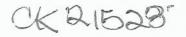
" CK6327

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

		(Pursuant to NJAC 8:60 and 12:120)									F		
Date of Notification (1) 5/25/18			Name	e of Building Own EPA Region 2	er/Operato	or (2) de Ave RV4	IKI			timels green	Property and the same of the s		
Agencies Notified Type Notification	n		Stree	t Address				MAY	3 0	201	8	11	
X EPA X Initial Amended				0 Woodbridge State, Zip Code	Ave							Chroning	
DOL Amendme				on NJ 08837				ASBESTO	OS CO		OL 8	i	
DOH Emergenc	1)	ng	100000000000000000000000000000000000000	of Contact			Te	elephone N				Medical Control	
DCA Cancellation	n			id Rosoff									
Name of Facility Where Abatement is Tak	ing Place	(3)	FA	CILITY INFORM	ATION	Type of Facility	y (4)						
Riverside Ave RV4 Street Address						School (K	(-12)						
29-47 Riverside Ave						Subchapt Other (i.e etc.)	er 8 (Otl . private	her than K	-12) rcial bu	uilding	s, hor	mes,	
City (5) Newark NJ 07104						Square Feet aprox 24,00	200	of Floors		Bldg.	Age		
County (6) Essex				y Code (7) E USE ONLY)		Current Use (P Vacant abar	rior if be	ing demol	ished)				
Name of Monitoring Firm Hired by Building Criterion Labs	Owner (8)	ASC	CM No.	Name	of Abatement Core Environme	ontractor	r (9)	iaa la				
Street Address						Address	IIIai ie	crinolog	ies in	С			
400 St Rd					203	Pine St							
City, State, Zip Code Bensalem PA 19020						state, Zip Code olly NJ 08060)						
Project Manager for Monitoring Firm Greg Sulon			100	one No. 330-4635	100000000000000000000000000000000000000	none No. 702-1500		License 01299	No.				
Start Date (10) 6/11/18	Schedu 7/3/18		mpletion	Date (11)	Name	of OSHA Monito	r	1					
Occupancy Status During Abatement (Che					Street	Address							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of nal Facili	Abater ty Hour	ment s		tate, Zip Code								
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If		-					*57 000	AND 1007					
≥160 sf or ≥260 lf	STREET, SQUARE, SQUARE	Renova Demoli			×	Full Containm Mini-Enclosur	ainment with Negative Pressure osure						
*						Glovebag Pro Non-Exempte	cedure d (*) and	l Non-Fria	ble Pro	cedu	e		
		s Locat						1101111111		Abat	emen	t	
Location of Asbestos-Containing Material (ACM)	90000000	Norma ed Sole		Asbestos Cor	escription of				-	13	ре		
TO BE ABATED In Facility	10 0.000 C	aintena todial S	100000000000000000000000000000000000000	(i.e. therms	al systems	insulation,	(S	nount pecify	Re	20	Enca	Enc	
(13)		(12)			acing, VAT miscellane		SF	or LF)	Remova	Repair	Encapsulate	Enclosure	
	Yes	No	N/A						<u>B</u>	'	ate	Te	
1st Floor			X	Pipe	e Insulati	ion	1100 LF						
2nd Floor		X	Pipe	Insulati	ion	50	0 LF	Х					
3rd Floor	- 23	X	Pipe	Insulati	ion	40	0 LF	Х					
				-0.00									
Name of Registered Waste Hauler Active Environmental Technologies		Hauler ID No. of Waste				Register oga	ed Landfill	-					
City, State //t Holly			-0/		sal Date	City, State	9	ο Δ					
Completed by	Title	7/3/18 Morgantown PA Signature Date Date					te-/		/				
Patrick Dauria	Proje	ct Ma	nager		9/21	1	ned	7,5	/2	51	15	_	



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

Date of Notification (1)	06/07/18				ing Owner/Operator (2) aryey's Point Faciliy		MAY 3 0	201	8						
Agencies Notified	Notification Type		Street A	Address			TI MA			bess					
I⊼ EPA	Initial x		554 She	ell Rd						_					
☑ DEP	Amended	-	City, Sta	ate. Zip	Co		ASBESTOS C	ONTE	OL	. &					
X DOL	Amendment #				, NJ 08069		LICEN	SING	and the same of						
RT DOLL	☐ Emergency (Includin	g -	Name o	f Conts	act		Telephone Nu	mhor	21017113	-					
☑ DOH	Justification) Cancellation		Jeffrey		7.7.7		856-299-35								
			FAC	ILITY I	NFORMATION										
Name of Facility Where	e Abatement is Taking Place	(3)				Type of Faci			338						
Street Address						School (K		2)							
554 Shell rd							ter 8 (other than K-1 . private & commerc		dina	ıs					
, server and the serv						homes, e		nai ban	umg	,,,					
City (5) Carney's Point						Square Feet	# of Floors	Bldg	g. A	ge					
County (6)				Co	ounty Code (7) (STATE	Current Use	(prior if being demo	lished)							
Salem					SE ONLY)		,,								
Name of Monitoring Fir Harvard Environm	m Hired by Bldg. Owner (8) ental Inc.	- 1	ASCM N	No.	Name of Contractor (9) County Environmer	ntal									
Street Address					Street Address										
760 Pulaski Highw	<i>r</i> ay				461 New Churchma	ans Rd.									
City, State, Zip Code New Castle, DE 19	9720				City State, Zip Code New Castle, DE 19	720									
Project Manager for Mo Wesley Morrison			ne No. 326-23	22	Telephone Number (302) 322-8946		License Numb	er							
Scheduled Start Date (33	Name of OSHA Monitor		00578								
06-07-18	06/07-18				County Environmer	ntal									
W 25	ing Abatement (Check only o				Street Address 461 New Churchma	ans Road									
Facility Closed/Vaca	ated During Entire Period of a ed Outside of Normal Facility	Abaten	nent		City, State, Zip Code	110 11000	*		_						
☐ Other – Describe:		riouis			New Castle, DE 19	720									
Scope of Work (Check	all that apply)				Full Contains	ment with Nega	Negative Pressure								
X ≥ 3 sf or ≥ 3 lf			[ovation	sure Glov	rebag Procedure								
☐ ≥ 160 sf or ≥ 260 lf			L	Dem	nolition Non-Exem	npted (*) and No	on-Friable Procedur	е							
		I.	s Locatio					12.00		nent					
			Normall	7000	Description	of		T	Туре						
			ed Solel		Asbestos Containing M		Amount			_					
	ation of ining Material (ACM)		aintenan Custodia		(i.e. thermal systems surfacing, VA		(Specify SF or LF)	교.	Renair	E					
	ABATED		Staff?	ai:	other miscellan		Si Oi Li)	Remova	Renair	clos					
IN Fa	cility (13)		(12)					val	air la	Enclosure					
	*	Yes	No	N/A					α	5					
Removal of gaskets on	tank		х		Gasket on tanks		12-sf	x							
Name of Pag Wasts II	laulor	NJDEP Waste Hauler Cubic Yards				None of D	log Landfil								
Name of Reg. Waste H Service Transport		10000000	No.2099		uler Cubic Yards of Waste	Minerva	leg. Landfill								
City, State				100	Disposal Date	City, State				2,1151					
New castle DE	1 = 0				TBA	Waynesbu									
Completed by Flow	OF Title PM				Signature	Flan	Date	24-	19	6					
ASB-41	* Do not use this form for asbest	os licens	ure exemp	ted activit	ties.	1	, ,								

nock

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

NOTIFICATION "

Date of Notification (1) 5/39/2018	Name of Building Owner/Operator (2) PSE&G													
Agencies Notified Type Notification		5	Street Ad	ddress										
EPA Initial Amended				ADLEY te, Zip Co						-			-	
		<u> </u>	SOUTI	H PLAIN		D, NJ 07	7080							
X DOH justification)	cluding			Contact	n	1100	SAN	Telepi	none Nur 2 - 2 /	nber	49	79	7	
DCA Cancellation				LITY INFO					x-ai	/-	//	//		
Name of Facility Where Abatement is Taking	Place (3)					Type of Facility							
Street Address 727 ABBOTT B	/ 1/1						Other (i.e.	r 8 (Other	than K-1: ommerci	2) al buil	dings,	home	es,	
City (5)	211	700				1	etc.) Square Feet	# of F			ldg. A	F13210		
FORT LEE			o	2-1-7		A	ppx 4000		2	A	24	90	425	
County (6) BERGEN		(STATE	Code (7) ISE ONLY			Current Use (Pr			iea)				
Name of Monitoring Firm Hired by Building O ENVIRONMENTAL TACTICS	wner (8)		ASCN 0045				of Abatement Co	ntractor (9)	A INC				
Street Address						Street A	Address							
64 BROAD STREET City, State, Zip Code				-	-		VHITEHEAD ate, Zip Code	AVE.						
MATAWAN, NJ 07747 Project Manager for Monitoring Firm			Telepho	no No			TH RIVER, None No.		icense N					
TOM GEIGER			732-29	90-2217		732-4	32-8350		01111	···				
Start Date (10) 4/11/18	Schedule	6	pletion	Date (11)			OF OSHA Monitor UE SYSTEN		/IERIC	A INC) .			
Occupancy Status During Abatement (Check							Address VHITEHEAD	Λ\/E						
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma	I Facility	Hours					ate, Zip Code	AVL.	-					
Scape of Work (Check All That Apply)	resals	000	SOUTH RIVER, NJ 08882											
Scape of Work (Check All That Apply) ≥3 sf or ≥3 If	D R	enovat	ovation						nment with Negative Pressure					
1 ≥160 sf or ≥260 lf		emoliti					Mini-Enclosu Glovebag Pro	re ocedure						
	Ι					25	Non-Exempte	ed (*) and N	lon-Friak	le Pro	Cedur			
Location of	1	Location Normall	у		De	scription	of					ре		
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	d Solel intenar	nce/		tos Con	taining M	aterial (ACM) insulation,	V. 1933. Att. 4	ount ecify	70		En	ш	
In Facility (13)	Cust	odial S (12)	staff?	(1.0.	surfa	cing, VAT	ī, or	SF o		Remova	Repair	Encapsulate	Enclosure	
	Yes									/al	=	lale	ure	
WINDOWS, DOORS	X		ACI	n c	PAULI	L', Ng	128	LF	X					
	, .					,								
Name of Registered Waste Hauler		I NI	JDEP W	lanta	LCubia	Yards	Nome	Registere	41 450					
WASTE MANAGEMENT		H	auler ID 125		of Wa		FAIRL		u Lanomii					
City, State ELIZABETH, NJ					Dispo	sal Date	City, Sta	te ISVILLE	PΔ					
Completed by	the Signature A Date													
CAROL RAIMO	OFFI	CE MGR. Aral Laimo 5/29/20								201	8			

hock.

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

NOTIFICATION "

Date of Notification (1) 4/4/2/2018		Name of Building Owner/Operator (2) PSE&G											
Agencies Notified Type Notification		- 1	Street Ad	ddress ADLEY	ROAE)							
EPA Initial Amended Amendment #		-	City, Sta	te, Zip Co	de), NJ 070	80						
Emergency (ir justification) DCA Emergency (ir justification) Cancellation	ncluding			Contact ARK	p	1ARS	AN	Teleph 86	none Nur 2 = 2/	nber 4°	49	79	7
	DI (0)		FACI	LITY INFO	RMATI								
Name of Facility Where Abatement is Taking PSEV		-					ype of Facility (School (K-1 Subchapter Other (i.e. p	12) 8 (Other	han K-12	2) al build	lioan	homo	
727 ABBOTT B	LVD			-		S	etc.)	# of FI			ldg. A		,
FORT LEE						Ap	ex 4000		2	AP	ex ;	70	YRS
County (6) BERGEN				Code (7) JSE ONLY		'ĉ	Urrent Use (Pri			ned)		,	
Name of Monitoring Firm Hired by Building O ENVIRONMENTAL TACTICS	wner (8)		ASCN 0045				Abatement Co E SYSTEM	Control of the second second		A INC			
Street Address 64 BROAD STREET						Street Ad	dress HITEHEAD	AVE					
City, State. Zip Code MATAWAN, NJ 07747						City, Stat	e, Zip Code						
Project Manager for Monitoring Firm TOM GEIGER		- 1	Telepho	ne No. 90-2217		Telephon 732-43	e No.	T	icense N	0.			
AND THE STATE OF T	Schedule			Date (11)		Name of	OSHA Monitor			1110			
Occupancy Status During Abatement (Check	Only On	<u> </u>	311	118		Street Ad	E SYSTEM	5 OF AI	MERICA	4 IIVC	-		
Facility Closed/Vacated During Entire P		-238 -2 - 22	nent				HITEHEAD	AVE.					
Abatement Performed Outside of Normal Other - Describe: Mesassasy a	al Facility	Hours	_	,	_		e, Zip Code H RIVER, N	J 08882					
Scope of Work (Check All That Apply)	2029		/										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						
	Is	Locati	on				14011-Exempte	a () and i	voir-i rigi	1		ment	t
Location of	N	lormal	ly		De	scription of				_	Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Mai	d Sole intenar odial S (12)	nce/		thermal surfa	taining Mat I systems in cing, VAT, miscellaned	or	Ame (Spe SF o	ecify	Remova	Repair	Encapsulate	Enclosure
(13)	No	N/A		outeri	niscellaneo	ius)			val	¥	ulate	li e	
MINDOWS, DOORS		X	ACM CAUIKING 128					LF	X				
	-						*		-				-
		-							-	-			-
Name of Registered Waste Hauler		l N	JDEP W	l Jaste	Cubic Yards Name of Registered Landfill								<u> </u>
WASTE MANAGEMENT			lauler ID 125	No.	of Wa		FAIRL						
City, State ELIZABETH, NJ			- 1			sal Date	City, Sta MORR	te ISVILLE	, PA				
Completed by CAROL RAIMO	Title OFFI	CE N	IGR.		S	Zignoturo	aral L	aine	Da 6	te //	2/0	201	8
	-									7	,	-	



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

Date of Notification (1)		Name of Building Owner/Operator (2) PSE&G								
3/29/2018 Agencies Notified Type Notification	1 10 100	Address	Carrier Control							\neg
□ EPA 🗵 Initial		HADLEY R	OAD							
DEP Amended DOL Amendment #_	SOU	tate, Zip Code TH PLAINF	IELD, NJ (7080						
Emergency (inc justification) DCA Cancellation	Name	of Contact	MAR	SAN	Telep 86	hone Nui	mber 140	49	79	,
Caricellation		CILITY INFOR		J/1/10						
Name of Facility Where Abatement is Taking P	lace (3)			Type of Facili						
PSE4 G Street Address				School (I	ter 8 (Other	than K-1	2)			
727 ABBOTT BE	LVD			etc.)	e. private &					s,
City (5) FORT LEE				Square Feet		loors	1	ig. Ag	_	125
2 1 (2)		y Code (7)		Current Use (g demolis	hed)	~ /	- /	~>
BERGEN		E USE ONLY)			STAT					_
Name of Monitoring Firm Hired by Building Ow ENVIRONMENTAL TACTICS	mer (8) AS0	CM No. 145	Name UNI	of Abatement	MS OF A	9) MERIC	A INC			
Street Address			100000000000000000000000000000000000000	t Address WHITEHEA	D AVE					
64 BROAD STREET City, State, Zip Code				State, Zip Code						-
MATAWAN, NJ 07747			sol	JTH RIVER,	NJ 08882	1				
Project Manager for Monitoring Firm TOM GEIGER	4. ASSESSED	hone No. 290-2217	E (VIEWS) #	hone No. -432-8350		License N 01111	No.			
Start Date (10) 4/11/18	scheduled Completic	on Date (11)		of OSHA Moni QUE SYSTE		MERIC	A INC			
Occupancy Status During Abatement (Check (//			t Address WHITEHEA	D AVE					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal	riod of Abatement			State, Zip Code				9 to 100		\dashv
Other - Describe: Mesassary of	relators on	ly		UTH RIVER,		2				
Scope of Work (Check All That Apply)	_									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition			Mini-Enclo Glovebag	Negative Pressure					
				Non-Exem	pted (*) and	Non-Fria		Abate		
8	Is Location Normally							Ту		
Location of Asbestos-Containing Material (ACM)	Used Solely by Maintenance/			Material (ACM)	· / / / / / / / / / / / / / / / / / / /	nount			Ш	m
TO BE ABATED In Facility	Custodial Staff?	1	surfacing, V			pecify or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	(12)		other miscell	aneous)			oval	air	ulate	sure
	Yes No N/					2				
WINDOWS, DOORS	X	ACM	CAU	1King	12	8 LF	X			
				2-2						
Name of Registered Waste Hauler		P Waste	Cubic Yards	Name	e of Registe	red Landf	ill			
WASTE MANAGEMENT	Haulei 1125	r ID No.		0	RLESS	l N				
City, State ELIZABETH, NJ	1	Disposal Date City, St								
Completed by	Title		/	1 -		Date /n	9/	201	2	
CAROL RAIMO	OFFICE MGR	•	Signature Aral Laine 3/29/201						0	

VII 1207

State of NJ Notification of Asbestos Abatement

D&S Proj. #: 18-115 Date of Notification (1) 0 5 / 2 3 / 1 8 Agencies Notified Type Notificat EPA	ion	Phillip	f Building Ov	suant to NJA		60 and 12:120)	小馬里				TF	57						
Agencies Notified Type Notificat EPA Initial DEP Amended Amendment #:	ion	Phillip		vner/Operator (2		4.73 3 8 8					111							
☐ EPA ☐ Initial ☐ Amended Amendment #:	ion		Rarry		2)			27.21)18		卌	And the state of t						
DEP Amended Amendment #:	- 11	Street Ac					11 11 M	AY 3 8	201	81-	1	4						
Amendment #:	- 11							011		<u>_</u>								
Emergency		City, Staf	te, Zip Code				1	LICENO		OL 8		-						
		Morri	is Plains, n	07950			harmon and the same of the sam	LICENS	IIVG	ALCON MANAGEMENT	**********	!						
DOH (including justification)	- 1	Name of (Telepho	ne Numb	er									
DCA Cancellation		Philli	p Barry				I											
Name of the William			FA	CILITY INFORM	1ATIC	NC	•			- 0								
Name of facility where abatement is	s taking p	lace (3)					Type of Facility	(4) ol (K - 12	2)									
Phillip Barry							=	hapter 8 (than	K-12	1						
Street Address							○ Other	(Private/	Comm			,						
								./Homes,		T -	21-1-	^						
City (5)	Cou	inty (6)			Co	ounty Code (7)	Square Feet	# of Floo	ors		Bldg.	Age						
Morris Plains	Mo	orris				tate use only)	Current Use (F	Prior if bei	ng der	molish	ned)							
Name of Monitoring Firm Hired by B	ldg. Own	er (8)		ASCM No.		Name of Abatement (Contractor (9)				_							
Chrook Add						D & S RESTORA	ATION, INC.											
Street Address						Street Address												
City, State, Zip Code						20 California Av	e.											
						City, State, Zip Code												
Project Manager for Monitoring Firm		Ti	Phone Numb	per		Paterson, NJ 075	503	Tri	N									
550		973-345-80						License	Num 1169									
Start Date (10)	Sched	. Comple	etion Date (1	1)	_	Name of OSHA Monit	or	<u> </u>	,,,,,									
06/05/18	06/29		***	.,		_D & S Restoration	on, Inc.											
Occupancy Status During Abatement					_	Street Address												
Facility closed/vacated during e	ntire peri	od of aba	tement.			20 California Avenue City, State, Zip Code												
Abatement performed outside on Describe:	f normal	facility ho	urs-			City, State, Zip Code												
Other-Describe: NORMAL HO	URS				-1	Paterson, NJ 075	03											
Scope of Work (check all that apply)						ΠF	ull Containment w	/negative	press	ure								
	Renovatio	n				⊠w	lini-enclosure		P									
≥160 sf or ≥260 lf D	emolition	ı					lovebag procedur lon-Exempted (*)		friable	nroo	odur							
	s location	normally	y used solely	1				and Non-	R	R	E	1						
material (acm) to be	staff(12)	nance/cu	Stodiai	Descriptio	n of a	asbestos-containing	Amount	F	e m	e p	n	l E						
abated in facility (13)	Yes	No	N/A	material (A	(CIVI)		(Specify S LF)	r or	0 V	a	a	C						
ASEMENT BOILER ROOM				DIDE INCLU	ΛT	ION assoc.w/boiler	20.1.0		е	r .	p	1						
ASEMENT BOILER ROOM		- X		boiler insula			30 l ft				片	井						
		X			_	packing (2x)	45 sq ft 4 SQ FT			-	片	ዙ						
ASEMENT BOILER ROOM				l ville		ranng (zx)	1.5011		H	片	片	井						
ASEMENT BOILER ROOM																		
												The of Magistered Earlain						
egistered Waste Hauler					aste			00	<u></u>									
egistered Waste Hauler D & S RESTORATION, INC. ty, State			2	yds.	aste	TULLYTOWN, R		COVER	<u>Г</u>									
egistered Waste Hauler D & S RESTORATION, INC. ty, State PATERSON, NJ 07503				yds. ate	aste	TULLYTOWN, R City, State	ESOURCE RE	COVER	<u>Y</u>									
egistered Waste Hauler 2 & S RESTORATION, INC. ty, State PATERSON, NJ 07503 completed by (Print or Type)		06	Disposal D	yds. ate	aste	TULLYTOWN, R	ESOURCE RE	COVER	Υ									

CK7287

D&S Proj. #: 18-114

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

	apl	ich.							m	E	o E	П	W	
Date of Notification (1)	D 19585	П	Name of E	Building Ow	ner/Operator (2)				15 (7 1		W_	E
10 5 / 2 2 / 1 8			andrew	j. batti										
Agencies Notified Type N	otification	` `	Street Add	ress					144	MA	Y 3	Û Z	2018	111
□ DEP □ Amen									1 1					Interes
□ DOL Amendr	nent #:	_11	City, State	, Zip Code						ASBEST	OS (ON	ROL	2
Emerg			A RESIDENCE AND A PROPERTY OF	d park, nj	07432						CEN:	SING		CK
	cation)	1	Name of C	ontact					Telephor	ne Numb	er			
DCA Cance	ellation		andrew	j. batti					1					
				FAC	ILITY INFORM	ATIO	N							
Name of facility where abate	ment is ta	aking pl	ace (3)					П	Type of Facility					
andrew j. batti				92					=	ol (K - 12	9	4b.a.a.	V 10\	
Street Address								-		apter 8 ((Private/0				
									Bldgs./	Homes,	etc.			
City (5)		I Cou	nty (6)			0-		=	Square Feet	# of Floo	ors	E	Bldg. A	ge
J. 13 (0)		000	y (0)				unty Code (7) ate use only)	1	Current Use (P	rior if hai	a dar		2041	
midland park			gen			,	,,		Current Ose (F	nor ii bei	ig dei	HOHSI	ieu)	
Name of Monitoring Firm Hire	ed by Bld	g. Own	er (8)		ASCM No.		Name of Abatem	ent C	ontractor (9)					
Charact A Li							D & S REST	ORA	TION, INC.					
Street Address							Street Address							
City, State, Zip Code						_	20 California City, State, Zip Co	THE PARTY OF THE P						
only, ontho, and oddo							N 20		0.2					
Project Manager for Monitoring	g Firm	_	ΙP	hone Numb	er	-	Paterson, NJ Telephone Numb		03	License	Num	her		
							1	1169						
Start Date (10)		Sched	I. Complet	ion Date (1	1)	-	Name of OSHA N							
06/27/18		07/30	0/18				D & S Resto Street Address	n, Inc.						
Occupancy Status During Aba	tement (0					-		A						
Facility closed/vacated of	during ent	tire peri	od of abat	ement.			20 California City, State, Zip Co		nue			_		
Abatement performed or Describe:	utside of	normal	facility hou	ırs-			ony, onato, zip on	ouo						
Other-Describe: NORM	AL HOU	RS				_	Paterson, NJ	0750	03					
Scope of Work (check all that	t apply)							Fu	II Containment w	/negative	press	sure		
>3 sf or >3 lf	Re	novatio	n						ini-enclosure					
≥160 sf or ≥260 lf	☐ De	molition	1						ovebag procedur on-Exempted (*)		friable	proc	edure	
Location of			n normally enance/cus	used solely	/				T		R	R	E	E
asbestos-containing material (acm) to be	1000	aff(12)	mance/cus	stodiai			sbestos-containing	9	Amount (Specify S	E or	e m	e p	n	n
abated in facility (13)		Yes	No	N/A	material (A	ACIMI)			(Specify S LF)	r oi	0	a	а	C L
BASEMENT	_				PIPE INSUI	ATI	ION		2010		е	ļ,	p	<u> </u>
basement above ceiling					PIPE INSUI				38 l ft		X	H	ዙ	#
BASEMENT storage close	et			1	PIPE INSUI				31 ft			片	片	H
0	F				- 1. 2 1.1001				5 1 10	-	H	H	片	H
	T										Ħ	H	Ħ	計
Registered Waste Hauler D & S RESTORATION, I	NC.	NJDE 135	P Hauler 06		ubic Yards of W	/aste	Name of Registe		andfill ESOURCE RE	COVE	. <u>. </u>		1=	
City, State				Disposal D	sal Date City, State					23,11			-	
PATERSON, NJ 07503		06/28/13			TULLYTOW	/N, P	A							
Completed by (Print or Type) BOGDAN JOLDZIC	Tit	le RESID	FNT		Signature				•	Date 05/22	2010			
	-1-1	LUID.								05/22/	2018			



STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

Date of Notification (1)05/29/_18							Name of	me of Building Owner / Operator (2)								
05	/ _29_	/18	į				PSE&G				<u> </u>	<u> </u>	\mathbb{V}			
Agencies	Notified	Type of I	Motif	icatio	n n		Street Ac			1175	and					
G	EPA	l ype oi i	Init		J11		4000 Had	e, Zip Cod	10	-HH	1 86.71	1 9 1	0/110	-11111		
	DEP		750	nende	ed			infield, NJ		14 4	mr.	1 3 0	2018			
Ø	DOH		Am	nendr	ment	#	Name of		07000		Telepho	ne Numb	or			
Ø	DOL		Em	ierge	ncy v	v/ justification	Randy Ko	보이네가 없었다고 하고 하다.		1	ASBEST			_		
			Cai	ncell	ation			99/12/20/00/00			973-452	8378SIN	G	či		
							FACILITY I	NFORMAT	TION							
			emer	nt is	Takin	g Place (3)		Type of I	Facility (4)			HSHA				
159 EAS I	railroa	D AVE							School (F	(-12)						
Street Ad	ldress							1 -	Section of the sectio	ter 8 (Other	han K-12	16				
159 EAST	RAILROA	D AVE								., private &						
		-								omes, etc.)						
City (5)	ON.	County (0.00			County Code	(7)	Square F		# Of Floors		Building	g Age			
PATERSO	JN	PASSAIC	,			1			,200	2						
										f being dem	olished)		50	+		
Name of I	Monitoring	Firm Hire	ed by	RId	a On	mer (8)	ASCM NO		/ RETAIL							
		,	.u 2)	Dia	g. On	riici (o)	ASCIVI IVC	1'								
EHI								NORTHS	TAR CONT	RACTING G	ROUP IN	2				
Street Ad	dress							Street Ac			11001 , 111	<u> </u>				
	T SHORE															
	e, Zip Cod	е						32 Willian	ns Parkway							
SPARTA,								City, Stat	te, Zip Cod	e						
	ngr. For M	lonitoring	Firm	1		Telephone Nu	mber									
WILLIAM	Start Date	(40)	IC-I			973-729-5649			over, NJ 07	936						
06	/ 08	/ 18	Scr	nea. 07		letetion Date (1	/	Telephor	ne Number		License I	Number				
/	/ /	/			-/	$\frac{31}{}$	18	973-8	84-8682			0.0	0860			
Occupano	cy Status E	Ouring Aba	atem	ent (Chec	k Only 1)			OSHA Mon	itor		00	J00U			
	Facility C	losed/Vac	ated	Duri	ng Er	ntire Period of				RACTING G	ROUP, INC	D.				
	Abatemer	5 Till						Street Ad								
			ed C)utsi	de of	Normal Facility										
	Hours - D		7.00						ns Parkway							
	Other - De	escribe: _		N-FR		<u>PM</u>			e, Zip Code							
Scope of	Work (Che	ck All Tha			ID			East Hand	over, NJ 079	936						
	Demolitio	n				Renovation		Full Containment with M								
316.50	>3sf or >3					Renovation			Containment with Negative Pressure i - Enclosure							
No. of the last of	≥160 sf or								Procedure	a						
							2			nd Non-Frial	ole Proced	lure				
	ocation of			Is			Descripti				Abatemer	nt Type				
Aspes	stos Conta	iining		ocati		Asl	bestos - Co				R		E	E		
TO	BE ABATI	ED	l N	lorma Use			Material (Amount	E	R	N	N		
	in Facility			Sole			e., thermal ation, surfa		-	(Specify SF or LF)	M	E	C	C		
	(13)			y Ma	•		ther misce			Ji OI LF)	0 V	P A	A	L		
	enant.		1 8	enan							A	î	S	s		
				usto					1		L	R	U	lu		
				taff (<u> </u>						1000	L	R		
BOOF			-	S NO	_											
ROOF D					_	ROOF AND FL	ASHING			3,200 SF	Ø					
					_	MASTIC				40 SF	Ø					
Name of R	Registered	Waste Ha		IP.	<u> </u>	NJDEP Waste	Cubic	Name of	Registered	Landfill						
1982 H.					Hauler ID No.			S LANDFILL								
							of Waste									
City, State							Disposal City. State									
EAST HANOVER, NJ							Date MORRISVILLE, PA									
Completed by (Print or Type)						J										
Completed by (Print or Type)						Title			Signature	1-1	-		Date	200		
Steve Stile	s					Project Manage	r		7	4.21	2.0		0	5/29/18		
	THE RESERVE OF THE PERSON	The state of the s			-		WHEN THE PERSON NAMED IN	1 1 1 1								

Location of Asbestos Containing TO BE ABATED in Facility (13)	Norr Us Sol	ed ely lain- nce/ odial	Description of Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	ntaining			E N C A P S U L	E N C L O S U R
	YES N	Q N/A				_	-	
WAREHOUSE ROOF			SHEET METAL MASTIC	29,000 SF	2			
WAREHOUSE EXTERIOR			FLASHING / MASTIC	240 SF	Ø.			
WAREHOUSE ROOF			ROOF & FLASHING	3,000 SF	Ø			



CK 3128

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO MIAC 2:50 7 AND 40:400 7

Date of N	otification	(4)			間片	(PURSUA	The second secon		AND 12:12					
05	/ 29	/ 18					PSE&G	Building (Owner / Op	erator (2)	m 6	6	3 W	EF
/	/	/					Street Ac	dress		1	1			
Agencies	Notified	Type of I	Notifi	catio	n		4000 HAI	DLEY ROA	.D					
Ø	EPA	Ø	Init	ial			City, Stat	te, Zip Cod	le		ra ind	MAY	0 201	8 HU
	DEP		Am	ende	ed				D, NJ 0708	0	THE SHAPE			-
Ø	DOH		Am	endr	nent	#	Name of	Contact			Telepho	ne Numb	er	
Ø	DOL					v/ justification	RANDY K	KONCELIK		, S		BESTOS		OL &
			Cai	ncell	ation					1	973-452-	-8378CE	NSING	
							FACILITY	NFORMAT	TION					mine and the second
Name of I	Engility W/	ara Abat		4!	F-1-1-	g Place (3)		1= (
161 FAST	RAILROA	D AVE	emen	IT IS	iakin	g Place (3)		Type of I	Facility (4)					
TOT EAST	IVILITOA	DAVL							School (F	(12)				
Street Ad	dress				-			1 -	[10] [10] 전경 (10] (10] (10] (10]	ter 8 (Other	than K 12	1		
161 EAST	RAILROA	D AVE								., private &				
								_		omes, etc.)		•		
City (5)	2022	County (County Code	(7)	Square F		# Of Floors		Buildin	g Age	
PATERSO	N	PASSAIC							,000	2				
										f being dem	olished)	7	50 +	t:
Nama of I	Manitaria	Fi 111-		D	_	(6)	T		/ WAREHO	USE	-			
Name of i	Monitoring	Firm Hire	ea by	Bla	g. Ow	/ner (8)	ASCM NO	1						
EHI								NORTHO	TAR CONT	RACTING G	POLID IN	C		
Street Ad	dress				-			Street Ac		racting 6	KOUP, IN	C.		
655 WES	T SHORE	ΓRAIL						Other Ac	auress					
City, State	e, Zip Code	9						32 WILLI	AMS PARK	WAY				
SPARTA,								City, Stat	e, Zip Cod	е				
	ngr. For M	onitoring	Firm	1		Telephone Nu	ımber	1	70 A. T. A. M. 1914 T . 191 MANUSAN					
WILLIAM						973-729-5649		EAST HA	NOVER, N	IJ 07936				
	Start Date	1	Sch			letetion Date (1	11)	Telephor	ne Number		License	Number		
06/	12	/18	1	_09	_ /	<u>30</u> /	18_							
Occupano	cy Status D	Juring Ab	atom	ont /	Chan	k Only ()			84-8682			0	0860	
	Facility CI	osed/Vac	atem	ent (Duri	onec na Fr	ntire Period of			OSHA Mon	iltor RACTING G	DOLID IN	_		
_	Abatemen		uu	Dun		10.01 01100 01		Street Ac		NACTING G	ROOP, IN	C.		
	Abatemen	t Perform	ed C	utsi	de of	Normal Facility	,	Oli CCL AC	uicoo					
	Hours - D	escribe: _						32 WILLIA	AMS PARK	WAY				
☑	Other - De	escribe: _				PM		City, Stat	e, Zip Code	9	72 m 7 m 1			
0 (N-FR	ID	Maria di dia santina da la		EAST HA	NOVER, N	J 07936				
Scope of	Work (Che	ck All Tha	at Ap	ply)										
	Demolitio	n		[Z]		Renovation	-	Full Conf	oinmont	ith Nametice	D			
	>3sf or >3					renovation		Mini - En		ith Negative	Pressure			
☑	≥160 sf or	≥260 If							Procedure	e				
							<u>-</u>			nd Non-Frial	ole Proce	dure		
									8 88					
10.00	ocation of			Is			Descripti				Abateme	nt Type		-
Asbes	stos Conta	ining		ocat	370374	As	bestos - C	-			R		E	E
то.	DE ADAT		N	orma	555		Material (Amount	E	R	N	N
	in Facility	ED		Use Sole			e., thermal		-	(Specify	M	E	C	С
	(13)		10 00	y Ma			ation, surf			SF or LF)	0	P	A	L
	(10)			enan		l or c	outer misce	enaneous)			V	A	P	0
				usto							A L	I R	S	S U
				tatt (-	N	L	R
			YE	NC	N/A								-	+
						PIPE AND FIT	TING			1,110 LF	Ø			
WAREHOUSE 🔲 🖾 🗇						VAT				2,400 SF	Ø			
WAREHOUSE						DOOR CAULK				40 LF	2			
		VAV		Q.	9	WINDOW CAU				250 LF	Ø			
	Registered			LID !	NO	NJDEP Waste	3							
NORTHSTAR CONTRACTING GROUP, INC. Hauler ID						Hauler ID No.	Yards	FAIRLESS	S LANDFILL	-				
City, State							of Waste	City Ct-1						
	OVER, NJ						Disposal Date							
							Date	The state of the s						
Completed by (Print or Type) Title								Signature Date						
Steve Stile	S				THE REAL PROPERTY.	Project Manage	er	05/2						5/29/18

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

DAI			1401	(P			AC 8:60 and 5:1				2 7 5		Special Specia			
Date of Notification (1)					Nam	e of Buildin	g Owner/Operator	(2)	MEC		$\mathbb{L}_{\mathbb{V}}$		4			
	24 /	18			1	st Equity		(2)	130	118	3					
Agencies Notified	Type Notific	cation			Stree	t Address			IIII MA	V 30	201	Q	-			
	☐ Initial	Janon				1000 - 100	Avenue, Buildin	ng 1		11 50	201	9	-			
☑ DOLWD	☐ Amende	d				State, Zip (ig i					1			
⊠ DOH	Amendm				1000000	a Girt, NJ			ASBES	TOS CO	TINC	OL 8	i.			
DCA	☐ Emerger	ncy (in	cludin	g		e of Contac	1100.001410.0000			LICENS						
(NJAC 5:23-8)	justificat Cancella					e of Contac hn Child	X .		Telephone N	umber						
							FORMATION	14	,							
Name of Facility Where Ab	atement is	Takino	Place	e (3)			Ortinarion	Type of Facility	(4)		- 1111					
Residence								School (K-1)								
Street Address			-					☐ Subchapter	8 (Other than K							
									private and com	mercial b	uilding	JS,				
City (5)								homes, etc.	# of Floors	1.0	Ida A					
Avon								2500 sf	2		65 65	ge.				
County (6)					Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	-	aliahad\	00					
Monmouth					Cou	inty Code (/	J(STATE USE UNLT)	Residence	for it being dem	olisnea)						
Name of Monitoring Firm F	lired by Buil	dina C)wner	(8)	ASCM	No	Name of Abateme		V			1147-014				
Guardian Contractin				(0)			Annual Control of the	ntracting, Inc.								
Street Address	3,						Street Address	madang, mo.								
1889 Rte. 9, Unit 61							1889 Route 9), Unit 61								
City, State, Zip Code							City, State, Zip Co			-						
Toms River, New Jer	sey 08755	5						New Jersey 08	755							
Project Manager for Monito	ring Firm			Tele	phone	No.	Telephone No.		License No.	8	- 1157					
Nicholas Fernicola				7:	32-349	-9932	732-349-9932	!	00624							
Start Date (10)		Sched	uled C	omple	tion Da	ite (11)	Name of OSHA M	1onitor								
06 /08 /	18	_0	6_ /	_11	/	18	E.M.S.L. Ana	lytical								
Occupancy Status During A	Abatement (Check	only	one)			Street Address						\neg			
□ Facility Closed/Vacated							1056 Stelton									
Abatement Performed C							City, State, Zip Co	ode								
Time of Abatement:	AM	PN	n/	_PM-		AM	Piscataway, I	New Jersey 08854								
Scope of Work (Check all to	nat apply)	(v =		77.57												
≥3 sf or ≥3 If			☐ Re	novoti	on			ainment with Neg	gative Pressure							
≥160 sf or ≥260 lf			☑ De				☐ Glovebac									
				484,4800000			☐ Non-Exe	mpted (*) and No	n-Friable Proce	dure						
				Locat						Ab	ateme	ent Ty	ре			
Location of Asbestos-Containing Ma		.		Norma d Sole		A-b	Description o			R	R	ш	Ш			
TO BE ABATI		''	Ma	intena	nce/		stos Containing Ma , thermal systems i		Amount (Specify	Remova	Repair	ıcar	iclo			
IN Facility			Cust	todial	Staff?	,	surfacing, VAT,	or	SF or LF)	va	-	Encapsulate	Enclosure			
(13)		1	Yes	(12) No	N/A	-	other miscellane	ous)				ate	w			
2 nd floor bedroom						ioint co	mpound		400 sf				\neg			
			$\frac{\Box}{\Box}$			Joint Co	IIIpouliu		400 51			믬				
			<u> </u>		100 100							니	Ш			
Name of Registered Waste				10000	JDEP \		Cubic Yards of	Name of Regis	tered Landfill							
Guardian Contracting	ı, Inc.			Н	auler II 20223	700-00-00-00-00-00-00-00-00-00-00-00-00-	Waste 5									
City, State							Disposal Date	City, State								
Toms River, New Jers	sey						06/11/18	Tullytown,	Pennsylvania	a	37					
Completed By (Print or Type	e)	Title					Signature	1	1	Date /			\dashv			
Nicholas Fernicola	100	Pr	oject	Mana	ager			1	1	5/	24/	15				