULLYTO	WN DA								
	itle	30.10.1	Signature	I TOLLETTO	WIN, FA		Date				_		
	RESIDENT		(-)				05/16/	/2014					

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