State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CHECK#23599

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

Date of Notification (1)					Name of Buil	ding Own	ner/Operator (2)	-							
11/11/2013					BURLINGT		North Company								
Agencies Notified	Type Notifica	ation			Street Addres										
□ EPA	Initial				49 Rancocas	Rd.			100						
☐ DEP	☐ Amende	ed Ame	ndmen	t#	City, State, Z					_					
□ DOL					Mt. Holly, N										
□ DOH	justifica		o.uug		Name of Con	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM			Teler	hone	Numi	her			
DCA	☐ Cancell	- A			DAVID D'A				1		raum	Dei			
DOA	Cancen	auon	0		ACILITY INI										
Name of Facility Where Ab	atement is Ta	aking P	lace (3)		ACILITIM	FORMA	TION	Type of Facility (4)							
								School (K-12)							
BURLINGTON COUNT Street Address	I AGRICU	LIUK	AL CE	NIER	·			Subchapter 8 (Other	or than	V 15	2)				
	n							[] : () () () [[[[[[[[[[[[[[[, T. C.	l-di\			
500 CENTERTON ROA	ע							Other (i.e., private	-			-			
City (5)								Square Feet	# OT I	-loors	Bldg.	. Age			
MOORESTOWN, NJ					10 + 0 +	(T) (OT)	ATE 1/05 01/1/0	0 111 /0: 71							
County					County Code	(1) (51)	ATE USE ONLY)	Current Use (Prior if be	ing de	molis	ned)				
BURLINGTON			(=)		ļ	т									
Name of Monitoring Firm H		ng Owi	ner (8)		ASCM No.		f Abatement Cont	AN INCOME AND A STATE OF							
Health & Safety Services	, Inc.							RONMENTAL INC.							
Street Address						Street A	ddress								
318 12th Street							CK FOREST R	OAD							
						City, Sta	ate, Zip Code								
Hammonton, NJ 08037						HAMII	LTON, NJ 08691	<u> </u>							
Project Manager for Monito	ring Firm	Telep	hone N	0.		Telepho	ne No.		Licer	se No) .				
James Proctor		609-7	04-885	0		609-890	D-7110		0067	6					
Start Date (10)		Sched	fuled C	omplet	ion Date (11)	Name of	f OSHA Monitor								
11/4/2013		11/5/2	2013			N/A									
Occupancy Status During	Abatement (C	heck o	nly one)		Street A	ddress								
Facility Closed/Vacate	ed During Ent	ire Peri	od of A	bateme	ent										
Abatement performed out	side of working	ng hour	s			City, Sta	ate, Zip Code								
Scope of Work (Check all t	hat apply)							Full Containment w	ith Ne	gative	Pres	sure			
\searrow \geq 3 sf or \geq 3 lf					(Renovat	tion		Mini-Enclosure							
∑ ≥ 160 sf or ≥ 260 lf					Demoliti	ion		Glovebag Procedur	re						
								☐ Non-Exempted (*)	& Non	-Friab	le Pro	cedure			
		ls	Locati	on					Abate	ement	Туре				
Location of Asbestos-C	Containing		mally (stos Containing	TORS ADMINISTER SEED SAFERING							
Material (ACM) TO BE A			Solely b	•			hermal systems	Amount (Specify SF or	Remova	Z.	nca	Enclosure			
Facility (13)			enance Staff?		10.0	surfacing niscellane	, VAT, or other	LF)	Non	Repair	psu	los			
		Yes		N/A	1 "	niscellane	eous)		a a	=	Encapsulate	Te			
BASEMENT		K			PIPE INSUI	ATION		165 L.F.	X	-	-	\vdash			
BASEMENT		W			ASSOCIATI		Control to the control of the contro	5 PCS,	X		-	\vdash			
BASEMENT		K		-	ASBESTOS	potential designation of	ALCONOMIC VIOLENCE IN	2 SQ. FT.	X	\vdash		\vdash			
DASEMENT		1	_		ASDESTOS	DEDING	S/FLOOK	2 5Q. F1.	A		-	\vdash			
Name of Registered Waste	Hauler				NJDEP Waste		Cubic Yards of	Name of Registered Lar	odfill						
Ivallic of Registered vvaste	liquici				Hauler ID No.		Waste	Name of Registered Lai	IGIIII						
JACK ROBINSON WAS	TE DISPOS	AL			17304		2YD	GROWS				- 1			
City, State					I		Disposal Date	City, State							
BELLMAWR, NJ							11/15/2013	MORRISVILLE, PA				- 1			
Completed By		Title				Signatur		1 'C	Date						
		1000000	IDEN'	ir.			rul de l	Kendila	0.0000000000000000000000000000000000000	/2011		- 1			
DAVID D'ANDREA ASB-41		ILKES	TINETA			1 /500	- Marie	- much	11/11	/201.	,				

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

Corrected dates

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CHECK#23599

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

Date of Notification (1)				Name of Building Owner/Operator (2)								M.				
11/11/2013					BURLINGT	ON COL	UNTY									
Agencies Notified	Type Notifica	ation			Street Addre	SS										
☐ EPA	Initial				49 Rancocas	s Rd.										
☐ DEP		ed Ame	ndmen	t #	City, State, Z	ip Code										
□ DOL	Emerge	ency (inc	cluding		Mt. Holly, N	NJ 0860										
□ DOH	justifica	tion)			Name of Cor		W		Telep	hone	Ki '					
DCA	☐ Cancell	ation			DAVID D'A	NDREA	6	g.		. 5						
	-1			F	ACILITY IN				-		-					
Name of Facility Where	Abatement is Ta	aking Pl	ace (3					Type of Facility (4)								
BURLINGTON COU								School (K-12)								
Street Address	VII AGRICO.	LIOIC	IL CE	I V I LOIK				Subchapter 8 (Othe	er than	K-12)					
A CARGO CONTRACTOR OF THE CONT	NATO.							Other (i.e., private &				ldinas)				
500 CENTERTON RO City (5)	DAD		Na iv								Bldg.					
								oquuio i coi		10010	Diag.	, ige				
MOORESTOWN, NJ					County Code	(7) (ST	ATE USE ONLY)	Current Use (Prior if bei	na de	moliel	ned)					
County					County Code	(1) (31)	ATE OSE ONET	Current Ose (Filor il bei	ng de	IIIOIISI	icu)					
BURLINGTON	11 5 11		(0)		ACCM No	[None o	f Abatament Cant	rates (0)			-					
Name of Monitoring Firm		ing Own	ier (8)		ASCM No.		f Abatement Cont									
Health & Safety Service	ces, Inc.		1-1-1-		VILLETONI I	-		RONMENTAL INC.								
Street Address						Street A		<u> </u>								
318 12th Street			_				CK FOREST R	OAD								
STATE OF THE REAL PROPERTY.							ate, Zip Code									
Hammonton, NJ 0803							LTON, NJ 08691									
Project Manager for Mor	nitoring Firm	Telepi	hone N	lo.		Telepho				se No).					
James Proctor			04-885	200		609-890		in many and	0067	6						
Start Date (10)		Sched	luled C	omplet	npletion Date (11) Name of OSHA Monitor											
11/13/2013	A ream Shi	11/14	Course Long Course		al, Inc. Jur	N/A	goviu or asbe	EGS CONTRACTOR AS								
Occupancy Status Durin	g Abatement (C	check or	nly one)		Street A	ddress									
Facility Closed/Vac	ated During Ent	tire Peri	od of A	bateme	ent											
Abatement performed	outside of worki	ng hour	s			City, Sta	ate, Zip Code	the terr above many		illuer I	h					
raylering I'm Listin	ed ibr man	valion	mid	the co	n su veli na	februl.	de most de ma	unfained.								
Scope of Work (Check a	all that apply)					- W		Full Containment w	ith Ne	gative	Pres	sure				
≥ 3 sf or ≥ 3 lf					Renova	ition		.Mini-Enclosure								
\(\sum_{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex					Demolit	tion		Glovebag Procedur	re							
								■ Non-Exempted (*) 8	& Non	-Friab	le Pro	cedure				
		Is	Locat	ion					Abate		Туре					
Location of Asbesto	s-Containing		mally I				stos Containing		_		ш	m				
Material (ACM) TO B		Old Account and All	Solely I				thermal systems	Amount (Specify SF or	Removal	Repair	Encapsulate	Enclosure				
Facility (1		1 St.	enance Staff?	Custo		, surracing miscellan	g, VAT, or other	LF)	NO.	pai	usc	osu				
		Yes	No	N/A		mocnan	cous		<u>a</u>	"	ate	6				
BASEMENT		K			PIPE INSU	LATION		165 L.F.	X			\Box				
BASEMENT		TV		_	ASSOCIAT			5 PCS,	X							
BASEMENT	m 1	N			ASBESTOS			2 SQ. FT.	X			\vdash				
DASEMENI		X		_	110110101	, aranganti	O. A. D. O. I.	-54.11.	24							
Name of Registered Wa	ete Hauler			ļ	NJDEP Waste		Cubic Yards of	Name of Registered La	ndfill			\vdash				
Name of Registered Wa	Ste Hauter				Hauler ID No.		Waste	Traine of regionarea Ear								
JACK ROBINSON W	ASTE DISPOS	SAL			17304		2YD	GROWS								
City, State			- 12				Disposal Date	City, State			200					
BELLMAWR, NJ							11/15/2013	MORRISVILLE, PA								
Completed By		Title				Signatur	ri 27-Mar /	7 V	Date							
T			EIDEN	т		11)00	71/0 1	Verdier	100000000000000000000000000000000000000	1/201	3					
DAVID D'ANDREA		TRES	אושועווי	1		year	IVU J. K		11/1	1201						
ASB-41							V									

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

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

-D&S Proj. #: 2013-439

ASB-41

Date of Notification (1)		Name of Bu	ilding Owr	ner/Operator (2)									
1 1 / 1 5 / 1 3		Skip Borg	ghese								- 3	l.		
Agencies Notified	ation 3	Street Addre	ess					0.7	0/5					
DEP Amended		171 Penn	brook R	oad			· · · · · · · · · · · · · · · · · · ·	C1 20 2013						
Amendment	#:	City, State, 2	Zip Code				100							
Emergenc	y	Far Hills	, NJ 079	931					- 4					
DOH (including justification	n) N	lame of Cor	ntact				Telephon	e Number						
DCA Cancellation	- 11	Skip Bor	rghese											
			FAC	ILITY INFORM	IATION	10								
Name of facility where abatemen	t is taking pl	ace (3)					Type of Facility ((4)						
Clain Dorohoga								l (K - 12)						
Skip Borghese Street Address			as Alaysa III oca				A CONTRACTOR OF THE PARTY OF TH	apter 8 (Ot						
								(Private/Co /Homes, etc		rcial				
171 Pennbrook Road		. (0)					Square Feet	# of Floors		В	ldg. A	ge		
City (5)	Cour	nty (6)				nty Code (7) te use only)			_					
Far Hills	SO	MERSET			(Sia	te ase offiy)	Current Use (P	rior if being	dem	olish	ed)			
Name of Monitoring Firm Hired by				ASCM No.		Name of Abatement	Contractor (9)							
						D & S RESTOR	ATION, INC.				1			
Street Address					-	Street Address			1975					
						20 California Av	e.							
City, State, Zip Code						City, State, Zip Code								
		19,000				Paterson, NJ 07	503							
Project Manager for Monitoring Fire	m	Pho	one Numb	per		Telephone Number		License N		er				
						973-345-8020		01	169	_				
Start Date (10)	Sched	d. Completio	n Date (1	1)		Name of OSHA Moni D & S Restoration								
11/29/1313	12/20	0/13				Street Address	on, mc.		-	-	_			
Occupancy Status During Abateme	ent (Check o	only one)		***		20 California Av	enue							
Facility closed/vacated during Abatement performed outsid	g entire perion	od of abater facility hour:	ment. s-			City, State, Zip Code								
Describe: NORMAL NORMAL	HOURS				-11	Paterson, NJ 07	503							
Scope of Work (check all that app			2-11			П	ull Containment w	/negative r	ress	ure				
$\square > \underline{3} \text{ sf or } > \underline{3} \text{ If}$	Renovatio	n					Mini-enclosure	J						
≥160 sf or ≥260 lf	Demolition	1					Glovebag procedur Non-Exempted (*)					2.		
Location of		n normally u		/			Non-Exempled ()	and Non-II	R	Proc	E			
asbestos-containing	by mainte staff(12)	enance/custo	odial	Description	on of as	sbestos-containing	Amount		e m	е	n	E n		
material (acm) to be abated in facility (13)				material (3	(Specify S	For	0	p a	a	c		
	Yes	No	N/A				LF)		v e	i	p	L		
ATTIC		X		vemiculite a	attic ir	sulation	1600 sq ft		ă					
2ND FLOOR small attic		$\square X$		vemiculite attic i	nsulation	n(100 sq ft under wood floo			X					
2ND FLR crawl sp by stairs		$\square X$		vemiculite a			70 sq ft		X					
2ND FLR bathroom #1		$\perp X$		vemiculite a			20 sq ft		X					
2ND FLR bathroom #2 Registered Waste Hauler		LX		vemiculite a			6 sq ft		X					
D & S RESTORATION, INC.		EP Hauler ID 506		ubic Yards of V 30 cu yds	vaste	Name of Registered TULLYTOWN, 1		COVER	,					
City, State			Disposal D			City, State	ALSOURCE RE	COVER			-			
PATERSON, NJ 07503			12/02/1			TULLYTOWN,	PA							
Completed by (Print or Type)	Title			Signature				Date				_		
BOGDAN JOLDZIC	PRESID	ENT						11/15/2	013					

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

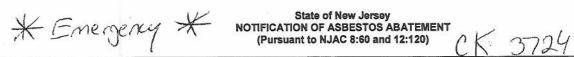
State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 2013-437

ACR-41

					(6)									
Date of Notification (1					er/Operator (2)									
	Type Notificati	ion	WENDY Street Addre									<i></i>		
	Initial				v-10 (000), u (000) (100)									
	Amended		545 RICE		AVENUE									
M DOI	mendment #:	— II'	City, State, Z											
	Emergency (including	11.	-		NJ 07033				TELL	11.	701	Š .		
⊠ DOH	justification)		Name of Con	tact					1 elephor	ne Number				*
D DCA	Cancellation	,	WENDY	WARK									- 3	0.
-				FACI	LITY INFORMA	ATION	l		-		V//20010=			
Name of facility when	e abatement i	s taking p	ace (3)					T	ype of Facility					
WENDY WARK									=	ol (K - 12) apter 8 (C	thar th	nan K	-12\	
Street Address								-		(Private/C			12)	
									Bldgs.	/Homes, e	tc.			
545 RICHFIELD	AVENUE					V207		= 8	Square Feet	# of Floor	s	Bl	dg. Ag	ge
City (5)		Col	inty (6)				nty Code (7) te use only)	-						
KENILWORTH		IIN	NION			(Sia	ite use only)	11'	Current Use (F	rior if bein	g dem	olishe	∌d)	
Name of Monitoring F	Firm Hired by I				ASCM No.	-	Name of Abatem	ent Cor	tractor (9)					
							D & S RESTO	ORAT	ION INC					
Street Address		-				-	Street Address		1011, 1110.					
oli oot i taarooo							20 California	Ave						
City, State, Zip Code						-	City, State, Zip Co							
, , , ,							Paterson, NJ		3					
Project Manager for M	lonitoring Firm		Ph	one Numb	er	_	Telephone Numb			License	Numb	er		
· · · · · · · · · · · · · · · · · · ·	:::::::::::::::::::::::::::::::::::::						973-345-80	20		0	1169	10000		
Start Date (10)		ISche	d. Completic	n Date (11	1	_	Name of OSHA	N onitor						
		100000000000000000000000000000000000000		iii Dato (11			D & S Resto	ration,	Inc.					
11/26/13			4/13				Street Address							
Occupancy Status Dui		Charle II sa care sour-	2007 - 10 million 10 000 10 million				20 California	-	1e					
Facility closed/vi							City, State, Zip Co	ode						
- Describe			naomity moun			-	Determine NI	0750	,					
Other-Describe:							Paterson, NJ					_	_	
Scope of Work (chec									Containment	w/negative	press	ure		
	\boxtimes	Renovati	on						r-enciosure vebag procedi	ıre				
≥160 sf or ≥260	If [Demolitic	n						n-Exempted (*)		friable	proc	edure	1
Location of	-0.4m/2 -		on normally usernance/cust						Esperance (contrary		R e	R	E	E
asbestos-contai material (acm) t		staff(12)		oulai			sbestos-containing	g	Amount (Specify	SE or	m	p	n	n .
abated in facility		Yes	No	N/A	material (ACM)			LF)	51 01	O V	a	a	L
				10//							е	-	р	
GARAGE			X		DUCT INS	ULA'	TION		60 SQ FT			ᆜ	닏	卄
				L		-					14	<u> </u>	ᆜ	쁘
											닏	닏	닏	부
							- Forthern Control				1	부	닏	1
Decision of Marie 1	los	1			ubio Varda al V	Vost-	IN		2611				Ш	
Registered Waste Hau D & S RESTORA			EP Hauler I 506		ubic Yards of V YD	vaste	Name of Registe TULLYTOW			FCOVE	Y			
City, State	1011, 110.			Disposal D			City, State	14, ICL	SOURCE R	LCO VER	. 1			
PATERSON, NJ	07503			11/27/1			TULLYTOV	VN, PA	A					
Completed by (Print or		Title			Signature		1			Date				
BOGDAN JOLDZ		PRESII	DENT							11/14/	2013	,		

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



Agencies Notified Type Notification Street Address 327 Morris Blvd City, State, Zip Code Manahawkin NJ 08050 Name of Contact Stephen FACILITY INFORMATION Type of Facility (4)		13							
DOH Justification) Cancellation Name of Contact Stephen FACILITY INFORMATION		13		Ę					
DOH justification) Stephen FACILITY INFORMATION	+ .~								
			81	1					
Susan & Stephen Marrone Street Address School (K-12) Subchapter 8 (Other than K-12)	12)								
327 Morris Blvd Other (i.e. private & commerce etc.)		lings, h	ome	s,					
City (5) Square Feet # of Floors Manahawkin NJ 08050 1000+ 1+		ldg. Ag 5+	е						
County (6) County Code (7) Current Use (Prior if being demolished Code (7) Current Use (Prior if being demolished Code (7) Home	shed)								
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A Pernaco Inc.		•.							
Street Address PO Box 329	Address								
City, State, Zip Code City, State, Zip Code West Berlin NJ 08091	-		-						
Project Manager for Monitoring Firm Telephone No. Telephone No. License 856-753-9800 00727		11, 11, 11, 11, 11, 11, 11, 11, 11, 11,							
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor									
11/19/13				_					
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: City, State, Zip Code									
Scope of Work (Check All That Apply)			19						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Full Containment with Negative Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Fri			•						
Is Location		Abate	ment	t					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Normally Used Solely by Maintenance/ Custodial Staff? (12) Normally Used Solely by Maintenance/ Custodial Staff? (12) Pes No N/A Normally Used Solely by Maintenance/ Custodial Staff? (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure					
Exterior siding x Exterior siding 1200 Sf	x								
Name of Registered Waste Hauler United Containers NJDEP Waste Hauler ID No. 22459 Name of Registered Lance Of Waste 3 Registered Lance G.R.O.W.S.	uilli								
City, State Disposal Date City, State Elm NJ 11/22/13 Morrisville PA 19067	7								
Completed by Anthony T Perna President Signature	Date 11/18/	/13	ge eement //pe						

* Emergency *

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

										·/\ · ·		1. 6			
Date of Notification (1) 11/18/13				Building (Cassiere							V.	1			
Agencies Notified Type Notification		- 1	Street A	ddress			11	W/V					111		
m		- !	54 Pat	ty Lane						- 0 -	1012			1	
EPA Initial Amended		-	City Sta	te, Zip Co	do			1	VOI	20.				1	_
DEP Amended DOL Amendment #				awkin N		50		1 12						1	
Emergency (in				on white in calendary of the contract	J UOU	150						amir -	<u> </u>	1	
□ DOH justification) □ DCA □ Cancellation	ordanig		Name of Kathy	Contact				Asi)	Tele	ephone I	Numbe	er d.			
			FACI	LITY INFO	RMAT	ION		Andrew Street							
Name of Facility Where Abatement is Taking Kathy Cassiere Private Home	Place (3)						_	of Facility (4	et.	-39)					
Street Address						-		Subchapter Other (i.e. p	8 (Othe	er than k	(-12)	ייווא	inaa	homo	_
54 Patty Lane				., 74		341	-	etc.)			erciai L				s,
City (5)								re Feet	10000000	Floors		0.5000	dg. A	ge	
Manahawkin NJ 08050							1000		1+			35	5+		
County (6) Ocean				Code (7) ISE ONLY)			Curre	nt Use (Prio	r if bei	ng demo	olished)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM		-	Name		tement Con	tractor	(0)					
N/A	wilei (o)		AGCIV	i iyo.			aco Ir		uactor	(9)					
Street Address						Street	Addres	ss							
1							30x 32								
City, State, Zip Code								ip Code n NJ 0809	91						
Project Manager for Monitoring Firm	*****	- 11	Telephor	ne No.		100000000000000000000000000000000000000	none N			Licens	e No.	-			
				v			753-9			00727	7				
	Schedule 11/22/1		pletion I	Date (11)		Name Sam		A Monitor							
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Check # 1952 Page 1 of 1

Date of Notification (1)			Na S	ame of B	uilding Owner/C BROOK PU	perator JBLIC	(2) SCHC	OOLS	2.1				3	
Agencies Notified	Type Notification			reet Add	ress yhill Street									
EPA DEP	Initial Amended Amendment	#	C	ity, State	, Zip Code Brook, NJ 07	663		-		ini	<u> </u>			
DOL DOA	Emergency (justification) Cancellation		N	ame of C				1	Telepho	ne Num	her			
x DCA	Cancellation	· · · · · · · · · · · · · · · · · · ·			TY INFORMAT	ON								
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TTI Street Address				00003		Stree	Addre	ss	*1					
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City, State, Zip Code Moorestown, NJ (4 10 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Telephon	e No		ming	dale, NJ 0		cense N	lo.			
Project Manager for M Michael Stocku	onitoring Firm		8	856-84	0-8800 x 23	201	-710-9		01	1084			_	
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P001/001

EDS13-308

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

Check # 1952 Page 1 of 1

Date of Notification (1) 11-1-2013				of Building (OOLS	N/A	Mant a	APP			
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355 Mayhill Street								Other (i.e. pri				illding	s, hom	0 8,
City (5) Saddle Brook	**************************************			10				e Feet	# o	Floors		Bldg 40+	Age	
County (6) Bergen				Code (7) USE ONLY)			Currer	nt Use (Prlor	if bel	ng demo	lished)			
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Street Address 1253 N Church Street			1	**			Addres Hamb	s urg Turnpi	ike					
City, State, Zip Code Moorestown, NJ 08057							State, Zi mingd	o Code ale, NJ 07	403				8	
Project Manager for Monitoring Firm Michael Stocku			Telepho 856-84	ne No. 40-8800	x 23	Telepi	none No 710-97			License 01084			10/19	
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Completed by Elena Solakov	Titte Presi	dent			18	Signature	Elen	m Slutter	,		Date 11-1-	2013		



TTI Environmental Incorporated 1253 North Church Street Moorestown, New Jersey 08057

Tel: 856-840-8800 Fax: 856-840-8815

A Service Disabled Veteran Owned Small Business

November 1, 2013

Mr. Tom Voorhees New Jersey Department Labor Asbestos Control & Licensing 1 John Fitch Plaza, 3rd floor Trenton, NJ 08625-0949

RE:

Request for Waiver of 10-Day Notification Emergency Asbestos Decontamination Saddle Brook High School- Gymnasium 355 Mayhill Street Saddle Brook, New Jersey 07663

Dear Mr. Voorhees:

The above referenced project is considered an emergency due to the fact that an existing pipe containing asbestos insulation is leaking within the Saddle Brook High School Gymnasium. The asbestos pipe insulation is saturated and has the potential to fall which could create additional problems within the building. The pipe insulation needs to be removed so the repair can be performed to the damaged pipe.

Material/Building System	Location	Amount
Pipe Insulation	Gymnasium	104 Linear Feet

Accordingly, the existing condition requires the removal of the pipe insulation within the gymnasium. Delaying the abatement activities may negatively impact the health of the affected room and adjacent spaces. The emergency abatement activities are urgently required to provide a safe environment within the building and for all of its occupants.

Thank you for your assistance in this matter and do not hesitate to call me at 609-304-3969 if you have any questions.

Sincerely,

TTI Environmental, Inc.

Michael R. Stocku Project Manager