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Nov 12 2014 09:28am

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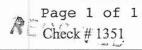
D&S Proj. #: 2014-467		(Notifica Pursua	ation of Asb ant to NJAC	estos /	Abatement 5	MO NT Deet of Hea	PROWED	Service	es l	
Date of Notification (1)	13 Name	of Buildi	na Owne	(Operator (2)		111 111	March. of Bea	in a delina	1	-	_
111/11/14	- 11		ing Omijo	nobararar (m)		1	0 1	gnature)	-		
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☐ DEP ☐ Amended	-	raham :		-				- Contract	- 15		-
DOL Amendment		tate, Zip									
Emergency				07306						-	
justification) Ilvame	of Conta	ot				Telephone	Mrimber			
DCA Cancellatio	n and	irea bar	OIL						-		
			FACIL	LITY INFORM	MOTTA						
Name of facility where abatement	ls taking place (3)			district wa		Type of Facility (4)				
5.21.64. Y							☐ School			580	
deniel took								ter 8 (Other t		(2)	
Street Address								rlvate/Comme omes, etc.	rcial		17
29 graham street	Part of the same o						Annual Continues of the	of Floors	Bld	g. Age)
City (5)	County (6)			Count	y Code (7)					
		,	129			use only)	Current Use (Price	or If being den	olishe	d)	-
JERSEY CITY	hudson	4									
Name of Monitoring Firm Hired by	Bldg. Owner (8)		T	ASCM No.	111	vame of Abatemer	t Contractor (9)				To each
· ·			1			D & S RESTOR	VATION INC.				
Street Address					= 3	treet Address	WALLOTT, MYCI			the same of	_
The state of the s						20 California	A VA				
City, State, Zip Code			-	- The state of the	- 6	ity, State, Zip Cod					-
- The same						10 A					
Project Manager for Monitoring Fir		Phor	je Numbe	ar.	-	Paterson, NJ (Elcense Num	ner.		
Ligitor Manager for Montioning Lie	541	1110	10 IACILIDA	51	- 11	973-345-802	20	01169			
44						Name of OSHA Mo					-
Start Date (10)	Sched, Co	mpletion	Date (11)		D & S Restora		.			
11/13/14	11/28/14		3.43		113	Street Address	, 1101				and a
Occupancy Status During Abatem						20 California	Avenue				
Facility closed/vacated during			ent.	8	. 1	Olty, State, Zip Cod					
Abatement performed outside						only, citated sup our					
Describe: NORMAL	HOURS			-	-11	Paterson, NJ	07503				
Scope of Work (check all that ap							Full Containment wi	honothe peop	CUE	_	_
P~						F	Mini-enclosure	tiedanne hies	фшs		
	Renovation					5	Glovebag procedure	a		- 4	
≥160 af or ≥260 lf							Non-Exempted (*)	and Non-friabl		adura	
Location of	ls location no by maintenan			1				H e	A	E	E
asbestos-containing	staff(12)	CO-01510	uiai			bestos-containing	Amount (Specify SI	m m	P	n o	ń
material (acm) to be abated in facility (13)		No	nija	material	(ACM)		(Specify Si	r or	a	a	L
	Yes	No .	N/A	27				V 0	1r	P	L
BASEMENT BOILER		X		BOILERI	NSUL	ATION	18 sq ft				
BASEMENT		X		BARE HE	ATING	PIPES	140 l ft	X			
					-510	l.					
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Registered Waste Flauler	NUDEP I	lauler II.		Dubic Yards of	Waste	Name of Registe		COMPANIE -	-		-
D&S RESTORATION, INC	C. 13506		- AL	2 yds		The second secon	N, RESOURCE RE	COYAKI		-	-
City, State		1	Saposal I			City, State	Th? Tak				
PATERSON, NJ 07503			11/14/1	-		TULLYTOW	N, PA	Date	-		_
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDEN	TT		Signature				Date 11/11/20	[4		*
	Y Do not wan fit	in form f	ar achaci	toe lloopetire	interest markets	d activities					-

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

D&S Proj. #: 2014-467

				5 11 11 - 5		10									
Date of Notificatio				· · · · · · · · · · · · · · · · · · ·	vne	er/Operator (2)									
Agencies Notified		ion	daniel t		_										
☐ EPA	Initial		Street Ad												
☐ DEP	Amended			ham street						1904	***************************************				
☑ DOL	Amendment #:	[]	City, State	e, Zip Code								*			
	Emergency		And the second second	EY CITY,	N.	J 07306			-				-		
☑ DOH	(including justification)		Name of 0	Contact						Telephon	ie Numbe	r			
☐ DCA	☐ Cancellation		andrea	a baron											
				FA	CIL	LITY INFORMA	ATION								
Name of facility w	here abatement i	s taking p	lace (3)				40		T	Type of Facility (
										=	ol (K - 12)				
daniel teek					_				-		apter 8 (0			12)	
Street Address											(Private/C /Homes, (Ciai		
29 graham stre	eet								_	Square Feet	# of Floc	ors	Blo	dg. A	ge
City (5)		Co	unty (6)					nty Code (7)	11						
	4						(Stat	e use only)		Current Use (P	rior if beir	ng dem	olishe	ed)	
JERSEY CIT	Y ng Firm Hired by I		idson		-	ASCM No.	-	Name of Abatem	ent C	Contractor (0)					
Name of Monitori	ng riim riied by i	Blug. Owl	lei (o)			ASCM No.									
					L		_	D & S RESTO	ORA	TION, INC.				_	
Street Address															
City, State, Zip Co	do				_		_	20 California City, State, Zip Co	-	е.	-	-		-	
City, State, Zip Co	ue							1000		:02					
Project Manager fo	or Monitoring Firm		T	Phone Nur	nhe	ar .	-	Paterson, NJ Telephone Numb		03	License	Numb	er		
1 Toject Manager N	or wormoning rain			r none ival	пре	21		973-345-80		2		01169	₹;		
	F81			- B.	/4.4			Name of OSHA M		or					
Start Date (10)		Sche	a. Compi	etion Date	(11)		D & S Resto	ratio	n, Inc.					
11/13/14			28/14					Street Address							A STATE OF THE PARTY OF
Occupancy Status	3272	70.						20 California	Ave	enue					
	ed/vacated during performed outside							City, State, Zip C	ode						
Describe:			i racility fi	ours-			_			P 2828					
Other-Desc	ribe: NORMAL H	IOURS			_		- 11	Paterson, NJ	1 075	603					
	heck all that apply	y) .							-	ull Containment	w/negativ	e press	ure		
\times >3 sf or >3 l	f 🛛	Renovat	ion							fini-enclosure Hovebag procedu	ıra				
≥160 sf or ≥	260 If	Demoliti	on						-	Non-Exempted (*)		-friable	proc	edure	Э
Location of				lly used sol	lely							R	Re	Е	E
asbestos-co material (ac		staff(12	ntenance/d	custodiai				sbestos-containin	g	Amount (Specify S	SE or	m	р	n c	n
abated in fa		Yes	No	N/A	_	material (ACM)			LF)	31 01	O V	a	а	C
4		103	140	INA								e	r	р	-
BASEMENT B	OILER					BOILER IN				18 sq ft				닏	14
BASEMENT						BARE HEA	TINC	3 PIPES		140 l ft			ᆜ	닏	빝
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-						l lie Vers	Mosts	INC. 15		Landfill			Ш	Ш	
Registered Waste D & S RESTO			DEP Haul 3506	er ID#		ubic Yards of V yds	vaste	Name of Registe		Landfill RESOURCE R	ECOVE	RY			
City, State				Disposa			_	City, State		LLOGOROLI			-	non-speniero c	-
PATERSON,	NJ 07503			11/14			117 .0022.0	TULLYTOV	VN,	PA				- 15.0m ED	
Completed by (Pri		Title			-	Signature					Date	OW DE STATE			
BOGDAN JOI	LDZIC	PRESI	DENT								11/11	/ 2014			
ASB-41		* Do not i	use this fo	rm for asbe	esto	s licensure ex	empte	d activities.							

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



Date of Notification (1)				Building ((2)	100		Aca					
11/13/2014		E	Bergen	County	DPW	!			+	OM K	JA 18	3	AM	2.	* 124
Agencies Notified Type Notification		100	treet Ac One Be	ldress ergen C	ounty	Plaza			4		.,,	. ,		Ġ*	tU
EPA Initial DEP Amended DOL Amendmen				e, Zip Consack, N		01				0 P	- L - J			1	
Emergency justification Cancellatio)	033		Contact	6		3		Tel	enhone N	Numbe	r			
			FACIL	ITY INFO	RMATI	ON		= = =				-5%-6			
Name of Facility Where Abatement is Taki Maintenance Garage	ng Place (3)							of Facility (4)	4 .0 272						
Street Address Across Street One Bergen Plaza	77 6			0	2]			Subchapter 8 Other (i.e. pri	(Oth			uildi	ings,	home	es,
City (5) Hackensack							4200		2	f Floors		50	dg. A)+	ge	
County (6) Bergen	II.			ode (7) ISE ONLY)	7.9 		Curre	nt Use (Prior	r if bei	ng demo	lished)				
Name of Monitoring Firm Hired by Building DAI Environmental Services	Owner (8)		00012				of Abat Froup,	ement Conti Inc	ractor	(9)					
Street Address 300 Grand Ave		1					Addres	s urg Turnp	ike						
City, State, Zip Code Englewood, NJ, 07631		9						p Code ale, NJ 07	7403						
Project Manager for Monitoring Firm Anthony Valentine		- III 532	elephor 201-20	ne No. 7-6082	-		one No)710-9			License 01084				-	
Start Date (10) 11/22/2014	Scheduled 11/24/20		oletion [Date (11)			of OSH	IA Monitor Inc					-		
Occupancy Status During Abatement (Che	ck Only One)				Street	Addres	s							17763
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period of Ab	ateme	ent					urg Turnp p Code	ike						
Other – Describe: Scope of Work (Check All That Apply)			- 781 - 781	1 1/200-10		73.7		lale, NJ 07	7403						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati molitic				×	Min Glo	Containmer i-Enclosure vebag Proce n-Exempted	edure					9	
	ls L	.ocatio	n						17.				Abate	ment	i
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	ormally Solely tenand dial St (12)	by ce/		tos Con thermal surfa	scription taining M systems cing, VA	Material s insula T, or	(ACM)	(5	mount Specify or LF)	Kellio	Remova	Ty Repair	Encapsulate	Enclosure
(10)	Yes	No	N/A				,				2	2		late	Ire
Garage Basement	X			Pi	pe Ins	ulation	-Elbov	ws		8 LF	Х				
Name of Registered Waste Hauler			IDEP W		Cubic of Wa	Yards		Name of R		ered Land	dfill				
GL Group, Inc			33034		TBD			GROWS							
City, State Bloomingdale, New Jersey					-54550	sal Date 1/2014		City, State Morrisvil		Α					
Completed by Michael B Solakov	P.M.				5	Signature	1	166	×		Date 11/13	3/2	014		1 -

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700 JA0A					NO	V 12 2014 U9:27ai	Ĭ	PW		[
D&S Proj. #: 2014-465				estos	Abatement and 12:120)	Nept of Feat	unature)	- 17 - Line	rWe	SE	
Date of Notification (1)	Name of B	uliding Owne	r/Operator (2)			Lauring Towns	- wall		L 1/2 1 1	2	-
1 1 /1 0 / 1 4		D OLSON	, , , , ,								
Agencies Notified Type Natifical	tion Street Addr			w			TOTO	-	Towns of the	71 8	
EPA Initial Amended	18 मार्ट्रा	ING AVEN	מח זה				LICE	NSIN	IG_		
DEP Amended Amendment #	1//		NOD.	-			-	10.1 miles		tion.	Minera.
DOL Emergency		FORD, NJ	7016								
DOH (including.	Name of Co		77010	-		Telephone	Number		-	1707	
DCA justification	11	RD OLSON	7								
	11		JTY (NFORM	ATION	,		-			. ==	
Name of facility where abatoment	is taking place (3)		10-10		1	Type of Facility (4					
GERARD OLSON							(K - 12)				
Street Address							ptor 8 (Q			12)	
					ĺ	Other (F Bldas./ Hidas./	rivate/Co	omme tc.	rciel		
18 HERING AVENUE	***					The same of the sa	of Flagr	12.000	Bk	dg. Ag	je
City (5)	County (5)		er i		ty Code (7)						
CRANFORD	UNION			(State	e use anly)	Gurrent Use (Pri	or if being	g dem	ollsha	id)	
Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No.	TI	Name of Abatement	Contractor (9)	-	-	-		
					D & S RESTOR	ATION, INC.					
Street Address					Street Address						
City, State, Zip Code					20 California A		-	-			
-19) -1007 -10 -100			*		City, State, Zip Code						
Project Manager for Monitoring Firm	1 [P	hone Numbe	ľ		Paterson, NJ O	/503	License	Nurae	100		
					973-345-8020			1169			
Start Date (10)	Sched, Complet	ion Date (11)	_	-1	Name of OSHA Mor						
11/12/14	11/28/14	1		1	D & S Restorat Street Address	ion, Inc.					
Occupancy Status During Abatemen	nt (Check only one)	100			20 California A		38				
Facility closed/vacated during	entire period of abet	oment.		11	ity, State, Zip Code						
Abatement performed outside Describe:		118-		- 11	- 1971 1 2						
Other-Describe; NORMAL I	- Contract	-		-11	Paterson, NJ 0	7503					
Scope of Work (check all that apple >3 sf or >3 if		•				Full Containment w/	negative	press	ure		_
	Renovation				×	Mini-enclosure Glovebag procedure	a			¥.	
≥160 sf or ≥260 lf	Demolition				-	Non-Exempted (*) a		irlable	proce	adura	
Location of asbestos-containing	is location normally by maintenance/cus				100 NOON WAR			H	F	E	E
material (acm) to be	staff(12)	 -	material (nofas ACM)	bastos-containing	Amount (Specify SF	or or	m	P	n ¢	n c
abated in facility (13)	Yes No	N/A		-		LF)		° V	a, I	a	Ľ
BASEMENT	X		PIPE INSU	LATIC	ON	58 L.FT		e X	-	·	
BASEMENT	X	med Co. Company	Name and Address of the Owner, where the Person of the Owner, where the Person of the Owner, where the Owner, which the Owner, where the Owner, where the Owner, which the Owner	and the latest terminal to	AND DESCRIPTION OF THE PARTY OF	THE RESERVE THE PARTY OF THE PA		H	+	N	H
	PIPE INSULATION 58 L FT BARE HEATING PIPES 24 L FT	-	H	H	H	一					
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Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler 13506		bic Yards of V	Vaste	Name of Registere	Landfill RESOURCE RE	COVE	· ·			
City, State		Disposal Da	1000	-	City, State	ALGOVACE KE	-C V DK	,1			
PATERSON, NJ 07503		11/13/14			TULLYTOWN	, PA					
Completed by (Print or Type)	Title		Signature				Date	-			-
BOGDAN JOLDZIC	PRESIDENT		. 15				11/10	/14		-	
n. 17 44	* Do not use this form	Tor aspesto:	s licensure ex	emoted	activities.						

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

D&S Proj. #: 2014-465

						85							
Date of Notification (1)		Name of	Building Ow	ner/Operator (2	2)								
$\frac{1}{1}$ $\frac{1}{1}$ $\frac{1}{1}$ $\frac{1}{1}$ $\frac{1}{1}$ $\frac{1}{1}$		GERAI	RD OLSO	N .									
Agencies Notified Type Notific	ation	Street Add										_	
DEP Amended		18 HE	RING AVI	ENUE									
Amendment	#:	-	e, Zip Code										
	y —	CRAN	IFORD, N.	J 07016	50								
DOH (including justification		Name of C						Telephor	ne Numb	er	-		
DCA Cancellation		GERA	RD OLSO	N		Ξη.		; c/ ,-2					
			FAC	ILITY INFORM	MATION								
Name of facility where abatement	t is taking	place (3)					П	Type of Facility					
GERARD OLSON									ol (K - 12	500			
Street Address					-				apter 8 ((-12)	
10 1000000							11		(Private/0 /Homes,		ercial		
18 HERING AVENUE							_	Square Feet	# of Floo		В	ldg. A	ge
City (5)	Co	ounty (6)				nty Code (7)					_		
CRANFORD	11	NION			(Sta	te use only)		Current Use (P	rior if bei	ng der	nolish	ed)	
Name of Monitoring Firm Hired by				ASCM No.		Name of Abatem	nent C	ontractor (9)				_	
				ACCIVITIO.									
Street Address						D & S REST Street Address	OKA	HON, INC.					
						20 Californi	a Ave	22					
City, State, Zip Code						City, State, Zip C					-		
						Paterson, N.)3					
Project Manager for Monitoring Fire	n	F	Phone Numb	er		Telephone Numb		33	License	Num	ber		
					- 11	973-345-80	020		100 CO	1169			
Start Date (10)	Sch	ed. Complet	tion Date (1	1)		Name of OSHA I							
11/12/14	11/	28/14				D & S Resto	ration	n, Inc.					
Occupancy Status During Abateme			W-15	SINCE THE PROPERTY OF THE PROP		Street Address							
Facility closed/vacated during	entire pe	riod of abat	ement.			20 California		nue					
Abatement performed outside Describe:	of norma	al facility hor	urs-		- 11	City, State, Zip C	oae						
Other-Describe: NORMAL I	HOURS				-	Paterson, NJ	0750)3					
Scope of Work (check all that appl	v)					Taterson, 143			do a catina				
≥3 sf or >3 lf	Renovat	tion					_	Il Containment w ni-enclosure	megative	press	sure		
≥160 sf or ≥260 lf	Demoliti						🛛 GI	ovebag procedur					
			used solely	,			∐ No	on-Exempted (*)	and Non-	friable	_	_	
Location of asbestos-containing	by main	itenance/cu				V Property to the		Amount		e	R	E n	Е
material (acm) to be	staff(12)		Description material (/		bestos-containin	9	Amount (Specify S	For	m	р	C	n
abated in facility (13)	Yes	No	N/A					ĹF)		o v	a i	a	Ľ
BASEMENT				PIPE INSU	LATIO)N		58 L FT		e	r		-
BASEMENT				BARE HEA				24 L FT	-		片		H
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			1							片	片	片	H
Registered Waste Hauler	NJE	DEP Hauler	ID# C	ubic Yards of W	Vaste	Name of Registe	red La	undfill			Ш		
D & S RESTORATION, INC.		506	1	yd				ESOURCE RE	COVER	Y			
City, State PATERSON, NJ 07503	0		Disposal D			City, State	-						
Completed by (Print or Type)	75-11		11/13/14			TULLYTOW	/N, P.	A					
BOGDAN JOLDZIC	Title	DENT		Signature					Date				

2014-202 B & G proj. #:

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

DECEIVE Check # 6912

	-	 -						Check	# 6912			441
Date of Notification	(1)	LIN	ame of Build	ing Owne	er/Operator (2)				NUW 1 8	201	4	
11 11 1/10 17			Berkeley (1.22			= s			
Agencies Notified	Type Notification		reet Address					ASE	LICENS		UL	×
☐ EPA ☐ DEP	Initial	- 11 -	44 Rifle C		oad				FIGEINS	ind		
X DOL	☐ Amendm		ty, State, Zij Woodlan		NJ 07424							
₩ DOH		Na	me of Conta					Telepho	ne Number		**************************************	
☐ DCA	Cancellal		Mark Wa						·0,	-	_	
				FACI	LITY INFORM	ATION						
Name of facility wh	ere abatement is	taking pla	ce (3)					Type of Facility		933		
Building # 4 (S								¥ Subc	ol (K - 12) hapter 8 (Oth			2)
Street Address			Shi C						(Private/Con		ial	
44 Rifle Camp	Road		201 100					Square Feet	# of Floors	П	Bldg	. Age
City (5)		Coun	ity (6)			10,020,071,071,000	ity Code (7)	Current Use (I	Orior if hoing	demo	lished	,
Woodland Pa	ark, NJ 07424	Pas	ssaic				*		-nor it being	demo	isiicu	,
Name of Monitoring	g Firm Hired by E	Bldg. Owne	er (8)		ASCM No.		Name of Abatement C	Contractor (9)				
EnviroVision					0079		B & G Restoration	on, Inc.				
Street Address 20-21 Waga	raw Road - B	uilding 3	5E				Street Address 105 Ryerson R	oad				
City, State, Zip Cod	e						City, State, Zip Code	11.07025				
Fair Lawn, N						_	Lincoln Park, N	NJ 07035	I License N	Jumbe	r	
Project Manager for Willie Morale				one Numb 3-636-9			(973)696-6869		003			
Scheduled Start Da	te (10)	Sched	. Completio	n Date (1	1)		Name of OSHA Monit B & G Restorati					
11/24/2014		12/0	01/2014			- 11	Street Address					
Occupancy Status I							105 Ryerson Ro	oad				
Facility closed Abatement pe	d/vacated during erformed outside	entire perion	od of abater facility hours	nent. s-			City, State, Zip Code					
Describe:Other-Descri	be: occupied					=	LincolnPark, N.	J 07035			_	- At 1
Scope of Work (ch		1)										
☐ Demolition	X	Renovation	on			V itorell Mildon	ull Containment w/neg	jative pressure	Gloveb	0.44(0.00)		
$\square > \underline{3} \text{ sf or } > \underline{3} \text{ lf}$	X	≥160 sf or				ШМ	lini-enclosure		☐ Non-fri	R	R	E .
Location of	staining		n normally u enance/cust			ion of as	sbestos-containing	Amount	2	e m	e p	n
asbestos-cor material to be	e	staff(12)	T		material		spesios-containing	(Specify LF)	SF or	0	a	c a
abated in fac	ility (13)	Yes	No	N/A						v e	-	P
ound Ivi Conference	room/office wing			X	VAT & ma	astic		2,020 s	f	X	밁	
und Ivl Conference	room/office wing			X	pipe insu	lation		5 lf		X	뉘	
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					-						5	
Registered Waste H B & G Restora	lauler		EP Hauler II 19563	D# (Ubic Yards of 60	Waste	Name of Registered	Landfill Resource & F	Recovery	Cente	er	
City. State				Disposal I	Date	1/2044	City, State					
Lincoln Park, I				11/06/2	2014 - 12/02 Signature		1	1.7	Date			· ·
Completed by (Prin Gordana Luna		Title Secreta	ry/Treasu	irer			Gordana Luna		11/07	/201	4	

CK3011

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

	(Pursuant t	o NJAC 8:00 and	12:120)				1	
Date of Notification (1)	Name of	Building Owner/O	perator (2)		NOV 1	8 2014		
Agencies Notified Type Notification EPA Initial	StreptAc	1 Ha	rdino	1 A.	renve	CONTR VSING	OL &	
DEP Amended Amendment #		e, Zip Code	c+	NITO	רמרה			
DOH justification) DCA Cancellation	Name of	Contact	1.		elepho VI			
DCA Cancellation	Erik	ITY INFORMATION						
Name of Facility Where Abatement is Taking		III INFORMATI		Facility (4)				
Street Address \				chool (K-12)	ther than K-12)			
495 Harding	Avenue		Of et	ther (i.e. privatec.)	e & commercial			5,
Lyndhurst, A	J4 D.	7071	Square	Peet #	of Floors	Bldg. A	/ge	
County (6) Resaes	County C (STATE U	Code (7)	Curren	t Use (Prior if b	peing demolishe	d)		
Name of Monitoring Firm Hired by Building O	vner (8) ASCM	No.	Name of Abate			.11	,	;
Street Address			All Clo		sironme	n tecl	, _	4
N/A			106	Vree	land	Ave	_	
City, State, Zip Code			City, State, Zip			. ~	210	1
Project Manager for Monitoring Firm	Telephor	ne No. /	S. Hac Telephone No.	Kewsac	License No		760	0
NA		N/A	Carrier and a second se	2027	OI	24	3_	
Start Date (10)	Scheduled Completion [Date (11)	Name of OSHA		vi co nae	. Had	u	4
Occupancy Status During Abatement (Check			Street Address	reelan	d Av.			
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma			City, State, Zip	Code				-
Other – Describe:			S. Ha	CICENSA	er N	0,	760	16
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf	Renovation		T Eul	Containment w	vith Negative Pr	essure		
≥160 sf or ≥260 lf	Demolition		Mini	-Enclosure rebag Procedu	4.	Coodie		
	1				and Non-Friable			
	Is Location Normally						ement ype	
Location of Asbestos-Containing Material (ACM)	Used Soleiy by Maintenance/	Asbestos Con	scription of taining Material	(ACM)	Amount (Specify	TI	Ē	m
TO BE ABATED In Facility	Custodial Staff? (12)	surfa	systems insulat	ion,	SF or LF)	Repair	Encapsulate	Enclosure
(13)	Yes No N/A	otner r	niscellaneous)			<u>a</u>	ulate	ure
BASEMENT	I S NO NA	Pipe 1	restation	Con	18 LF	×		\neg
SALENCE			1030 (W)	``	10	/-		
Basenes +	V	VAT (F	Floor Ti	le) 5	P2 043	X		
Name of Registered Waste Hauler	NJDEP W	/acte Cubic	Yards	Name of Reg	istered Landfill			_
Exoress WAste Servi	Hauler ID			Minery	Enter	rise	INC	
City, State	- 100	Dispo	sal Dațe	City, State	1 .00	111 1	uli	00
NewArk, NJ 07	ITitle		27 LLY Signature	Waynes	burg Dat	e /	446	000
Leve Lepreza	President	+	XX	/		11/10	1/20	114
ASB-41 (R-06-08)	*	,	* Do not use ti	nis form for ast	oestos licensure	exempte	d activit	ties.

check# 11154

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

Date of Notification (1)	14 / 14		N			Owner/Operator (2 /ERSITY)	NOV IN	187	2014		即
Agencies Notified EPA	Type Notification		S	Street Ac		HILL ROAD		ASBEST	ns cor	TRO	L&	
☑ DOLWD	☐ Amended		C	City, Sta	te, Zip Co	ode		LI	CENSIN	IG_		
☑ DOH	Amendment #	1940 1180 120 120				, NJ 08028						
DCA	Emergency (i justification)	nciuaing	1	Name of	Contact			Telephone Num	her			1
(NJAC 5:23-8)	☐ Cancellation			BLAS	É IACO	NELLI		1				
				FACI	LITY IN	ORMATION						
Name of Facility When	a Abatament is Takir	na Place (3)	1 AG			Type of Facility	(4)				
Name of Facility When	K 189 (VACANT T	OWNHO	MES	1			School (K-12	2)				
	K 103 (VACANT I	OWNER	, will co	,			Subchapter	8 (Other than K-12 rivate and comme	2) Arcial buil	dinas		
Street Address 510- 518 BENSO	N STREET & 402	- 420 S.	5 TH S	TREET	(EVEN	NUMBERED)	homes, etc.))		g. Age		
City (5)			2-78				Square Feet	# of Floors		g. Age 0+	•	
CAMDEN			0				1,200 S			0.		-
County (6)			I I	County	/ Code (7)	(STATE USE ONLY)		rior if being demol	isned)			
CAMDEN							A STATE OF THE STA	ESIDENCES				
Name of Monitoring F	irm Hired by Building	Owner (8) A	SCM N	0.	Name of Abatem						
TTI ENVIRONME	NTAL CORP				15	PLYMOUTH	ENVIRONMEN	IAL				
Street Address	7 1 1					Street Address						
1253 N. CHURCH	H STREET					923 HAWS A					_	-
City, State, Zip Code	A RIFE OF	- 17				City, State, Zip C						
MOORESTOWN	, NJ 08057						VN, PA 19401					
Project Manager for N	Monitoring Firm	TIE	Tele	ohone N	lo.	Telephone No.		License No.				
JIM GUILAREI				56) 840		610-662-407		00398				_
Start Date (10)		eduled Co				Name of OSHA I	Monitor ENVIRONME	NTAL				
12 /3				_ ' =	10_							$\overline{}$
Occupancy Status Di	uring Abatement (Ch	eck only o	ne)			Street Address 923 HAWS A	VENILE					
□ Facility Closed/Va □ Abatement Perfor	cated During Entire	Period of A	Abater	nent e - Desc	rihe	City, State, Zip C						\dashv
Time of Abateme	nt:AM	PM/	_PM-		MA		VN, PA 19041					
						NORMOTO	111, 171 100 11					
Scope of Work (Chec		□ Re ☑ De				☐ Mini-Er	an Procedure	egative Pressure				
		Is	Locat	tion					Ab	atem	ent Ty	ре
	ation of		Norma			Description estos Containing N	of	Amount	Re	Repair	Enc	Enclosure
Asbestos-Contain	ning Material (ACM) ABATED		intena		ASD (i.	e., thermal system	s insulation,	(Specify	Removal	air	Encapsulate	losi
	acility	Cus		Staff?		surfacing, VA	T, or	SF or LF)	8		ula	ře
	(13)		(12)	100000000000000000000000000000000000000		other miscellar	neous)				e	
		Yes	No	N/A				-			П	П
SEE ATTACHED									ᆜᆜ	12		
											Ш	Ш
	- 1 1 6		П			2						
				1								
			Щ.	I L	Manto	Cubic Yards of	Name of Re	gistered Landfill				
Name of Registered SERVICE TRAN	Waste Hauler SPORT GROUP		1,0	NJDEP Hauler I A901		Waste		A LANDFILL				
City, State	IE NEW CASTI E	DE 107	20	7001	22000	Disposal Date	City, State WAYNES	SBURG, OH				
	IE, NEW CASTLE		20			Signature		/	Date	-775-1		
Completed By (Print RUSSELL KING	The state of the s	Title PM				Signature	1		4/1	4/14		

ASB-41 JAN 13

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

Date of Notification (1)	# ##			Name of Building Owner	er/Opera	ator (2	Betty Pi	cani			1	1
Agencies Notified (x) EPA	Notification	on Type Notification	Tate:		102 Gro		- Doily 11	Saili				
() DEP	() Amend () Cance	ded Certificat	tion	City, State, Zip Code			J 07643) E	(F)		/ E
() DCA				Name of Contact Cha			el. Number:	-112 	<u> </u>		18 20	1/1
				FACILITY INFOR						101	1 0 20	17
Name of Facility Where	Abata				MATIO	N .			ASB		OS CONTI	ROL&
Name of Facility Where Address 102 Gr			Place (3) House	() Sc	chool (I	Cility (4) (-12)	L		-LI(ENSING	
011 (5)		31		Manual III X min	1 (X) U	itner (i	ter 8 (other th	0mm	-1111	hom	oto oto	
	unty (6 gen	Cou (Sta	nty Coc te Use	le (7) Only)			0,000 # of Floo (prior if being					
Name of Monitoring Firm Bldg. Owner (8) none	Hired by	ASC	M No.		-	<u>Nam</u> Aca	e of Contracto	or (9) ruction,	Inc			
Street Address: none		1										
				97.5			Street Add	ress: 20	5 Rt 46	W, S	uite 14	
City, State, Zip Code	L. video						City State, Totowa, N	ZipCode	2	0		
Project Manager for Monit	oring Firm	Tel	ephone	Number	54		Telephone 973-832-42	Number			icense Nur	mber
cheduled Start Date (10) 2/08//2014		Sch	eduled	Completion Date (11)	01/08/2	2015	Name of Os		nitor; no		01155	
ccupancy Status During A) Facility Closed/Vacated Abatement Performed O	utside of	Normal Facil	y one) of Abat lity Hou	ement rs -			N	on_Sub	8 Proj	ect		
Durce of Work (Check all the Demolition () Renovation Large Proj. (>160 SF or > Minor Proj. (<25 SF or <1) Full Containment with Notation of Asbestos-Intaining Material (ACM) in	260 LF ACM egative P	CM)	Mini-En	Description of ACM	ocedure	e & W	rap & Cut unt (Specify S				L THE COLUMN	
cility (13)		t./Custodial	Staff?	thermal systems insulation, surfacing VAT, or other misce			ant (opecity S	or LF)		Abate	ement Type	
10 March 1997	YES.	NO	NA					Rem.		Pan.	T	
Floor			x	Ceiling Plaster		THE		480	X	Rep.	Encap	Enclos
			x	Ceiling Transite		-						
Floor Utility Room						Cubic	Yards of Was	120	x ame of l			
ne of Reg. Waste Hauler demy Construction, Inc	3	NUDE	P Waste	Hauler ID #: 0034422		00010		110	anic on	Rea I	andfill	
ne of Reg. Waste Hauler		NJDE	⊇ Waste	Hauler ID #: 0034422		9		-	ROVES		andfill	
ne of Reg. Waste Hauler demy Construction, Inc			, i	Hauler ID #: 0034422		9	Date: 1/8/15	-	ROVES	ity, St	andfill ate: ile, PA	

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Data of Notification (1)	``	ant to NJAC 0.00			MEG	E	1 W	E	5
Date of Notification (1) November	4, 2014	Name of Building		erator (2) twater Construction	on-Corp.	2 5	6	3-	
[X] EPA [] []	otification Initial Notification Amended Notification	Street Address		Main Street	II II NOV	18	201	4	U
[x]DOL [x]	Amendment # Emergency (including	City, State, Zip C		oury Twp., NJ 08	ASBESTO	OS CO SENS		OL&	
[] DCA	justification)	Name of Contact	10-001-070-000		Telephone Number				
	Cancellation	Anto	nio Dimu	zio	732-7		96		
Name of Facility Where Abatement is 7	FA	CILITY INFOR	MATION						
Hotel	aning race (3)			Type of Facility (4)	School (k-12)				
Street Address				įį	Subchapter 8 (of				
304 Rte. 22				[x]	Other (i.e., priva homes, etc.)	ite & co	mmer	cial buil	ldings,
City	County (6)	County Code (7) (STATE USE ONI	Y)	Square feet 20,000 sf	# of Floors	Bld	g. Age	40	
Springfield	Union				if being demolished)		40	
Name of Monitoring Firm Hired by Bui	ding Owner (8)	ASCM No.	Name of	Abatement Contracto	r (9)				
Guardian Cor Street Address	tracting, Inc.		Street Ac	Guard	ian Contracting,	Inc.			
1889 Rte. 9, I City, State, Zip Code	Jnit 61	i e	Street Ac		Route 9, Unit 61				
Toms River, 1	NJ 08755		City, Star	te, Zip Code	River, New Jers		755 1	271	
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone Number			e Number	License N			2/1	
Scheduled Start Date (10)	732-349-9932 Scheduled Comple	tion Date (11)	732-34 Name of	9-9932 OSHA Monitor	00624				
11/14/14 Occupancy Status During Abatement (C	11/17/14 heck only one)		Street Ad	E.M.S	.L. Analytical				
[X] Facility Closed/V	acated During Entire Period of Ab	atement	Succi Ad		Stelton Road				
[] Abatement Perfor	med Outside of Normal Facility H	ours	City, Stat	e, Zip Code					
Scope of Work (Check all that apply)				Piscata	way, New Jerse	y 088	54		
Scope of work (Check all that apply)			[]	Full Containment Mini-Enclosure	t with Negative Pres	sure			
[X] >3 sf or ≥3 lf	[X] Renov		[]	Glovebag Proced					
[] ≥160 sf or ≥260 li	[] Demol	ition	[x]	Non-Exempted ('	*) and Non-Friable I	Procedu	re		
	Is Location					Abat	ement	Туре	
Location of	Normally used		Description bestos-Con		Amount	R	R	Е	Е
Asbestos-Containing Material (ACI	M) Solely by Maintenance/Custodial		Material (A)		(Specify SF	E M	E P	N C	N C
in facility (13)	Staff	\	ılation, sur	facing,	or LF)	0	A I	A P	L
(13)	(12)	oth	VAT, or er miscella			V	R	S U	SU
	YES NO N/A		or miscena	neous)		A L		L	R
Basement up to 4th floor	X	Transite pipe			100 lf	Х		Е	Е
Name of Registered Waste Hauler	NJDEP Waste Hauler	ID No. Cubic Va	rds of Waste	No CD	-11 - 100				
Guardian Contracting, In	nc. 20223	5		T.R.R.F.	red Landfill				
Toms River, New Jersey	Dispos 11/18	sal Date 3/14	City, Stat						
Completed by (Print or Type) Nicholas Fernicola	Title	Signature	1 unylo	witz ijeniisyrvania		Date			\dashv
TAIOHOIGS POINICOIA	*Po not use this form	V/cC	hol	tel		11/1	4/201	4	
	*Do not use this form	n jor asbestos licen	sure exèmp	ted activities.					

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

× ·		(Pursua	ant to NJAC 8:60	and 12:1	20)	n E C		W	E	M		
Date of Notification (1) November 14, 2	014		Name of Building		erator (2) Pinto	7 2,56	3.	30014				
[] DEP [] Am [x] DOL Am	al Notification ended Notificat endment #		Street Address City, State, Zip C	ode	outh Avenue East	ASBESTO LIC	S CO ENSI	IVIHO VG	DL &			
DCA just	ergency (includi fication) cellation	ng	Name of Contact Dari			Telephone Number 908-31	7-940	5				
		FAG	CILITY INFOR	MATION								
Name of Facility Where Abatement is Takin	g Place (3)				Type of Facility (4)							
Residence Street Address 802 South Avenu	e West				[] [] [x]	School (k-12) Subchapter 8 (oth Other (i.e., prival homes, etc.)		V.C	ial build	dings,		
City	County (6)		County Code (7) (STATE USE ON	LY)	Square feet 2500 sf	# of Floors	Bldg	. Age	30			
Westfield	Ocean		₽	,	Current Use (Prior i	f being demolished)			50			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM No.	Name of	f Abatement Contractor		Inc.					
Street Address	1			Street A	ddress	•	1110.					
City, State, Zip Code				City, Sta	ate, Zip Code	Loute 9, Unit 61				-		
Project Manager for Monitoring Firm	Tele	phone Number		III	ne Number			55-1	271			
Scheduled Start Date (10) 11/14/14		duled Complet	tion Date (11)		19-9932 f OSHA Monitor	00624	ense Number					
Occupancy Status During Abatement (Check [X] Facility Closed/Vacate [] Abatement Performed [] Other – Describe	d During Entire			Street A City, Sta	1056 S ate, Zip Code	telton Road way, New Jerse	y 088.	54				
Scope of Work (Check all that apply)	[[x] Renov		[[[x]	Mini-Enclosure Glovebag Procedi	with Negative Pres ure *) and Non-Friable I		re				
							Abate	ement '	Гуре			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Norm Sol Maintenar S	ecation ally used ely by ce/Custodial taff 12)	(i.	Description Sbestos-Con Material (A e., thermal sulation, su VAT, o ther miscell	ntaining ACM) systems urfacing, or	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	E N C L O S U R E		
Exterior	X		Asbestos sid	ing		2840 sf	X					
						-						
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDE	Waste Hauler 20223	r ID No. Cubic Y	ards of Was	te Name of Registe T.R.R.F.	red Landfill						
City, State Toms River, New Jersey			sal Date	City, St								
Completed by (Print or Type) Nicholas Fernicola	Title Project M		Signature	10 los	Cinisyivairia		Date 11/1	4/201	4			
	*Do no	t use this for	m for asbestos lice		pted activities.							

(Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 11 14 Princeton University NOV 1 8 2014 Agencies Notified Type Notification Street Address ☐ EPA 701 Camegle Center □ DOLWD ☐ Amended ASBESTOS CONTROL & City, State, Zip Code □ DHSS Amendment # LICENSING Princeton, NJ 08540 □ DCA ☐ Emergency (including (NJAC 5:23-8) Name of Contact justification) Telephone Number ☐ Cancellation Mr. Bob Ortego 609-258-1841 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **Princeton University** School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 175 Prospect Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Princeton 3,600 SF 2 40÷ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Mercer House Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Pennoni East Coast Haz Mat Removal, Inc. Street Address Street Address 515 Grove Street, Suite 1 B 494 E. 41 Street City, State, Zip Code City, State, Zip Code Haddon Heights, NJ 08035 Paterson, NJ 07504 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Craig P. Wilson 856-547-0505 973-345-0022 00507 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11 / 24 / 14 __12 / 02 / 14 East Coast Haz Mat Removal, Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 494 E. 41 Street ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-4:00PM/___PM-__AM Paterson, NJ 07504 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or >3 If Mini-Enclosure ≥160 sf or >260 lf ☐ Demolition Glovebag Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Repair Removal Encapsulate Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Original House & Addition-Exterior M Windows Glaze/Caulking 1800 LF П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste East Coast Haz Mat Removal, Inc. GROWS, INC. W/M of Pennsylvania 18602 20 City, State Disposal Date City, State Paterson, NJ 07504 12-01-2014 Morrisville, PA 19067 Completed By (Print or Type) Title Signature Date Lelsie Olszewski Project Manager 11-14-2014 ASB-41

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

MAY 11

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

CHGCK *1 State of Hew Jersey . . HONFICATION OF ASBESTOS ABATTEMENT (Pursuant to NJAC \$:60 and 11:119) Date of Motification (1) Hame of Bullding Owner/Operator (?) 15/14 MITCHELL Type Holitication Apencies Nouhed Sugal Address ST. < INC 23 ₩ ma City, Style, 210 Code Amended I memoneny 08242 1210 Emergenty find wing 100 E Hama of Contac justification) Carcauson DXM = FACILITY INFORMATION Type of Facility (1) name of Facility Where Abatement is Taking Place () School (K-17) RESIDENCE SUDChapter & (Other than K 17) 5-111 ADDIESS DONE (1.1 . PRYSES & COMMERCES DE CONCI TERRACE 1003 BIOC ACK SOWIT / HI 101/10011 7000 40-Cuneni Use (Proi & being demolsnes) ISTATE County Code (1) VALA NT Count (6) USE OHLY APE Hame of Abalenteni Convacios (9) name of Montoning Firm Hired by Building Owner ISCH HO In: mc SUPEL ADDIE H 369 Setti Appiess CAY. STATE. Do Coose Car State Zip Come MARLE LICENSE NO Mobione No THOPPOR HO BIOK: Manager la Montang Firm 001 856.779-047 Hame of OSHA Hanna Scredited Condition Oak (11) - Sian Oaie [10] OSEP 12/7 11/24 Sucel Address Occupancy Status During Abatement (Check only one) SPRVILE 369 Bracking Cloredy acased Duning Entre Penas of Abasement CAY. SIDIE. Do Cone D Assistment Penamed Outside of Hormal Factory Hours M.WFL = 10 DE Coner Descrice Fut Containment with regarde Press-Scope of mois (Check all was apply) Fut Containme
Mun Enclosivit
Cloxecus 9 Proc Renovation Cloxoca 9 Proceoute THON ELEMPINO I') and HON FINDE PLOCES ₹ 1,60 /1 01 1,260 u \$ 0 cma tou ~. . . - . 11 Location א ביווסא Oftenboon a Used Solety DY MX 1101 Containing Halenal (ACH) ATON A (Specin Location of lit . NAMA! ITIIEME NIVUINON Haintonanco/ (MOA) Ignaleth brangino 1 (OCH) 51011. Custodial juniong YAT or TO BE ABATED SIAKT one micelaneas) IN FROUT (17) 1131 MIA ΗQ 1 85 20000 TRANSITE

CUDIC Y DIOS NOED 4121 same or Registered Waste Hauler 01 W 1 11t 1790'1 Ciry. Siare ING. 0400 HI 0316 Ke: min 100 D Sidic 01.0 111775 MARLE Signalue 11 .Comprim 81 SLEMM

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Date of Notification (1) November 11, 2014			(ABILIO	at Ballio	ing Öwner Village A	Operator	[2]	3118	AMI	Chack	; 0–1 6:	1	1	
Agencies Notification E EPA Initial C DEP Amended Amendment E DOL Emergency	£#		300 City	Address Northg	ale Villa	ge .			W	16	AF		07	EL
DOH justification	,	19	Name of Contact Nikkl Soto Telephone Number											
		-	FA	GILITY	NFORMAT	TON						orticles (Ch.)		
Name of Facility Where Abatement is Talian Northgate Village Apartments	A LINCO	(3)					Yyp	o of Facility						
Sired Address 309 Northgate Village								School (K- Subshaple Other (i.e. etc.)	e 8 (Oth	er then K.	(2) clal br	(Maling	e, hor	nes,
Sily (5) Burlington							1000	ara Feet 200	2	/ Hoore	П	bldg. 100	Age	-
Sounly (6) Burlington			County Code (7) - Current Use (Prior If being of Apartments					ng demolis	had)					
Name of Monitoring Flow Hired by Building of Management & Enviro. Consulting	Servic	9) 88	ASC	M No.		Neme Shed	ne of Abelement Contractor (8) Bdo Environmental, LLC							-
PO Box 341		Bital Address 623 Cutler Avenue									-			
ily, State, Zip Code Thostoriteid, NJ 08516						City, St	ata, a	Zip Code ada, NJ C	-			_		
oject Menager for Manifering Firm III Walegarbar			Telephone No. Telephone No. 11.809-298-4070 858-755-0089 04					Limites #						
lovember 13, 2014	Noven	nber:	mpletion Date (11) Mi				Name of OSITA Menior EMSL Laboratories							
cupancy Status During Abatemant (Chack	Only O	กต)				Street /	iddre	88			-			
Feelity Closed/Vecaled During Emite P Absternent Partermed Outside of Normal Other - Describe:	orled of al Facilit	Abater y Hour	nent i					130 Nor	lh			_		
		-						on, NJ 0	8077					
ope of Work (Check All Thet Apply) 23 efor 23 1 2160 of or 2280 1		Jengel Jengel				B 000	Olo	Conteinme Il-Enclosure rebag Prod Il-Esampled	udure				9	
Lacation of		le Location Normally					of .		led (°) and Non-Fha			Abut	bь atogu	1
Ashanos-Containing Malerial (ACM) IO HE ABATED In Facility (12)	Mainfena Mainfena Cualadial 8 (13)		loa!		a. thermal a surfac				(8)	or LF)	Remove	Respair	Ensepadete	Endoure
Units 183 & 184	Yes	Nø	N/A	Sho	etrock &	Inla) D							arte	a
		7001		GI NO	DITUGK EL	South C	Omp	Duna	0,23	16 9F	R	-		-
								1						
ne of Registered Waste Hauter		N	IN LINE	dale	T Cusi- V	act -	-	Dimen -	2017	71				
k Robinson Weste Disposal		H	JULP Waste Cubic Yards Name of Fuller ID No. of Wester 3.R.O.V					G.R.O.W			IGII			
City, Brate Contrains, NJ				Disposet Date City, Stella 11/21/2014 Morrisville, PA										
molecular by lating Lynch	Title Opera	tions	Menag	ger		1/10	10	OR	<u></u>	Dstr 11/	1 1/2	014		

[&]quot;Do not use this form for asbostos licensure complete nettylles.

APPROVED CINDY MITCHELL, NJ DOH

State of New Jersey

				(Pu	ırsuan	t to NJA	C 8:60 and 5:16	5)	CK	×	1 -1	/		
Date of Notification (1)	13	/ 14					Owner/Operator (2)	Q#	7 <u>L</u>				
					1,000		ledical Center	484 KO	I IO A	M 10				
Agencies Notified		otification			0.0000000000000000000000000000000000000	Address		West 1401	4 10 H	MIC:	16			
☐ EPA ☑ DOLWD	☐ Ame					Hamilto		A,	· · · · · ·					
☑ DHSS		ended endment#			The State of	state, Zip C				, į, :				
☐ DCA	1525	ergency (in		g	Trenton NJ 08629									
(NJAC 5:23-8)		ification)		7.).		of Contac	-		Telepho	ne Numh	ner .	- 8	100	7 (T. 1931) (B
	☐ Car	cellation			Chu	ick Laws	ion				u			
					FAG	CILITY IN	FORMATION	H						
Name of Facility Where	Abateme	nt is Takin	g Place	e (3)				Type of Facility ((4)					
St Francis Medica	l Center							School (K-12						
Street Address			ISK CAVE		orte di c			Subchapter 8 Other (i.e., pr				ildina		
601 Hamilton Ave								homes, etc.)		commen	ciai bu	namg	ıs,	
City (5)								Square Feet	# of Flo	oors	Blo	dg. A	ae	
Trenton								70,000	3		1	60+		
County (6)					Cour	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being	demolis	ned)	500,000		
MERCER						,	,	Hospital						
Name of Monitoring Firm	n Hired by	Building (Owner	(8)	ASCM	No.	Name of Abateme							
Environmental Co	all considerations		311011111111111111111111111111111111111			1.05.7.		VIRONMENTAL						
Street Address			-				Street Address							
120 North Warren	Street						1123 BEAVE	RSTREET						
City, State, Zip Code		-									- N			_
Trenton, NJ 08010	0 9				City, State, Zip Code BRISTOL, PA 19007									
Project Manager for Mor		rm		Tolo	phone	No		19007	Linana	a Nia				
Jim Frisbee	illolling Fi	1111					Telephone No.		License No. 00509					
									005					
		0-1	1.1-16		09-392		215-788-6040		0050	09				
Start Date (10)	1 14	08780000		Comple	tion Da	te (11)	Name of OSHA M	Ionitor		09				
Start Date (10)			11	Comple		te (11)	Name of OSHA M			09				
Start Date (10)	ng Abatem	nent (Chec	11k only	Comple / 17 one)	etion Da	te (11)	Name of OSHA M	Ionitor		09			20	
Start Date (10)	ng Abatem ted During	nent (Chec Entire Pe	11k only	Comple / 17 one) Abate	etion Da	te (11) 14	Name of OSHA N BRISTOL EN	Ionitor VIRONMENTAL		09				
Start Date (10)	ng Abatem ted During ed Outside	nent (Chec g Entire Pe	k only riod of Facilit	comple one) Abate	etion Da 7 / - ment rs - Des	te (11) 14	Name of OSHA N BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co	Monitor VIRONMENTAL R STREET		09				2-2-200
Start Date (10)	ng Abatem ted During d Outside 8:00AM-	nent (Chec g Entire Pe e of Norma 5:30PM/	k only riod of Facilit	comple one) Abate	etion Da 7 / - ment rs - Des	te (11) 14	Name of OSHA N BRISTOL EN Street Address 1123 BEAVE	Monitor VIRONMENTAL R STREET		09		10	25 per	
Start Date (10)	ng Abatem ted During d Outside 8:00AM-	nent (Chec g Entire Pe e of Norma 5:30PM/	k only riod of Facilit	comple one) Abate	etion Da 7 / - ment rs - Des	te (11) 14	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA	Nonitor VIRONMENTAL R STREET ode 1 19007	L, INC.			15		
Start Date (10)	ng Abatem ted During d Outside 8:00AM-	nent (Chec g Entire Pe e of Norma 5:30PM/	k only eriod of l Facilit	comple one) Abate	ment rs - Des	te (11) 14	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA	Nonitor VIRONMENTAL R STREET ode 19007 tainment with Neg	L, INC.			15		
Start Date (10)	ng Abatem ted During d Outside 8:00AM-	nent (Chec g Entire Pe e of Norma 5:30PM/	k only riod of Facilit Re	Completed 17 one) Abate ty House M	ment rs - Des AM	te (11) 14	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA	Nonitor VIRONMENTAL R STREET ode 19007 tainment with Neg	L, INC.	ssure		10		
Start Date (10)	ng Abatem ted During d Outside 8:00AM-	nent (Chec g Entire Pe e of Norma 5:30PM/	k only riod of Facilit Re	Comple (17 one) (Abate ty Hour PM	ment rs - Des AM	te (11) 14	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA	Nonitor VIRONMENTAL R STREET ode 19007 tainment with Neg	L, INC.	ssure	1	15		
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Start Date (10)	ng Abatem ted During d Outside 8:00AM-	ent (Chec g Entire Pe of Norma 5:30PM/_	k only riod of I Faciliti	Comple (17 one) (Abate ty Hour PM	ment rs - DesAM ion on	te (11) 14 cribe	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA Full Cont Mini-End Gloveba	Nonitor VIRONMENTAL R STREET ode 19007 tainment with Neglosure g Procedure mpted (*) and No	L, INC.	ssure Procedur	Aba		1	1
Start Date (10)	ng Abatem ted During d Outside 8:00AM- all that app n of g Material ATED	ent (Chec g Entire Pe of Norma 5:30PM/_	k only riod of I Faciliti	complet / 17 one) Abate ty House M enovate emolities S Local Normal	ment rs - DesAM ion on tion allly ely by ance/	te (11) 14 cribe	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA Full Cont Mini-End Gloveba Non-Exe Description of stos Containing Main, thermal systems	R STREET ode 19007 tainment with Negelosure g Procedure mpted (*) and No of teterial (ACM) insulation,	L, INC.	esure Procedur	Aba		1	1
Start Date (10) 11 / 17 / Occupancy Status Durin Facility Closed/Vacat Abatement Performe Time of Abatement: Scope of Work (Check at ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Asbestos-Containing TO BE AB IN Faci	ng Abatem ted During d Outside 8:00AM- all that app n of g Material ATED	ent (Chec g Entire Pe of Norma 5:30PM/_	k only riod of I Faciliti	comple (17 one) (Abate ty House (M	ment rs - DesAM ion on tion allly ely by ance/ Staff?	te (11) 14 cribe	Name of OSHA M BRISTOL EN Street Address 1123 BEAVEL City, State, Zip Co BRISTOL, PA Full Cont Mini-End Gloveba Non-Exe Description of stos Containing Main, thermal systems surfacing, VAT	Nonitor VIRONMENTAL R STREET Ode 19007 tainment with Neglosure g Procedure mpted (*) and No of iterial (ACM) insulation,	L, INC.	esure Procedur punt ecify	1	atem	1	1
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Start Date (10) 11 / 17 / Occupancy Status Durin Facility Closed/Vacat Abatement Performe Time of Abatement: Scope of Work (Check at ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Asbestos-Containing TO BE AB IN Faci	ng Abatem ted During d Outside 8:00AM- all that app n of g Material ATED	ent (Chec g Entire Pe of Norma 5:30PM/_	k only riod of I Facilities Pacilities Pacil	Comple / 17 one) Abate ty House PM enovate emolitie s Loca Norma ed Sole aintena stodial (12)	ment rs - Des AM ion bin bin tion selly elly by ance/ Staff?	Asbe (i.e	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA Full Cont Mini-End Glovebar Non-Exe Description of stos Containing Ma., thermal systems surfacing, VAT other miscellane	Nonitor VIRONMENTAL R STREET Ode 19007 tainment with Neglosure g Procedure mpted (*) and No of iterial (ACM) insulation,	pative Pres n-Friable F Amo (Spe SF or	esure Procedur punt ecify r LF)	A Removal		1	yp Enclosure
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Start Date (10) 11 / 17 / Occupancy Status Durin Facility Closed/Vacat Abatement Performe Time of Abatement: Scope of Work (Check at ≥3 sf or ≥3 If ≥160 sf or ≥260 if Location Asbestos-Containing TO BE AB IN Faci (13) Maintenance Mechanical	ng Abatem ted During d Outside 8:00AM- all that app n of g Material ATED lity	ment (Checong Entire Perent (Checong Entire P	k only riod of I Facilities Pacific III Record Pacific III R	complete / 17 one) Abate ty Hour M enovate emolitic s Locar Norma et ded Sole aintena stodial (12) No No	ment rs - Des AM ion on tion stion Staff?	Asbe (i.e. Pipe In:	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA Full Cont Mini-End Glovebar Non-Exe Description of stos Containing Main, thermal systems surfacing, VAT other miscellane	Nonitor VIRONMENTAL R STREET Ode 19007 tainment with Neglosure g Procedure mpted (*) and No of iterial (ACM) insulation,	ative Presentative	esure Procedur punt ecify r LF) LF LF	Removal		1	1
Start Date (10)	ng Abatem ted During d Outside 8:00AM- all that app n of g Material ATED lity	ment (Checong Entire Perent (Checong Entire P	k only riod of I Facilities Pacific III Record Pacific III R	complete / 17 one) Abate ty Hour M enovate emolitic s Locar Norma et ded Sole aintena stodial (12) No No	ment rs - Des AM ion on tion stion Staff? N/A	Asbe (i.e. Pipe In:	Name of OSHA M BRISTOL EN Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA Full Cont Mini-End Gloveba Non-Exe Description of stos Containing Main, thermal systems surfacing, VAT other miscellane Sulation Cubic Yards of Waste	Name of Regis	L, INC. gative Pres n-Friable F Amo (Spe SF or	esure Procedur punt cify r LF LF LF	Removal		1	1
Start Date (10)	ng Abatem ted During d Outside 8:00AM- all that app n of g Material ATED lity	ment (Checong Entire Perent (Checong Entire P	k only riod of I Facilities Pacific National Pacific Nati	complete / 17 one) Abate ty Hour M enovate emolitic s Locar Norma et ded Sole aintena stodial (12) No No	ment rs - Des AM ion on tion stion Staff? N/A	Asbe (i.e. Pipe In:	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA Full Cont Mini-End Glovebar Non-Exe Description of Stos Containing Ma., thermal systems surfacing, VAT other miscellane sulation Cubic Yards of Waste 2 Cu Yd Disposal Date	Name of Regis G.R.O.W.S CVIRONMENTAL R STREET Ode 19007 tainment with Neg closure g Procedure mpted (*) and No of tterial (ACM) insulation, or ous)	L, INC. gative Pres n-Friable F Amo (Spe SF or	esure Procedur punt cify r LF LF LF	Removal 🛛 🖺		1	1

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

CHECK # 1111

Date of Notification (1 11/14/2014)				Owner/Operate		Arti							
Agencies Notified	Type Notification	n	Street	Address Main Stre			N KOV 18	AM	2:	2				
EPA DEP X DOL	Initial Amended Amendme		30000 miles in a	tate, Zip C		Ą	D ·		1	2				
■ DOH DCA	Emergence justification Cancellation			of Contact ard Curry			Telephon				9			
Name of Facility When	o Abstractic Tel	DI (0)	FAC	CILITY INF	ORMATION									
Reagan Building	e Abatement is Tak	ing Place (3)				Type of Facility								
Street Address			-			School (K-	12) r 8 (Other thar	K-12)						
703 Main Street						Other (i.e.	private & com		ouildii	igs, ho	mes,			
City (5) Paterson						etc.) Square Feet # of Floors Bldg. Age 30,000 + 3 + 50+								
County (6) Passaic				Code (7))	Current Use (Pr	ior if being den	nolished	1)					
Name of Monitoring Fi	rm Hired by Building	Owner (8)	ASC	M No.		e of Abatement Co corn Contractin								
Street Address					1 2 3 3 3 3 3	t Address Sargeant Aver	nue		-					
City, State, Zip Code					City,	State, Zip Code on, NJ 07013								
Project Manager for Me	onitoring Firm		Telepho	Telephone No. Telephone No. License No. 973-333-9176 01232						No.				
Start Date (10) 12/01/2014		Scheduled (Date (11)	Name	Name of OSHA Monitor Envirovision Consultants Inc.								
Occupancy Status Duri	ing Abatement (Che	ck Only One)				t Address	That the triot	J. 1						
Facility Closed/Va	cated During Entire	Period of Aba	tement		20-2	21 Wagaraw Ro	d - Bldg.35E							
Abatement Performance Other – Describe:	med Outside of Nor Normal Hrs	mal Facility Ho	ours			State, Zip Code Lawn, NJ 074	10							
Scope of Work (Check	All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		processes	ovation olition	Find 1 on Contamination Will I regarded										
		Is Loc	cation							Abatement				
Locatio		Norr Used S			Description			- -		Туре				
Asbestos-Containin <u>TO BE AB</u> In Fac (13)	Mainte Custodia (1	nance/ al Staff? 2)	Asbest (i.e.	tos Containing I thermal system surfacing, VA other miscella	s insulation, AT, or	Amount (Specify SF or LF)		Removal	Encapsulate	Enclosure				
Pharmacy St	tock Room	Yes N		Pipe	Insulation a	nd Fittinas	35 LF	x	-	- 0	-			
									-	-	+			
Name of Registered Wa Unicorn Contracting			NJDEP W Hauler ID 0035844	No.	Cubic Yards of Waste 2		Registered Lar	ndfill		4.				
City, State West Orange, New	Jersev			Disposal Date	City, State		lvanic	-						
Completed by			21 minutes and the second	IVIOITISVI	, remsy	nnsylvania Data								
Dimo Golcev Title Project M					o.griature	RNIVO	006	Date 11/14/2014						

NOCE

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)	-	Name of Building O VERIZON	wner/Operator (2)	**	RE	*	٠,	
11 / 13 /14		Street Address		A				
Agencies Notified Type Notification		126 LAKESIDE BLV	D.	481	NOV	18	AHI	2: 1
X DOL Cancellatio	Notification #1	City, State, Zip Code LANDING, NEW JEI		AE	9 1	^ .	- , ; ; ;	en
X DOH On Hold EMERGEN	NCY NOTIFICA		[Te	elenhone Nu	mher		,	1
Name of Facility Where Abstament in Takin	ng Diago /2\	FACILITY INFORMATION	TE					
Name of Facility Where Abatement is Takir	ig Place (3)		Type of Facility (4) School (K-12)	50				
VERIZON			Subchapter 8 X Other (ie. priva	(Other than		, home	s, etc.)
Street Address	*	****	Square Feet	# of Floors	-	Bldg	. Age	
71 MADISON AVENUE			113,347	5			40	
City (5) County (6		County Code (7)	Current Use (Prior if COMMUNICATION			Phar	m. Lal	0.
JERSEY CITY HUDSON Name of Monitoring Firm Hired by Building		(STATE USE ONLY) ASCM No.	Name of Abatemer					-
ESIS HEALTH & SAFETY	g Owner (o)	17	PAR ENVIRONMEN			N		
Street Address			Street Address					
436 WALNUT STREET			313 SPOOK ROCK					
City, State, Zip Code	HIA, PA 19106		City, State, Zip Code SUFFERN, NEW Y					
Project Manager for Monitoring Firm		ne Number	Telephone Number		icense N	umber		
FRANK WESTFALL	215-640		845-369-7500	1	101			
Expected State Date (10)		letion Date (11)	Name of OSHA Mor	nitor				
10 / 20 /14	11 /	13 /14	AMERISCI LABORA	ATORIES II	NC	#11	480	
Month Day Yéar	Month	Day Year	Street Address					
Occupancy Status During Abatement (Check of X Facility Closed/Vacated During En		atement	117 EAST 30TH ST	TREET				
Abatement Performed Outside of N								
X Other - Describe: MONDAY-	FRIDAY 7AM-3	:30 PM	City, State, Zip Code					
Coope of Mark (Charle all that apply)		Evil Cont	The state of the s	ORK, NEW	V YORK	10016		
Scope of Work (Check all that apply) Demolition X	Renovation	Mini-Enc	ainment with Negative I	riessure				
X >3SF OR LF	1. (00.10		g Procedure					
>160 SF OR 260 LF	,	X Non-Frial	ole Procedure					
Location of	Is Location	Description of A	2017 DETAIL ON OTHER STREET			batem	ent Ty	
Asbestos-containing	normally used solely by	Containing Mater (ie. Thermal s	20 C. C.	Amount (Specify	REMOVAL	REPAIR	ENCAPS	ENCLOS
Material (ACM) TO BE ABATED	Maint/Custodi	The state of the s		SF or LF)	Ø	AF	ΆP	0
in Facility (13)	Staff (12)	or other miscell		/)A	1~	SUI	SUI
- · · · · · · · · · · · · · · · · · · ·	Yes No N/					_	ULE	URE
FLOORS 1-5 EAST ELEVATION EXTERIOR	X	EXTERIOR CAULK	58	3 SF	X			
FLOORS 1-5 EAST ELEVATION EXTERIOR	x	STONE CAULK	66	SF	x			
					TI	T		
					-	1	1	
					+	+-	-	-
					\neg			
						_		
						+-	-	_
					-+-	-	-	\vdash
					-+-	+	-	\vdash
Name of Registered Waste Hauler	NJDEP Waste	Cubic Yards of Waste	Name of Registered	Landfill		1		
EXPRESS WASTE LLC	Hauler ID No.	20	CUMBERLAND CO	DUNTY LAN	IDFILL			
614 FRELINGHUYSEN AVENUE	15939		620 NEWYILLE RO)AD				
City, State		Disposal Date	NEWBURS, PA17	242			,	
NEWARK, NEW JERSEY 07114 Completed by (Print or Type) Title		10/20-2/15/2015 Signature /	INEWBURS, PETT		Date , /	+.	7/	11
	CTOR OF OP		MXX			11	3/	17

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)						e of Building O ZON	wner/0	Operator (2	2)					
10 /	7 /14				Stree	t Address								
Agencies Notified	Typė Notification	1				AKESIDE BLVI	D.							
EPA DEP X DOL	X Initial Notif	ication Notific			City,	State, Zip Code DING, NEW JEF		7850						
X DOH DCA	On Hold EMERGEN		OTIF	ICAT		e of Contact GLAS O'HARE			Telephone	Nimbe	or.			
					FACILITY IN	FORMATION							///	
Name of Facility Where	Abatement is Takir	ng Pla	ce (3				Туре	of Facilit						
VERIZON								Ten 1 (1) (1) (1) (1)	er 8 (Other th					
Street Address			- 14				X	uare Feet	private & cor # of Flo		olags		ies, e	
71 MADISON AVENUE								13,347	5	013			10	
City (5)	County (6)			Cour	ty Code (7)	Curre	ent Use (Pr	rior if being d	emolis	hed)	Phar	m. La	b.
JERSEY CITY	HUDSON				(STATI	E USE ONLY)	COM	MUNICAT	ION BUILDIN	1G	95			
Name of Monitoring Fig		ig Ow	ner (B)		ASCM No.			ment Contra					
ESIS HEALTH & SAFET Street Address	Y					17		t Address	MENTAL CO	RPOR	KATIC	N	_	
436 WALNUT STREET									OCK ROAD					
City, State, Zip Code								State, Zip	-	_				-
	PHILADELPI	HIA, P	A 19	106		30	SUF	FERN, NE	W YORK 109	01		55		
Project Manager for Mor	nitoring Firm		Tele	phone	Number		Telep	hone Num	nber	Licen	se N	umbe		-
FRANK WESTFALL				640-5	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW		100000000000000000000000000000000000000	369-7500		1101				
Expected State Date (1	0) 20 /14	Sche		omple /	tion Date (1000000	e of OSHA		S INIO		44	4 400	
Month Day	5/5/5/	Mo	onth 2	,	Day	Year	AIVIE	KISCI LAE	BORATORIES	S IIVC		#1	1480	
Occupancy Status Durin	g Abatement (Check	only	one)				Stree	t Address		_				75
	ed/Vacated During E						117	EAST 30TH	H STREET					
X Other - Desc	erformed Outside of ribe: MONDAY-					cribe:	City	State, Zip	Codo					
IN Jourier - Desc	ibe. WONDAT	- KID	A1 //	\IVI-3.	30 FIVI		City,		W YORK, NE	W YO	RK 1	0016		
Scope of Work (Check a	Il that apply)					Full Conta	ainmen		ative Pressur					
Demolition	X	Rend	vatio	ſ		Mini-Encl	100 00 5 00							
X >3SF OR LF >160 SF OR	260 LF					Glovebag X Non-Friah								
		la.	1	61.00	T				T			L -4		
Locatio Asbestos-co			Loca mally		2	Description of A Containing Mater			Amour	nt I		baten		ype Im
Material (1710.00	olely			(ie. Thermal s			(Speci		REMOVA	REPAIR	ENCAPS	ENCLOS
TO BE A	BATED	0.3		stodia	i	nsulation, surfac			SF or L		9	A	AP	[5
in Facility	y (13)		taff (*			or other miscell	aneous	5)			A		SULE	SURE
		Yes	No	N/A					-			_	m	m
FLOORS 1-5 EAST ELE	VATION EXTERIOR	1		X	EXTERIOR	R CAULK	174		58 SF		X			
FLOORS 1-5 EAST ELE	VATION EXTERIOR	1		X	STONE C	AULK	+ 10		66 SF		X		Γ	
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Name of Registered Was		-	EP W		Cubic Yard	is of Waste			ered Landfill				11	
EXPRESS WASTE LLC 614 FRELINGHUYSEN	Contract of the Contract of th	Haul	er ID 1593			20	100000000000000000000000000000000000000		COUNTY L	ANDFI	LL			
City, State	VAEINOE		1093	3	Disposal D	ate		NEWVILLE State	RUAD					
NEWARK, NEW JERSE	Y 07114				10/20-2/15			BURG, PA	17242				,	
Completed by (Print or T	ype Title		ath commission			Signature	1			Date	/	1/-	111	1
BENJAMIN SANCHEZ	DIRE	CTO	R OF	OPEF	RATIONS	155	4				10	17	11	1

State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT APPRINTED (Pursuant to NJAC 8:60 and 12:120) NJ Dept. DHealth & Senior Sel Date of Notification (1) Name of Building Owner/Operator (2) 11/13/14 Agencles Natified Type Notification EPA initial DEP Amended City, State, Zip Code DOL Amendment # RIDGEWOOD Emergency (including justification) 07457 DOH Telephone Number DCA Cancellation acazian Adrewa FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) RESIDENCE Street Address School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, MAPLE etc.) City (5) Square Feet # of Floors Bldg. Age PIDGEWOOD 2. 1,2,75 4-50 County (6) County Code (7) Current Use (Prior if being demalished (STATE USE ONLY) BERREW RESIDONAL. Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) A.MAC Contracting Inc. Street Address Street Address 105 Lowell Road City, State, Zip Code City, State, Zip Code Glen Rock, NJ 07452 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. (201)262-5841 00156 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/30/14 Omega Environmental Services Inc. Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 280 Huyler Street Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other-Describe: Hackensack, NJ 07605 Scope of Work (Check All That Apply) ≥3 of or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥280 If Demolition Mini-Endosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abalament Normally Location of Туре Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED Encapsylate (i.e. thermal systems insulation, Custodial Staff? (Specify Endosare Removal in Facility Repair surfacing, VAT, or SF DE LE (12)(13) other miscellaneous) Yeş No N/A BUSEMENT PIPE INSULATION PSLF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauter ID No. of Waste Rovic Transport IES! PA Bethlehem Landfill Corp. 20785 City, State Disposal Date City, State Riverdale, NJ 07457 11/14/14 02 Bethlehem, PA 18015 Completed by Signature Joseph Vocaturo Vice President

mituro

11/13/14

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

Date of Notification (1) 1 1 / 1 3 / 1 4			Bullding Ow on Day S	ner/Operator chool	(2)	N.	IOV 1	8	2014					
Agencies Notified Type Notification		Street Ad PO BO	dress						<u> </u>					
EPA Initial Amended Amendment #_	1		e, Zip Code on, New	Jersey 085	40	ASDE	LICE) L &				
Emergency (Inc. justification) DCA Emergency (Inc. justification) Cancellation	luding	Name of Matthe	Contact w Connol	lly		Telephor	ne Numb	er						
Name of Facility Where Abatement is Taking F Princeton Day School	lace (3)	FACIL	ITY INFOR	MATION	Type of Facility ((4)								
Street Address 650 Great Road					School (K-' Subchapter Other (I.e.	12) r 8 (Other tha private & com	n K-12) nmercial	م bulldi	ngs,	фme	s,			
City (5) Princeton, New Jersey 08540	·iv				etc.) Square Feet 10,000	# of Floo	rs	Blo	dg. Ag	je				
County (6) Mercer		County C	ode (7) ISE ONLY)			lor if being de	(being demolished)							
Name of Monitoring Firm Hired by Building Ow RAMM Environmental	ner (8)	ASCM	No.		of Abatement Co Corporation	ntractor (9)								
Streel Address 7.7 Nottingham Road					t Address McBride Aven	ue								
City, State, Zip Code Fair Lawn, New Jersey 07410					, State, Zip Code podland Park, New Jersey 07424									
Project Manager for Monl:oring Firm Rodger Headrick			Telephone No. Telephone No. License No. 201-475-9880 973-225-8400 01104											
	cheduled C 1/23/14	completion [Date (11)		ame of OSHA Monitor &S Environmental Labs, Inc.									
Occupancy Status During Abatement (Check Care Facility Closed/Vacated During Entire Pe	CONTRACT CONTRACTS	Iomani			t Address 3 Route 22 We	est								
Abatement Performed Outside of Normal Other - Describe: 7 AM	Facility Ho	urs		City,	State, Zip Code on, New Jersey									
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if	X Ren	ovetlon		ľ	T Sull Contains		allus Or							
≥160 sf or ≥260 lf		ovation nolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Proce								9				
		cation maily				T T T T T T T T T T T T T T T T T T T	1110010		Ab ale					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Mainte Custodi	Description of Asbestos Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF)						Remova	Repair	Encapsulate	Endosure			
, -2	Yes, N	lo N/A						<u> </u>		late	ire			
BusinessOfficeMechRmStorageAre		X		TSI		9 LF		Х						
		Luberu		Carl Service							<u> </u>			
Name of Registered Was:e Hauler Lilich Corporation		NJDEP W Hauler ID 18724		Cubic Yards of Waste 1/2		of Registered D.W.S Lanc								
City, State Woodland Park, New Jersey 07424		L		Disposal Dat 11/24/14		ate sville, Penn	sylvan	la			=			
Completed by Momo Glavatovic	Title Vice Pr	esident		Signatu	(G=1)		Day	ণ /	13/	14				

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

		(Pu	rsuant to	o NJAC 8:60 ar	id 12:120)		-150 1	12 I	VI 13	-	111	
Date of Notification (1) 11/12/14 CK# 3347 \$200				Building Owner/ on Day Scho		(2)		NUA	18	2014			
Agencies Notified Type Notification EPA X Initial			Street Ad PO BO					70-1-00-362			-	-	
DEP Amended Amendment #_				e, Zip Code on, New Jers	ey 085	40	ASE		S OOI ENSIN		8		
■ Emergency (inc justification) ■ DCA Cancellation	luding		Name of Matther	Contact w Connolly				Telep	hone Nu	ımber			
			FACIL	ITY INFORMAT	ION								
Name of Facility Where Abalement is Taking F Princeton Day School	lace (3)						of Facility (4) School (K-12))					
Street Address 650 Great Road						T C	Subchapter 8 Other (i.e. pri etc.)				lings,	home	s,
City (5) Princeton, New Jersey 08540						Squar 10,00	e Feet 00	# of F 2	loors	2.6	ldg. A 5+	g€:	
County (6) Mercer			County C	ode (7) SE ONLY)		Scho	nt Use (Prior ool	if being	demolis	shed)			
Name of Monitoring Firm Hired by Building Ow RAMM Environmental	ner (8)		ASCM	No.			tement Contro	ractor (9	9)				
Street Address 77 Nottingham Road					Street Address 606 McBride Avenue								
City, State, Zip Code Fair Lawn, New Jersey 07410				City, State, Zip Code Woodland Park, New Jersey 07424									
Project Managér for Monitoring Firm Rodger Headrick			Telephon	ne No. 5-9880		hone No 225-8							
Start Date (10)	chedule		Completion Date (11) Name of OSHA Monitor										
Occupancy Status During Abatement (Check C	Only On	e)			Street	Addres	SS	***					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe: 7 AM	riod of A Facility	Abatem Hours	ent		City, S	State, Zi	e 22 West						
					Unic	on, Ne	w Jersey ()/424					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If		tenova emoliti				Mir Glo	I Containmer ni-Enclosure ovebag Proce	edure				e	
	Is	Locati	on				T Exemples	1 / 21/14		riable Procedure Abateme Type			
Location of Asbestos-Containing Material (ACM)	Use	Normal d Sole	ly by	Asbestos Co	escription		(ACM)	Am	nount		T ,		
TO BE ABATED In Facility (13)	intenar todial S (12) No		(i.e. therm	urfacing, VAT, or er miscellaneous)					Removal	Repair	Encapsulate	Enclosure	
Duning an Office Mach Pin Storage Area	Yes	140	X		TSI			9	LF	X		-	
BusinessOfficeMechRmStorageArage PhoneRoomTunnelArea&ServerRm			X	Clear	up AC	M Dus	st						
										1			
6													
Name of Registered Waste Hauler	130001-10	100	JDEP W	YA1990 H 281-9480	ic Yards		Name of R	Register	ed Land	fill		An economic	
Lilich Corporation		5245	lauler ID 8724	1/2	/aste		G.R.O.V		andfill				
City, State Woodland Park, New Jersey 07424					osal Date 24/14	е	City, State Morrisvi		nnsylv	ania			
Completed by Momo Glavatovic	Presi	dent		Signatu	6	M		100	Date 11/12/	14			

State of New Je NOTIFICATION OF ASBEST (Pursuant to NJAC 8:60

	ATION	ite of New Jerse OF ASBESTOS to NJAC 8:60 an	ABATE			G (S	E 339	V 0	<u>Fi</u>	nt Form				
		Building Owner/ hards House		(2) & Construction	on -	NOV	18	2014						
17	street Ad 133 Mi	ddress ddle Road		and the same of th	L A	SBESTO	S COP		Lä	-				
		te, Zip Code , NJ 07730		L		LIG	ENOIN	-						
		Contact Pisano		(i)	Te	elephone N	lumher							
	FACI	LITY INFORMAT	ION											
				Type of Facility	(4)									
					er 8 (Ot	her than K & comme		ldings,	home	es,				
				Square Feet 2200	2	of Floors	1 1000	Bldg. A	ge					
		Code (7) JSE ONLY)		Current Use (Prior if being demolished)										
	ASCN	l No.		Name of Abatement Contractor (9) ABS Environmental Services, LLC										
			2000	Street Address PO Box 483, 4 E Gate Drive										
		50		State, Zip Code nwood, NJ 07	418									
T	elephor	ne No.	STOREST	hone No. -583-8500		License 703	No.							
n	pletion (Date (11)	Name	of OSHA Monito	or			- 6 - 1						
		-	Stree	t Address										
S	ent		City, S	State, Zip Code					97					
	ion on	.,		Full Contain Mini-Enclosu Glovebag Pr Non-Exempt	ure rocedure	9			e					
ic	on				1			11-11-20-00	ement					
lly	y	D ₁	escription	n of				Ty	/pe					
	y by	Asbestos Cor	ntaining I	Material (ACM)		Amount			m					
	ce/ taff?			ns insulation,		(Specify	Rer	Re	nca	ncl				
			acing, V/ miscella		*	SF or LF)	Remova	Repair	Encapsulate	Enclosure				
	N/A			200 - ST. 2005			<u>n</u>		ate	6				
	х	pop	corn ce	eiling	1	712 SF	х							

Agencies Notified Type Notification EPA Initial		1000	Street Address 433 Middle Road ASBESTOS C LICENS						_&		
DEP Amended Amendment			State, Zip Co let, NJ 077		L	Liet	EIVOIIV	3			
Emergency (i justification) DCA Cancellation	ncluding	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e of Contact ve Pisano		2	Telephone No	umher				
	<u> </u>	FA	ACILITY INFO	RMATION							
Name of Facility Where Abatement is Taking house	Place (3)				Type of Facility (
Street Address 3240 Oceanic Drive			40			r 8 (Other than K- private & commer		dings,	home	es,	
City (5) Toms River					Square Feet 2200	# of Floors	10000	ldg. A	ge		
County (6) Ocean			ity Code (7) TE USE ONLY)		Current Use (Pri	or if being demoli	nolished)				
Name of Monitoring Firm Hired by Building C	wner (8)	AS	SCM No.		of Abatement Co Environmenta		c [.]				
Street Address					Address Box 483, 4 E G	Sate Drive					
City, State, Zip Code			9 713 81 - 11		City, State, Zip Code Glenwood, NJ 07418						
Project Manager for Monitoring Firm	22	Telep	ohone No.	100 miles (100 miles (hone No. 583-8500	License 703	ense No.				
Start Date (10) 11/26/14	Scheduled (12/30/14	Completion	etion Date (11) Name of OSHA Monitor								
Occupancy Status During Abatement (Check	Only One)			Street	Address						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:			8	City, S	State, Zip Code						
Scope of Work (Check All That Apply)			1								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	The state of the s	ovation nolition		5	Mini-Enclosur Glovebag Pro	(a)			9		
	1000	cation		- En		d () and Non-En	abic 110	Abate	ement pe	t	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Mainte Custod	mally Solely by enance/ ial Staff? 12)	/i p	Description tos Containing I thermal system surfacing, V/ other miscella	Material (ACM) as insulation, AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
	Yes 1	No N/				740.05			Te -	Ф	
entire house		X		popcorn ce	eiling	712 SF	X				
Name of Registered Waste Hauler Freehold Cartage	1	100 E 5 5 5 10 5 7 10 5	P Waste ID No.	Cubic Yards of Waste TBD	Name of TBD	Registered Land	fill				
City, State Freehold NJ				Disposal Date TBD	e City, Sta	te					
Completed by A. Scott Higgins	Title Preside	ent		Signatur	elle-	1,000	Date 11/14/	14			

Date of Notification (1)

11/14/14