

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

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		NOV	Topone (g)	Å	2016		
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Date of Notification (1)	П	Name of Bu	ilding Owr	ner/Operator (2)						_	-
1 1 / 0 7 / 1 6		john ferra	-		,		ASE	ESTOS)L &	
Agencies Notified Type Notifica	tion	Street Addre						111.75				
EPA Initial Amended												
DEP Amendment #	. H	City, State, 2	Zip Code									
DOL Emergency		.5.	50	675								
DOH (including	11	Name of Cor	d, nj 070 ntact	073	-		LTelepho	ne Number				
DCA justification)						Тоюрно					
Cancellatio	n	john ferr										
			FAC	ILITY INFORM	ATIO	N						
Name of facility where abatement	is taking pl	ace (3)					Type of Facility	(4) ol (K - 12)				
john ferrara							=	napter 8 (O	thar ti	nan k	-12\	
Street Address								(Private/C			-12)	
							Bldgs.	./Homes, e	tc.			
011111111111111111111111111111111111111	- 10	. (0)					Square Feet	# of Floor	S	В	dg. A	ge
City (5)	Cou	nty (6)				unty Code (7) ate use only)						
westwood	BE	RGEN			(36	ate use only)	Current Use (F	rior if bein	g dem	olish	ed)	
Name of Monitoring Firm Hired by				ASCM No.	\vdash	Name of Abatement C	Contractor (9)			-		
		50C3+03 4 00.44			- 1	D & S RESTORA						
Street Address					-	Street Address	TION, INC.					
						20 California Ave	e.					
City, State, Zip Code					-	City, State, Zip Code		2 14-1				
						Paterson, NJ 075	03					
Project Manager for Monitoring Firm	1	Pho	one Numb	er	_	Telephone Number		License	Numb	er		
						973-345-8020		0	1169			
Start Date (10)	Sched	d. Completio	n Date (1	1)	-	Name of OSHA Monito						
11/09/16	11/2/	0/1/6				D & S Restoratio	n, Inc.			-	-	
Occupancy Status During Abatemen	11/30			and the state of the state of	_	Street Address						
Facility closed/vacated during			ment.			20 California Ave	nue					
Abatement performed outside					- 1	City, State, Zip Code						
Describe: NORMAL F	IOURS				-	Paterson, NJ 075	03					
Scope of Work (check all that apply							ull Containment v	u/nogotivo	nrooo	uro		
$\boxtimes > \underline{3} \text{ sf or } > \underline{3} \text{ If}$	Renovatio	vn.					lini-enclosure	wheyalive	press	ure		
							lovebag procedu	ire				
<u> </u>	Demolition		and malet				lon-Exempted (*)	and Non-f	riable R		_	
Location of asbestos-containing		n normally u enance/cust		1			Amount		e	R	E n	E
material (acm) to be	staff(12)			Description material (sbestos-containing	(Specify S	SF or	m o	p	С	n
abated in facility (13)	Yes	No	N/A		3 3 116		LF)		v	a i	a p	L
BASEMENT				PIPE INSU	LAT	ION	30 1 ft		e	r	_	\vdash
DI ISEMENT				I I L I NOC	LJI XI.	ION	30110		H	H	H	#
				<u> </u>			_	**********	H	片	H	#
									H	븕	H	H
					disease.				H	片	븕	
Registered Waste Hauler	NJDE	EP Hauler IC)# I C	ubic Yards of V	Vaste	Name of Registered L	andfill		ш	<u> </u>		Щ_
D & S RESTORATION, INC.	135			yd.		TULLYTOWN, R		ECOVER	Y			
City, State		10	Disposal D		And the Dist	City, State		- Lipus Orice and a second				
PATERSON, NJ 07503			11/10/1			TULLYTOWN, I	PA					
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID	ENT		Signature				Date	017			
DOODANIODEDE	TICOID	TIAI						11/07/2	010			

Signatura

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Date

11/07/2016

Completed by (Print or Type)

PRESIDENT

BOGDAN JOLDZIC

QCQ66V D&S Proj. #: 16-340

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

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K		NOV	1	4	2016		

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Date of Notification (1)	Name	of Building Ow	/ner/Operator (2	2)								
1 1 / 0 7 / 1 6	a. rer	e hollyer					ASE	BESTO			ROL	&
Agencies Notified Type Notifi	Street A	Address						1 17 3	EVICI	N/ 4	_	
DEP Amended												
Amendment	t #: City, Sta	ate, Zip Code								_		
DOL ⊠ Emergen	cy BLC	OMFIELD,	NJ 07003									
DOH (including justification	Name of	Contact					Telephor	ne Numb	er	-		
☐ DCA ☐ Cancellat		ne hollyer										
			CILITY INFORM	1ATIOI	N							
Name of facility where abatemer	nt is taking place (3)					TITV	pe of Facility ((4)				
a. rene hollyer							Schoo	l (K - 12				
Street Address						-		apter 8 (Private/0				
							Bldgs./	Homes,	etc.	erciai		
City (5)	County (6)					_ Sc	uare Feet	# of Floo	ors	E	Bldg. A	Age
Oity (O)	County (6)				unty Code (7) ate use only)					_		
BLOOMFIELD	ESSEX			(Sia	use only)	C	urrent Use (Pr	rior if bei	ng der	nolish	red)	
Name of Monitoring Firm Hired by	y Bldg. Owner (8)		ASCM No.	_	Name of Abaten	nent Contr	actor (9)			_		
					D & S Restor							
Street Address				-	Street Address	ation, in	C.					
2					20 Californi	a Ave.						
City, State, Zip Code				-1	City, State, Zip C					-		
					Paterson, N.	J 07503						
Project Manager for Monitoring Fire	m	Phone Numb	er		Telephone Numb			License	Numb	oer		
					973-345-80			0	1169	5		
Start Date (10)	Sched. Compl	etion Date (11)	- 1	Name of OSHA							
11/11/16	11/30/16				D & S Resto Street Address	ration, Ir	ic.			-		
Occupancy Status During Abateme	ent (Check only one)	Charles and Charles and Charles		\dashv	20 California	A						
Facility closed/vacated during	g entire period of abo	atement.		-	City, State, Zip Co							
Abatement performed outside Describe:	e of normal facility h	ours-		- 11	o.ty, Otato, 2.p Ot	Juo						
Other-Describe: NORMAL I	HOURS			- 11	Paterson, NJ	07503						
Scope of Work (check all that appl	ly)					Full Co	ontainment w/	nenative	prece	uro		_
\boxtimes >3 sf or >3 lf	Renovation						nclosure	nogative	press	uie		
≥160 sf or ≥260 lf	Demolition						ag procedure					
Location of	Is location normal	ly used solely				Non-E	xempted (*) a	nd Non-	friable	proce		_
asbestos-containing	by maintenance/c staff(12)	ustodial	Description	of as	bestos-containing	.	Amount		е	e	E n	E
material (acm) to be abated in facility (13)			material (A				(Specify SF	or	m o	p a	c a	n c
	Yes No	N/A					LF)		V	i	p	L
BASEMENT			PIPE INSUL	ATIO	ON	22	20 L FT		e		П	
											一	ī
egistered Waste Hauler	INIBERIO											
) & S RESTORATION, INC.	NJDEP Haule 13506	CONTRACTOR OF THE PROPERTY.	bic Yards of Wa yds	aste	Name of Register			1011				
ty, State		Disposal Da	NAME AND ADDRESS OF THE OWNER, WHEN PERSON ADDRESS OF THE OWNER, WHEN PERSON AND ADDRESS OF THE OWNER, WHEN		TULLYTOWI	N, KESO	UKCE REC	OVER	Y			
PATERSON, NJ 07503	a di managaran	11/12/16			TULLYTOW	N. PA						
ompleted by (Print or Type)	Title		Signature			.,		Date				
BOGDAN JOLDZIC	PRESIDENT							11/07/	2016			
SB-41 *	Do not use this form	n for asbestos	licensure exem	noted :	activities	in the same						

D&S RESTORATION, INC.

PATERSON, NJ 07503

Completed by (Print or Typs) BOGDAN JOLDZIC

City, State

13506

PRESIDENT

3 yds

Signatura

spozal Date

11/12/16

TULLYTOWN, RESOURCE RECOVERY

11/07/2016

TULLYTOWN, PA

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Date of Notification (1) 11/8/16			Name (Owner/Ope	erator	(2)	1		F	IO	
Agencies Notified Type Notification EPA Notification Type Notification Not	1			Address est State	e St.			The second secon	NOV	1	4 20	016
DEP Amended Amendmen			7,000	ate, Zip C on, NJ	ode			ACE	BEST	08.0	ON	130
DOH justification)	1	THE PERSON	of Contact r Fernar				Telephone N	umber	CEN	SING	3
Cancellatio			Service Control	out- commence	ORMATION	1		_				
Name of Facility Where Abatement is Taki Abandoned Flood home	ng Place (3)	FAC	ILIIT INF	ORMATION	V	Type of Facility (4)				
Street Address 11 Second ST								2) 8 (Other than K- rivate & commer		iildina:	s, hom	nes.
City (5)		_					etc.) Square Feet	# of Floors		Bldg.		
Keansberg, NJ							1100	1		50+		
County (6) Monmouth				Code (7) USE ONLY)	_	Current Use (Price Abandoned F		shed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8))	ASCI	M No.			of Abatement Con		s Inc			
Street Address					Si	treet	Address Kinnelon Rd Su			<u> </u>		
City, State, Zip Code					Ci	ity, S	tate, Zip Code					
Project Manager for Monitoring Firm			Telepho	ne No			elon, NJ 07405 one No.	License	No			
			Weekstates		9		218-0880	01228	INO.			
Start Date (10) 11/21/16	Schedul 11/23/		mpletion	Date (11)			of OSHA Monitor uzzi Environm	ental Service	s, Inc			
Occupancy Status During Abatement (Chec					11 (73)		Address					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of a	Abater Hour	ment s		Ci	ity, St	(innelon Rd Su ate, Zip Code	H266 025 100 79 4054 N				
Scope of Work (Check All That Apply)			Kinnelon, NJ 074									
≥3 sf or ≥3 lf		Renova	ation				Full Containme	nt with Negative	Pressi	ıre		
× ≥160 sf or ≥260 lf	X	emoli	tion			×	Mini-Enclosure Glovebag Proce				70	
	Is	Locat	ion				14011-Exempled	() and Non-i na	DIE FI	- Vis	emen	t
Location of		Norma d Sole		-	Descrip	ption	of			T:	уре	Т
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intena odial ((12)	nce/		tos Containii thermal sys surfacing other misce	tems , VAT	, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
*****	Yes	No	N/A		20.00	Januario			val	=	ılate	ure
windows			х		window	glaz	ing	110 lf	x			
through out			X		residual	floor	ring	600 sf	x			
Name of Registered Waste Hauler		N	J J IJDEP W	aste	Cubic Yard	ds	Name of R	egistered Landfi	1			
/annuzzi Group, Inc.	0.83	1auler ID 7467	No.	of Waste 2	of Waste							
City, State Kinnelon, NJ			Disposal D 11/23/16		City, State Morrisvil	le PA						
Completed by ohn Mucha	Title Sr. Pr	oject	: Manag	ger	Signa	ature	()		ate 1/8/16	3	6706	
ASB-41 (R-06-08)	-			Do	o not	use this form for a				activit	ies.	



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Date of Notification (1) 11/8/16			Name o	of Building Ow MC	ner/Operator	r (2)	1-11	10).6	G	E		E	
Agencies Notified	Type Notification			Street A	Address est State S	t.				NOV	1 4	201	iĥ
DEP X DOL	Initial Amended Amendmen	t #		City, Sta	ate, Zip Code on, NJ				7 100	1101			
DOH DCA	Emergency justification) Cancellation				f Contact r Fernande	7			Telephone	Numbé	S C	ONTI ING	ROL
	Cariocilation				ILITY INFORI								
Name of Facility Where Abandoned Flood h	Abatement is Takir	ng Place (3)	170	iziri ini Oki	WATION	Тур	pe of Facility (4)					
Street Address 12 Brookside Ave	Section 5						×	School (K-12 Subchapter 8 Other (i.e. pri etc.)	(Other than I		uilding:	s, hom	es,
City (5) Keansberg, NJ							Squ 15	uare Feet	# of Floors		Bldg. 50+	Age	
County (6) Monmouth					Code (7) USE ONLY)		96/3596	rent Use (Prior andoned Flo		olished)			
Name of Monitoring Firm Biospheries	Hired by Building	Owner (8)		ASCN	I No.			oatement Contr i Environme		es, Ind).		
Street Address			5-0.12117727			Street 135		ress nelon Rd Sui	te 102				
City, State, Zip Code	W					0.000		Zip Code , NJ 07405					
Project Manager for Mon	ect Manager for Monitoring Firm					Teleph	hone		Licens 01228				
Start Date (10) 11/17/16		d Cor	mpletion	Date (11)	5257		SHA Monitor i Environme	ntal Servic	es, Ind	·			
Occupancy Status During	Abatement (Chec	k Only On	e)			Street							
Facility Closed/Vaca	ated During Entire	Period of A	baten	nent		te 102							
Abatement Performe Other – Describe: _	ed Outside of Norr	nal Facility	Hours	3									
Scope of Work (Check Al	l That Apply)							/s					
≥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						
		1-		PERE		No.		on-Exempled () and Non-i	Table F	5.0/10.55	emen	t
Location	of		Locati ormal			Description	of					уре	
Asbestos-Containing	Material (ACM)		d Sole			Containing N	//ateri		Amount			ш	_
TO BE ABA In Facili (13)			odial 9 (12)		S	rmal systems urfacing, VA ner miscellar	T, or		(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A	31 - 22 - 22 - 22 - 22 - 22 - 22 - 22 -					<u>a</u>		late	Ге
Chimne	Э У			Х	Ch	imney Fla	shin	g	20 sf	x			
1. All all and the control of the co					NJDEP Waste				egis <mark>t</mark> ered Land	dfill			
Yannuzzi Group, Inc.			365	auler ID 7467	No. 01	Waste		GROWS					
City, State Kinnelon, NJ				200 200		sposal Date		City, State	e PA				
Completed by		Title				Signature	1	1/ //	\wedge	Date			
ohn Mucha Sr. Project Manager					ger		XX	1/w	Wh 11/8/16				

Do not use this form for asbestos licensure exempted activities.

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

10 110				to NJAC 8:60 at			2/11	> 0		20(XP	6/2	1
Date of Notification (1) 11/8/16			Name o	of Building Owner MC	Operator	r (2)	DICE	-	D)r		9		TOY.	M.
Agencies Notified Type Notification			Street A					1		N.	n.	1	4 2	DATE
EPA Initial Amended		+	0800800300	est State St. ate, Zip Code				1000	إنا لـ	33	U)	- 6	4 (LUIU
DOL Amendment #			Trento						L	205/	777	20.0	2011	200
DOH Emergency (in justification)	ncluding	1		of Contact				Teler	ohone i	Numbe		JSK	SIN	imu G
DCA Cancellation			P11/2000000000000	r Fernandez ILITY INFORMAT	TON					_	1			
Name of Facility Where Abatement is Taking	Place (3)	FAC	ILIT INFORMAT	ION	Туре	of Facility (4	1)						
Abandoned Flood home Street Address							chool (K-1)			(40)				
82 Shore Blvd.						×	ubchapter ther (i.e. p tc.)				uilo	lings,	hom	es,
City (5) Keansberg, NJ						Square 1200	e Feet	# of F	loors		100000	ldg. A O+	ge	
County (6) Monmouth				Code (7) USE ONLY)			t Use (Pric			lished)			
Name of Monitoring Firm Hired by Building O N/A	wner (8)	ASC	ЛNo.			ement Con Invironm			es, In	C.			
Street Address					100000000000000000000000000000000000000	Address Kinneld	on Rd Su	ite 102	2					
City, State, Zip Code						state, Zip elon, N	Code IJ 07405							
Project Manager for Monitoring Firm	Telepho	ne No.	200000000000000000000000000000000000000	none No. 218-08			License							
	Schedul 11/18/		npletion	Date (11)			A Monitor nvironme	ental S	ervice	es, In	C.	800		
Occupancy Status During Abatement (Check	Only O	ne)			Street	Address	i .							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	eriod of	Abatem y Hours	ement 135 Kinnelon Rd Su City, State, Zip Code Kinnelon, NJ 07405						2					
Scope of Work (Check All That Apply)					Kinn	elon, N	IJ 07405							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit			×	Mini- Glov	Containme Enclosure ebag Proce Exempted	edure					Э	
	177.00	Locati									,		ment	é
Location of Asbestos-Containing Material (ACM)		Normali ed Sole		De Asbestos Con	scription		A C N A)	Δ	ount	-	Т	1 y	ре	
TO BE ABATED In Facility (13)		intenar todial S (12)		(i.e. therma surfa	l systems cing, VA miscellan	s insulati T, or	on,	(Spe	ecify or LF)	T CHICAG	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										ē	
Chimney			Х		ney Fla			30	sf	2				
rear room in house			Х	VAT	Γ & mas	stic		20	00	x				
Name of Registered Waste Hauler	aste Cubic	Yards		Name of R	ogietoro	d Land	fill							
Yannuzzi Group, Inc. NJDEP Waste Hauler ID No. 17467					ste		GROWS		u Lanu	11111				
City, State Kinnelon, NJ				Dispo 11/21	sal Date		City State Morrisvil	lę PA						
Completed by John Mucha	Title Sr. Project Manager					1	tel	h	21	Date 11/8/	16			

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

L2110			ICATIO	tate of New Jerse N OF ASBESTOS to NJAC 8:60 an	ABATE		10	1000	0		N.) - 0
Date of Notification (1) 11/8/16			Name o	of Building Owner/	Operator	(2)		ME	G		XE	
Agencies Notified Type Notification			Street A			2-2-2011	11	N				
■ EPA Initial				est State St.			the second		NOV	14	201	6
DEP Amended Amendment Emergency			Trento				V L	4				
DOH justification)		, [f Contact r Fernandez			Te	elephone N				ROL
DCA Cancellation	1			ILITY INFORMAT	ION		_			ENSI	NG_	
Name of Facility Where Abatement is Takin Abandoned Flood home	g Place (3)				Type of Facil						
Street Address 4 Berry St						School Subchar	oter 8 (Ot	her than K- & commer	12) cial buil	dinas.	home	es.
City (5)						etc.) Square Feet	- 100 	of Floors		Bldg. A		
Keansberg, NJ						1400	#	1	100	50+	·ye	
County (6) Monmouth				Code (7) USE ONLY)		Current Use Abandone			shed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASC	И No.		of Abatement nuzzi Enviro			s. Inc.			
Street Address					Street	Address Kinnelon Ro						
City, State, Zip Code					City, S	tate, Zip Code elon, NJ 074						
Project Manager for Monitoring Firm			Telepho	ne No.	Teleph	none No.		License	No.			
Start Date (10)			npletion	Date (11)	Name	218-0880 of OSHA Moni		01228				
11/21/16 Occupancy Status During Abatement (Chec	11/22/					nuzzi Enviro Address	nmenta	l Services	s, Inc.		- 12,141	
Facility Closed/Vacated During Entire I	100	50	nent		Suite 1	02						
Abatement Performed Outside of Norm Other – Describe:	nal Facilit	y Hours	3		105							
Scope of Work (Check All That Apply)	Dec South											
≥3 sf or ≥3 If ≥160 sf or ≥260 If	×	Renova Demolit	tion ion		×	Glovebag F	sure Procedure	:			e	
	Is	Locati	on							Abate	ement	
Location of	1400.0	Normal ed Sole	- O.		scription					Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	aintenar todial S (12)	nce/			s insulation, T, or	(Amount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
Oh:	Yes	No	N/A								ite	Ф
Chimney wall			X	flue	e ceme	nt		25 sf	x			
through out			X		VAT			200	Х			
Name of Registered Waste Hauler		IN	JDEP W	aste Cubic	Yards	Name	of Regist	ered Landfi	II			
Yannuzzi Group, Inc.	auler ID 7467	No. of Was	ste	GRO	WS							
City, State Kinnelon, NJ	11/23			tate sville,P	A							
Completed by John Mucha	Sr. P	roject	Manag		ignature	\ h	ecla	0.000	ate 1/8/16	3		
ASB-41 (R-06-08)				* 00 no	t use this form	for asbes	atos licensu	re exen	npted	activit	ties.	

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Date of Notification (1) 11/8/16				Name o	of Building Owner/ MC	Operator	(2)		- 6	15		M.A	
Agencies Notified	Type Notification	Ì			Address est State St.				NO	V 1	4 2	016	
DEP DOL	Initial Amended Amendmen	t #			ate, Zip Code on, NJ			2 to 2					
DOH DCA	Emergency justification) Cancellation	,		Name o	of Contact r Fernandez			Telephone N	BEST umber	OS I	SIN	G_	
П вск	Cancellation	1		IN CONTROL LINCONS	ILITY INFORMAT	ION							
Name of Facility Where A Abandoned Flood h	Abatement is Takir	ng Place (3)	rao	ILITT INFORMAT	ION	Type of Facility (4	50					
Street Address 20 Princeton Ave.								²⁾ 8 (Other than K- rivate & commer		ldings	, hom	es,	
City (5) Lavallette boro	September 1997			5mb(0			etc.) Square Feet 3000	# of Floors		Bldg. A	Age		
County (6) Ocean					Code (7) USE ONLY)		Current Use (Price Abandoned F	r if being demoli		JU+			
Name of Monitoring Firm	Hirod by Building	Oumar (9)			4 4	Mana							
N/A	Hired by Building	Owner (8)		ASC	/I NO.	Yanr	of Abatement Con nuzzi Environm		s, Inc.				
Street Address						100000000000000000000000000000000000000	Address Kinnelon Rd Su	ite 102					
City, State, Zip Code							tate, Zip Code elon, NJ 07405						
Project Manager for Moni	oject Manager for Monitoring Firm					100000000000000000000000000000000000000	none No. 218-0880	License 01228	No.				
Start Date (10) 11/29/16		Schedule 11/30/		npletion	Date (11)	2000	of OSHA Monitor nuzzi Environme	ental Service	s, Inc.				
Occupancy Status During	Abatement (Ched	ck Only Or	ne)			Street	Address						
Facility Closed/Vaca	ted During Entire	Period of A	Abaten	nent		181270000000	Kinnelon Rd Su tate, Zip Code	ite 102			1110000		
X Other – Describe: _													
Scope of Work (Check All ≥3 sf or ≥3 lf	і тпат Арріу)	Пв	Renova	tion			Full Containme	nt with Negative	Dracei	ıra			
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		_	emolit			×	Mini-Enclosure Glovebag Proc	edure		ressure			
			V 10	h			Non-Exempted	(*) and Non-Fria	ble Pro		e ement		
Location	of	1	Locati Iormal	ly	De	scription	of				ре		
Asbestos-Containing I TO BE ABA			d Sole intena		Asbestos Con	taining M	laterial (ACM)	Amount	_		Щ	т	
In Facilit		Cust	odial 9 (12)	Staff?		cing, VA	T, or	(Specify SF or LF)	Removal	Repair	cap	Enclosure	
(13)		Yes	No No	N/A	other r	niscellan	eous)		oval	air	Encapsulate	sure	
exterior w	alls			х	tran	site sid	ing	1800 sf	×				
sill plate	es			Х	sill p	late ca	iulk	100 sf	x				
Name of Registered Wast	e Hauler		200	JDEP W			Name of R	egistered Landfi	11				
Yannuzzi Group, Inc.				auler ID 7467	No. of Was 20	ste	GROWS						
City, State Kinnelon, NJ					Dispos 11/30	al Date /16	City, State Morrisvil						
Completed by		Title	7.0	1896		ignature	(V) n	D	ate			\neg	
John Mucha Sr. Project Manager					ger	AL.	Jacha	1	1/8/16	5			

22			
Dv	no	Ea	rm
FI	1111	L(1	1111

Date of Notification (1) 11/8/16					of Buildi	ng Owner/	Operator	(2) MUE!			管		
Agencies Notified Ty	/pe Notification	n			Address /est Sta				A Comment of the Comm	NOV	No.	20	1962
DEP DOL	Amended Amendmer	nt #			State, Zip					1101	3 4	# #1	10
DOH DCA	Emergency justification Cancellatio)	g	10.000000000000000000000000000000000000	of Conta er Fern				Telephone	tumbe	ENS	ONT ING	ROL
Name of Facility Where Aba	tomosti. T.I.	- Di	(0)	FA	CILITY IN	FORMAT	ION		-				1,5-02
Abandoned Flood hom	tement is Taki 16	ng Place	(3)					Type of Facility (4	1)				
Street Address 201 East Edgewater a	ve							Other (i.e. pr	2) 8 (Other than K ivate & comme	-12) rcial bu	ıilding:	s, hon	ies,
City (5) Pleasantville, NJ								Square Feet 1000	# of Floors		Bldg. 50+	Age	
County (6) Atlantic				County (STATE	Code (7) 		Current Use (Prior Abandoned Fl	r if being demol				
Name of Monitoring Firm Hire N/A	ed by Building	Owner (8	3)	ASC	M No.			of Abatement Contu	ractor (9)	e Inc			
Street Address				- I			Street A	Address (innelon Rd Su		5, 1110	•		
City, State, Zip Code							City, St	ate, Zip Code	102				
Project Manager for Monitorin	ng Firm			Telepho	one No.		Telepho		License 01228	No.			
Start Date (10) 12/1/16		Schedu 12/2/1		mpletion	Date (11)	Name o	f OSHA Monitor uzzi Environme		s Inc			
Occupancy Status During Ab	atement (Chec	k Only O	ne)				Street A		7764 007 7700	5, 1110.	•		
Facility Closed/Vacated	During Entire I	Period of	Abater	ment			135 K	innelon Rd Sui	te 102				
Abatement Performed Country Other – Describe:		nal Facilit	y Hour	S				ate, Zip Code Ion, NJ 07405					
Scope of Work (Check All Tha	at Apply)	22.55.115									1 1 5 5 7 5		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		promote	Renova Demoli				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					
		T .	1					Non-Exempted (*) and Non-Fria	ble Pro	1000	e ement	
Location of		1	Locat Vorma	lly		Des	cription o	,f				ре	
Asbestos-Containing Mate TO BE ABATED In Facility (13)		Ma Cus	ed Sole intena todial ((12)	nce/ Staff?		stos Conta e. thermal s surfaci	ining Ma	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
inside wall		Yes	No	N/A X		mirro	or masti	ic	60sf	x		Ф	
							, made		0031	1^			
Name of Registered Waste Ha	uler		1.536	JDEP W auler ID		Cubic Y		Name of Re	gis <mark>t</mark> ered Landfil	I			
arinuzzi Group, inc.					INO.	1		GROWS					
City, State Kinnelon, NJ						Disposa 12/02//	116	City, State Morrisville	e PA				
Completed by John Mucha		Sr. Pr	oject	Manag	ger	Sig	nature	Mal	3.0	ate 1/8/16	S		
ASB-41 (R-06-08)						6	Do not u	use this form for as	bestos licensur	e exem	npted a	activiti	es.

KATIU			CATION	tate of New Jerse N OF ASBESTOS to NJAC 8:60 ar	ABATE		NT Blu	o L	20	< /	_		N.	-0
Date of Notification (1) 11/08/16			Name o	of Building Owner/ MC	Operator	r (2)	Pion)。這		Ē		W	恒
Agencies Notified Type Notification		0	Street A	Address est State St.						NOV	1	4	201	ĥ
EPA Initial Amended		1.3		ate, Zip Code				111		330 1	_			
DOL Amendment Emergency			Trento	on, NJ of Contact				I Itel	ephone N	nmhéi	18	c 0	NTF	ROL
DOH justification) DCA Cancellation		1.00		r Fernandez				1 1101	cpriorie is	i di i jujuju	Jee A	<u>'SI</u>	NG_	
			FAC	ILITY INFORMAT	ION	1								
Name of Facility Where Abatement is Takin flood house	g Place (3)				1)	pe of Facility							
Street Address 1431 Ocean Front						×	School (K- Subchapte Other (i.e. etc.)	r 8 (Oth			iildii	ngs,	home	es,
City (5) Point Pleasant Beach nj						100	quare Feet	# o	f Floors		Blo 50	g. A +	ge	
County (6) Ocean				Code (7) USE ONLY)			urrent Use (Pr		ng demol	ished)				
Name of Monitoring Firm Hired by Building Bioterra Solutions	Owner (8)		ASC	л No.		of A	Abatement Co	ntractor		s, Inc).			
Street Address					Street	Add								
City, State, Zip Code							e, Zip Code n, NJ 0740	5				1-2-		
Project Manager for Monitoring Firm Telephone No. Te							e No. 3-0880		License 01228	No.				
Start Date (10) 11/25/16	Schedul 11/30/		pletion	Date (11)			OSHA Monitor zi Environn		Service	s, Inc				
Occupancy Status During Abatement (Chec				H	Street 135 I		dress nelon Rd S	uite 10)2	200				
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Period of a	Abatem / Hours	ent		City, S	State	e, Zip Code n, NJ 0740							
Scope of Work (Check All That Apply)					1		.,		-					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Demoliti	olition Mini-Enclose Glovebag Pr										9	
	(100.00	Location									Α	bate Ty	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normall ed Solel intenan todial S (12)	y by ice/	Asbestos Con (i.e. therma surfa		Mate s ins	sulation, or	(S	mount Specify or LF)	Removal		Repair	Encapsulate	Enclosure
	Yes	No	N/A										œ.	
bedrooms and utility room			Х		VAT				40 sf	х	1			
utility room			Х	transite o			walls		00 sf	x	1			
furnace room			Х		urnace				30 If	Х	1			
kitchen		x sink und					~		25 f	x				
Name of Registered Waste Hauler Yannuzzi Group, Inc. NJDEP Waste Hauler ID No. 17467					Yards ste		GROW		red Landf	111				
City, State Kinnelon, NJ				Dispo 11/36	sal Date		City, Stat Morrisv							
Completed by John Mucha	ger	ignature		lad	1	1000	Date I 1/8/1	6						

Do not use this form for asbestos licensure exempted activities.



NOV 1 4 2016) E	C	E		<u> </u>	Print Form
		NOV	1	4	2016	

<u> </u>		(Purse	uant to NJA	C 0.00 an	u 12.120	1			NOV	14	2010)	- Samuel
Date of Notification (1) 11/11/16		Name of Building Owner/Operator (2) The Langfan Company Street Address ASBESTOS CONTR										01.5	8.
Agencies Notified Type Noti		100000000000000000000000000000000000000	eet Address 9 W. 57th	Street,	#906		decide and a second	A	SBESTO	ENSI	NG_		
frank Land	nded endment #		y, State, Zip ew York, N		g								
Eme	rgency (including fication)	Nar	me of Conta	ct				Tel	ephone Nu	ımber	_		
	cellation	. 500	nnifer Gal		ION								
Name of Facility Where Abatement Former Big Lots	is Taking Place (3)		FACILITI	ONWA	ION		of Facility (4						
Street Address		-		-			School (K-1: Subchapter	8 (Oth				g-consta	
760 Route 33						E (Other (i.e. p						es,
City (5) Hamilton						70,0		1	f Floors	4	Bldg. A	ge	
County (6) Mercer		(ST	unty Code (7 ATE USE ON) Ly)			nt Use (Pric il (unocci			shed)			
Name of Monitoring Firm Hired by E Acer Associates	Building Owner (8)	A	ASCM No.		1	e of Abatement Contractor (9) services, LLC							
Street Address 1012 Industrial Drive					Street 407 \		s Lincoln H	ighwa	ay, Suite	500			
City, State, Zip Code West Berlin, NJ 08091							p Code 19341						
Project Manager for Monitoring Firm Matt DePalma	1	- HTG-150	ephone No. 6-809-120)2	Teleph 610-7	one No 755-7			License 01161	No.	All See a 20		
Start Date (10) 11/21/16	Schedule 11/23/1		etion Date (1	1)	Name EMS		IA Monitor						
Occupancy Status During Abatemen	10000000000	14.7%			Street			L					
Facility Closed/Vacated During Abatement Performed Outside			t	tate, Zi	130 Nort	n							
Other – Describe: Scope of Work (Check All That App	lv)			son, NJ									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	× R	enovation emolition			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure								
	Is	Location			Non-Exempted (*) and Non-Fri					able Pro	Abate	ement	
Location of Asbestos-Containing Material (A	N	lormally d Solely b)y Ash	De estos Cor	escription		(ACM)	۵	Amount		T	pe	
TO BE ABATED In Facility	ividi	ntenance odial Staf	/ /	.e. therma		s insula		(5	Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes	(12) No 1	N/A	other	miscellar	neous)				oval	air	sulate	sure
Loading Dock	100		X	Floo	r tile ma	astic		1	00 SF	X			
East side of building exte	erior		Х	Buildin	g seam	n caul	k		8 SF	Х			
Name of Registered Waste Hauler		NJDI	EP Waste	Cubic	Yards		Name of	Registe	ered Landf	ill I			L_
Waste Management of Centr	Haul	er ID No.	of Wa	aste		GROW	S via	Mercer	Scale				
City, State Trenton, NJ			Dispo TBD	sal Date		City, State Morrisv		PA					
Completed by Jack Bally	Title Sr Pr	roject M	lanager		Signature) h /	2,11.	0		Date 11/11/	16		
Just Dully	01.11	0,000 171	.a.i.agoi	(jac	1 - 1	Jarry	- al	9				
ASB-41 (R-06-08)		Do not use this form for asbestos licensure exempted act							activi	ities.			

11/# 2582	5.5		NOT		TION	OF ASE	ew Jersey BESTOS ABAT C 8:60 and 5:16								
Date of Notification (1)					Name	of Building	Owner/Operator (2)	5 12						
11 /	4 /	16					rps of Engineer	10.00		Ph. Lang. 1		100			
Agencies Notified	Type Notif	ication				Address E. 12 th S	t.		NOV 1	1 2	2016				
⊠ DOLWD	Amend			-	City, S	tate, Zip C	Code	*	1 The Are 24 to 1						
☐ DCA	Amend			,	Kan	sas City	Missouri 64106								
(NJAC 5:23-8)	justifica	ation)		,		of Contact			Telephone Number						
	☐ Cancel	lation			Stev	e Gilles	pie		-						
					FAC	ILITY IN	FORMATION			111111111111111111111111111111111111111					
Name of Facility Where A		67	Place	(3)				Type of Facility	3 70						
Syncon Resins Sur	perfund Si	te						School (K-12) 3 (Other than K-12)						
Street Address 77 Jacobus Avenue	9								rivate and commerc	ial bu	ilding	js,			
City (5)		1)						Square Feet	# of Floors	Blo	dg. A	ge			
South Kearney								800	1		-/- 7	0			
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pr	or if being demolish	ed)					
Hudson								Vacant							
Name of Monitoring Firm		uilding (Owner ((8)	ASCM I	Vo.	Name of Abateme								
	TTI Environmental Inc.							mental Manag	ement, Inc.						
Street Address							Street Address								
							8436 Enterpr								
City, State, Zip Code Moorestown NJ. 08	0.57						City, State, Zip Co								
Project Manager for Mon				Tolor	ohone i	No	Philadelphia, PA 19153 Telephone No. License No.					Contract of			
Jeffrey Seaman	noring r iiiii			1	6-840-		215-365-5810 License No.								
Start Date (10)		Scheo	luled C	1. 88			Name of OSHA M	9					-		
11 /21 /	16		2/					mental Manag	ement, Inc						
Occupancy Status During							Street Address	ina Avanua							
□ Facility Closed/Vacate □ Abatement Performed						cribe	8436 Enterpr City, State, Zip Co								
Time of Abatement:							Philadelphia,								
Scope of Work (Check al	I that apply)					711									
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				novatio molitio			✓ Mini-Enc✓ Gloveba	g Procedure	native Pressure						
			Is	Locati	on			(/=		177 - 177 - 177	atem	ent T	vpe		
	Location of Solution of Solution Is Location Normally Used Solely Used Solely						Description o		Amount						
TO BE ABA		JIVI)	Ma	intenar	nce/		., thermal systems		(Specify	Removal	Repair	Encapsulate	Enclosure		
IN Facili	ty	Custodial Staff?						, or	SF or LF)	/al		sula	ure		
(13) (12) Yes No							other miscellane	ous)				te			
Buildings 6A,7,7A						Transite	e Switch Gear		60 SF	\boxtimes			Е		
Building 7						Roofing	Material	120 SF							
Building 7						Boiler C	Gasket		40 LF						
Building 6A									-			-			

400 LF Red Metal Building Window Glazing NJDEP Waste Name of Registered Landfill Name of Registered Waste Hauler Cubic Yards of Hauler ID No. Waste Minerva Landill USA Environmental Management, Inc 32610 10 City, State City, State Disposal Date 2/20/17 Lisbon, OH Philadelphia, PA

Completed By (Print or Type)

Kevin Meldrum

Title

Project Manager

Signaturé

Date 11/4/16

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

1/# ST 82		NO					8:60 and 5:16			1150			±5%		
Date of Notification (1)				N	ame of	Building	Owner/Operator (2	2)	o 4 = 1 eac						
11 /	4 / 1	16		94			ps of Engineers						15		
Agencies Notified	Type Notificatio ☑ Initial	n		S	treet A	ddress . 12 th St			NOV	1 4 2	016				
☑ DOLWD	☐ Amended			C	ity, Sta	ite, Zip Co	ode								
☑ DHSS	Amendment		_		Kans	as City I	Missouri 64106								
☐ DCA (NJAC 5:23-8)	☐ Emergency iustification)		ing	N		Contact			Telephone Numb	er		- 11			
(NJAC 5.25-6)	☐ Cancellation				Steve	Gillesp	ie	_							
					FACI	LITY INF	FORMATION								
Name of Facility Where	Abatement is Tak	cing Pla	ace (3	3)	17101			Type of Facility (4)						
Syncon Resins Su								School (K-12)							
Street Address	aperiuna one					7.5		☐ Subchapter 8 (☐ Other (i.e., priv	Other than K-12) cial build	dinas				
77 Jacobus Avent	10							homes, etc.)	ate and comme	olai buli	umgo	1			
4 produce of the second of the second of the second of the	ue			-				Square Feet	# of Floors	Bldg	g. Ag	9			
City (5) South Kearney								800	1	÷	- 70				
County (6)				-1	Count	Code (7)	(STATE USE ONLY)	Current Use (Prio	r if being demolis	shed)					
Hudson					o o o i i i	(.)	,	Vacant							
Name of Monitoring Fire	m Hirad by Ruildin	og Own	er (8)	A	SCM N	lo.	Name of Abatem	Name of Abatement Contractor (9)							
TTI Environmenta		ig Own	ic. (c.		00111			rironmental Management, Inc.							
	ii iiic.						Street Address								
Street Address	4						8436 Enterpr	ise Avenue							
1253 N. Church S	t.							y, State, Zip Code							
City, State, Zip Code Moorestown NJ. (00057						Philadelphia								
				Telen	hone N	lo	Telephone No.	,	License No.						
Project Manager for Mo	onitoring Firm				3-840-		215-365-5810	0	1156						
Jeffrey Seaman	100	chedule	vd C0				Name of OSHA								
Start Date (10)	/ _16	2	_ /	20			USA Enviror	nmental Manage	ment, Inc						
Occupancy Status Dur							Street Address								
□ Facility Closed/Vac	ated During Entire	Period	d of A	batem	ent		8436 Enterp								
Abatement Perform Time of Abatement	red Outside of Nor ::AMF	mal Fa	P	M	AN	nde 1	City, State, Zip Code Philadelphia, PA 19153								
Scope of Work (Check	all that apply)						☐ Full Cor	ntainment with Neg	ative Pressure						
≥3 sf or ≥3 lf		_		ovatio				closure							
≥160 sf or ≥260 lf		\boxtimes	Der	nolitio	n		⊠ Gloveba ⊠ Non-Ex	ag Procedure empted (*) and Nor	n-Friable Proced	ure					
			Is	Locati	on						atem	ent T	уре		
Locati	ion of		N	ormal	ly		Description			R	Z,	ш	ū		
Asbestos-Containing	ng Material (ACM))		d Sole			estos Containing M e., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure		
TO BE A				odial S		(1.6	surfacing, VA	T, or	SF or LF)	val	_	Sul	Suic		
(1)	51747. V. 7. 7 5			(12)			other miscellan					ate			
	00	\	Yes	No	N/A				Bay Allahara	-	-		-		
Building 7 Small R	loom				\boxtimes	Pipe In	sulation		15 LF		Ш	Ш	L		
		Г	7							\boxtimes					
			=								П	П	I		
		L		Ц									F		
		[П					1 11 - 100						
Name of Registered V	Vaste Hauler		M/72/7—C	115.00	JDEP		Cubic Yards of	Name of Regis							
USA Environmen	ntal Manageme	nt, Inc	С	H	32610		Waste 10	Minerva La	andill				2000		
City, State							Disposal Date	City, State	•0						
Philadelphia, PA							2/20/17	Lisbon, Ol				,			
Completed By (Print of	or Type)	Title					Signature	11/1/	17	Date /	. /				
Kevin Meldrum	SOPOR W	Pro	oject	Man	ager		Ke	-/ mile		11/4	1/1	6			
			<u> </u>		1000 pt 1000		11/11								

#104

Date of Not	ification (1)	11/09/2016			Name o	f Building				elopme	nt			n t		
Agencies N		Type Notification			Street A	Address					-			1		<u> </u>
☐ EPA		Initial						02 Lc	ng	Beach	Blv	d b				
DEP DOL		Amended Amendment Emergency		_	City, Sta	ate, Zip Co	Ha	rvey	Ce	dars		NOV 1	1 2	016		
DOH DCA		justification) Cancellation			Name o	f Contact	Gr	eu eu			Te	ephone Nun	nber	- Name to	end.	
		E cancenation			FACI	ILITY INF		_							T	
Name of Fa	Reside	Abatement is Takir	ng Place (3	()					Туре	e of Facility (4	1)					
Street Addr		ence									·12) er 8 (Other than K-12) private & commercial buildings, hom					
City (5)									Tables and the same of the sam	etc.) are Feet		f Floors		- 57.00 		
	Harve	y Cedars	7-2-12-1-3-1						22	200 SF		2		Bldg. A	23	
County (6)	Ocear					Code (7) USE ONLY)		Current Use (Prior if being demolished) Residence							
Name of Mo	onitoring Firm	Hired by Building	Owner (8)		ASCN	и No.				atement Cont Vay Aba			С			
Street Addr	ess	***************************************			Street Address 128 Bartlett Ave											
City, State,	Zip Code				City, State, Zip Code West Creek, NJ											
Project Man	ager for Mon	itoring Firm		Telepho	ne No.		Teleph	one N			License No.	319)			
Start Date (8/2016	Schedule	ed Cor	mpletion 8/201	Date (11)		Name	of OS	HA Monitor	N	/A				
Occupancy		g Abatement (Chec			0/201			Street	Addre	999						
Section 1		ated During Entire			nent			Officer	Addie	.55						
The state of		ed Outside of Norr						City, S	tate, Z	Zip Code						
Scope of W	ork (Check A	II That Apply)	200										1000000			
≥3 sf o × ≥160 s	r ≥3 lf f or ≥260 lf		PRODUCTION .	enova emolii				X	Mi Gi	ull Containme ini-Enclosure ovebag Proce on-Exempted	edure					
			la la	l anat	ion.				3 140	DI-Exempled	() all	u Non-Friadi	Pio		ement	
	Location	of	1	Locat Iormal	lly		De	scription	of					Ту	ре	,
Asbesto		Material (ACM)	- III (100 (100 (100 (100 (100 (100 (100	d Sole ntena			tos Cont	aining M	tateria			mount	77		Ш	т
	TO BE ABA		Cust	odial 8 (12)	Staff?	(i.e.		systems cing, VA		ation,		Specify For LF)	Removal	Repair	cap	Enclosure
	(13)			II	1 2//4		other n	niscellan	eous)				oval	air	Encapsulate	sure
	Exte	rior	Yes	No	N/A		Ckir	ting (anlı	,	44	00 SF	V			
	EXIE	TIOI		X			SKII	ting (Jilij	/	11	00 31	Х			
<u> </u>													-			
	-											-				
Name of Re	gistered Was	te Hauler		IN	JDEP W	aste	Cubic	Yards		Name of R	eniste	ered Landfill	<u></u>			
		king Inc		100	auler ID 210	No.	of Was		3D			Manag	gen	nen	t	
West Creek, NJ						Dispos	sal Date TE	3D	City, State	Tu	ıllytown	i, P.	Ą			
Completed by Title							ignature	7/	1		Dal	e I I	10	111	,	
Amanda Mears Owner- Safewa								(/	/				l l	11	1/4	1

EPA DEP Amended Amendment # Emergency (included)	lding	City.	State, Z	ip Code	0	sus Jer	- Say	NOV OP44	<u> </u>	2016	, 12 to	1 13
DOH justification)		T	3.11									1
DCA L	(0)	F	ACILITY	INFORMAT	TON	Type of Facility	ty (4)					7
treet Address	pert	7 11	CC	Proper	4	School (Subchar Other (i. etc.)	star 8 (Othe	er than K-12) commercial	l building	ıs, hoi	nes,	9
411 North Aul West	1					Square Feet	# of	Floors	Bidg	. Age		
ounty (6)			inty Coo			Current Use	(Prior if beir	ng demolishe	ed)			
120:120	(0)		ATE USE		Name	of Abatement	Contractor	(9)				
lame of Monitoring Firm Hired by Building Ow	ner (8)		430IVI IV		Ace	Insulation C	Co Inc					. 541.
Street Address						t Address Montrose Ro	d					
City, State, Zip Code	40				City,	State, Zip Code is Neck, NJ	e 07722					
		I Te	lephone	No.	A CONTRACTOR	hone No.	01122	License N	0.			
Project Manager for Monitoring Firm					18.72.73	2941757 e of OSHA Mo	nitor	00029				
Start Date (10)	cheduled	Compl	etion Da	ate (11)	Ma	rk Jovic		//				
Occupancy Status During Abatement (Check	Only One	2)				et Address Main Street						
Facility Closed/Vacated During Entire Pe	riod of Al	oateme	nt		City,	State, Zip Coo	ie					
Other – Describe:	pm				Lin	coln Park, N	VJ 07035				_	
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovatio emolitio				Mini-End	closure	ith Negative e				
						Non-Exe	empted (*) a	and Non-Fria	ble Proc	Abate	ment	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Use Ma	Locatio lormally d Solely intenan todial Si (12)	by ce/	(i.e. the	Descript Containing rmal syste surfacing, her misce	g Material (AC ems insulation, VAT, or		Amount (Specify SF or LF)	Removal	Ty	e Encapsulate	Licitor
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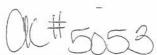
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:129)

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Date of Notification (1)			Building Owner		() -		Contract Contract		745			
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Name of Facility Where Abatement				İn		170 180-17						
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				90	`etc.) are Fest	≟st Flears	: Ri	da, As	20	-		
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County (6)			ISE ONLY)		les de		3					
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Name of Monitoring Firm Hired by	Differing Carnes (c)	, ALAGA	s setu.	Ace Insulation Co., inc								
				Street Address								
Sireet Address				95 Mont								
City. State, Zip Code	-			City, State.						-		
Chy. State, 20 Give			93		ck, New Je	ersey						
Project Manager for Monitoring Fire	Γ:	Telephon	ua Nica	Telephone	Mo.	L'oansa N	Ð.					
Fregues micessages six securious eq. 1 as		1		732 294	1757	00029						
Start Date (\$0)	Scheduled (Completion !	Date (11)	Name of O	SHA Monitor							
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Occupancy Status During Avaient	ent (Check Only One)	11.0		Street Add	702S							
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Abatamari Darfarmad Cuitain	o of Mormal Facility His	DUIS		City, State,	Zip Code				K 400 / 1 KG	2600		
Other - Describe:	Jur- +bm,			1								
Scope of Work (Check All That Apr	oly)											
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N ≥160 ef or ≥260 €	Dev	ndiffon		6 2	Sni-Endosure							
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22.1	# DESTRUCTION	ication Trially	A Prince of the Contract of th	Dascription of				- 13	pe	*		
Location of Asbestos-Containing Material		Salely by	Asbastos C	longaining Male		Amount	Mil-tan	4	129	- 70		
TO BE ABATED	2 DETECTOR - EN	enance/ ial Staff?	(i.e. then	mal systems ins irfacing, VAT, o	ulation,	(Specify SF or LF)	Ren	Re	Cap	Years becomes an an all the		
In Facility (13)	(1	12)		er miscelleneou		0, 0. 2. 7	Removal	Repair	Encapsulat			
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Bree McGuire	Secreta	ary Treasi	urer	1 1)	1/1-		11	1/1	10	_		
					CV V)	I				

Do not use this form for asbestos ticensure exempted activities.



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Date of Notification (1) 10/15/16					uilding Ow a Parasc			2)	0		Ē, 13	- 1 <u>- 1</u>		-	
Agencies Notified	Type Notification		S	treet Add	iress										
EPA DEP X DOL	Initial Amended Amendment				. Zip Code ndsor, N		520				NOV	4 /	2010	7	
■ DOH DCA	Emergency (justification) Cancellation	including		lame of C Neranda	Contact a Paraso	ando	ola			Tele	phone Num	bea.			
				FACILI	TY INFOR	MATI	NC								
Name of Facility Where A	Abatement is Taking	g Place (3)							School (K-12) Subchapter 8 Other (i.e. priv	(Othe	r than K-12) Il buildii	nas, h	iomes	5.
									-etc.)						
City (5) East Windsor, NJ 0	8520								are Feet		Floors		lg. Ag	e	
County (6) MERCER				County Co STATE US	ode (7) SE ONLY)				ent Use (Prior			ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.		Name AAA	of Ab	atement Contr D PROFES	ractor SSIO	⁽⁹⁾ NALS				
Street Address								Street Address 6 WHITE DOVE COURT							
City, State, Zip Code									Zip Code OOD, NJ 08	701					
Project Manager for Mon	roject Manager for Monitoring Firm						Teleph 732-		No. -9078		License N 1200	0.			
Start Date (10) 11/18/16	14/04/4/								SHA Monitor AD PROFES	SSIO	NALS				
Occupancy Status Durin	og Abatement (Che						Street								
	cated During Entire			ent			6 W	HITE	DOVE CO	URT					
Abatement Perform X Other – Describe:	ned Outside of Nor	mal Facility F	lours	City, State, Zip Code LAKEWOOD, NJ 08701											
Scope of Work (Check	All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			nova molit				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					е			
							Non-Exempted (*) and Non-Friable Pr						Abate	emen	i
Locatio Asbestos-Containin <u>TO BE Al</u> In Fac (13	g Material (ACM) BATED cility	No Used Main Custo	ntena odial ((12)	lly ely by nce/ Staff?	Asbest (i.e.	os Cor therma surf	escription ntaining l al system acing, V miscella	Mate ns ins AT, o	r	(Amount Specify F or LF)	Removal	Repair	e Encapsulate	Enclosure
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INTER				-							10 LF	x			-
INTER					Pip	e Insul	ation	n		TO LP	^				
		+++													
Name of Registered W	aste Hauler			NJDEP W		1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	c Yards			Regis	tered Landf	ill			
NEWARK CARTIN	1028	Hauler ID 14509	NO.	3	aste		IESI	to.							
City, State NEWARK, NJ				Disposal Date 11/21/16				716 BETHLEHEM PA							
Completed by JOSEPH PERLST	EIN	Title OWN	ER				Signatu	ire				Date			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

	ATI	ON OF AS	SBESTOS ABAT	EMENT	NOV 1	/ 00	••		Ť
AR Flinus	(Pursua	nt to NJA	4C 0.00 and 12		NOV 1	4 20	15		
10, 10	Name	e of Buildi	ng Owner/Operat	or (2)					
elle of Notification (1,	1.57		7 1an - 5	icho.					
dencies Notified Type Notification	Stree	at Address		1 //					
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DEP Amended Amendment #		CILL	tee.	1))	Telephone Number				1
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DOH JUSTILICATION Cancellation	1	an I	INFORMATION						+
	ŀ	ACILITY	INFORMATION	Type of Facility					
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Street Address				Other (i.e	er 8 (Other than K-12) private & commercial b	uildings	, non	165,	
A A				Square Feet	# of Floors	Bldg.	Age		
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Fort tee, NJ	Co	unty Code	e (7)	Current Use (Prior if being demolished	1)			
ounty (6)	(\$7	TATE USE	ONLY)	ame of Abatement	Contractor (9)				7
Name of Monitoring Firm Hired by Building Own	CI (C) 11	ASCM No). N	ame of Abaletterit	TER DIRSES	1C.			
2112 (ON duting Pill)	icea IIc.			Street Address	Λ ,				
Street Address	neet			28 1 Ba	Pane-			-	-
De Correct Courses	ILEE!			ity, State, Zip Code	PARA NJ	NA	63	5	
City, State, Zip, Code	085	066		Procen	Farh NJ License No				-
1+10 NTSTOWN NO	T	-lanhana	No.	Telephone No.	9924 0113	19			
	10	C.PU	1	Name of OSHA Mor	nitor				
Start Date (10)	cheduled Com	-16	no (. ,						
11-07-16		1 0		Street Address					
Occupancy Status During Abatement (Check C	riod of Abatem	ent		City, State, Zip Coo	ie				
Abatement Performed Outside of Horning	Facility Hours			City, otato, 2-p	U	-			_
Other - Describe:									
Scope of Work (Check All That Apply)	Renova	tion		Full Con Mini-End	tainment with Negative F	Pressure	3		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Demolit				g Procedure empted (*) and Non-Friat	ale Proc	edure	e	
≥160 sf or ≥260 lf	2- 44			Non-Exe	empted (*) and Non Frida	,	ware		
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TO BE ABATED In Facility	(12)		other	miscellaneous)		val	1	late	a
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110 000 10 11000	Title .			Signature COO	/ /		C'O	1	C .
Completed by		NOO	(CO) ·		4				
COULUM MARIA				* Do not use thi	s form for asbestos licen	sure ex	empte	ed act	uviti

UC# 4403

Date of Notification (1)			1	of Building Owner/O	Operator (2)	15500,00	tes LWOX	4 1	4 2	016	7	
Agencies Notified Type Notification	1		Street !	tudiess ,	Park		2			<u> </u>		
☐ EPA ☐ Initial ☐ DEP ☐ Amended ☐ DOL ☐ Amendmen	. II		City, S	taté, Zip Code		1			TOT C		2 H	
□ DOL Amendmen □ Emergency □ DOH justification	(including	;	Name o	Ennsauke	20. A	1.5 0	8/09 Telephone Nur	nber				
□ DCA □ Cancellation			B	111 Pound								
Name of Facility Where Abatement is Taking	Place (3)		FAC	ILITY INFORMA		Type of Facility	(4)					
COOPER RIVER E	AST		-			School (K	-12) r 8 (Other than K-12)					
6981 N PARK DR			1 1				private & commercia		lings, l	nomes,	, etc.)	
City (5) Tennsauken						Square Feet	# of Floors		Bldg.	-	и/	
County (6)		- 1		Code (7)		46000 Current Use (Pri	or if being demolishe	d)	0	Dyn		
Name of Monitoring Firm Hired by Building C	lumar (C)			M No.	Non- of	Ab	20)					
FIROG Inc	wiici (a)		ASC	IVI INO.		· A	Contractor (9) Angement Denies items (
Street Address					Street Ac	ldress	()	71.0	41112	-		
City, State, Zip Code			******			1212 Birlington Hill City, State, Zip Code						
Project Manager for Monitoring Firm			Telepho	na No	Talastron	The LANCO MJ ESCO)S Tephone No. License No. License No. LOG-346-C916 C1070						
roject manager to mornto ing rim			тетерио	ne ivo.	6:09	-346-C	916 81	0.	1)			
Start Date (10) 11-18-16	Schedul / -	ed Com		ate (11)	Name of	OSHA Monitor						
Occupancy Status During Abatement (Check O	out on who could				Street Ad	dress						
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: 1/10/6/1	iod of Ab Facility H	atement ours			City, State	e, Zip Code						
	KOJA	162.										
Scope of Work (Check All That Apply) □ ≥3 sf or ≥3 lf	П	Renovat	ion		б	Full Containment with Negative Pressure						
.□ ≥160 sf or ≥260 lf		Demolit		2								
	T -	-		1			(*) and Non-Friable	Proce	77.5	ement		
Location of		s Locati Normall	у	Des	scription of				3.55.55.77	ype		
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>	M	ed Solel aintenar stodial S	ice/	Asbestos Conta (i.e. thermal syste	aining Mate	rial (ACM)	Amount (Specify	R	_	Enc	E	
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