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

CK# 2167

Date of Notification (1)		IN	inne of t	Building C	wner/Operator	(2)	6/	10					
1101113			I	FC	7 Bui	196	<u> </u>	<u> </u>					
Agencies Notified Type Notification		l S	itraet Adr	^	0: 10		d0-	erci	_				
EPA Initial		-	- 2	39 C	17100	<u> </u>	<u>UX </u>	Olec	<u>v_</u>				
DOL Amended Amendment		_ '	I L		" ん丁	(28	73 (0			-		
Emergency (i		1	lime of	Contact	1	00		Telephone N	umber	0	0		
DOH justification) DCA Cancellation		1	T	un	`			73216	S	8	8	52	}
			FACIL	ITY INFO	RMATION	·							*
Name of Facility Where Abatement is Taking	_	1				-	f Facility (4	- to					
Vacant Reside)Cl					4 100924	chool (K-1) ubchaoter	2) 8 (Other than K	-12)				
Street Address						F O	ther (i.e. p	rivate & comme		ildir	ngs,	home	ь,
119 10- AVC						Square	(c.)	# of Floors		Bid	g. A		
City 55 2000 / Cike Ho	1.64	. <				11	COS		1	<	50	1.	
County (d)	rdit 1	7	5 Jnty C	ode (7)				or if being demol	ished)				
money	~	1	STATE U	SE ONLY)		Va	cont (Rosida	10	_		20,020	
Name of Monitoring Firm Hired by Building (Owner (B)		ASCM	No.		of Abat	ement Con	tractor (91					
			i				tion Co.,	inc.					
Street Address					1 0000	t Addres	s se Road						
						State, Zin							
City, State, Zip Code					49 (350)	2.0	, N.J. 07	722					
Project Manager for Monitoring Firm			Lephon	ne No.		none No		License	No.		P 4-1-16-PR-19		
Project Manager for Monitoring				AG. SAGAI				00029					
Start Date (10)	Schedule	d Con	r stion C	Date (11)	Name	of CSH	A Monitor						
12/3/13	12	16	13										
Occupancy Status During Abatement (Chec	k Only Or	e)			Stree	t Addres	S	7					
Facility Closed/Vacated During Entire F	Period of A	Abatem	ent		1	OL-1- 7	6						
Abatement Performed Outside of Norm	rai Facility	Tours	2		City,	State, Zi	p Code	1.90					
Scope of Work (Check All That Apply)	1.	' 1											
→	m .	enova	ti		1	7 E.W	Contairm	ent with Negativ	a Drace	e are			
23 sf or ≥3 if ≥160 sf or ≥260 ff	1	emoliti				- Min	i-Enclosure	•	E 1169	SLITS			
						3lo	vebag Prod	cedure d (*) and Mon-Fr	isnla D	en c	arist		
	Т.						- LAS. II DIG	a () and 1-01:				ment	
		Locati			Description	on of	Ì					pe	
Location of Asbestos-Containing Material (ACM)		d Sole intenar			tos Containing	Material		Ameunt		. !		Tr.	
TO BE ABATED In Facility		todial S		(i.e.	thermal system surfacing, V		tion,	(Specify SF of LF)	9		Repair	cap	ncio
(13)		(12)			other miscella				Kanada	:	Dair	Encapsulate	Enclosure
	Yes	No	N/A				į		-	1		ŧ	(D
5-1:-			0	2:	0 (-> > 0	0.0		425.1	4	/			
106205	+		F	MIL	e cove	1		م زد در	-	4			
	+					U				-			
	لــــــــــــــــــــــــــــــــــــــ		luces in	/2-1-	Cubic Vands		Almara of	Danista					
Name of Registered Waste Hauler		210	JIDEP W		Cubic Yards of Wasie			Registered Land	ıπı				
Ace Insulation Co., Inc.		376	2086		1		IESE						
City, State					Disposal Dat	e	City, Stat						
Colts Neck, New Jersey					IZLE	13	Bethle	nem, Pa				* ****	
Completed by	Title	ident			Signatu				Date	_	1,	2	
George Wuest	Lies	Ment				gre	3eg	Just	_11_1	S	11	10)

Check # \$137

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

Date of Notification (1) 11/20/2013		II.			f Building ersey S				sociation): 			
Agencies Notified	Type Notification			Street A	ddress Gallopin	g Hill F	Road				1.04	2	5 2/	110	
EPA DEP DOL	Initial Amended Amendment Emergency		_		te, Zip Co orth, N		3	4			ę ^l			(1)	
ĭ DOH	justification)				f Contact e H. He	flich S	·D				ephone Nu			-1,000	
DCA	Cancellation	1			LITY INF					90	8-620-18	3/1			
Name of Facility Where New Jersey Firemo			3)	1 701		OKMAT	ION	_	of Facility (
Street Address 50 Evergreen Place	e					80 F 40, 14 Sh.		×	School (K-1 Subchapter Other (i.e. p	8 (Oth	er than K-1 & commerc	12) cial bui	dings	, hom	es,
City (5) East Orange	-		5	11 MA					etc.) ire Feet 100	# 0	f Floors	1000	3ldg. /	Age	
County (6) Essex				County (Code (7) USE ONLY)		Curre	ent Use (Prio	or if bei				26	
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN N/A	No.			of Aba	itement Cor st Haz Ma	tractor	(9)				
Street Address			77 97 5	1,301.5			Street	Addre			iovai, iii				
City, State, Zip Code						K	City, S	tate, Z	ip Code NJ 07504	1			· · ·		-
Project Manager for Mo	nitoring Firm			Telephor	ne No.		Teleph 973-3	one N	0.		License I	No.			
Start Date (10) December 3, 2013				npletion I	Date (11)		Name	of OSI	HA Monitor		00001				
Occupancy Status Durir	S. Carlos Control of the Control of						Street								-
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Norm	Period of A	Abater Hour	nent s			City, S	tate, Z	ip Code						
Scope of Work (Check A											+0				
≥3 sf or ≥3 if ≥160 sf or ≥260 if	ы ттак Арріу) «		Renova Demoli	200			×	Min	Il Containme ni-Enclosure ovebag Proc	edure	·		32.70	250	
		Is	Locat	ion				i NO	n-Exempted	() and	u Non-Fria	DIE Pro	10 77 70	emen	1
Locatio	n of	1	Norma	lly		De	scription	of						ре	
Asbestos-Containing <u>TO BE AB</u> In Faci (13)	IIITY	Ma	d Sole intena todial ((12)	nce/		thermal surfa	taining M systems cing, VA niscellan	insula T, or		(S	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A										ite	Ф
Basem			X			Pipe	Insula	tion		24	10 LF	X			
1st Flo			X				Insula			25	55 LF	x			
1st Flo			X			Floor	Tile/Ma	astic		5,7	75 SF	x			
2nd Fl Name of Registered Wa			X				Tile/Ma	astic			50 SF	x			
East Coast Haz Mat			H	IJDEP W lauler ID J 419		of Was			Range of the same of		red Landfil North Inc				
City, State Paterson, NJ 07504	7.1						sal Date 3/2013	/	City, State Morrisvi		Á				
Completed by James E. Unger		Title Proje	ct Ma	anager		S	Signature	es (1/1/1		10000	ate 1/20/2	2013		
ASB-41 (R-06-08)					-		* Do no	t use t	his form for	asbest	os licensur	e exer	npted	activi	ties.

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

Date of Notification (1) 11/21/13			- 1:	Name of CHRIS	Building	Owner/0	Operator	(2)) N						
Agencies Notified	Type Notification		100	Street A	ddress DCEANI	C DR			74		NOV	2	5 4	1.3		
EPA DEP DOL	Initial Amended Amendment				te, Zip Co RIVER		8753									
X DOH DCA	Emergency (justification) Cancellation			Name of CHRIS	Contact					1	ephone 2-644-					
				FACI	LITY INFO	DRMAT	ION						2.33		74.3	
Name of Facility Where	Abatement is Taking	g Place (3)							of Facility (4 School (K-12					0.05		
Street Address 3125 OCEANIC DR	₹			4				×	Subchapter of Other (i.e. propertion)	8 (Othe				dings,	home	es,
City (5) TOMS RIVER									re Feet	# of	Floors		В	ldg. A	ge	
County (6) OCEAN				County (Code (7) JSE ONLY	1	_	Curre	ent Use (Prio	r if bei	ng demo	olishe	ed)		18	
Name of Monitoring Firm	n Hired by Building (Owner (8)		ASCN	l No.				tement Con							
Street Address								Addre:	ss DOVE CC	URT						
City, State, Zip Code									ip Code OD, NJ 08	3701	15,000,000	mar Bertil				
Project Manager for Mon	nitoring Firm			Telephor	ne No.		Teleph	none N 668-9	0.		Licens					
Start Date (10) 12/02/13		Scheduled 12/02/13		npletion [Date (11)		Name	of OSI	HA Monitor D PROFE	SSIO						
Occupancy Status Durin	g Abatement (Chec	k Only One	;)					Addre				r 30000	-			-
Facility Closed/Vac Abatement Perform	ated During Entire F	Period of Al	batem Hours	nent					DOVE CC	URT						
Other – Describe:						_	300000000000000000000000000000000000000		OD, NJ 08	3701						
Scope of Work (Check A	All That Apply)							_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		2/32	enova emolit				×	Mir Glo	Il Containme ni-Enclosure ovebag Proc n-Exempted	edure	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
		Is L	ocati	ion			·			1 / 411	110111			Abate	ement	i
Locatio		No Used	ormal				scription							Ту	pe	
Asbestos-Containing TO BE AB	1. 전 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	- Mair	ntenar	nce/			taining N I system:				mount specify		Z)	2000	En	m
In Faci (13)		Custo	(12)	Staff?		surfa	icing, VA	T, or			or LF)		Remova	Repair	Encapsulate	Endosure
(19)		Yes	No	N/A		outer i	mocenai	icous)					val	7	ılate	Le
			110	147		FLO	OR TII	LES		5	6 SF		Х			
			_													
Name of Registered Wa NEWARK CARTING			Н	JDEP W lauler ID 4509		of Wa	Yards		Name of F	Registe	red Lan	dfill				
City, State NEWARK, NJ						Dispo	sal Date	<u> </u>	City, State		I PA					111272
Completed by JOSEPH PERLSTE	IN	Title OWNE	ER			5	Signature	9	I.			Date	e 21/1	3		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)



Date of Notification	(1)			Name	e of Bu	ilding	Owner / Operato	r (2)		+	1 -4			
	11/15/201			Lurc	h Den	noliti	on					-	***	7
Agencies Notified	Type Notifi	ication			t Addre									
⊠ EPA	F7	e y			30x 42				NOV	0				i.
DEP	│	ial ended		- 11 mm	State 8					2 h 7	913			
⊠ DOL							a, NJ 07717		A				5001146	
☑ DOH ☐ DCA		ergency ncellation			e of Co k Lun						lepho			er
										13	2-98	5-88	14	
Name of Facility W	hara Ahatar	mont is Taking E	laca /		CILIT	Y INF	ORMATION	4.74						
Abandoned Resi		ment is raking r	iace (3)			Type of Facili School (I							
Street Address								ter 8 (Other th	nan K.12)					
348 Old Village F	Road East							e. private & co		ouildings	, hom	es, e	etc.)	
		-					Square Feet	# of Fl			g. Ag			
City (5)		County (6)	Co	ounty	Code (7)	2000		2	8		80		
West Windsor		Mercer					Current Use (The second secon	demolished	d)				2280
Name of Monitoring	Firm Hired	by Building Ow	ner (8	·	IASC	M No	Residential Name of Abar		notes (O)					
l tame or monitoring	,	by ballang Ow	nor (o		ASC	NAL 140	Alpha Envir							
Street Address							Street Addres							
				11.5			20 Canary V		m 2					
City, State & Zip Co							City, State & 2 Hamilton, N						20	7
Project Manager for		Firm	Tele	phone	Numb	per	Telephone Nu 609-847-295	Section (1997) Section (1997)	Lice	ense Nur	nber 0109	1		
Scheduled Start Da		Scheduled Co	mpleti	on Da	te (11))	Name of OSI			- 10	0.00	•		
11/25/210		12/3//2013				- "	EMSL Analy	/tical		**				
Occupancy Status I	During Abat	ement (Check o I During Entire F	nly on	e)	otomo.	-4	Street Addres	10-T-10-10-10-10-10-10-10-10-10-10-10-10-10-						
		Outside of Norm					107 Haddor							
Abatement Describe:	renomieu	outside of Norm	ai no	urs –	/am to	3pm								
	unied Durin	g Abatement					Westmont,	NJ 08108						
Scope of Work (Che			-				a.c.		<u> </u>					
								Full Co	ontainment	with Neg	ative	Pres	ssure	<u> </u>
≥3 sf or ≥3 l				Rer	novatio	n		Mini-Er	nclosure					
≥160 sf ≥26	O If		\boxtimes	Der	nolitio	n		Glove I	Bag Proced	dures				
								⊠ Non-E	xempted an	id Non-F	riable	Pro	cedu	ıre
	ocation of	•		Locat			Description	of	Amo	ount	_		ent T	
	tos-Containi erial (ACM)			mally lolely			Asbestos-Cont Material (AC		(Spe					
	BE ABATED			itenan			(i.e., thermal sy		SF or	LL)	고	71	Encapsulate	9
	n Facility				Staff?		insulation, surfac				Remova	Repair	aps	Enclsoure
	(13)			(12)			or other miscella	aneous)			Val	=	ula	DIT.
			Yes	No	N/A								9	
Exterior Crawlspace				\boxtimes		Pir	Siding oe Insulation (v	uran&Cut\	2000		M			
Name of Registered	l Waste Hai	ıler	-	INI	DEP V			450	120lf	- 4CN				
rtaine of rtegisteres	T T T COLO T I CL		17		uler IE		of Waste	Name of Reg	gistered Lai	nanıı				
ALPHA ENVIRON	IMENTAL			00	03333	30	4	Grows Lan	dfill	4.1.00	11	Ç.		
City, State					1. 1		Disposal Date	City, State			7	-11-2-57		-
Trenton, NJ	4	3 D 1040 970					Various	Morrisville	, PA		ž			
Completed By (Print	or Type)			Tit			Signature				Date			
Rod Richardson					oject		Rad Rich	harden		0.00	11/1	5/2	013	
				Ma	anage	r	rau ruen	wwwson				137		

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

Check 8785

Date of Notification (1)		Name	of Building Owner/0	Inorotos (2)	150				_	
11-20-	-13	I value o	Linda		sette	17 110			T	
Agencies Notified Type Notification	· April Superf	Street A	Address	4	12 15				1	-
☐ EPA 📜 Initial	4 4 - 1	Cit. Ct	<u>/</u> / F	each	treel	ORgadon	3	7	, į	
DOL Amended Amendment		City, St	ate, Zip Code	00.	4	AIT A	a a		. [
DOH Emergency (including	Name o	of Contact	gewa	iter,	NJ O Telephone Nu	88	0	Ų_	
□ DCA □ Cancellation			ida Fo:	sseft	a	908-6		- 2	141	2
Name of Facility Where Abatement is Taking	Place (3)	FAC	ILITY INFORMATI		pe of Facility (1.,	~
Single family	Dw	elli	'nq		School (K-1					
Street Address			a)		Subchapter	8 (Other than K-1 private & commerc	2)		*	
City (5) 7 Peachtr	ee 140) ac	4		etc.)					es,
Bridgewater	NJ	08	7 08	Sq	uare Feet	# of Floors		Bldg.	\ge	
County (6)		County	Code (7) USE ONLY)	Cu	rrent Use (Pri	or if being demolis	hed)	<u>ر</u> م	1	
Name of Monitoring Firm Hired by Building (wner (8)	ASC		Name of A	-7			-		
EPC Technolo		ASCI	NA	Name of A	batement Cor	A		æ	P .	
Street Address	37		J. J. C. N.	Street Add	ress	<u>chnolog</u>	115	9	Ir	16
City, State, Zip Code	27			KO	. Box	357				
New Equat	NZ	08	533	City State	, Zip Code	711 SA	' A	0	23	2
Project Manager for Monif ri lg Firm	,,,,	Telepho	ne No.	Telephone	No.	License	10.	0	٥	2
Steve Schenker		609	758-3365		8-336	5 0	53	39	4	
Start Date (10)	Scheduled Co	mpletion $2 - 1$	Date (11)	20052300	SHA Monitor	L 1	-		-	
Occupancy Status During Abatement (Check	Only One)	<u>u</u> .	<u> </u>	Street Add	ress	hnologies	<u></u>	nc		
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of Abate	ment			Box	337				
Other – Describe:	al Facility Hou	rs		City, State	Zip Code Egypt	117	Cn C1	-	_	
Scope of Work (Check All That Apply)	· ·			7000	- Jyp+	NJ (98.	53	3	
≥3 sf or ≥3 lf	Renov				Full Containme	ent with Negative I	Pressu	ire		
□ ≥160 sf or ≥260 lf	☐ Demol	ition		^	Mini-Enclosure Glovebag Prod	3				
	1		Г	70 1	Non-Exempted	d (*) and Non-Frial	ole Pro			
Location of	Is Loca Norma								ement /pe	i .
Location of Asbestos-Containing Material (ACM)	Used Solo Maintena	ely by	Asbestos Cont			Amount		Γ	m	
TO BE ABATED In Facility	Custodial	Staff?	(i.e. thermal surface	systems ins cing, VAT, or		(Specify SF or LF)	Ren	Re	ncap	Encl
(13)	(12)		other n	niscellaneou	s)		Removal	Repair	Encapsulate	Enclosure
	Yes No	N/A							te	(b
Basement	X		Pipe I	nsula	tion	50 LF	X			
			<u> </u>							
							_			
Name of Registered Waste Hauler	<u> </u>	NJDEP W	lasto Cubio	Vordo	None of	D				
FA 1	ŀ	Hauler ID	No. of Was		The state of the s	Registered Landfill		,	_	s. N
EPC Technologies City, State		1700		al Date	City, State	e Manage	nen	t u	EX	W
	NJ			3-13		isville f	A			
Completed by	Title	1		gnatuse		Da	te	_		
Steve Schenker	Presid	knt		Sland	DAK.	1		20)-i.	3

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

J	C 71	(Pı	ırsuan	t to NJA	C 8:60 ar	nd 12:12	0)	CK	3	734		. ,		-7
Date of Notification (1) 11/21/13			Name o Mike	of Buildin Masuco	g Owner/ ci (Priva	Operator ate Hor	r (2) me)	V			:		5 .5	
Agencies Notified Type Notifica	tion	1000		Address orth Cap	otains D)r				-	_ ^	A12		
DEP Amende	nent #			ate, Zip (gg Har	Code rbor NJ	08070				HO/1 5	h	JU		
▼ DOH justificat □ DCA Cancella		1		of Contac						lephone No 09-549-09			-	
			FAC	ILITY IN	FORMAT	ION	-			70 0 10 0.				
Name of Facility Where Abatement is T Mike Masucci (Private Home)	aking Place (3)						_	of Facility School (K-						
Street Address 17 North Captains Dr								Subchapte Other (i.e.	r 8 (Oth	ner than K-	(2) Sial bu	ildings	s, hom	nes,
City (5) little Egg Harbor NJ 08070							Squa	etc.) are Feet 0+	# 0	of Floors		Bldg. 35+	Age	
County (6) Ocean				Code (7) USE ONL		-544		ent Use (Pr		ing demolis		35+		
Name of Monitoring Firm Hired by Build N/A	ing Owner (8)		ASC	M No.		Name Pern	of Aba	atement Co	ntractor	(9)				
Street Address					- 100	Street	Addre	ss						8 11100
City, State, Zip Code							tate, Z	ip Code						
Project Manager for Monitoring Firm								in NJ 080	091					
			elepho			Teleph 856-7				License N 00727	10.			
Start Date (10) 11/22/13	Scheduled 11/24/13		oletion	Date (11)	Name Same		HA Monitor						
Occupancy Status During Abatement (C						Street								
Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe:	ire Period of Ah	ateme	ent					ip Code					-	
Scope of Work (Check All That Apply)					_									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	processor.	novatio molitio	500			×	Mir Glo	ll Containm ni-Enclosur ovebag Pro n-Exempte	e cedure				e.	
		ocatio						•				Abat	emen	t
Location of Asbestos-Containing Material (ACM)		rmally Solely		Asha		scription		44040		**************************************	-	1)	/pe	
TO BE ABATED In Facility (13)	Custod	tenand dial Sta (12)		(i.e	stos Cont thermal surfac	systems cing, VAT niscelland	insula T, or	ation,	(S	mount specify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes I	No	N/A		oulei II	iisceiian	eous)				val	air	ulate	sure
Exterior siding			х		Exte	rior sid	ing		10	000Sf	x			
		_	_											
		-					_							
Name of Registered Waste Hauler		NJE	DEP Wa	aste	Cubic `	Yards		Name of	Reniste	red Landfill				
United containers		Hau 224	ler ID I 59	No.	of Was	10000000		G.R.O.		CG Lanuilli				
City, State Elm NJ					Dispos 11/24/	al Date /13		City, State Morrisv		19067				
Completed by	Title					gnature	1		- , , ,	Da	te	V.	-	

Anthony T Perna

President

11/21/13

State of NJ

D&S Proj. #: 2013-443			ation of Asb ant to NJAC		Abatement and 12:120)		RECE VIBNOV 25 IN ELICENSIN	· 1: s				
	I Nama of E	uilding Owns	r/Operator (2)			Ċ	13 NO.	VYEC)			
Date of Notification (1)	1 1 10000000000000000000000000000000000					63	· <5 /-	ks'				
Agencies Notified Type Notification		City Saving	gs Bank			/	<u> </u>	73.5				
EPA Initial	Street Add	ress				(ELICE COL	· ·				
☐ DEP ☐ Amended	80 Wes	t Century R	oad				~ CR37/!	/Mar				
Amendment #:	City, State	, Zip Code					-14	4.				
DOL Emergency	Parami	ıs, NJ 076	52									
DOH (including justification)	Name of C	ontact				- 110	Telephone	Number				
DCA Cancellation	George	e Siolos					=	vii ii				
		FACII	LITY INFORM	IATION				į.				
Name of facility where abatement is	taking place (3)						Type of Facility (4	l) (K - 12)				
TT 1 G': G : D l-						П		Access to the			40)	
Hudson City Savings Bank						- 1		pter 8 (Ot Private/Co			12)	
Street Address							Bldgs./l	Homes, et	c.			
411 greenmount avenue						. 1	Square Feet	# of Floors	•	Blo	ig. A	ge
City (5)	County (6)				ty Code (7)							
cliffside Park	BERGEN			(State	use only)		Current Use (Pr	ior if being	dem	olishe	d)	
Name of Monitoring Firm Hired by E			ASCM No.	ш	Name of Abateme	ent C	Contractor (9)					
					D & S RESTO)R A	TION, INC.					
Street Address					Street Address		111011, 2101			_		
Oli Cot Address					20 California	Av	e.					
City, State, Zip Code				— l t	City, State, Zip Co			-				
Only, Olate, 2.p Code					Paterson, NJ		503					
Project Manager for Monitoring Firm		Phone Numb	er		Telephone Number		705	License	Numb	er		
r reject manager to: memering t am					973-345-80			01	169			
Ob - 1 Date (10)	Sched. Comple	ation Date (11		 T	Name of OSHA M	lonit	or	-				
Start Date (10)	Scried. Comple	stion Date (11)		D & S Restor	ratic	on, Inc.					
11/29/1313	12/16/13			[Street Address							
Occupancy Status During Abatemen					20 California	Ave	enue					
Facility closed/vacated during					City, State, Zip Co	ode						
Abatement performed outside Describe:	70.	ours-		_11								
Other-Describe: NORMAL H	OURS			- 11	Paterson, NJ	075	503					
Scope of Work (check all that apply	·)					□ F	full Containment w	/negative	press	ure		
	Renovation						Mini-enclosure					
>160 sf or >260 lf	Demolition						Glovebag procedur Non-Exempted (*)		riahle	nroce	dure	۵.
1	Is location normal	ly used solely	,				ton Exempted ()	and Horr	R	R	E	
Location of asbestos-containing	by maintenance/c		1	ion of as	bestos-containing	1	Amount		e m	e	n	E n
material (acm) to be	staff(12)		material			•	(Specify S LF)	For	0	p a	c a	С
abated in facility (13)	Yes No	N/A			*				v e	i	р	L
BASEMENT	X		PIPE INSU	JLATIC	ON		240 l ft		X			
				**								
						-						T
Registered Waste Hauler	NJDEP Haule	er ID# C	ubic Yards of	Waste	Name of Registe	ered	Landfill					
D & S RESTORATION, INC.	13506	3	3 yds		TULLYTOW	N, 1	RESOURCE RE	ECOVER	Y	-		
City, State		Disposal D			City, State		URLSS (I					
PATERSON, NJ 07 503		12/02/1		-=-	TULLYTON	VN,	PA	-	LTE			
Completed by Firint or Type'	Title		Signature					Date	100			
HOGDAN IOLDZIC	J'RESID'ENT		1					11/13	1)			

PRESIDENT

Point use this form to asbestud licensure exampted a stivities

D&S Proj. #: 2013-441

State of NJ

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

D&S Proj. #: 2013-441	71	(Pursi	uant to NJA	C 8:60	and 12:120)	130E & L	REC			3		
	T Namo (of Building Own	ner/Operator (2	1		:3/13		-141	()		_	
Date of Notification (1) 1 1 1 1 8 1 3	100.00000000000000000000000000000000000	CE RUBEN:	1	.,			10 V 25	FM a				
Agencies Notified Type Notification						-30E	Ston	<u> </u>	104	2		
☐ EPA ☐ Initial ☐ Amended	197 J	NWOOD A	VENUE			& L	ICE C	ONTO				
Amendment #:	City, St	ate, Zip Code					-150	ING"	ા			
DOL Emergency	Upp	er Montclair,	NJ 07043				-			8		-
DOH (including justification)	Name o	f Contact				T	elephone l	Number				
DCA Cancellation	FEL	ICE RUBEN	ISTEIN				=		_			
		FAC	CILITY INFORM	MATION								
Name of facility where abatement is	taking place (3)					Type of F	Facility (4) School ((K - 12)				
FELICE RUBENSTEIN							Subchap	ter 8 (Ot	her th	an K-	12)	
Street Address							Other (Pr Bldgs./Ho			rcial		
197 INWOOD AVENUE						Square		of Floors		Blo	lg. Aç	je
City (5)	County (6)			100000000000000000000000000000000000000	nty Code (7) e use only)	Current	Use (Prio	r if heind	dem	olishe	d)	
Upper Montclair	ESSEX	4-1						7 11 DOI 19	,		-/	
Name of Monitoring Firm Hired by E	3ldg. Owner (8)		ASCM No.		Name of Abatemen		24					
					D & S RESTOR	RATION, I	NC.					
Street Address				- 11	Street Address							
City State Vin Code			-		20 California A City, State, Zip Code							
City, State, Zip Code					Paterson, NJ 0							
Project Manager for Monitoring Firm		Phone Num	ber		Telephone Number	7505	TI	icense l	Numb	er		
,					973-345-8020)		01	1169			
Start Date (10)	Sched. Com	pletion Date (11)		Name of OSHA Mo							
12/05/1313	12/16/13				D & S Restorat	ion, inc.		of the second				
Occupancy Status During Abatemen	t (Check only or	ie)			20 California A	venue						
Facility closed/vacated during Abatement performed outside	entire period of a	abatement.			City, State, Zip Code	Э						
Describe: NORMAL H				-11	Paterson, NJ 0	7503						
Scope of Work (check all that apply						Full Contai	nment w/r	egative	press	ure		
$\boxtimes > \underline{3} \text{ sf or } > \underline{3} \text{ If}$	Renovation					Mini-enclo	sure					
≥160 sf or ≥260 lf	Demolition				¥	Glovebag Non-Exem			riahle	proce	dure	1
Location of	Is location norm	nally used sole	ely			T NOTE EXCIT	pica () ai	id Holl I	R	R	E	T
asbestos-containing	by maintenance staff(12)	e/custodial			sbestos-containing	0.323	mount		e m	e p	n	E n
material (acm) to be abated in facility (13)		la NI/A	materia	(ACM)	*	(S	Specify SF F)	or	0	a	а	C
	165	lo N/A							e	r	р	<u> </u>
BASEMENT			PIPE INS	ULATI	ON	170 I	FT			부	片	쓔
			4						ዙ	屵	ዙ	ዙ
			-	_					片	片	片	╁┼
			+						H	片	H	H
Registered Waste Hauler	NJDEP Ha	uler ID#	Cubic Yards o	Waste	Name of Registere					<u> </u>		1=
D & S RESTORATION, INC.	13506	ID:	2 yds		TULLYTOWN	, RESOUI	CE REC	OVER	Y			
City, State PATERSON, NJ 07503		Disposal 12/06/			City, State TULLYTOWN	N, PA						
Completed by (Print or Type)	Title		Signature					Date				
BOGDAN JOLDZIC	PRESIDENT							11/18/	/2013	3		
ACD 44	Do not use this	form for asbes	stos licensure e	exempte	d activities.							

ASB-41

State of NJ

D&S Proj.	#: 2013-440	_					os Abatement 0 and 12:120)		ASSE ELIC	RECE	:/v	~		
Date of Notification		Na	ame of B	Building Owr	ner/Operator (2	2)			13 KI	71	. 5	SO		
$\frac{1}{1}\frac{1}{1}\frac{1}{1}\frac{1}{8}$			IIM & I	BARBAR	A ROBERTS	3			Acres	1 35	Charles			
Agencies Notified EPA		tion St	reet Add	ress					P-0/	/)	'' () .	5/:		
	Initial Amended		657 LIN	WOOD A	AVENUE				er 1/0	E. CO.	y_{r}			
DEP	Amendment #:	Ci	ty, State	, Zip Code						10/14	2116	7		
☑ DOL	☐ Emergency		RIDGE	WOOD, 1	NJ 07450						7	-		
☑ DOH	(including justification)	Na	me of C						T-1 '					
☐ DCA	Cancellation	- 11	MARI	LYN BEC	CKER		Э.							
*				FAC	ILITY INFORM	/ATIO	N							
Name of facility w	here abatement i	s taking plac	ce (3)				755 HE 288 EXCESS 1	Ту	pe of Facility					
JIM & BARBA	ARA ROBERT	S							=	ol (K - 12 napter 8 (502	han K	(-12)	
Street Address								11	Other	(Private/0	Comme		,	
657 LINWOO	D AVENUE								Bldgs quare Feet	./Homes, # of Floo		В	dg. A	ge
City (5)		Count	y (6)				unty Code (7)	1 _	4				-5	3-
RIDGEWOOI)	BER	GEN			(St	ate use only)		Current Use (F	Prior if bei	ng den	nolish	ed)	
Name of Monitorin					ASCM No.	'	Name of Abateme	nt Con	tractor (9)					
						- 1	D & S RESTO	RATI	ON. INC.					
Street Address	la La Carte		~				Street Address							
							20 California	Ave.						
City, State, Zip Cod	le		25 -515-				City, State, Zip Coo	de						
91							Paterson, NJ	07503						
Project Manager for	r Monitoring Firm		F	hone Numb	per		Telephone Numbe			License				
							973-345-802				01169			
Start Date (10)		Sched.	Comple	tion Date (1	1)		Name of OSHA M		Ta a					
12/09/13		12/20/	13				Street Address	ation,	IIIC.					
Occupancy Status I	During Abatemer	nt (Check on	ly one)			-	20 California	Avenu	e					
Abatement pe	d/vacated during erformed outside						City, State, Zip Coo							
Describe:	be: NORMAL H	OURS				-	Paterson, NJ	07503						
Scope of Work (ch									Containment	w/negative	e press	sure	_	=
≥ 3 sf or >3 If	\boxtimes	Renovation					Ī		enclosure	3				
≥160 sf or ≥2	160 If	Demolition					2		ebag procedu				450200000	
		Is location	normally	used solely	/	-		_ INOn-	Exempted (*	and Non	-triable	Proc	edure	
Location of asbestos-con	ntaining	by mainter			1	ion of	asbestos-containing		Amount		е	е	n	E
material (acm abated in faci		staff(12)	888		material				(Specify	SF or	m o	p a	c a	,n
abated in fact	iiity (13)	Yes	No	N/A					LF)		v e	i	p	L
BASEMENT			X		PIPE INSU	JLAT	ION		41 LFT		×			
						-114								恒
								Ĭ						
Registered Waste H D & S RESTOR		NJDEI 1350	P Hauler	7773370	ubic Yards of YD	Waste	Name of Register TULLYTOWN			ECOVE	ov			
City, State		1550		Disposal D		THE SECOND	City, State	v, RES	OURCE K	COVE	N 1			
PATERSON, N.	J 07503			12/10/1			TULLYTOW	N, PA						
Completed by (Print	** (A)	Title			Signature					Date				
BOGDAN JOLI	DZIC	PRESIDE	NT	22.83	1					11/18	3/2013	3		

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

D&S Proj. #: 2013-445

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

RECEIVED

O					2010	-, 1 C	O_{\perp}			
Date of Notification (1)	Name of Building Own	er/Operator (2)			ELICEN	ಎಸ				
1 1 /1 9 /1 3	linda beckelman					FH 3:	67			
Agencies Notified Type Notification EPA Initial	Street Address				25/05	STILLY -				
DEP Amended	8 remer avenue				C LICEN	SUP RI)/			
Amendment #:	City, State, Zip Code									
☑ DOL ☐ Emergency	SPRINGFIELD, N	NJ 07081								
DOH (including justification)	Name of Contact				relephon	e Number				
☐ DCA ☐ Cancellation	linda beckelman									
	FAC	ILITY INFORMA	ATION							
Name of facility where abatement is ta	aking place (3)				Type of Facility	(4) ol (K - 12)				
linda beckelman					=	apter 8 (Ot	her th	an K-	12)	
Street Address						(Private/Co			/	
Street Address						/Homes, et		DIA	g. Ag	70
8 remer avenue	T.O(0)			t. O-d- (7)	Square Feet	# of Floors		Diu	y. Ay	je
City (5)	County (6)			ty Code (7) e use only)	Current Use (F	rior if being	demo	olishe	d)	
SPRINGFIELD	UNION	70.555 %	3		Curront coo (i				×	
Name of Monitoring Firm Hired by Bld	ig. Owner (8)	ASCM No.	<u> </u>	Name of Abatement (Contractor (9)					
	0.000			D & S RESTORA	ATION, INC.					
Street Address				Street Address						
			_	20 California Av	e.					
City, State, Zip Code				City, State, Zip Code						
			_ .	Paterson, NJ 07: Telephone Number	503	TLicense	Numb	or		
Project Manager for Monitoring Firm	Phone Numb	ber		973-345-8020		Commence of the Company	169	CI .		
			_	Name of OSHA Moni	tor					
Start Date (10)	Sched. Completion Date (1	1)		D & S Restoration	on, Inc.					
12/03/1313	12/12/13			Street Address						
Occupancy Status During Abatement (20 California Av	enue					
Facility closed/vacated during en	itire period of abatement. i normal facility hours-			City, State, Zip Code						
Describe:			-11	Paterson, NJ 07	503					
Other-Describe: NORMAL HOU	JK5				Full Containment	w/negative	press	ure		
Scope of Work (check all that apply) Sopremble 3 sf or >3 lf	Renovation				Mini-enclosure	ga	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-5.50		
	Demolition				Glovebag proced					
	s location normally used sole	ılvl			Non-Exempted (*) and Non-	R	R	E	
Location of achestos-containing	oy maintenance/custodial		ion of as	sbestos-containing	Amount		e m	e	n	E n
material (acm) to be	staff(12)	- material			(Specify LF)	SF or	0	a	a	C
abated in facility (13)	Yes No N/A				2.7		v e	i	р	-
BASEMENT BOILER, rec. rms. crawl space	X	PIPE INSU	JLATI	ON	88 l ft		X			
BASEIVEAU BOREAU, ICC. IMS CHANGE										
										10
										旦
Registered Waste Hauler	NJDEP Hauler ID# 13506	Cubic Yards of	Waste	Name of Registered TULLYTOWN,	Landfill RESOURCE R	ECOVER	Υ			
D & S RESTORATION, INC.	Disposal	1 yds Date		City, State	TOO OROD I	_cc , Li	-			
City, State PATERSON, N. 07503	12/04/			TULLYTOWN	. PA					
	TRU.	Jigna turc				Date				
LOGDANICI DZIC II	PRESIDENT	<u> </u>				11/19	/20) === =	=	
	Do not use fais form for aspe-	tos licer sure e	y Ciripte	d activiti -s.						

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

	5	NOT		ATION	OF ASB	w Jersey ESTOS ABATEN C 8:60 and 5:16)		Ck	# /	25 PE	35 CE	Y 71,50
Date of Notification (1)	/22/12			Name	of Buildin	g Owner/Operator	(2) te for Advan	ced Studys	1 KI	1/2		- ED
	/22/13		_	Ctroot	A ddraga	Histitu	ic for Advan	ccd Brudy	-		7	79
Agencies Notified	Type Notification Initial			Street	Address		Einstein Dri	ve 🤌	17/6	? <u>s:</u> ,		73°. —3°.4∂
EPA DEP DOL	Amended Amendment #			City, S	tate, Zip C		inceton, NJ 0		,07	1/3	WA	PROV
DOH DCA	☐ Emergency (ir justification) ☐ Cancellation	iciuding		Name	of Contac							
				EAC		ORMATION						I
Name of Facility Where	Abstament in Takin	a Place /	3/	FAC	ALIT INF	ORIVIATION	Type of Facility	(4)				
	Maintenar			ıg			School (K-1		2)			
Street Address	Einste	ein Dri	ve_	(8)			Other (i.e., p	rivate & commerci	al build	580		
City (5)		- Page					Square Feet	# of Floors	BI	dg. A	50000	
	Pri	nceton	_			- (OTATE	5,000	_ l	_	6	0	_
	Mercer			USE	ONLY)	7) (STATE	N	rior if being demoli Iaintenance S				
Name of Monitoring Fire (8)	m Hired by Building MECS	Owner	Τ,	ASCM I	No.		nent Contractor (9 vens Environ	mental Service	es, Ir	ıc.		
Street Address		1	-1-			Street Address		3ox 322				
Otto Otata Zia Cada	PO Box 34	1				City, State, Zip C		30X 322			_	_
	Crosswicks, NJ	08515						n, NJ 08501				
Project Manager for Mo				phone I		Telephone No.	50.0699	License No.	0040	2		
	Veisgarver Jr.				<u>8-4070</u>		59-9688	1	00493	3		_
Start Date (10)	Sche	duled Co			te (11)	Name of OSHA		IECS				
12/6/13 Occupancy Status Dur	ing Abatement (Che		/16/	13		Street Address	141	ECS			-	=-
★ Facility Closed/Vaca	ated During Entire P	eriod of A	bater					341				_
☐ Abatement Perform ☐ Other - Describe:	ed Outside of Norma 5pm Friday Sa	turday:	Hour s on	s ly		City, State, Zip C		ks, NJ 08515				_
Scope of Work (Check	all that apply)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Ren Den	novation			☐ Mini-En	ntainment with Ne closure ag Procedure					
		lola	ocatio	n		□ Non-Ex	empted (*) and N	on-Friable Procedu		Abate	ment	
		No	mally						'	Typ		
Location Asbestos-Containing		Used : Maint			Ashes	Description of tos Containing Ma		Amount			70.00	
TO BE ABA		Cus	stodia	C10000		, thermal systems	insulation,	(Specify	Remova	Repair	Encapsulate	Enclosure
IN Facili (13)	ity	300	taff? 12)			surfacing, VAT other miscellane		SF or LF)	lova	air	apsu	osu
(13)		Yes	No	N/A		other micronario	- uo,		-		ılate	6
Shop A	reas			×		Thermal Pir	oing	130 lf	×			
Name of Registered W	aete Haulor		LNI	JDEP V	Masta	Cubic Yards	Name of Poo	istered Landfill				
Stevens Enviror		es Inc		lauler ID	No.	of Waste 3 CU	Ivallie of Neg	T.R.R.F. I	nc			
City, State	michtal Belvie	os mo.	- -	182	.74	Disposal Date	City, State	1.10.10.1.1				-
•	Allentown, NJ	08501				12/16/13/	47	Tullytown,	PA.			
Completed By	Titl	е				Signature	17/	Date				
Mahlon E. St	tevens	Pro	oject	t Man	ager		1/		11/2	22/13	3	

ASB-41 MAR 00

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

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

10 Migh		NC				SBESTOS ABA AC 8:60 and 5:1		A	PEN	200		
Date of Notification (1)	50	13				ing Owner/Operator eland / Job #131		\$\frac{3\frac{3}{3}\frac{1}{3}}{6}	PECL	1/2	Er	
Agencies Notified	Type Notific	cation			et Address		1	As .	<5	-7.	•	
⊠ EPA	☐ Initial	×		10000	Maria Cara Cara Cara Cara Cara Cara Cara	lood Street		رزن عم	1	A 3.		
⊠ DOLWD		(Table)			State, Zip			4//	0 6:11	10,740	(1)	<u> </u>
☑ DHSS	Amendn					NJ 08362		~<	松沙	Tan		
☐ DCA (NJAC 5:23-8)	☐ Emerger justificat		ng	-	e of Conta	The contract of the contract o	<u> </u>	1		100	/	
(10110 0.20 0)	☐ Cancella				ıs Foster	sme.						
*		220-200										
Name of Facility When	e Ahatement is	Taking Pla	co (3)		CILITY	NFORMATION	TT (5 1111	10				
V.M.E.U	c / ibatcifiefft is	Taking Fla	ce (3)				Type of Facility					
Street Address							School (K-1		K-12\			
519 Quince Stree	+						Other (i.e.,	orivate and con	nmercial I	ouildir	igs,	
City (5)					- 100		homes, etc.	737			1000000	
Vineland							Square Feet	# of Floors	E	3ldg. /	Age	
County (6)	-		-	Cou	inti Code /	TVOTATE LIGE ONLY						
Cumberland				1000	ility Code (7)(STATE USE ONLY)	Current Use (P	rior if being der	nolished)			
Name of Monitoring Fir	m Hired by Ruil	dina Owno	r /0\	ASCN	1 Nie	[N	Utility					200
NA	III Tilled by buil	ding Owne	(0)	ASCIV	I NO.	Name of Abatem	-)				
Street Address						AbateTech, I	nc.			-220		
Olicot Address						Street Address						
City, State, Zip Code						30 Maple Ave						
Oity, Glate, Zip Gode						City, State, Zip C						
Project Manager for Mo	mitoria - Firm		1			Lumberton, I	NJ 08048					
Project Manager for Mic	onitoring Firm		16	lephone	No.	Telephone No.		License No).			
Start Date (10)	17	S-1 - 1 1 - 1	\perp			609-265-2107		00529		43		
10.000		Scheduled				Name of OSHA M						****
11 /18				22_ /	13	EMSL Analyt	ical					
Occupancy Status Duri						Street Address						
☐ Facility Closed/Vaca	ited During Entil	re Period o	f Abat	ement		200 Route 13	0 North					
☐ Abatement Performe Time of Abatement:	Ed Outside of No	ormal Facil	ty Ho	urs - Des	scribe	City, State, Zip Co	ode					
				/i	_AIVI	Cinnaminson	, NJ 08077					
Scope of Work (Check a	all that apply)					_						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit				ainment with Neg losure p Procedure	gative Pressure				
			8000	350		⊠ Non-Exer	mpted (*) and No	n-Friable Proce	edure			
			s Loca							atem	ent T	vne
Location Asbestos-Containing			Norm	ally lely by		Description of				_	T	-
TO BE AB		M	ainten	ance/	Asbe	stos Containing Mat ., thermal systems i	terial (ACM)	Amount (Specify	Remova	Repair	Encapsulate	Enclosure
IN Faci		Cus	todial (12	Staff?		surfacing, VAT,	or	SF or LF)	ova	₹.	nsd	Sur
(13)		Yes	No	1	1	other miscellaneo	ous)				late	O)
Exterior				() (4.53.53)	_							_
-vrei ioi					Transite	9		100 LF				
										П	П	П
	2///2											
			П								_	ᆜ
lame of Registered Was	ste Hauler			LIDED	Vasta 1	0.11-1/						
AbateTech, Inc.	ole i idulei			NJDEP V Hauler ID	THE STATE OF THE S	Cubic Yards of Waste	Name of Regist		-			Sec
				18750		12	G.R.O.W.S.	Landfill				
ity, State						Disposal Date	City, State				,	
Lumberton, NJ						11/22/13	Tullytown,	PA				
ompleted By (Print or T		Title			2272	Signature	2		Date ,		2002	
Gwendolyn Trumbe	etti	Operati	ons	Coordi	nator	()	111		u/l	9/	13	,
B-41							111		11	-1	() S	

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

Notrock

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

1310-4699 Check #

Date of Notification ((1) 11/20/13			Nam	e of B	uilding	Owner / Operato	or (2)	21.	FIVED				
Agencies Notified	Type Notific	ration		Stree	t Add	omm	unications	-4/	HOY DE					
⊠ EPA	Type Houne	ation		100	Greei	าพกก	d Ave	L.	-0	FM 3. 3.	E			
☐ DEP	☐ Initia	al		City.	State	& Zip	Code	30	-372	5 (
□ DOL	Ame Ame ■	ended #3		1955,000			A 19046	E	Liren	OHTEO.				
□ DOH	☐ Eme	ergency	-			ontact			THE STATE	THIS THE	Telent	000	Nlum	hor
☐ DCA	Can	cellation].	Alex	Bayl	or				PH 3: 20 CHIRDL				
					CILIT	Y INF	ORMATION							
Name of Facility Wh		ent is Taking P	lace (3	3)			Type of Facil					.51.55		
Verizon- Rutherfo	ord CO						School (
Street Address									Other than					*
30-40 Orient Way										mercial buildi		O CALL DO NO	etc.)	
0:/ (5)		To	10				Square Feet		# of Floo	rs	Bldg. A	ge		
City (5)		County (6)	Co	unty	Code	(7)								
Rutherford		Bergen					Current Use	(Prior	if being de	molished)				
						2-1111-11-11-1	Offices							
Name of Monitoring		by Building Ow	ner (8)		AS	CM No			t Contract	or (9)				
USA Environment	tal						AbateTech,							
Street Address 8436 Enterprise A							Street Addres	SS						
City, State & Zip Coo							PO Box 25 City, State &	7in C						
Philadelphia, PA							Lumberton							
Project Manager for		Firm	Teler	hone	Num	ber	Telephone N	_	11200	License	Numbo	-		
Mark Jenkins	g.		215-3				609-265-210			License	008			
Scheduled Start Date	e (10)	Scheduled Cor	mpletio	n Da	te (11)	Name of OSH		nitor					
11/4/13			11/29		1		EMSL Analy							
Occupancy Status D	uring Abate	ment (Check o	nly one	=)		2000	Street Addres	ss						
		During Entire			ateme	ent	108 Haddor							
	erformed O	utside of Norm	al Ho	ırs			City, State &					301		
Describe:		4.					Westmont,	NJ 08	3108					
Facility Occu														
Scope of Work (Che	ck all that a	pply)							FII 04			_		
≥3 sf or ≥3 lf				Par	novatio	an.		H	Mini-Encl	ainment with	Negativ	e Pre	ssur	е
≥160 sf ≥260			H		nolitio	70.000		H		osure g Procedures	8			
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Loc	cation of		ls l	ocat	ion	T	Description		TYON EXCI	Amount				Type
	s-Containin	ng			Used		Asbestos-Cont	taining		(Specify	A	T	T	Type
	rial (ACM)			olely			Material (AC			SF or LF)	2	7	Ц	1 m
	E ABATED		No. 100 to the contract of		ice or		(i.e., thermal sy insulation, surface				Neilloval	T e	ICA	nc
III	Facility (13)		Cusic	(12)	Staff?		or other miscella				<u>a</u>	Repair	Encapsulate	Enclosure
	(.0)		Yes	No	N/A								ate	. G
Small Roof			\Box	П			Roof flash	ina		1,100 SF	×	\vdash	+	
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Name of Registered	Waste Haul	er		NJ	DEP V	Waste	Cubic Yards	Nam	e of Regist	ered Landfill				_
				Ha	uler II		of Waste		J					
AbateTech, Inc					187	50	6	TRR	F Landfil	I				
City, State							Disposal Date		State					
Lumberton, NJ			<u> </u>			Y MANAGE	11/29/13	Tully	town, P	A				
Completed By (Print	or Type)			Tit			Signature	+		2001	Date			ii ii
Gwen Trumbetti		¥		Ob	ps. C	oord.	MU	J			11/2	0/13		
							0							

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

1310-4706 Check #5740 RECELL

Date of Notification				Nan	ne d	of Bui	ilding	Owner / Operato	or (2)	43/3	Mov 25 /	1/	-N		
Agencies Notified	11/20/13 Type Notific	eation				on Co Addre		unications		-,	JOH ST		-0		
EPA	Type Nounc	allon						d Ave.		#3 _{0%}	, '' /	19 2	2200		
☐ DEP	☐ Initia	ıl				ate &				87	143 0	U,	च्य	_	
□ DOL		nded #3		Jen	kir	ntow	n, P	A 19046		ζ.	10EN 501	170			
□ DOH		rgency		Nan	ne c	of Co	ntact				Al-				
☐ DCA	☐ Cano	cellation		Ale	х В	Baylo	r								
				F	AC	ILIT	Y INI	FORMATION							
Name of Facility Wh		ent is Taking P	lace	(3)				Type of Facil							
Verizon- Woodbr Street Address	idge CO							School (· · · · · · · · · · · · · · · · · · ·				
138 Main Street										ther than K-					
Too main offeet								Other (i. Square Feet		# of Floors				etc.)	
City (5)		County (6)	IC	ounty	/ Co	ode (7)	- oquare reer		7 01 1 10015	P	ldg. A	je		
Woodbridge		Middlesex				(. ,	Current Use	(Prior if	heina demol	ished)				
								Offices	(oung donnor	ionouj				
Name of Monitoring	Firm Hired b	y Building Owr	er (8)		ASC	M No		tement	Contractor (9	9)				-
ESIS			385					AbateTech	, Inc.		· X :				
Street Address	as doth mis							Street Addres	ss					0	
10 Exchange Plac City, State & Zip Co.		or						PO Box 25	7: 0 1						
Jersey City, NJ 0								City, State & Lumberton							
Project Manager for		irm	Tele	phon	e N	lumb	er	Telephone N		040	License N	ımber			
Brian Kingsbury			201-	356-	51,6	66		609-265-21			2.001.0014	005			
Scheduled Start Dat	e (10)	Scheduled Con			ate	(14)		Name of OSI		tor					
11/4/13 Occupancy Status D	uring Aboto	mant (Chapters		3/13		_)		EMSL Anal							
Facility Clos	ed/Vacated I	During Entire P	ily on eriod	e) of Al	bate	emen	nt	Street Addres 108 Haddor	7.7						
Proposition 1		utside of Norma			Dutt	Cilion		City, State &		Δ				-	
Describe:								Westmont,	STORES OF THE PROPERTY OF						
Facility Occu										••					
Scope of Work (Che	ck all that ap	ply)						31.00.338	_	A 50 500 50 50					
≥3 sf or ≥3 If				Do		4:				ull Containm		egative	Pre	ssur	е
25 31 61 25 11 ≥160 sf ≥260		8	M			vatior olition				Mini-Enclosur					
	,			De	ino	MUON				Blove Bag Pr Ion-Exempte		Crickl	. D.		
Lo	cation of		Is	Loca	tior	n T	-	Description		ion-Exemple	Amount	Δh	e Pro	ent	Type
	os-Containing	g		nally				Asbestos-Cont	taining		(Specify		T	T	Type
	erial (ACM) E ABATED	54	S Mair	olely				Material (AC (i.e., thermal sy			F or LF)	Rer		E	ш
	Facility		Cust			300000000000000000000000000000000000000		insulation, surface				Remova	Repair	cap	nclo
	(13)			(12)				or other miscella	aneous)			<u>m</u>	air	Encapsulate	Enclosure
			Yes	No		N/A								e	
Roof			H	L L				Roof Seal			20 SF				
Roof Roof			ዙ	뷰			_	Coping Stone			120 LF				
NOOI		-	+	Η	1			Vent Caulk	ring		26 LF			Ц	
			H	H	+	$\dashv \vdash$						井	님	님	쓔
			Ħ	Ħ	ΙĖ	\dashv						井	님	H	H
Name of Registered	Waste Haule	er		N.	JDE	EP W	aste	Cubic Yards	Name o	of Registered	l l andfill		Ш	Ш	
AL-4-T-1					aule	er ID	No.	of Waste	ii.	· ·	Larrann				
AbateTech, Inc					1	8750)	6		Landfill					
City, State Lumberton, NJ								Disposal Date 12/6/13	City, St	ate own, PA					
Completed By (Print	or Type)			Tit	tle			Signature	· anytt	7 VIII, F A		Date			
Gwen Trumbetti						s. Co	ord.	V1.	A			11/20)/13		

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

Date of Notification (1)				Name	e of Buildir	ng Owner/Operator (2) 112 11-					
11 /	20 /	13		We	est-Ward	ng Owner/Operator (Pharmeceutical	rais Mely J	ob #1310-47	17 Che	ck #5	783	
Agencies Notified	Type Notific	cation		Stree	t Address		Asstsio. & Lice	., 0, ,	. A			
⊠ EPA				1 2 3 5	sterbroo	ok Lane	- Pot 0/00	(F DETE				
□ DOLWD	☐ Amende	7		City	State, Zip	Code	- CLICE	WS102 1901			-	
□ DHSS	_ Amendn					NJ 08034		mulhi T				
	☐ Emerger		ling		e of Conta			Telephone N				
(NJAC 5:23-8)	justificat ☐ Cancella			100000	hn Rebei			I Televirone Ki	IIMNAT			
	L Cancella	3011	T 10									
Name of Facility Where Ab	otomont is	Toking Di	200 (2)	FA	CILITY	NFORMATION	T					
		raking Pia	ace (3)				Type of Facility					
West-Ward Pharmac	euticais						School (K-1	2) 8 (Other than K	12\			
Street Address							Other (i.e., p	private and com	mercial b	uildin	as.	
2 Esterbrook Lane							homes, etc.					
City (5)							Square Feet	# of Floors	В	ldg. A	ge	
Cherry Hill												
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (P	rior if being dem	olished)	92 - 175		
Camden					20	· · · · · · · · · · · · · · · · · · ·	Office	3				
Name of Monitoring Firm H	lired by Bui	ldina Own	er (8)	ASCM	No	Name of Abateme	7.115.77	1				
1 Source Safety & He			o. (o)	7.00	110.	AbateTech, I		,				
Street Address	Juitii						110.					
140 South Village Av	o Suito	120				Street Address	DO D 05					
	e., Suite	130				30 Maple Ave						
City, State, Zip Code						City, State, Zip Co						
Exton, PA 19341					×	Lumberton, N	NJ 08048					
Project Manager for Monito	oring Firm		Te	lephone	No.	Telephone No.		License No.		- 17		
Brian Hovendon				610-524	1-5525	609-265-2107	1	00529				
Start Date (10)		Scheduled	Comp	letion Da	ate (11)	Name of OSHA M	lonitor					
12/_4_/_	13	12_	. /	11_ /	13_	EMSL Analyt	ical					
Occupancy Status During A	Abatement ((Check on	ly one)			Street Address				54.00		_
☐ Facility Closed/Vacated		•		tement		108 Haddon	Δνα					
Abatement Performed C					scribe						J	
Time of Abatement: 7A	M- <u>3:30</u> PM/	3:30PM-1	<u> 1:30</u> A	M		City, State, Zip Co						
Scope of Work (Check all to	hat annles					Westmont, N	J 08108					
Scope of Work (Check all t	nat apply)					M Full Cont	ainment with Ne	antivo Programs				
≥3 sf or ≥3 If		\boxtimes	Renova	ation		☐ Mini-Enc	losure	gative Pressure				
≥160 sf or ≥260 lf			Demoli	tion			Procedure					
						Non-Exer Non-Exer	mpted (*) and No	n-Friable Proce	dure			
			Is Loc						At	atem	ent T	уре
Location of Asbestos-Containing Ma		a L	Norm Ised Sc	olely by		Description o		1200 111 1150	Z	Z	m	ш
TO BE ABAT			Mainter		ASD6	estos Containing Ma e., thermal systems i	terial (ACM)	Amount (Specify	eme	Repair	nca	nclo
IN Facility		C		I Staff?	(surfacing, VAT,	or	SF or LF)	Removal	=	psu	Enclosure
(13)		-	(12	-	-	other miscellane	ous)		1-		Encapsulate	e,
		Ye	s No	N/A			525					
Production Area				\boxtimes	Floor ti	ile & Epoxy	337.	3,500 SF				
Production Area				\boxtimes	Mastic	(NF)		3,500 SF	\boxtimes			
						8				П	П	П
8						-				П	П	
Name of Registered Waste	Hauler	, 110 - C-1		NJDEP	Waste	Cubic Yards of	Name of Regis	stered Landfill				
AbateTech, Inc.			100	Hauler II	D No.	Waste	TRRF Land					
City, State				18750)	12		uriii				
						Disposal Date	City, State	200				
Lumberton, NJ						12/11/13	Tullytown,	PA				
Completed By (Print or Type	e)	Title				Signature)		Date .	,		
Gwendolyn Trumbett	i	Oper	ations	Coord	inator		nut		11/20	113		
ASB-41		1	***				7)		11/0	()		
MAY 11		* Do n	ot use	this form	for asbes	tos licensure exemp	ted activities.					

MAY 11

OF THE

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

RECEIVED

Date of Noticeman :		Numa of Sec	эно СипетОрегаю	F		240	15
11/18	2013		Jamin			10 / 25 E	
Agencies Notified	Type Norficialon El initial	रुस्स्म मतसम्	55		noco	Mov 25 PM	1.30
X 064 WE	. C) Amended Amendansol ≠	Unit State 7	Broadw		e.	ICFACONT	7.3
DUCK	Xi margasa v rachading pestitication	Pas	saic L	lue. 0	7055	13/46	OL.
(RUAC 5 23-8)	i Ganda Karyri ∐ Ganda Karyri	- NOW THE TOTAL TOTAL	tace		Telephone M	umbar	
Name of Francisco		FACILITY	INFORMATION	Kaminou	N		
Priva	o Adalament sa Tallang Place (1 4e	1		Type of Facility School (K.)			freisen sa
Greet Address	badway An			— ∏ Rets teactor ▼ Other is a	F Other Stan R	171	
12189 4 . 1	1	16.	the state of the s	Square Feet	# of Figure		
Passa in	c N.J.			4,000	2	105	
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Hame of Mordorno Fi	or Hired by Building Chymat (s)-	ASCH NO	Name of Abuter	nent Contractor (C	ļ — — — — —	and a second section of the second section of the second	**************************************
Street Address	11		Street Address	Qualit	y Const	ruction LI	LC.
Orty: Stare Zip Code		A	22-Na	ni Ord	len P	lace	
			Hack p	A		07601	
Project Manager for No	evier ag Form - T	siephone No	Telepinos- Mo	113468	TANGER JAN	0/601	
Start Date (10)	Screduled Comp		Name of OSFA	Montes		-	
11 19	a Assistment Check only one	6 2013	EMSL,	ANALYT	MCAL.	INC.	
🗶 Flaciality Clinical Macia	led During Entire Peneri of Aba	January .	DERMI ADDRESS	t. 38th.			
J Audentius Ferture Ture of Abuternan	d Outside in Normal Larum (In AlstPulpr	urs Costale. 4AM	Fary State Zip C	100	9		
Scope of Work - Check a	al that apply)	1 Marie - The Committee of the Section of the Secti	146m	York. 1	1. Y. 100	18	
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out door)	500	_ Rog	fing Male	rial	3,000	X D D	
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orga of Registered (Yas	B. A.	WOEP Waste	Subst Yards of	Name of Rep. st	erari i anciri		
Haron qua	lity Co.	003967	TBP Disposal Dale	Minery	d Inte	rdrise in	4 C
	sack N.J.		TBP	City, State	sbure.	مر مام	Opt. Mark
ompleted fiv (Print or 1). Control Los —	squire salet	: 1/4	Signature COde a		mh J	2010	
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CK 3133

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

) 1)			(Pur	suant t	o NJAC 8:	60 and	112:120) 2	7						
Date of Notification (1) 11/21/13	3			ame of IJ Trai	Building Ov	wner/C	A CONTRACTOR OF THE PARTY OF TH	(2)	ECE	TYE	D				
Agencies Notified	Type Notification			treet Ad			-	#13 M	PY 25 ,	e					
	Initial				Plaza E	TOTAL STATE	į,	Find to	-0 1	TH 1:	96				
EPA DEP DOL	Amended Amendment #_		1 300		k NJ 071			-OES	IOS CO ICENSI	16:5-					
	Emergency (inc justification)	luding	N	ame of	Contact			- CS /	CERST	Teler	hane Nu	mher			
DOH DCA	Cancellation		F		Samaro										
Name of Facility Where	Ahatement is Taking P	lace (3)		FACIL	ITY INFOR	RMATI	ON	Type of	f Facility (4)				-	
Radburn Station	Taken of taking t	(0)						-	chool (K-12						
Street Address intersection of Polli	tt Dr and Fairlawn	NJ						X St	ubchapter (ther (i.e. pr c.)	8 (Other	than K-1 commerc	2) ial build	lings,	home	s,
City (5) Fairlawn NJ 07410								Square 1000-	Feet	# of l	Floors		ldg. A 5+	ge	
County (6) Bergin					Code (7) USE ONLY)			Curren	t Use (Prio	r if bein	g demolis	hed)			
Name of Monitoring Firm	n Hired by Building Ow	ner (8)		ASCM 0000				of Abate	ement Con	tractor (9)				-1000
Street Address 1253 North Church	St						-	Address Box 32				a s			
City, State, Zip Code Moorestown NJ 08								State, Zip t Berlin							
Project Manager for Mo			T	elepho	ne No.			hone No			License I	No.			
James Garlardi					10-8815		-	753-98			00727				
Start Date (10) 12/3/13	- 1	2/4/13		pletion	Date (11)		Sam	ie	A Monitor						
Occupancy Status Durin							Street	Address	S						
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire Pe ned Outside of Normal after 8 pm	riod of Al Facility	batem Hours	ent		_	City, S	State, Zip	Code	9			-		
Scope of Work (Check	All That Apply)			ve:	-	¢							12.	3000 (490.0)	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti					Min	Containme i-Enclosure vebag Prod i-Exempted	e cedure	•			e.	
		le l	Location	nn						. ()			Abat	emen	t
Locatio	on of	N	ormall	y.			escriptio					-	T	/pe	
Asbestos-Containin TO BE Al In Fac (13	BATED illity	Maii Custo	d Solel ntenar odial S (12)	taff?		therma surf		Material ns insula AT, or ineous)		(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A	D.4:			Mater	ial 😺		2 If	+	+	-	-
Lobby Clean up E	Benind Benches			Х	IVII	scena	aneous	ivialer	lai	•		-	-	-	-
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				ļ								_	-	-	-
Name of Desistered Mi	acta Hauler		N	JDEP V	Vaste	Cubi	c Yards		Name of	Registe	red Land	fill			
Name of Registered Wa Pernaco Inc	aste i laulei		H	auler ID 1787		of W	aste		G.R.O.				<u>=</u>		
City, State West Berlin NJ						Disp 12/6	osal Dat 6/13	е	City, Stat		19067	1 8			
Completed by		Title					Signatu	re;	7			Date	/12		
Anthony T Perna		Presi	dent					1			į l	11/21	/13		

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

						ASBESTOS ABA AC 8:60 and 12	-120)	RECEIVE	heck #	912	98	
Date of Notification (1)	mbor 40, 004	•	V-1	Name	of Building	Owner / Operator ((2) 4/3	A THE	'A	312	.0	
	mber 18, 201 ype Notificatio				Address	tate Parks Commis	sion	3 Pm	<u>U</u>			
⊠EPA □DEP				Alpine	Approach	n Road	\$ 6 L/	10 10 10 1 1 1 3	7			
⊠DOL ⊠DOH	Initial Amend		20		tate & Zip (, NJ 0762			CENSING ROL				
DCA	Cancell			2/22/10/20	of Contact oph Szegl				alaut	- 61	ha	•
				FA	CILITY II	NFORMATION						
Name of Facility Where		Taking	Place (3)			Type of Facili				_		
Street Address Alpine Approach Road						Subchar	oter 8 (Other than	n K-12) ommercial buildin	gs, hon	ne, e	tc.)	
City (5)						Square Feet 2,000	# of Flo	pors Bi	dg. Age			
Alpine				8			Prior if being der	molished)		55		
County (6) Bergen		U	ounty Code									
Name of Monitoring Firm PM Environmental	Hired by Buil	ding Ov	vner (8)		ASCM N	Synatech, In		or (9)				
Street Address 70 Changebridge Road	d, Building C	5-4				Street Addres 829 Radio Re				10		
City, State & Zip Code Montvale, NJ 07045						City, State & Little Egg Ha	Zip Code arbor, NJ 08087					
Project Manager for Mon Villiam Mener	itoring Firm			lephone 1 3-479-64		Telephone No 609-296-6916		License Nu	mber 0081	7	2375	
Scheduled Start Date (10 December 7, 20		chedule	d Completi Janua	on Date (ary 6, 201	7.5	Name of OSI Synatech, In						
Occupancy Status During Facility Closed/	g Abatement (Vacated Durin	Check g Entire	only one) Period of	Abatemei	nt	Street Addres	(17)					
Abatement Perf	e:		rmal Hours			City, State & Little Egg Ha	Zip Code irbor, NJ 08087					
Facility Occupie Scope of Work (Check a		ement										
≥3 sf or ≥ 50 lf		•	=	Renovatio Demolitio			Mini-Enclosure Glovebag Proce	nt with Negative Presentedure *) and Non-Friable I		re		
Location Asbestos-Containing	g Material (AC	CM)	Solely by	on Norma y Mainter	ance or	Descripti Asbestos-Co	on of ontaining	Amount (Specify	Ab	ateme	ent T	ype
TO BE AS IN Fac (13)	ility	380	Custo	dial Staff	? (12)	Material ((i.e., thermal insulation, surf or other misce	systems acing, VAT	SF or LF)	Remova	Repair	Encapsulate	Enclosure
			Yes	No	N/A	112			oval	air	sulate	sure
team Lines in Baseme	ent				х	Pipe Fittings/		40 LF	Х		Н	T
obby					X	Floor Tile an	nd Mastic	400 SF	$\exists x$			
lame of Registered Was	ste Hauler		NJDEP V		Cubic Ya	ards of Waste	Name of Regis	tered Landfill				
ynatech, Inc.			Hauler ID	No. 429	4		Grows Landfil	II .				
City, State					Disposal	Date	City, State					
ittle Egg Harbor, NJ 0		P:41				7, 2014	Morrisville, PA					
Completed By		Γitle			Signature			Date				
Diane Aloia	E	Executi	ve Adminis	strator	11/4	mi alor		November 18, 2013	3			

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

Check # 9128

	Amended November 2 vember 18, 2013	20, 2013	Name o	of Building C	Owner / Operator ((2) ** ** * * ;	YEN				
Agencies Notified	Type Notification		Street A	Address	ite raiks commis	SSION OF SE					_
⊠EPA □DEP	7,50		Alpine	Approach l	Road	SSION IN SS P.	4 1:37				
DOL	Initial		City, St	ate & Zip C	ode	CHSTA	Ten.				
<u> </u>	Amended		Alpine,	NJ 07620		* "MG	Y TOU				
⊠DOH	Amendment #_1	-	News	of Contact			ITali	ephone	. Mirre	nhar	
DCA	Cancellation			oph Szeglir	1		l ten	Sprione	, ivui	iibei	
			FAC	CILITY IN	FORMATION		<u></u> - <u>-</u>				1
	re Abatement is Taking P	lace (3)			Type of Facil						
Headquarters Buildin	ng				School		V 12)				
Street Address						pter 8 (Other than		ham		· ~ \	
Alpine Approach Ro	ad				Other (mmercial buildings	. Age	e, ei)	
City (E)					2,00		1	. Age	55		
City (5) Alpine					Current Use	(Prior if being dem	olished)				
County (6)	Co	ounty Code	: (7)		Garage	*****				-	_
Bergen	US	SE ONLY_		T. 22			(8)				
Name of Monitoring F PM Environmental	irm Hired by Building Ow	ner (8)		ASCM No	Synatech, Ir	atement Contractor	(9)				
Street Address					Street Addre						
170 Changebridge R City, State & Zip Code					829 Radio R City, State &						
Montvale, NJ 07045						arbor, NJ 08087					
Project Manager for M	Ionitoring Firm	1000000	lephone N		Telephone N		License Numb		,		
William Mener Scheduled Start Date	(10) Scheduled		3-479-647 on Date (1		609-296-691 Name of OS	Marie Control of the		00817		-	-
December 6,	2013	Janua	ary 6, 201	20 your	Synatech, Ir						
Occupancy Status Du	ring Abatement (Check or ed/Vacated During Entire	nly one) Period of	Abatemer	nt	Street Addre 829 Radio R						
	erformed Outside of Nor				City, State &	Zip Code					
Other - Desc	cribe: pied During Abatement					arbor, NJ 08087					
Scope of Work (Chec	k all that apply)					ar				7	
>3 sf or > 50 lf		\boxtimes	Renovatio	on		# [20] : [일기가는 위험생활] (10] (10] (10] (10] (10]	t with Negative Press	ure			
≥160 sf or ≥26	O If		Demolitio	n		Glovebag Proced	dure				
			4		\boxtimes) and Non-Friable Pr	ocedu	re		
	ation of		on Norma		Descrip Asbestos-C		Amount (Specify	Aba	atem	ent T	уре
	ning Material (ACM) ABATED		dial Staff		Material		SF or LF)				
	Facility				(i.e., therma insulation, su					Е	
	(13)				or other mise			Rer	Z.	nca	li c
								Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A				<u>a</u>	_	late	le le
Steam Lines in Base	ement	_		х	Pipe Fittings	s/Insulation	40 LF	Х		М	Ή-
Lobby				Х	Floor Tile a	and Mastic	400 SF	Х			
Name of Registered V	Vaste Hauler	NJDEP \	Naste	Cubic Va	rds of Waste	Name of Regist	ered Landfill				
	Table Hadron	Hauler II	No.		3						
Synatech, Inc. City, State		27	429	4 Disposal	Date	Grows Landfill City, State					
Oity, State						5.8 1					
Little Egg Harbor, N.				January		Morrisville, PA					
Completed By	Title			Signature	vani allo		Date Amended I	Noven	nber	20. 2	2013
Diane Aloia	Executiv	ve Admini	strator	N	Mul all	Zi I	November 18, 2013			- 5	

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

11 -) [(Pu	rsuant t	o NJAC 8	:60 and	112:120))	61	2	39A	72	270			
Date of Notification (1) 11/20/13					Building C Gnade					29/	39B	The second	5/	RE	'n	
Agencies Notified	Type Notification		100	Street Ad 22 Eas	ldress t New Y	ork Av	/e.			45/4/	· cop	35	PH		~_	
EPA DEP DOL	Amended Amendment		1000		e, Zip Coo each Tv		08008	3	8	e e	LICE	1.00	ikis	,	15	
DOH DCA	Emergency (justification) Cancellation	•	199	Name of Bill	Contact					-	_ 0, ,					
				FACIL	ITY INFO	RMATI	ON			-						
Name of Facility Where A William Gnade (Priv		g Place (3)							of Facility (4 School (K-1)	2)						
Street Address 22 East New York	Ave.							N (Subchapter Other (i.e. p etc.)				buildi	ings,	nome	s,
City (5) Long Beach Twp. N	1J 08008							Squa 1000	re Feet)+	# of 2	Floors			dg. Aq 5+	je	
County (6) Ocean				County C STATE U	Code (7) ISE ONLY)			Curre	ent Use (Prid ne	or if bei	ng demo	lished	d)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCM	No.			of Aba aco II	tement Con	tractor	(9)					
Street Address			W					Addres		10/12		0-250000				
City, State, Zip Code	****						200100000000000000000000000000000000000		ip Code in NJ 080	91						
Project Manager for Mor	nitoring Firm			Telephor	ne No.			none N 753-9			License 00727				-	
Start Date (10) 11/21/13		Schedule		pletion [Date (11)		Name Sam		HA Monitor							7
Occupancy Status Durin	a Abatement (Che	ck Only On	3)				Street	Addre	ss						MATERIAL AV	-
Facility Closed/Vac	ated During Entire ned Outside of Norr	Period of A	batem						ip Code							
Scope of Work (Check A	All That Apply)			4 c		¢	<u> </u>	-		-				-		-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		and the same of th	enova emoliti	tion				Mi Glo	II Containment- ni-Enclosure ovebag Prod n-Exempted	e cedure	-				9	
		le	Locati	on											ment	
Locatio	n of	N	ormal	y		De	scription	n of						Ту	pe	
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Mai	d Sole ntenar odial S (12)	nce/		tos Con therma surfa		Materia is insul AT, or	1	(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
F. t. d	01-11	163	140			F. 4-	i C:	alia a	2	0.4	00.05	-	20000			
Exterior	Siding			X		EXTE	erior Si	aing		. 24	00 SF		x			
Name of Designation	ata Hauta-		1	IDED !	lants	Cult	Yards		I Nome of	Den'-/	rod I	4611				
Name of Registered Wa United Containers	sie nauler		Н	JDEP W auler ID 2459		of Wa			Name of G.R.O.		aeu Lan	uill				
City, State Elm NJ	,			v.		Dispo 11/2	sal Date 2/13	9	City, Stat Morrisv		A 1906	7				
Completed by		Title					Signatur	e /				Date	78			
Anthony T Perna		Presi	dent									11/	20/1	3		

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

State of New Jersey
ON OF ASBESTOS ABATEMENT
Int to NJAC 8:60 and 12:120)

Name of Building Owner/Operator (2)

MS. JENNIFEYZ KAZANJIAN

Address Date of Notification (1) 13 20 Type Notification Agency Notified Danitial D EPA City, State, Zip Code DEP DOL □ Amended DUMONT. Amendment # 07628 Emergency (including Name of Contact HOOLE justification) D Cancellation MS. KAZANJIAN D DCA **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) MS. KAZANJIAN School (K-12) Subchapter 8 (Other than K-12) Street Address 12 Other (i.e. private & commercial buildings, MCKINEY AUE 43 homes, etc.) Square Feet # of Floors Bldg. Age City (5) 68YRS 1700 Current Use (Prior if being demolished) County Code (7) (STATE USE County (6) ONLY BERGEN RESIDEN CE Name of Monitoring Firm Hired by Building Owner Name of Abatement Contractor (9) ASCM No. Best Removal Inc Street Address Street Address 450 S.River St City, State, Zip Code City, State, Zip Code Hackensack, N.J. 07601 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 00388 201-329-7444 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) Omega Environmental Inc 2/13 12/3/13 Street Address Occupancy Status During Abatement (Check only one) 280 Huyler St ☐ Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours ZOther-Describe: 8AM TO 5PM South Hackensack, N.J. 07606 Scope of Work (Check all that apply) El Full Containment with Negative Pressure **Renovation** ☐ Mini-Enclosure D≥3sfor≥3 F □ Demolition Z ≥ 160 sf or ≥ 260 lf ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure Abatement ls Location Type Normally Used Solely by Location of Description of Enclosure Encapsulate os Containing Material (ACM) Amount Containing Material (ACM) Maintenance/ Removal TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial SF or LF) IN Facility surfacing, VAT, or Staff? other miscellaneous) (13)(12)No NVA 800 BASELLENT SF Y VAT NJDEP Waste Hauler Name of Registered Landfill Name of Registered Waste Hauler Cubic Yards of ID No Best Removal Inc 30/2 Minerva Enterprises 17109 Disposal Date City, State City, State Waynesburg , Oh Hackensack, N.J. 07601 12/3/13 Date Completed by Signature مصم ديو 11/20 J. Maiorano Estimator

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

ASR-41

p.2 Check # 10040

State of New Jersey

	(1	Fursuar	at to what a	1:60-7	and 12:120-1)						
Date of Notification	on (1)	N			wner/Operator	(2)	DOI	10	חו	۸V	
11-8-13			Larney	2 10			DOL	- 11	וענ	41	
Agencies Notified []EPA	Type Notificati [X]Initial Notificati		37 Fult	on S	street (RU)		NON	·= 9/	Z 541	3	1
[X]DOL	[]Amended Notificati				,NJ,07017		16/1	y for	(A)	w)	
ADG[]	[]EMERGENCY	18	larney		Ledge	To? anha-	25 1-2				
	[]Cancellation	Drit I									-
				ITY I	NFORMATION		(A)				
Name of Facility W		Takin	d STSCS (3)			Type of Facil					
Street Addres						[X]Other ((K-12) ter 8 (Other i.e., private uildings, hom	£ C0	mer		
						Square Feet	# of Floors	400	ig. Z	ige	
City (5	Co	unty (6) Essex		aty Code (7) ATE USE ONLY)	1800 Current Use (l Prior if beir		33 olis	hed)	
Name of Monitoring Owner (8) N/A	Firm hired by Bu	ilding	ASCM No.		AZTECH M	ment Contracto					
Street Address					Street Address	s topher St	•				
City, State, Zip C	ode				Montclai	zip Code r, NJ 070	42				
Project Manager fo	r Monitoring Pire	rel N/	ephone Number	er	Telephone Num (973) 744		10.00	0037		er	
Scheduled Start Da	Second Communication of the Co		etion Date	(11)	Name of OSHA	Monitor					
11-10-13	I consider	1-11	and the second second		N/A						
Month Day Occupancy Status D	Year Mont	(Check	only one)		Street Addres	s					19
of Abatement I	Losed/Vacated Dur ent Performed Outside scribe:«OffHours	of No.	rmal Facilit		City, State,	Zip Code					
	scribe: «Other Occ										
Scope of Work (Che (%)>3 sf o []>160 sf	Maria Ma	[3	C]Renovation		[]Mini- [X]Glove	Containment was Enclosure abag Procedure Triable Procedu		Pressu	ıre		
	_	T.	Is ocation					Aba	teme		
Locati Asbestos-C			ormally Used		Description Asbestos-Con		Amount	R	R	E	N
Materia	L (ACM)		Solely y Main-		Material		(Specify SF or	MOV	P	NUAPS	HO
In Fac	The state of the s	1 5	enance/	in	(i.e., thermal sulation, surf		LF)	Ÿ	A	S	s
(1:		St	aff (12)		or other misce	llaneous)		L	R	Ŀ	MCHOSDRE
Boiler Room		Xes	X	Pir	e Insulat	ion	12 lf	X			
							1		1		<u></u>
Name of Registered AZTECH MANA	Waste Hauler GEMENT, INC	На	DEP Waste nuler ID No. 7040	2000	bic Yards Waste 1	G.R.O.W	istered Landf. S.	111			
City, State Montclair, N	T 07082		P 1	1	sposal Date	City, State	lle, PA	1906	57		
MODICIALE, N											
Completed By (Prin		side	ent		Signature	(Nico		Date 11-8			
					101/	111000		1		-	

In Facility (13)	t	enanc astod	e/	insulation, surf	acing, VAT,		LF)	A	I R	S U L	
	Yes	No	N/A			 			+	-	_
Basement			X	Pipe Insulat	cion	80	lf	X	-		_
		-				+		+			
Name of Registered Waste Hauler AZTECH MANAGEMENT, INC	H		Waste ID No.	Cubic Yards of Waste 1.	Name of Reg		d Landi	Fill	1		
City, State Montclair, NJ 07042				Disposal Date 11-18-13	Morrisvi		, PA	190	57		

Completed By (Print or Type) Constantine Vivian

Title President Signature

Date 11-13-13

(1 1103		,- ,	580			1.50			Print
real				State of New J FICATION OF ASBES' Pursuant to NJAC 8:6	TOS ABATE			RE	CEIVED
Date of Notification (1) 11/19/2013				Name of Building Ow NJ Department of	ner/Operator of Military a	(2) and Veteran Aff	airs	HOP	?5 eu
Agencies Notified	Тур	e Notification		Street Address 101 Eggert Cros	sing Road		- 3	ers/05	1:32
EPA DEP DOL	X	Amended Amendment #003		City, State, Zip Code Lawrenceville, N				-1CEX	CONTROL
DOH DCA		Emergency (inclu justification) Cancellation	uding	Name of Contact Mark Clemmens	on	2			#3
			None work and the	FACILITY INFOR	MATION	70. 24.00.00 (0.00.00 0.00.00 0.00.00			1/ -
Name of Facility When NJ National Guard Street Address			ace (3)				2) 8 (Oth	er than K-12	
100 Camp Drive						etc.)			al buildings, homes,
City (5) Sea Girt						Square Feet 30,000	# 0	f Floors	Bldg. Age 30+
County (6) Monmouth				County Code (7) (STATE USE ONLY)		Current Use (Pricoffices	or if be	ng demolish	ed)
Name of Monitoring Fi Whitman Co.	irm Hire	ed by Building Own	ner (8)	ASCM No.		of Abatement Cor ber Environme			nc.
Street Address 7 Pleasant Hill Ro	oad	-		× ×	70,000	t Address Ridge Road			
City, State, Zip Code Cranbury, NJ 085	512					State, Zip Code enixville, PA 19	460		
Project Manager for M Kevin Lovely	Ionitori	ng Firm		Telephone No. 732-390-5858		hone No. -933-4332		License No 00836	0.
Start Date (10) 10/30/2013			heduled C 2/27/201	ompletion Date (11)	A STREET WATER	of OSHA Monitor ber Environme	ntal S	ervices, Ir	nc.
Occupancy Status Du		patement (Check O		ement		t Address Ridge Road			
Facility Closed/V Abatement Perfo	rmed (Outside of Normal F	acility Hou	ırs	City,	State, Zip Code			

		Locati			Tron Example	d (*) and Non-Frial		Abate		t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Solel iintenar todial S (12)	y by nce/	Description of estos Containing Mate e. thermal systems in surfacing, VAT, o other miscellaneo	sulation, ´	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A				_		te	0
throughout building interior			Х	floor tile and ma	stic	22,140 sf	X			
throughout building exterior			Х	transite siding	3	26,700				
Name of Registered Waste Hauler Samboney Ent./Carnevale Disposa	1 -	Н	JDEP W auler ID 7297	Cubic Yards of Waste 200	1.000 1000 0000 0000	Registered Landfi erland County L		II		
City, State				Disposal Date	City, Sta					

12/13

Signature

Renovation Demolition

Title

V.P.

Date

11/19/2013

Millville, NJ

Phoenixville, PA 19460

Mini-Enclosure

Full Containment with Negative Pressure

Completed by

Williamstown, NJ

Jeffrey A. LaRiviere

Other - Describe:

≥3 sf or ≥3 lf ≥160 sf or ≥260 lf

Scope of Work (Check All That Apply)

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

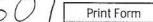
Date of Notification (1) November 20, 2013	Name of Building Owner/Operator (2) Straga Brothers Inc. Check # 6197															
Agencies Notified	Type Notification		-	Street Ad	dress	averal DOV/87 LT			- Marian Ball			0				1 (A C (A C ())
EPA DEP	Initial Amended			PO Box City, State	e, Zip Coo	de										
× DOL	Amendment #			State of the second second second	oro, NJ		1	3 -	7.7							
DOH DCA	Emergency (in justification) Cancellation	icidaling			Contact Straga						ephone N 6-881-7					
DOA	Caricciation				_	RMATION										
Name of Facility Where A Bayside State Priso		Place (3)	7		NOV	2 5 20	13	Type of Facility (4) School (K-12)								
Street Address 4293 Route 47				1		40			Subchapter 8 Other (i.e. pr	(Oth			ouild	ings,	home	s,
City (5)				etc.); Square Feet # of Floors					f Floors	*********	BI	dg. A	ne e			
Leesburg	2							20,00		3	11 10013			00	,,,	
County (6) Cumberland	-			County C (STATE U	ode (7) SE ONLY)		-	Currer	nt Use (Prio on	r if bei	ng demo	lished	1)			
Name of Monitoring Firm	Hired by Building C	wner (8)		ASCM	No.				tement Cont							
Street Address	9			St	treet	Addres	ss		-		LIVA.					
1253 North Church						Cutler	Ave.									
	City, State, Zip Code Moorestown, NJ 08057					N	/lapl	e Sha	de, NJ 0	8052						
Project Manager for Mor Michael Stocku	itoring Firm			Telephon 856-84		T	Telephone N. License No. 00842									
Start Date (10) December 2, 2013		Schedule					ame EMS		A Monitor	1970			2-2/			
Occupancy Status Durin	g Abatement (Check			0, 2010				Addres	SS				too:			-
	ated During Entire P			nent		1	07 I	Haddo	on Ave			1				
Abatement Perform Other – Describe:	ed Outside of Norm Work being performe	al Facility d in vacan	Hours t area	s of the b	uilding		53		ip Code , New Jer	sev (08108					
Scope of Work (Check A	II That Apply)	7								,						-
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		-	enova emolit				×	Min Glo	l Containme ni-Enclosure ovebag Proc	edure	-					
		1	version and				Non-Exempted (*) and Non-Friable Proce					A - 75 - A 5 -	ment			
Location		1 1	Locat ormal			Descri	intion	of						Ту		
Asbestos-Containing	Material (ACM)		Sole			tos Contain	ing A	Material			mount		_		. П	Е
TO BE AB In Faci			odial S	Staff?	(I.e.	thermal sys			ation,		Specify F or LF)		Remova	Repair	caps	Enclosure
(13)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(12)	T		other misc	cellar	neous)					oval	air	Encapsulate	sure
Maintenance	Ruilding	Yes	No XXX	N/A		Cemen	nt Bo	nard		1 1	332 SF		х		1.202	
Walliterlance	Dulluling					Ocinici		Julu		1,5	002 01	+				
										7						
Name of Registered Waste Hauler				IJDEP W lauler ID		Cubic Ya of Waste			Name of F			dfill				
Freehold				22253 20 Grows Landfill								1				
City, State Mount Holly, New Jersey 08060				Disposal Date City, State 12-13-13 Tullytown, PA.												
Completed by Title							e /20/2013									
Christina Lynch Office N				lager		14	1118	TU	XX	_	/	1.1/2	2012	.013		

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

		Name of Building Ow	mer/Ciperator (2)		
11/18	2013	Adolfo			
Agencies Nablied	Type Notification	Street Address	Fernanc	uz _	•
☐ EPA	☐ initial	20-22 7	-oadway	ALLA	
DOFAD .	☐ Amended	City State 7th Code	ज्यापक पर्	AVe. NOV	2 5 2013
⊠ DCH	Amendment #	City. State. Zip Code	0 11 =		
□ DCA	★ F mergency fincluding The property including	Passa	ic N.J.	07055	,
INJAC 5 23-8)	Justification) Cancellation	Name of Contact		· Talanama at	
	. L. Cancerenon	Ado/fo:	Fernande	L	outoet
Name of Earling 18th -	- 36-4	SACH ITY INCOM			
D Si U.S	re Abatement is Talong Place (3)	1	Type of I	Facility (4)	
Priva Street Appress	TE		≟ ☐ Scho	0i (K-12)	
	0 1		Subal	Tabler 8 (Other than K	12:
	Broadway	Ave.	Z Viner	(i.e. private and comments etc.)	mercial buildings,
Cny (b)	0 11 = 00		The same of the sa		
Passa	10 N.J . 20	122 Same how	use) 6,0	eet 02 # of Floors	Blog Age
County (6)		County Code (7:874)			102
Commission of the Commission o			, Joneshie	ise (Prior if being dem	olished)
Name of Mondoring Fil	rm Hired by Building Owner (8).	ASCM No Nam	e of Abatement Contrac	yes	
N/A		The state of the s	e or vestiging contact	Tor (9)	1 5
Street Address			naron Qua	lity Const	ruction 116
			A		- STOPPEL
City, State, Zip Code		7.	2 van O	rden P	Lace
		City	State, Zip Code		- CILLE
Project Manager for Mo	Silver a file	He	ackense	rk N.T.	07601
eyer managar an ang	saming ram	iephone No Teler	phone No	Litense No	atani
Start Date (10)		- C - C	Mar He	1	2 6
	Scheduled Comp		OSHA Monitor	011	35
11 /19	2013 11 /2	(J () (9)		A 1	(2) (10.7 C-) (40.1
Ecupancy Status Duni	ng Abatement (Check only one)	Ctra	t Address	ALYTICAL	· INC
Abatomont Conforms	ted During Entire Period of Abate	ement 30	Juest.	2 244. = 1	
Tane of Abatement	d Outside of Normal Facility Hol AM-PN PN		State, Zip Codo	20 24.	
			ew york	11-11	2010
cope of Work (Check a	of that apply)		1011	<. N.Y.	10018
] ≥3 st ≈ ≥3 fr			Fuil Containment with	Alamaian Con	
₹ ±160 st or _260 H	☐ Renova		L WHEN ENCIOSING		
	≭ Demoliti		Glovahsa Dronodur		
and the second section of the section of	ls Loca	tion	Non f xempted (*) an	d Non I nable Procedu	51°E>
Location	of Norma	aite		The second secon	Abetement Type
A STATE OF THE STA	Material (ACM) Used Sol	D	escription of		The same of the sa
Asbastas Containing	neutrinos (ACIS) - Capor 201		Transport P. S.		
<u> 10 85 A8</u> A	ATED Maintena	ancer Aspesios Co	nisining Maleria: (ACM)		Kep Ron
<u>10 BE A8A</u> IN Facili	A <u>TED</u> Maintens ify Custodiai	Staff? Aspesies Co.	ei systems insulation acing VA! or	Specify	Encaps Encaps Reput
<u> 10 85 A8</u> A	ATED Maintens ify Gustodial (12)	Staff? Aspestos Co Staff? It is literm surf other	niaming Malerial (ACM) al systems insulation acing VA1, or miscellaneous)		Encapsula Encapsula Kepun Romoval
IO BE ABA IN Facili (13)	ATED Maintens fly Custodial (12) Yes No	Staff? Aspesies Co.	ei systems insulation acing VA! or	Specify	Enclosure Encapsulate Repair Remark
<u>10 BE A8A</u> IN Facili	ATED Maintens fly Custodial (12) Yes No	Staff / ASDESTOS CO. Staff / It e Iherm. Surf. Other	al systems insulation acing: VA1, or miscellaneous	(Specify SF or (F)	sulate
IO BE ABI IN Facili (13) Floor (Rear Kite	Maintens (12) Yes No	Static Aspessos Co. Static It e Iherm. Static other N:A	al systems insulation acting VA1, or miscellaneous:	Specify	tel the
10 BE ABA IN Facili (13)	hen, Bedrooms X	Statis (te therm suriother Ceiling, u	al systems insulation acing: VA1, or miscellaneous	(Specify SF or LL)	vulate
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TO BE ABI (NO Facility Facilit	Maintens Custodiai (12) Yes No hen Bedrooms X Then Bedrooms N Then Bedrooms N The Haller N The H	Statiz (te therm surf other NA Ceiling Celling	acing VAI, or miscellaneous acing VAI, or miscellaneous all Plaster wall Plaster and of Reads of Name of Reads of Mine all Date City, State	I,500 Sq. I,500 Sq. I,500 Sq.	
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) Nov 20, 2013					ossil, LLC	nerlOperator (2)				
Agencies Notified		Notification	on Type	101	1.1					
(X) EPA (X) DEP		(X) Initial	Notification ded Certification	Street A 80 Park	Plaza			70		
(X) DOL (X) DOH (X) DCA		() Cance		Newark	te, Zip Code , NJ 07102-	4109	1			
				Name of	Contact c-Fiorino	0000	Tel. Nun			
Name of English 188	01		FACILI	TY INFORMATI	ON	2013	(732) 62	0-5205		
Name of Facility Where ESSEX GENERATING	Station Station	s Taking Place	9 (3)	Type of I	Facility (4) ol (K-12)					
Street Address 155 Raymond Blvd				() Subc	hapter 8 (off	ner than K-12)	lgs., homes	s, etc.		
City (5)	10									
Newark	County (6 Essex	5 4	County Code (7) (State Use Only)	Bldg. Age	e 65					
Name of Monitoring Firm	n Hired by Blo	dg. Owner (8)	ASCM No.	Current	Jse (prior if b	peing demolished)	Electric G	enerat	ing Stat	tion
Street Address						Name of Co Absolut Ac	intractor (9))	.g 0 tal	
ou det Address				Street Ad	dress					
City State 7				PO BOX	295					
City, State, Zip Code				C'+ 0:						
				FI OPLAS	ZipCode					
Project Manager for Mon	itoring Firm	Telephone	Nicosaha	· LONIA	M PARK, N.	07932				
	2311	- cichione	Number	Telephone	Number				20.50	
Scheduled Start Date (10	1		25:	P-10/10			License N 00225	umber		
Dec 5, 2013	1	Schodulad								
00 0, 2013		Don 4 35	Completion Date (11)	Namo of O	CHA 11		00225			
		Dec 4, 2012	Completion Date (11)	Name of C	SHA Monito	or	00225			
Occupancy Status During	Abatement (0	Check only on	e)	MECS		<u>or</u>	00225			
Occupancy Status During	Abatement (0	Check only on	e)	Street Add	ress	or	00225			
Occupancy Status During) Facility Closed/Vacate) Abatement Performed	Abatement (of During Entire Outside of No	Check only on	e)	MECS	ress	or	00225			
Occupancy Status During) Facility Closed/Vacate) Abatement Performed escribe	Outside of No	Check only on re Period of Al ormal Facility I	e) patement Hours -	Street Add	ress Ct	or	00225			
Occupancy Status During) Facility Closed/Vacate) Abatement Performed escribe	Outside of No	Check only on re Period of Al ormal Facility I	e) patement Hours -	Street Addi 5 Linwood	ress Ct	or	00225			
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Demolition (X) Renor	Outside of No ifts, 12 hours that apply) vation	Check only on re Period of Al ormal Facility I	e) patement dours - ur plant coverage	Street Addi 5 Linwood City, State, Hamilton, I	ress Ct Zip Code NJ 08690					
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)		Name of Building Owner/Operator (2)													
11/19/13				Archdiocese of Newark											
Agencies Notified	Type Notification			Street Ad											e į
□ EPA	Initial				ifton Av		11			111	W 2 E	2019			1
× DEP	Amended				te, Zip Co						- 47			*37	
X DOL	Amendment Emergency	A SAME TO A SAME THE	-		k,NJ 07	104									l l
DOH DCA	justification)				Contact					5,000	ephone Nur				185
▼ DCA	Cancellation		9	The second second	Ellen Lo	W. C.			1	20	1-417-11	89			1
None of Facility Where A	hatamant in Takin	a Diago (2)		FACII	LITY INFO	PRMAT	ION	Tu	pe of Facility (4)				_		
Name of Facility Where A Our Lady of Mercy		g Place (5)		38											
Street Address			-					×	School (K-12) Subchapter 8		er than K-1	2)			
25 Fremont Ave.				Other (i.e. private & commercial buildings, ho									, hom	es,	
City (5)			1	-				50	etc.) uare Feet	# 0	f Floors	-	Bldg.	A 00	
Park Ridge								107	0,000	1	1110015		310g. <i>i</i> 30	-ige	
	County (6)						County Code (7) Current Use (Prior if being demolished							_	
Bergen			(STATE USE ONLY) ——— School						ing demonsi	ieu)					
Name of Monitoring Firm	Owner (8)		ASCM No. Name of Abatement Contractor (9)												
1949-282 St	Vision Consultants Inc.						110000000000000000000000000000000000000		Services Inc.	40101	(0)				
Street Address	t Address					X	Street	Add	ress						
	20-21 Wagaraw Rd.						156	Maj	ple Ave.						
City, State, Zip Code							City, S	state	, Zip Code	_					
Fair Lawn, NJ 07410)						Wall	ingt	on, NJ 0705	7					
Project Manager for Moni	toring Firm		T	Telephone No. License No. License No.						0.					
Guillermo Morales				973-636-9145											
Start Date (10)		Scheduled		pletion [Date (11)		Name	of O	SHA Monitor						2000
11/22/13		11/27/13					Lesla	aw l	Nalodka						
Occupancy Status During	Abatement (Chec	k Only One)		Street Address											
Facility Closed/Vaca									ole Ave.						
Abatement Performe Other – Describe: _	ed Outside of Norn	nal Facility H	ours				1 - 1 TO SEE TO 10 SEE		, Zip Code	<u></u>					
							Wall	ingt	ton, NJ 0705	/					
Scope of Work (Check All	I That Apply)	-					57	71							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		10000	nova nolit				F		Full Containmen Mini-Enclosure	t with	n Negative F	ressu	ire		
2100 51 01 2200 11		El Dei	iioiit	1011					Glovebag Proce						
			35.053					1	Non-Exempted (*) an	d Non-Friab	le Pro		-	
		Is Lo		5200.00										emen ype	t
Location		Used S	mall Sole	2	40.000000		scription			752		-	T.	T	Т
Asbestos-Containing TO BE ABA		Maint	enar	nce/			taining N I system:		rial (ACM)		mount Specify	l z		E	m
In Facilit		Custod	lial S 12)	Staff?		surfa	icing, VA	T, o	r		or LF)	Remova	Repair	aps)Clo
(13)		`	/			other	miscellar	neou	s)			oval	air	Encapsulate	Enclosure
		Yes	No	N/A										(D)	
Boiler Ro	oom	*				pipe	insula	tion		1	05 lf.	*			
Boiler Ro	nom	*				boile	r insula	atio	n	Ç	90 sf.	*			
201101 110	-									70 01.	-	-	+-	-	
										-		-	-		
			Т												
Name of Registered Wast	1000	JDEP W auler ID		Oubic of Wa	Yards ste		Control of the contro		ered Landfill						
Newark Carting Inc. 054					100E	3			GROWS						
City, State						Dispo	sal Date		City, State						
Newark NJ						11/27/13 Morrisville PA									
Completed by Title					Signature Date										
Leslaw Nalodka Presiden					ent Signature 11/19 /!3										

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

Date of Notification (1) 11/08/2013	/08/2013						Name of Building Owner/Operator (2) JAYNE A. SOLES								
Agencies Notified	Type Notification		Street A		OAD AV	/F						-			
EPA DEP DOL	Initial Amended Amendmen	t #		City, Sta	ate, Zip		100	J.							
DOH DCA	justification Cancellatio)		Name o		at .			g ·		ephone N 1.270.8				
				FACI	ILITY IN	FORMAT	ION				- 1	-			
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Street Address 275 - RAILROAD A	VE.			18				Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, hometc.)						nes,	
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County (6)				County (1	rent Use (Pri	vand on vances		shed)	7	6	
Name of Monitoring Firm	Hired by Building	Owner (8))	ASCN	l No.		Name	of Ab	atement Cor	ntractor	(9)				-
Street Address			•				Stree	t Addre		- 5,000	NSTRUC	HON	LLC). ——	
City, State, Zip Code	· · · · · · · · · · · · · · · · · · ·		22 VAN O City, State, Z					L							
Project Manager for Mon	ect Manager for Monitoring Firm					HACK				J. 0760	01				
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Facility Closed/Vaca Abatement Performe Other – Describe: _	ed Outside of Norr	nal Facility	Hours	nent			City, S	State, Z	Lip Code		<u> </u>				
Scope of Work (Check Al	That Apply)						NEV	V YO	RK N.Y.	1001	8 .				
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DASEIVIE	INT		X			PIPE IN	NSUL/	MOITA	1	15	8 LF.	X			
Name of Registered Wast	e Hauler		IN	JDEP Wa	noto	I Cubia V	/I-								
SHARON QUALITY (ON LLC.	Ha	auler ID N 33967	(G)(13-0)	of Was	te		Name of R	and the second			NC.		
City, State HACKENSACK N.J.						Dispos			City, State WAYNE		G. OHI	0			\dashv
Completed by CARLOS ESQUIVEL SAFETY M					TBD WAYNESBURG, OHIO Y MANAGER Signature Date 11/08/201				013		\dashv				
ASB-41 (R-06-08)						1		1	his/form for/	asbesto				activit	ies.

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

GAC Project # 060-13 Date of Notification (1) Name of Building Owner/Operator (2) November 7, 2013 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address **X**EPA ☑ Initial Notification **ENVIRONMENTAL HEALTH & SAFETY DEPT.** X DCA ☐ Amended Notification 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS X DOL ■ Emergency (including City, State, Zip Code ☑ DEP- No Longer REQUIRED justification) PISCATAWAY, NJ 08854 X DOH Cancelled Name of Contact Telephone Number MICHAEL SMITH, ENV. 848-445-2550 **HEALTH & SAFETY FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) WAKSMAN HALL, BLDG# 3573 School (K-12) ■ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) BUSCH CAMPUS Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years City (5) County (6) County Code (7) PISCATAWAY (State Use Only) MIDDLESEX Current Use (prior if being demolished): ACADEMIC Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Cardno ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name or Con A Michitor 11.20/13 12/02/13 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement ■Abatement Performed Outside of Normal Facility Hours -20-21 WARGARAW ROAD Describe City, State, Zip Code ☑Other - Describe: Shift Hours: 5:00 PM - 5:00 AM FAIRLAWN, NJ Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥ 3 sf or ≥ 3 lf ▼Renovation ■ Mini-Enclosure ≥ 160 sf or ≥ 260 Demolition П Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Description of Asbestos Containing Material Is Location Normally Used Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) VAT, or other miscell.) Remove Repair Encap Enclose or LF) YES NO NA **MER 405** X TSI-Duct Insulation 300 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill Cubic Yards of Waste: 5 CY See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 12/02/13 100 New Ford Mill Hauler #2) S TG - 58 Pyles Lane, New Castle, De 19720 Rd. Morrisville, Pa NJ DEP # SW2117 19067 215-736-1700 Completed by (Print or Type) Title Date RAYMOND C. PEDALINO SENIOR PROJECT Raymand C. Pedalino November 7, 2013 MANAGER

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

GAC Project # 060-13 Date of Notification (1) Name of Building Owner/Operator (2) November 7, 2013 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address XEPA ☑ Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. X DCA ■Amended Notification 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS X DOL City, State, Zip Code Emergency (including) DEP- No Longer REQUIRED PISCATAWAY, NJ 08854 justification) X DOH Name of Contact □ Cancelled Telephone Number MICHAEL SMITH, ENV. 848-445-2550 **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) WAKSMAN HALL, BLDG# 3573 ☐ School (K-12) Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **BUSCH CAMPUS** Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years City (5) County (6) County Code (7) **PISCATAWAY** MIDDLESEX (State Use Only) Current Use (prior if being demolished): ACADEMIC Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Cardno ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of USHA Monitor 11.20/13 12/02/13 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ■Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe ■Other - Describe: Shift Hours: 5:00 PM - 5:00 AM FAIRLAWN, NJ Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥ 3 sf or ≥ 3 lf **X**Renovation ■ Mini-Enclosure ≥ 160 sf or ≥ 260 ■ Demolition Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) Remove Repair Encap Enclose VAT, or other miscell.) or LF) YES NO NA MER 405 X TSI-Duct Insulation 300 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: 5 CY Name of Registered Landfill See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City. State NJDEP # 12561 12/02/13 100 New Ford Mill Hauler #2) S TG - 58 Pyles Lane, New Castle, De 19720 Rd. Morrisville, Pa NJ DEP # SW2117 19067 215-736-1700 Completed by (Print or Type) Signature Date RAYMOND C. PEDALINO SENIOR PROJECT Reymond C. Pedalino November 7, 2013 MANAGER

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

Name of Building Owner(Operator (2) 1111/2111 / 1213	B & G proj. #: 2013-232	(Pursuant to N	MER	GENCY	****		Che	CK # OZO		\		
Augusta Starks Sireer Address Speer Address		I I Name of Bu	ilding Owner/Ope	erator (2	2)								Š
Separation Sep	Date of Notification (1)	Augusta	Starks										
Special Content Special Co	1111/1211/1131									190000			_
DOL Amendment Invington, Nu 0/111 The property of Content	Agencies Notified Type Notification	Street Addit	shire Place						2 5	Ŋ(5)			
DOL Amendment Invington, Nu 0/111 The property of Content		02 25	Zin Code					1.01	50			Total Section	-
DOL Cancellation Name of Cortiact Augusta Starks Street Address	□ DEP	City, State,	on N.I. 07111		100000000000000000000000000000000000000			Tele	phone No	umber	,		
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Rame of Monitoring Firm Hired by Bidg, Owner (8) Rame of Abstement Control (9)	62 Berkshire Place	F. (C)			Cour	nty Code (7)	Current	t Use (Pri	or if being	demolishe	d)	
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Project Manager for Monitoring Firm Phone Number Scheduled Start Date (10)	Street Address	1222				City, Sta	ite, Zip Cod	е					
Name of OSHA Monitor Scheduled Start Date (10)	- Zin Code					Line	oln Park,	NJ 07035)	License	Number		
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Scheduled Start Date (10)	Princet Manager for Monitoring Firm	n	Phone Man			1	of OSHA M	lonitor					
Scheduled Start Date (10)	Project Manage		Lies Date (11)		Name	G Restor	ation, Inc).				
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Abatement performed outside of normal facility hours-		ent (Check only	one)			City, S	State, Zip C	ode					12
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Scope of Work (check all that apply) Full Containment winegative procedure				==							vebag pro	cedure	
Demolition ≥160 sf or ≥260 lf ≥26	Other-Describe.	oply)			1	Full Co	ontainment	w/negative	pressure		n-friable p	rocedu	re
≥ 160 sf or ≥ 260 lf	Scope of Work (cross and	110110				Mini-e	enclosure					R	_
Location of asbestos-containing material to be abated in facility (13) Description of asbestos-containing material to be abated in facility (13) Description of asbestos-containing material (ACM) Description of asbestos	_	≥160 sf or	260 If	1-64					Amoi	unt		1 1	n n
Location asbestos-containing material to be abated in facility (13) Per No N/A pipe insulation Staff(12)	>3 st of >3 ii	- hior	normally used s	solely	Descriptio	n of asbes	stos-contain	ing	(Spe	cify SF or	1	1 1	1 1
Registered Waste Hauler B & G Restoration, Inc. Disposal Date Lincoln Park, NJ 07035 Completed by (Print or Type) Title Secretary/Treasurer S	Location of	by mainte	narice/custorin	1	material (ACM)			LF)		1	لئا	P
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Registered Waste Hauler B & G Restoration, Inc. Disposal Date 11/25/2013 Title Secretary/Treasurer	abated in facility (13)	163		VI	pipe insula	tion		-	100 11			쁘	부부
Registered Waste Hauler B & G Restoration, Inc. NJDEP Hauler ID# Cubic Yards of Waste Tullytown Resource & Recovery Center	t mont								-			川	부부
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Lincoln Park, NJ 07035 Title Completed by (Print or Type) Secretary/Treasurer Secretary/Treasurer	City, State			1 1123	T Signature						11/21/2	013	
Gordana Luna Secretary/ Treasurer	Lincoln Park, NJ 07035) Title	//T 0 01140*				Gordana						
	Completed by (Fill of Type	Secre	tary/Treasurer		=1								

Augusta Starks
62 Berkshire Place
Irvington, NJ 07111
973-372-5707

November 21, 2013

B & G Restoration

105 Ryerson Road Lincoln Park, NJ 07035 Attn: Goran Vucenovic

I need asbestos insulation removed from my pipes as soon as possible. Once the insulation is removed I can then have my new boiler installed. Please have the approval process expedited at once as I am without heat.

Thank you for all of your help!

Sincerely,

Augusta Starks

Augusta Starks

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

NOA :	71	ZUIS	UZ:40PIII	LANITA OF WAL	001 81000
				(Signature)	2.80/-
		Chec	x #6266		

	2012 727		(Pursuant to	MAC 8:8	0-1 and 15	444	9	heck #628	6			
8 & G proj. #:	2013-232				ENCY ***							
Date of Notification	(1)	Name of	Building Owner/C	operator (2)							-	
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Agencies Notified	Type Notification	Street Ad	dress				100				-	•
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m der	Initial	City, Sta	te, Zip Code					104) B	2013		- 1	
	Amendmer	it Irvin	gton, NJ 0711	11			- 11	elephone Nu	mber			
Dor.	ا ا	Name of						973-372-5	707	1,65		
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☐ DGA		1	-	ITY INFORM	ATION							
	1			LLA MILCIPAL	Milan		Type of	Facility (4) School (K	- 42\			
	where abstement is t	aking place (3)			1	=	Subchapta	. n le/	than K-12	2)	
Name of pignit, a	silitie down						=	Subchapte Other (PTA	g a (Culci eth/Culliti	ercial	•	
Augusta Sta	rks						1 5	BidgsJHo	nes, etc.			-
Street Address							Squer	e Feet # o	f Floors	Bidg	. Age	
62 Berkshin	e Place				County C	ode (7)		1			1	=
		County (6	3)		(State us	e only)	Curt	nt Use (Prior	A paka de	Mousued)	
City (5)			Essex		1			dential				=
100 CO				ASCM No.	1,000,000	ne of Abatement						
Mario of Monito	oring Firm Hired by E	aldd" chaust (n	,		· B	& G Restorat	ion, Inc.					=
	N/A				350	et Address						
Street Address					1	05 Ryerson Re	oad					
			OH!	700	City	, State, Zip Cod		_				
City, State, Zip	Code				- 11 3	Lincoln Park,	NJ 0703	5	License N	umber		_
			Phone Num	nber .	Te	Control of Impage			0378			
Project Manage	a for Monitoring Fin	n	,	•	1-	~ **	an Mari					
			ampletion Date	(11)	Name of the	ame of OSHA M B & G Reston	onsos osion. In	c.	- 20 - 20 - 20 - 20 - 20 - 20 - 20 - 20			
Scheduled Sta	in Date (10)	2.55 920		1,		Teat Address	Thirt capt and	A STATE OF THE PARTY OF THE PAR				
11/22/20	13		3/2013			105 Ryerson	Road					=
- I - I	al alase	ent (Check on	у опе)		l o	ty, State, Zip Co	ide					
EX Encilly	alus Dunng Apacent	ig entire period	f of abaltament		11	A						•
☐ Abatem	thus bestollition on pe	je of normal re	CHES HEALTS			Lincoln Park	NJ 070	35				
Describ Other A	lescibo;								_ misto		_	
Renna of Wo	ork (check all that ex	ply)			□ Fu	Il Containment w	e/negative	pressure		ag proco		
☐ Demol	Mon I	■ Kelloasino		8		ni-enciosure	25		🗌 २४००१-ध	ishte proc	- Charles	
图 >2 xq c	v>3 ff [] ≥160 af or 2	260 lf		- E					R R		E
		L I Landle	normally used s nance/custodial	olely _	ad ac	bestos-containir	ng	Amount (Specify	SE or	mp	0	n
Locati	tas-containing	staff(12)	Harica Course	Des	berial (ACM)	LICENS I	- 1	LF)	-10 44	o a	8	L
	lel to be d in facility (13)	Yes	No N	/A·	500					8 r	1	
apate	A NI IGONAL (X Iplpe is	rsulation			60 lf			+	H
basemen	ıt									井井	귀뉴	in
											쉬뷰	鬥
					-				-	╬	커금	后
				-	*			1				
		181 97	EP Heuler ID#	Cubic Ya	nds of Waste	Name of Regis	Stored La	nomi e & Rodove	ry Center			
Registered	Waste Hauter	19	563		yards	Cay State				- Property Co		
	storation, luc.		Disp	osal Date 1/25/2013	4	Tullytown	.PA					- T
City, State Timoolin	Park, NJ 07035				ature	Tullytown	0		Date	21/2013		
Completer	by (Print or Type)	Title	100 and 110 an	- Selection		Gerdama Z	es nos		11/2	112013		01 <u>- 1</u> C1
Contain	anti Y	Secreta	ry/Treasurer									

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

D&S Proj. #: 2013-447

				10 1 (0)								10	
Date of Notification (1) 1 1 1 2 0 / 1 3	- 11		SANDBE	er/Operator (2)				19,1	NOV :	2 5	2012		
Agencies Notified Type Notifica	Alam L	treet Addre		NO .						- J	-ViJ		
EPA Initial			SSAIC AV	ENUE									}
DEP Amendment	_{#:}	ity, State,	Zip Code							_			1
DOL		HASRR	OUCK H	EIGHTS, NJ									53
DOH (including	1 -	ame of Co		3101113, 143		-		I Telepho	ne Numbe	r	-		
justification) '	arric or oo	muot					Tolophol	no i valido	•			
☐ DCA ☐ Cancellation	on	MARIA	SANDBI	ERG				201-61	5-7703				
			FACI	LITY INFORMA	ATION								
Name of facility where abatement	is taking pla	ace (3)				*****	\Box	Type of Facility					
MARIA SANDBERG								=	ol (K - 12) hapter 8 (0		nan K	-12)	
Street Address							-	Selling Sellings	(Private/C			,	
									./Homes, e		0.00000		
237 PASSAIC AVENUE							_ [Square Feet	# of Floo	rs	BI	dg. A	ge
City (5)	Cour	nty (6)			Cou	nty Code (7)	T .						
				2,54	(Stat	te use only)		Current Use (F	Prior if beir	ng dem	olish	ed)	
HASBROUCK HEIGHTS		RGEN			29.10								
Name of Monitoring Firm Hired by	Bldg. Owne	er (8)		ASCM No.		Name of Abatem	nent Co	ontractor (9)					
			- 1			D & S REST	ORA'	TION, INC.					
Street Address				The Marie and the Control of the Con		Street Address				-			
					- 11	20 Californi	a Ave						
City, State, Zip Code					-1	City, State, Zip C				77			
-13, -111.5, -12								12					
Project Manager for Monitoring Fire		In	hone Numbe		-	Paterson, N Telephone Numb)3	License	Numb	201	_	
Project Manager for Monitoring Fire	111		none numbe	31		relephone Numb	Jei)1169	Jei		
					_	Name of OSHA	Manita			71109			
Start Date (10)	Sched	. Completi	on Date (11)									
11/30/1313	12/16	5/12				D & S Resto	oratioi	i, inc.	***************************************	-		-	
Occupancy Status During Abateme													
Facility closed/vacated durin			oment			20 California		nue					
Abatement performed outsid						City, State, Zip C	ode						
Describe:		idoliity iloo			_11								
Other-Describe: NORMAL	HOURS		***************************************		-	Paterson, N.	J 0750)3					
Scope of Work (check all that app	oly)						Fu	Il Containment	w/negative	press	ure		
	Renovation	n				E 20		ni-enclosure					
□ >160 sf or >260 lf	Demolition	,						ovebag procedu					
			upod polski				∐ No	on-Exempted (*) and Non	-friable	_		-
Location of		n normally enance/cus	used solely stodial					A ma =		e	R	E n	E
asbestos-containing material (acm) to be	staff(12)			Description material (sbestos-containin	ng	Amount (Specify	SF or	m	р	C	n
abated in facility (13)	Yes	No	N/A	material (4CIVI)			LF)	0. 0.	° v	a	а	L
	1 100	140	IN/A							e	ľ	p	1-
BASEMENT		X		PIPE INSU	LATI	ON		75 L FT		X			
												П	
										ī	П	ī	市
						****	-	1	-	Ħ	Ħ	듬	一
								+		묶	片	片	一
Registered Waste Hauler	INUD	D Hauler	10# 10	ubic Yards of V	lacto	Mama of Dogist	oradl	andfill		-1-1-	Ш		1
D & S RESTORATION, INC		EP Hauler 06		yd	aoic	Name of Regist		ESOURCE R	ECOVE	RY			
City, State		NAME OF THE PARTY	Disposal D	AND DESCRIPTION OF THE PERSON NAMED IN		City, State	,	ORCL K			بيد، حريبات	-	
PATERSON, NJ 07503			12/02/13			TULLYTON	WN P	Α					
Completed by (Print or Type)	Title		J	Signature	==-	1	-,,,		Date				
BOGDAN JOLDZIC	PRESID	ENT		- 2					A CHARLES)/1320	113		
ASB-41			for asbesto	s licensure exe	eniorea	activities.			1720				
C 10 (1) (1 TO 1)													

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

B & G proj. #: 2013-233

***** EMERGENCY *****

Check #6281

Date of Notification (1)	LIN	me of Bui	Idina Owne	er/Operator (2)		*						
111/12/01/		11	Albert Sc	🗟	inoperator (2)								
Agencies Notified EPA	Type Notification	on St	reet Addre	A	oad				111 44				
☐ DEP DOL	Amendm		ty, State, Z Union, N	ip Code NJ 07083									
₽ DOH	_		me of Cor	tact				The second second	ne Number			ena 11900	******
☐ DCA	Cancella	tion	Albert S	ofia				908-3	47-7437	; Z	5 1	Ma	
				FACI	LITY INFORM	ATION							
Name of facility when	e abatement is	taking pla	ce (3)					Type of Facility	(4) ol (K - 12)		•		8
Albert Sofia									napter 8 (O	ther th	an K-	12)	
Street Address									(Private/Co./Homes, e		rcial		
526 Twin Oaks	Road							Square Feet	# of Floor		Blo	lg. A	ge
City (5)		Coun	ty (6)			100000	ty Code (7)						
Union	100		Unic	n	8	(State	e use only)	Current Use (Fresidential	Prior if bein	g dem	olishe	:d)	
Name of Monitoring F		ldg. Owne	г (8)		ASCM No.		Name of Abatement Co						
OL 1811	N/A						B & G Restoration Street Address	, Inc.					
Street Address	3 8						105 Ryerson Road						
City, State, Zip Code						-	City, State, Zip Code						
				- the	-		Lincoln Park, NJ	07035					
Project Manager for M	lonitoring Firm		Ph	one Numb	er		Telephone Number		License 0378	Numb	er		
		10-1	0	- Data (1)	/		Name of OSHA Monito	Г	3576				
Scheduled Start Date	(10)	-		on Date (11)		B & G Restoration	, Inc.					
11/21/2013			22/2013			[Street Address						
Occupancy Status Du Facility closed/v				ment.			105 Ryerson Road City, State, Zip Code				_		<u> </u>
Abatement perfo	ormed outside	of normal f	acility hou	rs-		_	Lincoln Park, NJ	7025					.0.
Other-Describe		\					Ellicolli I ark, 143	37033	☐ wrap	& CII	-		
Scope of Work (chec		, Renovatio	n			F	ıll Containment w/nega	tive pressure	Glove			ire	
>3 sf or >3 lf		≥160 sf or				⋈ M	ini-enclosure		☐ Non-fi				
Location of asbestos-conta	ining		normally nance/cus	used solely todial	Description		bestos-containing	Amount (Specify	SF or	R e m	R e p	Enc	Enc
material to be abated in facility	y (13)	Yes	No	N/A	material	(ACIVI)		LF)		v e	a i r	a p	L
basement boiler				X	pipe insula			92 If					早
main room & clos	set		1	X	pipe insula			10 If		M	片	뷰	ዙ
laundry room				X	pipe insula	ation		54 If			片	片	H
1				╂				-		片	H	H	卅
Registered Waste Hau B & G Restoration	ıler Inc.	NJDE 195	P Hauler 63	ID# C	ubic Yards of V 2 yards	Waste	Name of Registered L Tullytown Resour		y Center	.1—_	ш_	_	
City, State Lincoln Park, NJ				Disposal Dis	ate		City, State Tullytown, PA						
Completed by (Print o		Title			Signature			The second	Date				
Gordana Luna Secretary/Treasurer							Gordana Luna 11/20/2013						

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:50-7 and 12:120-7) ****** EMERGENCY ******

B & G proj. #: 2013-233

B&G proj. #:		•	***	*** EMER	GEN	CY *****	Check	#6281				
Date of Notification (1)	1	Name o	f Building Own	er/Operator (2)			A COL	ROVED			٦	
111/2101/113			t Sofia	***			Dept of Heal		or Se	rvice	8	
Agencies Notified Type Noti	ification tial	Street A	ddress Twin Oaks I	Road	- 02000		TULLY (gnature)	169	o A		
DEP """		City, St	ate, Zip Code		*****		Date:	3_Time	11	v n	-	
DOL Am	endment		on, NJ 0708	3		~				15		~~7
DOH			Contact					e Number				1
☐ DGA ☐ Car	ncellation	Albe	ert Sofia				908-34	7-7437				
	(c) (c)	***************************************	FAC	ILITY INFORM	ATION		i a a a a a a a a a a a a a a a a a a a					i
Name of facility where abatem	ent is taking	place (3)		AND TO			Type of Facility (4) (K - 12)			2	1
Albert Sofia							=	n (N - 12) apter 6 (O	hor H	on K	121	
Street Address				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Other (Private/Co	mme			
526 Twin Oaks Road	0.8					11		Homes, at # of Floor		Bl	lg. A	ďn
City (5)	10	ounty (6)			Cour	nty Code (7)	oquare i cc.	m et i leet			-5	90
Union			Union			e une only)	Current Use (Presidential	for If bein	dem	olishe	ed)	
Name of Monitoring Firm Hire	d by Bidg. O	wner (8)		ASCM No.		Name of Abatement C		10,000		-1		
N//	A					B & G Restoration	, Inc.	1				
Street Address				1		Street Address						
AT A L A)						105 Ryerson Road City, State, Zip Code			i			
City, State, Zip Code						Lincoln Park, NJ	77725					
Project Manager for Monitoring	Firm		Phone Num	ber .		Telephone Number	0/022	License	Numb	er		
	•						000000	0378				
Scheduled Start Date (10)	So	hed. Com	pletion Date (1	1)		Name of OSHA Monito						
11/21/2013		11/22/2	013		-	B & G Restoration Street Address	ı, inc.	-		-		
Occupancy Status During Abab	ement (Che	ck only on	e)			105 Ryerson Road	I					
Facility closed/vacated du Abatement performed ou	uring entire p tside of norm	period of a nai facility	batement hours-	2		City, State, Zip Code						
Describe:Other-Describe:				, a	_	Lincoln Park, NJ	07035					
Scope of Work (check all that	apply)							wrap	& cu	t		
Demolition	Renov					ull Containment w/nega		Glovet	•			
☑ >3 sF or >3 lf	☐ ≥160 st				M	ini-enclosure		Non-fr	lable	ומכוסוו	_	
Location of aspestos-containing	by ma	intentince	naily used sole o/custodial	-		bostos-containing	Amount		9	e	E	E
material to be	nitities			malerial (phythe-congining	(Specify S	For	Eo	p	¢	C
abated in facility (13)	Yes	N	o N/A				LF)		V e	i	P	L
basement bailer room			X] pipe insula			92 If					
main room & closet			2 X	pipe insula	40		10 If	, , , , , , , , , , , , , , , , , , ,		므		旦
laundry room			X_	pipe insula	((O))		54 lf			ᆜ		H
	-	-		 		ngwa re			片	井	井	뷰
egistered Waste Hauler	II.	JDEP Ha	uler IO#	Cubic Yards of V	Naste	Name of Registered L	andfill		LL.	_ لـــ	H	
B & G Restoration, Inc.		19563		2 yards		Tullytown Resource		Center				
City, State Lincoln Park, NJ 07035			Disposal 11/22/			City, State Tullytown, PA						
Completed by (Print or Type) Gordana Luna	Title	4		Signature	-	Gordania Luna	A	Date 11/20	(OO)	5		
RULLI RURLYOY J	Locare	tary/Tres	ESUITER	1		The said of the sa		1 1 (120)	ZUL			

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

Date of Notification	(1)	013			ne of E		g Owner/Op	erator (2)							
Agencies Notified	Notification			Stree	et Ado	ress	errace								
() EPA () DEP (X) DOL	() Initial N (X) Amend			City,	State	, Zip (Code								
(X) DOH () DCA	() Emerge justifica () Cancel	ency (in ation)	2.5		e of C	ontac		•			Tel. Nu (908)43		3		
Name of Facility Wh	ore Abeters	-4 :- T-	Li Di-	FAC	LITY	INFO	RMATION					·			
Newark Residence Street Address			King Place	= (3)				() Scho () Subo (X) Othe	Facility (a cool (K-12) chapter 8 er (i.e. prines, etc.	(other			ding	s,	
167 Osborn Terrance City (5) Newark	e - Basemeni	<u> </u>						Square		# of	Floors	Bldg	. Age	е	
County (6)					ty Cod		(STATE	Current	Use (Pric	r if bei	ng demol	ished)			
Essex	Ciama I lian al la	DI-I- (,	1	Name of Contractor (0)							
Name of Monitoring (8) GL Environmental Se	W-	Blag. (Jwner	ASCM No. Name of Contractor (9) CID & SONS, LLC											
Street Address PO Box 753042			7				Street Add	Iress							
City, State, Zip Code Bronx, NY 10475					City State, Zip Code Garfield, NJ 07026										
Project Manager for I Greg Brown	roject Manager for Monitoring Firm Telepho						Telephone	Number			License 01191		er		
Scheduled Start Date		10	Scheduled 11)	Comple	etion [Date	Name of C	SHA Mon	itor						
11/22/2013 JOB Occupancy Status Di	IN HOLD		11/28	3/2013			Testor Tec								
(X) Facility Closed/Va	acated During	ı Entire	Period of	Abatem	ent		10-59 Jack City, State	son Aven							
() Abatement Perfor () Other – Describe:			nal Facility	y Hours			Long Island	d City, NY	11101						
Source of Work (Che (X) ≥ 3 sf or ≥ 3 lf () ≥ 160 sf or ≥ 260 l		0	() Renova) Demolit			-1	() Min (X) Glo	Containm i-Enclosui ve bag Pr i-Exempte	re ocedure	Ĭ			е		
Location of	of	Islo	cation No	mally								atemer		ре	
Asbestos-Containin (ACM) TO BE ABAT in Facility (13)	sed Solely flaintenan odial Staff	nce/ Containin aff? (12) thermal surface			iption of Ash g Material (A systems ins ing, VAT, or iscellaneous	ACM) (i.e. ulation, other	(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure			
Basement	ı İ	Yes		X	-	Р	ipe Insulatio	n	120) LF	X				
Name of Reg. Waste	Hauler	NJC #	DEP Waste	9 5/16	r ID	Cubi	ic Yards of V TBD		ame of R	50 20 neso		emen			
City, State Garfield, NJ						Disp	osal Date TBD		ity, State orrisville,	PΔ					
Completed by Roque Schipilliti Jr Project Manager					Sig	gnatur	1000	AH,		2	Date 11	/20/20	13		

						C 8:60 and 12:12	'	U)L - 1	U-ICH	INN F	101	J
Date of Notification (1) 11/20/2	2013		Nam	e of Bul	iding Owner/Op	peratur (2)						
Agencies Notified	Notification	CONTRACT MANAGEMENT		Street	et Addre	58	-	+		30%	+	-	-
() EPA	() Initial	Medilian	AM	167	Osborr	ie Tarrace	1	1	JKI	MM	- 1		
() EPA () DEP	(X) Amen	ded				Ip Code		-		-		-	-
(X) DOL	Amen	dment &	1	New	rark, NJ	07112	1	WAIV	ER A	PRA	MEN		
(X) DOH () DCA	() Emerging justification () Canos	ention)	cluding	Robe	6105			•		Tel. Nu (908)43	mber		
Name of Facility Who	ore Abatems	nt is Tal	dng Plac	FACI = (3)	LITYIN	FORMATION	Type of	Facility (4)			EV.	
Newark Residence							() Scho			NOV	25		
Street Address							() Subc	hapter 8	(other ti	han K-12	2)		
407 0-1	_						(X) Othe	r (I.S. pri	vate & c	om merc	lal bull	dlng	3
167 Osborn Terranci City (5)	- Basemen	t						ies, etc.					
Newark							Square I	est	# of F	loors	Bldg	. Ag	4
County (6)			-510	Count	ty Code	(7) (STATE	Current	Use /Prin	r if balo	dame!	ahed?		_
Egrex				USE	ONLY)	. , ,	- Jan 19715	(116	n n sorig	a matual:	(0.00)		
Name of Monitoring F	im Hired by	/ Bldg. C	Wher	ASCN	No.	Name of C	Contractor	(9)					-
(8) GL Environmental Se	aviace.			100000000000000000000000000000000000000	**************************************			,					
Street Address	n r Kasi					Street Add					-		_
PO Box 753042						365 River							
City, State, Zip Code Bronx, NY 10475						City State, Garfield, N	Zip Code						-
Project Menager for N	lonitorina Fi	m IT	elephone	Numbe	1	Telephone				leca	Muss	0.5	_
Greg Brown			47)307-	145	6.5	4076	45			License 01191 "	An wa	Øľ.	
Scheduled Start Date	(10)		cheduled	Comple	tion Dat	Name of C	SHA Moni	tor			-		-
HEARD JOB	N HOLD	1(1	1)	3/2013									
Occupancy Status Du	ring Abatem	ent (Ch	ek only	ne)		Street Add							
				,									
(X) Facility Closed/Vs	cond Durine	Entire i	Daried ed	Abotom	0.00	10-59 Jack							
() Abatement Perfer () Other — Describs:	ned Outside	of Norm	al Facility	y Hours	erk.	City, State	•				G		
Source of Work (Chec	k all that ap	bly)		*******								_	-
(X) ≥ 3 stor≥ 3 lf			\ B	Har			Containm		Negetive	Pressu	fe		
(x) ≥ 3 ar br ≥ 3 ir () ≥ 160 af or ≥ 250 ir) Renova) Demolit				i-Enclosum ve bag Pro						
*		, ,	,			() Nor	-Exempted	i (°) and	Non-Fris	able Pre	codum		
Location of	1	le I es	ation No	ome the							temen		P
Asbestes-Containing			ed Solely		De	scription of Ask	entes					·	Ť
(ACM)		M	aintenan	ce/	Contai	ining Material (A	ACMD (Le.	2.575555	ount	20	_	E C	1
TO BE ABAT	<u>= 0</u>	Custo	dial Staff	7 (12)	then	nal systems inc	ulation,	(SP	ecify or LF)	Remova	Repair	appe	
(13)					Bul	facing, VAT, or miscellaneous		"		BAC	=	Encapaulate	1
		Yes	No	N/A			-1					8	
Basement		-		X		Pipe Insulatio	n	120) LF	X			Ĺ
	-	1									\vdash		-
Name of Reg. Waste	tauler		EP Wast	e Hauler	ID C	ubic Yards of V	Vaste Na	me of R	eg. Land	MAII .			L
CID & SONS, LLC		当	329	06		TBD	G.	R.O.W.8	., West		êmenţ		
City, State Garfield, NJ					D	isposal Date TBD	CK	ty, State ornaville,	PA	- tabels			_
Completed by Reque Schipiliti Jr	Title				Signs	iture 7				a to		-	-
rigger achidemi Jr		Project	Manager	400		100	Sec. 12.	11200	7		20/20	13	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	11 11	Name of Building	Owner/Op	erator (2)		- 4			
November 21, 20	13		RAV	an Winkle Constru	ction, LLC 2	:31	マフ		
Agencies Notified Type of Notificat	tion	Street Address			#		1		
	Notification	D = 0010	PO B	ox 647				٠.	1
	ided Notification	City, State, Zip C	ode	F 1 4 4 1			190	41 4	
[x] DOL Amen	idment #	City, State, Zip C		squan, NJ 08736	4.		39		
[X] DOH [] Emerg	gency (including		Ivialia	squan, 113 00730	4		10	1	: 1
[] DCA justifi	cation)	Name of Contact			elephone Number	÷n:		1)	\$.
[] Cance	ellation	Robe	rt Van W	inkle	732-44	3-7059	,	1	11
	EA	CILITY INFORM	MATION					1	1
Name of Facility Where Abatement is Taking		CILIT I INTOR	VIATION	Type of Facility (4)		8.1	3. 3	4	1
Name of Facility where Abatement is Taking Building	g I lace (5)				School (k-12)				i
				i i i	Subchapter 8 (otl	her than	€ 12)		1 - 1 -
Street Address 77 Kent Place Blve	d			[X]	Other (i.e., privat	te & com	mercia	l build	dings,
// Kent Place Blv	u.				homes, etc.)		70		
City	County (6)	County Code (7)	T 37)	Square feet	# of Floors	Bldg.	Age 113	,	
		(STATE USE ON	LI)	4163 Current Use (Prior if	heing demolished		11.	,	
Summit	Union			Buildin		,			
Name of Monitoring Firm Hired by Building	Owner (8)	ASCM No.	Name o	f Abatement Contractor				0 - 0 - 3	
Guardian Contract		ABOM No.	Traine o		in Contracting,	Inc.			
Street Address	ing, me.		Street A						
1889 Rte. 9, Unit (61			1889 R	oute 9, Unit 61				
City, State, Zip Code		3877	City, St	ate, Zip Code					
Toms River, NJ 08	3755				iver, New Jers	ey 0875	55-12	71	
Project Manager for Monitoring Firm	Telephone Numb	er	Toms River, New Jersey 08755- Telephone Number License Number						
Nicholas Fernicola	732-349-9932	732-349-9032 00624							
Scheduled Start Date (10)	Scheduled Comp	letion Date (11)	Name o	f OSHA Monitor					
12/04/2013	12/06/2013				L. Analytical				
Occupancy Status During Abatement (Check	onlyme)		Street A						
	ed During Entire Period of			1056 St	elton Road				
[] Abatement Performed	Outside of Normal Facility	Hours	City, St	ate, Zip Code					
Other – Describe					way, New Jerse	y 0885	4		
			<u> </u>	1 ruo	- ist No - stire Des			-	
Scope of Work (Check all that apply)			L		with Negative Pre	essure			
0000	f 1 -		Ĺ	Mini-Enclosure	5.0 <u>2</u> 8				
[X] >3 sf or ≥3 lf	[]	ovation	[X			D d			
[] ≥160 sf or ≥260 lf	[X] Dem	olition	L	Non-Exempted (*) and Non-Friable	Procedur	е		
						Abate	ment T	ype	
	Is Location		Descripti	on of	1	n	Б	r	-
Location of	Normally used	l A	sbestos-Co		Amount	R E	R E	E N	E N
· Asbestos-Containing Material (ACM)	Solely by	^~	Material ((Specify SF	100000	P	C	C
TO BE ABATED	Maintenance/Custodi	al (i	.e., therma		or LF)	M	A	A	L
in facility	Staff		sulation, s			0	I	P	0
(13)	(12)		VAT,			V	R	S	S
(15)		O	ther miscel	laneous)		A		U	U
	YES NO N/A	A		**************************************		L		L E	RE
					7016	5.7	\rightarrow		-
basement	X	pipe insulat	10n		70lf	X			-
Name of Registered Waste Hauler	NJDEP Waste Hau	iler ID No. Cubic	Yards of Wa	aste Name of Registe	ered Landfill				
Guardian Contracting, Inc.	20223			T.R.R.F.	.4		-70		
City, State		posal Date	City, S						
Toms River, New Jersey		/07/2013	Tully	town, Pennsylvania	3	I D.			
Completed by (Print or Type)	Title	Signature	.)	1		Date	1/201	2	
Nicholas Fernicola	Project Manager	Nich	107 -	1201		11/2	1/201	٥	

NOV 2 5 2013

**	 -	
		eceived

DEMOLITION / RENOVATION NOTIFICATION

Operator Project #:			Postmark:		Notificati	on:	الله الله الله الله الله الله الله الله	į
I. TYPE OF N	OTIFICATION (C	O-Original R-Revised	C-Cancelled):	0	II.	IS ASBESTOS PRESENT? (Yes/No):	Y
III. FACILITY	NFORMATION ((identify owner, removal	contractor and oth	ner operator)				
OWNER NA	ME:	Michael Zaczyk						
. A	ddress:	77 Kent Place Bl	vd.					
(ity: Summ	it S	State: NJ		Zip:	07901		
(ontact:	Robert VanWink	le		Tel:	732-443-7059		
REMOVAL	CONTRACTOR:	Guardia	n Contracting,	Inc.		NJ License: 0062	4	
I	ddress:	1889 Ro	oute 9, Unit 61			4		
(ity: Toms	River :	State: New J	ersey	Zip:	08755		
(ontact:	Nicholas	s Fernicola		Tel:	732-349-9932		
OTHER OP	ERATOR (if diffe	erent)				NJ License:		
. F	ddress:							
(ity:	1	State:		Zip:			
(ontact:				Tel:			
IV. TYPE OF C	PERATION (D-I	Demo O - Ordered Der	mo R - Renovati	on E-Emergency	Renovation):	D		7
V. FACILITY	ESCRIPTION (I	ncluding building name,	number and floor	or room number)				
Building Na	ne;	Building						
Address:		77 Kent Place Bl	vd.					
City: 5	ummit		State: NJ		County:	Union		
Site Locatio	: Basem	ient						
Building Siz	: 4163	#	# of Floors:	1	Age in Yo	ears: 113		
Present Use	Buildi	ng		Prior Use:	Building			M-1
VI. PROCEDUI	E, INCLUDING	ANALYTICAL METHO	DD, IF APPROPRI	ATE, USED TO DE	TECT THE PRI	ESENCE OF ASBESTOS MAT	TERIAL:	
		O BE ASBESTOS? OF ASBESTOS INCLUI	OING:				Nonf	friable
			Silvo.	DACM.			Asbestos	s Material To Be
	ACM to be removed ACM not remove			RACM To Be		LOCATION		noved
Category	II ACM not remo	oved		Removed			Cat I	Cat II
Pipes (Linea	feet):	70 lf	Pipe in	nsulation		basement		
Surface Area	(Square feet):			1				
RACM Off	acility Componer	nt (Cubic feet):						
VIII. SCHEDULE D	TES ASBESTO	S REMOVAL (MM/DD/	(YY) Start:	12/04	4/2013	Complete: 12	/06/2013	

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

Х.	DESCRIPTION OF PLANNED DEMOLITIC	N OR RENOVATION V	VORK, AND METHOD(S	S) TO BE USED	
xi.	DESCRIPTION OF WORK PRACTICES AN AND RENOVATION SITE:	D ENGINEERING CON	TRÔLS TO BE USED TO	O PREVENT EMISSIONS O	F ASBESTOS AT THE DEMOLITION
	Removal to take place using negative pressure glovel with a surfactant/water mix. All waste to bedouble b surfaces where removal took place. All materials to be surfaced where removal took place.	agged, sealed and affixed wit	th appropriate warning labels a	and placed in closed/locked conta	iner for disposal. Encapslation of all
xii.	WASTE TRANSPORTER #1 Name: C	uardian Contracting	, Inc.		
	Address: 1	889 Route 9, Unit 6	1		
	City: Toms River	State:	New Jersey	Zip:	08755
	Contact Person:	licholas Fernicola			
	WASTE TRANSPORTER #2 Name:		1		
	Address:				
	City:	State:		Zip:	
	Contact Person:				
xiii.	WASTE DISPOSAL SITE Name: T	.R.R.F.			
	Location: B	ordentown Road			
	City: Tullytown	State:	Pennsylvania	Zip:	19007
	Telephone:215-943-9732		Permit #:	101494	
xiv.	IF DEMOLITION ORDERED BY A GOVER	NMENT AGENCY, PLE	EASE IDENTIFY THE AC	GENCY BELOW AND ATT	ACH COPY OF ORDER
	Name:		Title:		
	Authority:				
	Date of Order (MM/DD/YY):		Date Ordered to Beg	gin (MM/DD/YY):	
xv.	FOR EMERGENCY RENOVATIONS				
	Date and Hour of Emergency (MM/DD/YY):				
	Description of the Sudden, Unexpected Event:				
ŝ	Explanation of how the event caused unsafe co	onditions or would cause	equipment damage or an	unreasonable financial burde	n
xvi.	DESCRIPTION OF PROCEDURES TO BE F ASBESTOS MATERIAL BECOMES CRUM				R PREVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAIN THE DEMOLITION OR RENOVATION AND AVAILABLE FOR INSPECTION DURING N	D EVIDENCE THAT TH	E REQUIRED TRAININ	IG HAS BEEN ACCOMPLIS	PART M) WILL BE ONSITE DURIN SHED BY THIS PERSON WILL BE
	Nicholas Fernicola / Project Mana (Printed Name/Title)	ger	(Signature of Owner	+2+ er/Òperator)	November 21, 2013 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMAT	TION IS CORRECT.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	11	
	Nicholas Fernicola / Project Mana (Printed Name/Title)	ger	(Signature of Owner	or/Operator)	November 21, 2013 (Date)

D&S Proj. #: 2013-449

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

, past (o).	W. MOLL	 -					1	APPRO			7		
	200	I Nama of	Building Ow	ner/Operator (2)		.,	i.	Port of Health	& Senior Ser	vice	8		
Date of Notification	n (1)) 1/11 13 1		S FURMA			i		(signa	SWELL (ture)	_	1		—
Agencies Notified				IN				Date: 11 30 14	Time: 22	ן שׁ	AN	1/	
☐ EPA	Initial		LKER AV	ENTITE.		1	1.			*******	711.	17	
☐ DEP	Amended		te, Zip Code			T I	1	1404 2 1	5 2013				
DOL.	Amendment #:			N, NJ 07960			L.			740		-	
DOH	(including	Name of	The second secon					Telephone I	lumber				
M	justification)	11 .	ES FURM	ANY	1	<i>i</i>	ħ.	973-455-0	793				
DCA .	Cancellation	JAM	THE PERSON NAMED IN COLUMN 1			1 1	i i				.1		
	,		1.	CILITY INFORM	ATION		<u> </u>	Type of Facility (4)			-		-
Name of facility v	where abatement is	taking place (3)	. 4			is a	1	School	(K - 12)				
JAMES FURI	MAN		9		1	<u> </u>	ğ i		ter 8 (Other			2)	
Street Address	74.07		16000	The state of the s				Other (P	rivate/Comm omes, etc.	ercla	al .		
			3.		a.	i			of Floors	T	Bldg	Age	
9 WALKER	AVENUE	- 120			Carry	nty Code (1	7	Square rout "	0, 1.1.2.2			v	
City (5)		County (8)	,			e use only		Current Use (Price	r if being de	moli	shed)	
MORRISTO	SK/NT	MORRIS			(•					00.0		
	ring Firm Hirad by B	The second secon		ASCM No.	П	Name of	Abatement	Contractor (9)		,,,,,,,,,,			
144112			1			D& S	RESTOR	ATION, INC.				1037	
Street Address						Street Add	dress						
DO GOL I WALLAND			4				lifornia A			_			
City, State, Zip Ci	ebo					City, State	, Zip Code						
			1			Paters	on, NJ 07	7503					
Project Manager	for Monitoring Firm		Phone Nu	mber		Telephone	e Number		License Nur 0116				
							COLLA TATAL	10-10			-	-	
Start Date (10)		Sched. Com	pletion Date	(17)			Restorat						
11/21/13		11/28/13			1	Street Ad		ICHI, IIIC.		_			
	s During Abatemen		18)		A STATE OF THE PARTY OF THE PAR	8 1	lifornia A	venue					
	sed/vacated during					The state of the s	a Zp Code	Triblicano.	tir		-		
Abatement	t performed outside	of normal facility	y hours-				12						
Describe:	oribe: NORMAL H	OURS		-		Pater	son, NJ 0	7503					
166	(check all that apply						7	Full Containment w	/negative pre	88U	re		
>3 sf or >3		Renovation						Mini-enclosure	2				
≥160 at or		Demolition				8	X	Glovebag procedur Non-Exempted (*)	e and Non-fria	ble p	roce	dure	[
Location o		Is location non		olely			ľ.	1	F	П	R	E	E
asbestos-	containing	by maintenant staff(12)	e/custodial			asbestos-c	ontaining	Amount (Specify S			p	n	n
material (a	aom) to be facility (13)			materia	(ACM)	1		LF)	10		a	а	L
il politicis	latenty (10)	Yes	No N	/A		- 1		3		_	r	Р	
BASEMENT			X	PIPE INS	ULAT	ION		34 L FT					口
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				1 8 Wald Market	C VIVIE -	V 181=4	The state of	and Landelli		الـ	<u>L</u>	Ш	
D & S RESTO	te Hauler ORATION, INC.	NJDEP H 13506	Ruier ID#	J yd	vvas(6	TULI	TREGISTER	ed LandiiII I, RESOURCE RI	ECOVERY				
City, State			(Dispo	sal Date	-	Ofty, S	The second second					, , , ,	
PATERSON	.NJ 07503			22/13	We-eridan		TYTOW	N, PA	No. of the last of	100			and the
Completed by (F		Title		Signature			F ::		Date				v
BOGDAN 10	OLDZIC	PRESIDEN	ALL DE WANTED			4 4_	# .	*	11/20/13	; 	T. 2007.		EDITE D
A C D . 41		* Do not use thi	s form 'ar as	bestu: licensure	axempt	out activitie	25.						

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

D&S Proj. #: 2013-449

						16 (0.00)					
Date of Notification (1)	Name	of Building Own	er/Operator (2)							- •	
1 1 /2 0 / 1 3		ES FURMAN		Tall (Tall (Tall)						1	
Agencies Notified Type Notificati	on Street	Address				HOW					
_ Amended	9 W	ALKER AVE	NUE			NUV	2 5 2913	9			
Amendment #:	City, S	tate, Zip Code								ř.	
DOL Emergency	MO	RRISTOWN,	NJ 07960			11 10 11		20.0			
DOH (including justification)	Name	of Contact				Telepi	none Number				
DCA Cancellation	11 743	MES FURMA	N			973-	455-0793	-+.	!	1	
		FACI	ILITY INFORMA	ATION							
Name of facility where abatement i	s taking place (3)				Type of Facil					
2To						=	hool (K - 12)				
JAMES FURMAN					-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	bchapter 8 (C ner (Private/C			12)	
Street Address					1		gs./Homes, e		Ciai		
9 WALKER AVENUE						Square Feet	# of Floor	rs	Blo	ig. Ag	je
City (5)	County (6)				ty Code (7)					.0	
MORRISTOWN,	MORRI	S		(State	use only)	Current Use	(Prior if bein	g demo	olishe	a)	
Name of Monitoring Firm Hired by		3	ASCM No.	TI	Name of Abatement (Contractor (9)					_
Traine of mornioning a market appropriate					D & S RESTORA	ATION, INC.	1				
Street Address			***************************************		Street Address						
01.001.1000					20 California Av	e.					
City, State, Zip Code					ity, State, Zip Code						
, \$100 El El					Paterson, NJ 07	503					
Project Manager for Monitoring Firm	1	Phone Numb	per	_ h	elephone Number		License		er		7,700
							0)1169			
Start Date (10)	Sched. Cor	npletion Date (1	1)		Name of OSHA Moni						
11/21/13	11/28/13				D & S Restoration	on, Inc.		-		-	
Occupancy Status During Abateme		ne)			20 California Av	enue					
Facility closed/vacated during					City, State, Zip Code	Citac					
Abatement performed outside					,	100					
Describe: NORMAL F	IOURS				Paterson, NJ 07	503					
Scope of Work (check all that appl						Full Containme	nt w/negative	press	ure		
\boxtimes >3 sf or >3 lf	Renovation					Mini-enclosure					
≥160 sf or ≥260 lf	Demolition					Glovebag proc Non-Exempted		-friable	proce	edure	í
Location of		mally used solel	у					R	R	Е	E
asbestos-containing	by maintenand staff(12)	ce/custodial	Description	on of as	bestos-containing	Amou		e m	e p	n	n
material (acm) to be abated in facility (13)		No. N/A	material ((ACM)		LF)	ify SF or	0	a	а	C
, , ,	Yes	No N/A						e	r	р	
BASEMENT			PIPE INSU	ILATI(ON	34 L FT					口
]								
								10		Ш	Ш
								44	Ш	Ш	빋
									Ш	\Box	
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP H 13506		Cubic Yards of V 1 yd	vvaste	Name of Registered TULLYTOWN,		RECOVE	RY			
City, State		Disposal		-	City, State						
PATERSON, NJ 07503		11/22/			TULLYTOWN	, PA		1622.78			
Completed by (Print or Type)	Title		Signature				Date				
BOGDAN JOLDZIC	PRESIDENT		<u> </u>					/13			
100 A1	* Do not us a this	s for a sbes	tos licensure ex	kempte.	activities.						

Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: 2013-448 APPROVED KADeph of Health & Senior Services 192/18/1 Name of Building Owner/Operator (2) Date of Notification (1) 1 1 /2 0 / 1 3 MARY SMILEY Type Notification Agencies Notified Street Address 5 Initial EPA 258 WILLIAMSON AVENUE Amended DEP City, State, Zip Code Amendment #: DOL HILLSIDE, NJ 07205 **Emergency** Telephone Number Name of Contact (including M DOH justification) 973-926-3431 MARY SMILEY DCA Cancellation FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K-12) Subchapter 8 (Other than K-12) MARY SMILEY Other (Private/Commercial Bldgs./Homes, etc. Street Address Bldg. Age # of Floors Square Feet 258 WILLIAMSON AVENUE County Code (7) County (6) Current Use (Prior if being demolished) (State use only) union ESSEY-HILLSIDE Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Phone Number Project Manager for Monitoring Firm 01169 Name of OSHA Monitor School, Completion Date (11) Start Date (10) D & S Restoration, Inc. Street Address 11/30/13 11/21/1313 20 California Avenue Occupancy Status During Abatement (Check only one) City, State, Zip Code Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-Describe: Raterson, NJ 07503 Other-Describe: NORMAL HOURS Full Containment w/negative pressure Scope of Work (check all that apply) Mini-enclosure >3 sf or >3 lf Renovation Glovebag procedure Non-Exempted (*) and Non-friable procedure ≥160 sf or ≥260 lf Demolition la location normally used solely E đ Location of n by maintenance/custodial Amount n Description of asbestos-containing m asbestos-containing D C (Specify SF or staff(12) G material (acm) to be material (ACM) 0 4 A LF) abated in facility (13) p N/A Yes No 95 L FT X PIPE INSULATION BASEMENT Cubic Yards of Waste Name of Registered Landill Registered Waste Hauler NJDEP Hauler ID# TULLYTOWN, RESOURCE RECOVERY 13506 1 yd D & S RESTORATION, INC. Disposal Date City, State City, State 11/25/13 TULEYTOWN, PA PATERSON, NJ 07503 Signature Date Completed by (Print or Type) Tille 11/20/13 PRESIDENT BOGDAN KOLDZIC Do not use this tarm to asbestos liconsure exampted activities;

COMMINICATION NA 47

20 2012 (WED) 14.53

PACF 1

To: NJ Dept. of Labor, NJ Dept. of Health

RE: 258 Williamson avenue, Hillside, New Jersey

The boiler is to be replaced and the pipes are insulated with asbestos at the above referenced address which need to be removed as soon as possible. The plumber is concern about the health hazard that asbestos can create if it is not removed properly.

I would like to request a waiver of the ten day notification period because the plumber is concern about workers exposure to asbestos and might create a health hazard to everyone.

Your consideration is highly appreciated.

Sincerely,

Mary Smiley, Homeowner

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

D&S Proj. #: 2013-448

Date of Notification (1)			r/Operator (2)									
1 1 /12 0 / 1 3	MARYS											
Agencies Notified Type Notification	Outdoor / Gain					200						
DEP Amended	2.000.000.000.000.000.000.000		N AVENUE			NOV .	2 5 20	19				
Amendment #:	City, State,	Zip Code			94							
DOL Emergency		DE, NJ 07	205								- / 25	_
DOH (including justification)	Name of Co	ntact			t 4		Telepho	ne Number	66			
☐ DCA ☐ Cancellation	MARY	SMILEY					973-9	26-3431				
		FACIL	ITY INFORM	ATION			N=21%			The said		
Name of facility where abatement is	taking place (3)	-				Туре	of Facility					
3 C 1 TO 1 CO CO CO CO CO							_	ool (K - 12)			461	
MARY SMILEY				- V-		4		hapter 8 (C r (Private/C			12)	
Street Address						11 '	Bldgs	s./Homes, e	tc.	Ciai		
258 WILLIAMSON AVENU	Ε					Squa	re Feet	# of Floor	rs	Blo	lg. Aç	ge
City (5)	County (6)				y Code (7)							
	ECCEV			(State	use only)	Curr	ent Use (Prior if bein	g dem	olishe	ed)	
HILLSIDE Name of Monitoring Firm Hired by E	ESSEX		ASCM No.	111	Name of Abatem	ent Contrac	tor (9)			_		
Name of Monitoring Film Filled by L	nag. Owner (6)		ASON NO.		D & S RESTO							
Street Address					Street Address	JKATIOI	i, nic.					
Street Address					20 California	Ave						
City, State, Zip Code					ity, State, Zip Co			er de les				
Oity, Otato, Esp Cour					Paterson, NJ							
Project Manager for Monitoring Firm	IP	hone Numbe	er	_ T	elephone Numb			License	Numb	er		
								0	1169			
Start Date (10)	Sched. Complet	ion Date (11	1	- 1	Name of OSHA	Monitor						
	The second second		<i>'</i>	IL	D & S Resto	ration, Inc	·					
11/21/1313	11/30/13				Street Address	· ·						
Occupancy Status During Abatemen Facility closed/vacated during		ement			20 California							
Abatement performed outside					City, State, Zip Co	oue						
Describe: NORMAL H	OURS			-11	Paterson, NJ	07503						
Scope of Work (check all that apply							ntainmen	t w/negative	nress	ure		_
-	Renovation						closure	· w//iogauve	, p. 000	0.0		
	Demolition						ag proced					
≥160 sf or ≥260 lf	Is location normally	unad aalah		_		☐ Non-Ex	rempted ((*) and Non	-friable	Proc	E	1
Location of asbestos-containing	by maintenance/cu				haataa aantainia	_	Amount		е	е	n	E
material (acm) to be	staff(12)		material		bestos-containin	9	(Specify		m o	p a	c a	C
abated in facility (13)	Yes No	N/A					LF)		V	i	p	L
BASEMENT	X	_	PIPE INSU	II.ATIC)N	95	LFT		e	m	П	⇈
BASEMENT		+	THEFT						〒	Ħ	Ħ	Ħ
									Ħ	F	Ħ	市
									市	Ħ	Ħ	古
									T	百	百	愩
Registered Waste Hauler	NJDEP Hauler	ID# C	ubic Yards of	Waste	Name of Registe					_		1
D & S RESTORATION, INC.	13506		yd		TULLYTOW	N, RESC	URCE	RECOVE	RY	V		
City, State		Disposal D			City, State	UNI DA						
PATERSON, NJ 07503		11/25/1			TULLYTO\	∀N, PA		Date				
Completed by (Print or Type) BOGDAN JOLDZIC	Tille PRESIDENT		Signature					11/20	/13			
	Oo not use this form	n to asbesto	os licensure ex	empted	activities.					_		

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

Date of Notification (1) 11 / 20 /	13			e of Buildi	ng Owner/Operator (2)								
		Street Address 183 Vreeland Avenue												
Agencies Notified	cation		0700450502											
□ DOLWD □ Amende	he		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age											
☑ DOH Amendr			2000,000				40			E0.				
3	ncy (includi	ng	Nu	tley, NJ	07110									
(NJAC 5:23-8) justifica	tion)		City, State, Zip Code Nutley, NJ 07110 Name of Contact Matthew Schrieks FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bidg. Age County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished)											
☐ Cancella	ation		Ma	tthew So	chrieks		201-694-577	4	- /					
			FA	CILITY I	NFORMATION	N	OV 25 mm		1					
Name of Facility Where Abatement is	Taking Pla	ce (3)				Type of Facility	(4)							
House						School (K-12	2)		i					
Street Address						Subchapter 8	(Other than K-12	2)						
183 Vreeland Avenue								rcial build	lings,					
City (5)				- 271110		ALL AND THE PROPERTY OF A		Blde	100					
Nutley						Oquare 1 eet	# 01 1 10015	Blug	. Age					
County (6)			Cou	nty Code	(7)/STATE LISE ONLY	Current Llee (Bri	ios if boing dame!	- h - d\						
Essex			000	ity Code	(1)(STATE OSE ONET)	Current Use (Fil	or it being demois	snea)						
Name of Monitoring Firm Hired by Bui	ilding Owno	· (0)	ASCNA	No	Nome of Abote									
Bio Terra Solutions	nding Owne	(0)	ASCIVI	INO.	CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR									
Street Address						NAGEMENT L	LC							
						2000000								
P.O. Box 1224			- 1											
City, State, Zip Code							10							
Union, NJ					Garfield, NJ	07026								
Project Manager for Monitoring Firm		Tele	ephone	No.	Telephone No.	*	License No.							
Rick Eustaquio					1-2010-000-4990		1188							
				71	Name of OSHA M									
11 /30 /13	12	/ _03	3_/	_13_	ALL PRO MA	NAGEMENT L	LC							
Occupancy Status During Abatement	(Check only	one)	10000		Street Address									
□ Facility Closed/Vacated During Ent	tire Period o	f Abate	ment		27 Outwater I	ane								
☐ Abatement Performed Outside of N	Normal Facil	ity Hou	rs - Des	scribe	City, State, Zip Co									
Time of Abatement:AM	PM/	PM		_AM	Garfield, NJ									
Scope of Work (Check all that apply)					Odificia, 140	07020								
The second are the second control of the second of the sec					☐ Full Cont	ainment with Neg	ative Pressure							
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		enovat			☐ Mini-Encl	losure								
☐ ≥160 SI OF ≥260 IF		emoliti	on		☐ Glovebag	Procedure	n-Friable Procedu	-						
		s Loca	tion		□ I40II-EXE	inpled () and 140	i-Filable Procedul	1 0000000						
Location of		Norma	illy		Description of	f			ement	Туре				
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TO BE ABATED . IN Facility	2000	aintena stodial	5030000000	(i.	e., thermal systems i		(Specify	Removal	cap	Enclosure				
(13)		(12)			surfacing, VAT, other miscellaned		SF or LF)	<u>a</u>	Encapsulate	. E				
	Yes	No	N/A		outer imodellarior	Jusy			वि					
Basement			Ø	ACM P	ipe Insulation		60LF	MI	7 1	1				
		-	-	/ Civi F	.po modiadon		JULF			111				
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Name of Registered Waste Hauler			JDEP \	Macto	Cubic Vards of	Nom = -f D			_ _					
ALL PRO MANAGEMENT LLC		190000	lauler II		Cubic Yards of Waste	Name of Regist								
			00348		As Needed	IESI Landfi	II							
City, State					Disposal Date	City, State								
Garfield, NJ					TBD	Bethlehem.	, PA							
Completed By (Print or Type)	Title				Signature)	1/2 //	Da	te /		/				
Zvonko Veskov	Presid	ent			5.	1/1/1		1/2	0 /	13				
ASB-41					///	war		/	/ '	_				

State of NJ Notification of Asbestos Abatement

B & G proj. #: 2013-97H

(Pursuant to NJAC 8:60-7 and 12:120-7) Check # 6284

Date of Notification	1 (1)	IIN	ame of Bui	ilding Own	er/Operator (2)				Care Care					
1 1 1 1 1 2 10		11	Seminar	y Urban	Renewal							1		
Agencies Notified EPA	Type Notificat Initial	ion Si	reet Addre		et									
☐ DEP	Amendr		ity, State, 2 New Br		NJ 08901)	N	UV Z	1 7215				
₩ DOH		Na Na	ame of Cor	ntact		-			Telephor	e Number				
DCA	Cancella	ation	Merissa	a Buczny					732-24	19-2220			1	
9				FAC	ILITY INFORM	ATION							10	
Name of facility w	here abatement i	s taking pla	ice (3)					Туре	of Facility	(4) ol (K - 12)				
Vacant Buildi	ng								Subch	apter 8 (O			12)	
Street Address										(Private/Co /Homes, e	/Commercial , etc.			
46 College A	venue		1/					Squa	re Feet	# of Floor		Blo	lg. A	ge
City (5)		Cour	ity (6)				nty Code (7)							
New Brunsw	rick, NJ 0890	1 Mic	Idlesex			(Sta	ate use only) Current Use (Prior if being demolished) residential housing Name of Abatement Contractor (9)							
Name of Monitorin			er (8)	0.00	ASCM No.		The state of the s		2000					
	erger Group,		_	B & G Restora Street Address	Restoration, Inc.									
Street Address	Kemble Aven			105 Ryerson	Road			24						
City, State, Zip Coo						-	City, State, Zip Code	•						
Morristown,	NJ 07960						Lincoln Park,	NJ 070	035					
Project Manager fo	or Monitoring Firm)	100	none Numb	DEC.		Relephone Number			License	Numb 378	er		
Craig Napol	itano			'3 -4 07-1			Name of OSHA Mo	nitor			3/0		-	
Scheduled Start Da	ate (10)	Sched	. Completi	on Date (1	1)		B & G Restora		C. ,					
12/05/2013			31/2013				Street Address						in la viet	
Occupancy Status							105 Ryerson F						_	
Facility close Abatement p Describe:	d/vacated during erformed outside	of normal	facility hou	rs-			City, State, Zip Code LincolnPark, N		5					
Other-Descr	7						Elitooliii dik, i							
Scope of Work (c	heck all that appl	y) Renovatio	n n			□ F	full Containment w/ne	egative p	ressure		ag pr	ocedu	re	
>3 sf or >3 lf	X	≥160 sf or	≥260 lf			X	fini-enclosure			X Non-fr	iable	oroce	dure	
Location of asbestos-co	ntaining		n normally enance/cus			on of a	sbestos-containing		Amount		e m	Re	E n	E
material to b	e	staff(12)			material (Specific Schaining		(Specify S	SF or	0	p a	a	C
abated in fac	anty (13)	Yes	No	N/A							e e	-	р	1
SEE ATTACHE	D SHEET											닏		H
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Registered Waste			EP Hauler	ID# C	Cubic Yards of \	Vaste	Name of Registere							
B & G Restorat	tion, Inc.		9563	Disposal I	10 Date	-	Tullytown City, State	Resour	ce & Red	covery C	ente		-	
City, State Lincoln Park,	NJ				5/13 - 12/3	1/13	Tullytown	, PA						
Completed by (Prin	nt or Type)	Title			Signature		Gordana Luna			Date	0/00	42	300000	
Gordana Luna	3	Secreta	ry/Treasi	urer			zviaina Luna			17/2	0/20	13		

Tel: (973) 696-6869 Fax: (973) 696-5929 Toll Free: (800) 941-0414 bgresto@optonline.net www.bgrestoration.com

NOV 25

November 20, 2013

Re: One page attachment to 10-day notification for asbestos removal at 46 College Avenue, New Brunswick, NJ 08901.

Start date: 12/05/2013

The following materials shall be abated:

Location of asbestos- containing material to be abated in facility	Is location normally used solely by maintenance / custodial staff	Description of ACM	Amount (LF or SF)	Remove	Repair
BSMT & crawl space	NO	Pipe insulation & Assoc. mudded joints	200 LF	X	
Basement	NO	Scratch coat on brick furnace	400 SF	X	
Basement	NO	Compressed board above furnace	50 SF	X	
1 st & 2 nd fl. restrooms	NO	12x12 floor tile	72 SF	X	
2 nd fl. restroom outside break room	NO	Tub & wall caulking	2 SF	X	
1 st fl. Office 104, 104A & 104B	NO	Floor tile & mastic	168 SF	X	

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

Date of Notification (1) 10/22/13					Name of Building Owner/Operator (2) DRA ASIA, LLC											
Agencies Notified T		Street Address 47 River Road, Suite 200 NOV 2 5 2013														
DOL _	Initial Amended Amendment		*	City, State, Zip Code Summit, NJ 07901									- 1			
I DOH	Emergency justification) Cancellation		Name of Contact David Clark						Telephone Number 908-273-2400							
				FACI	LITY INFO	RMATIO	ON									
Name of Facility Where Ab Warehouse Street Address	atement is Takin	g Place (3))					S S		2) 8 (Othe	er than K-12 commercia		dinge	home	ae .	
35 UPS Drive City (5)								e e	etc.) e Feet		Floors		ildg. A		,	
Secaucus								70,00	00	2		5	0+-	9		
County (6) Hudson				County (Code (7) USE ONLY)		_		nt Use (Price ehouse	or if beir	ng demolish	ned)				
Name of Monitoring Firm H N/A	lired by Building	Owner (8)		ASCN	No.				ement Cor Contracto							
Street Address								Addres	Market Control		11					
City, State, Zip Code					60				p Code J 07461			11560				
Project Manager for Monito	oring Firm			Telephone No.			Telephone No. License No. 01137									
Start Date (10) 10/10/13								Name of OSHA Monitor AmeriSci								
Occupancy Status During	Abatement (Cher							Street Address								
		mont		117 East 30th Street												
Facility Closed/Vacate Abatement Performed Other – Describe:	d Outside of Norr						City, State, Zip Code New York, NY 10016									
Scope of Work (Check All	That Apply)						IACAA	TOTA,	141 100	-						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	lenovi Jemoli	olition Mini-En					i-Enclosure vebag Pro	Containment with Negative Pressure Enclosure abag Procedure Exempted (*) and Non-Friable Procedure								
	Loca	tion							Abatement			t				
Location of	of	N	lorma	ally		Description of							Туре			
Asbestos-Containing N TO BE ABAT In Facility (13) Air Duci Ro	intena	Staff?	(i.e.	thermal surface other n	containing Material (ACM) ermal systems insulation, surfacing, VAT, or ther miscellaneous)			(S SF	mount Specify or LF)	Removal X	Repair	Encapsulate	Enclosure			
Throughout the w			x		() ()		fittings				170	x	+		\vdash	
Office Are		+	×	+			oor tile			2,000 S.F.		x	+		\vdash	
Exterior			×	+	W	2007	glazin	<u> </u>	lk	1000000	0 L.F.	x	1		+	
Roof	x			000000000000000000000000000000000000000						x	+-		\vdash			
Name of Registered Waste	- 22	NJDEP W	2212000000		Yards						_					
Pro-Teck	7 (44)		I	Hauler ID 90713	1000000000	of Was			G.R.O.							
City, State New Haven, CT						2000	sal Date impleti		City, Stat Morrisv		A					
Completed by Title Marko Stankovic Preside						S	Signature	TRO SAUKEUÉ 10/22/13					13			

NOTIFICATION OF ASBESTOS ABATEMENT DOL Check#07933

Date of Notification (1)						Name of Building Owner / Operator (2)								
11 / 22 / 13						Verizon								
/ /	T	C.E		***	Street Address									
Agencies Notified Type of Notification ☐ EPA ☐ Initial						100 Greenwood Avenue								
□ EPA	Initial Amend	led		City, State, Zip Code Jenkintown, PA. 19046										
☑ DOH			ieu iment #		Name of C			-	Telephon	ne Num	ber -			
☑ DOL				/ justification	Alex Baylo									
		Cance	COLUMN TOWNS	17										
				83.07	ACILITY IN	CILITY INFORMATION NOV 2 5 2018								
Name of Facility Whe Verizon Asbury Park		ent is 1	Taking I	Place (3)		Type of Fa	cility (4)							
						School (K-12)								
Street Address		7,00				Subchapter 8 (Other than K-12)								
507 Bangs Ave						Other (I.e., private & cmmercial bldgs., homes, etc.)								
City (5)	County (6)			County Code ((7)	Square Fe		# Of Floor	3.6	Buildi	ing Age			
Asbury Park	Monmouth	1				-	A Prior if	being dem		ł	5	0+		
						Surrent US	11 1011-17	being deill	onaneu)					
Name of Monitoring	Firm Hired	by Bld	g. Own	er (8)	ASCM NO	Name of A	batement	Contractor	(9)					
ESIS Health, Safety a				X-15-										
					<u> </u>			ervices Inc						
Street Address 436 Walnut Street						Street Add	iress							
City, State, Zip Code						32 William	s Parkway	, .						
Philadelphia, PA 191						City, State								
Project Mngr. For Mo		irm		Telephone Nu	mber		- AND BREET PROBLE							
Frank Westfall	· · · · · · · · · · · · · · · · · · ·			215.640.5320		East Hano		936						
Sheduled Start Date		1	322	letetion Date (1	/	Telephone	Number		License I	Numbe	r			
$\left \frac{-12}{2} \right = \frac{9}{2}$	<u> 13 </u>	-	12 /		13 977.772-3660			00117						
Occupancy Status D	uring Abate	ement /	Check	Only 1)		Name of OSHA Monitor								
				ire Period of		LVI Environmental Services								
Abatemen	t		10.70			Street Address								
		d Outs	ide of N	lormal Facility		22 Millions Deduce								
Hours - De	escribe: escribe:	MON	:DI			32 Williams Parkway								
Other - De	SUIDE:		·KI. VI-3:30P	M		City, State, Zip Code East Hanover, NJ. 07936								
Scope of Work (Che	ck All That													
☐ Demolition	n	[7	Renovation		Full Containment with Negative Pressure								
>3sf or >3		L	_	Removation	H	Mini - Enc		iii negative	i ressule					
✓ ≥160 sf or						Glovebag Procedure								
and the second s						Non-Exempted (*) and Non-Friable Procedure								
Location of	f		s		Descripti	on of			Abateme	nt Type				
Asbestos Conta		0.000	ation	As	bestos - C				R	1	E E	ĮΕ		
Material (AC			mally		Material ((0.00)		Amount	E	R	N	N		
TO BE ABAT		100700	sed		e., thermal			(Specify	M	E	C	c		
in Facility (13)		0.000	lely /lain-		lation, surf other misc			SF or LF)	0 V	P	A	L O		
(13)		100	nain- ince/		Jaier IIIISC	enaneous)			Ă	Î	s	s		
		Cust	todial						Ê	R	ŭ	U		
			f (12)								L	R		
D (4 400 55										
Roof	Roof Flashing				1,400 SF	V								
Roof		\[\sqrt{1} \]		Roof Flashing				1,100 SF	V		+	+ + +		
					H	H	+							
Name of Registered	Waste Hau	er		NJDEP Waste	Cubic	Name of R	egistered	Landfill						
Service Transport G		Hauler ID No.	Yards	Minerva La										
58 Pyles Lane				SW2117	of Waste									
City, State					Disposal	City. State					0.20			
New Castle, DE.					Date #######	8955 Minerva Poad # Waynesburg, OH. 44688								
Completed by (Print	or Type)			Title	and and and	yiisəbb	Signaturé	Contract of the Contract of th		-	Date			
Terrylyn lannece				Project Manag	jer		7 111		1 /1					
0:00000.00.	N-70		Daney 11/22/						11/22/1					

STATE OF NEW JERSEY Thenk X 07922 NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7 Name of Building Owner / Operator (2) Date of Notification (1) Verizon 13 Street Address Type of Notification 100 Greenwood Avenue Agencies Notified **EPA** Initial City, State, Zip Code 7 Amended Jenkintown, PA. 19046 DEP П 1 DOH Amendment # Name of Contact Telephone Number [DOL Emergency w/ justification Alex Baylor 301-583-0048 DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Verizon Wildwood CO School (K-12) Street Address Subchapter 8 (Other than K-12) 3500 Pacific Avenue 7 Other (I.e., private & cmmercial bldgs., homes, etc.) City (5) County (6) County Code (7) Square Feet # Of Floors **Building Age** Wildwood Cape May N/A 50+ Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO Name of Abatement Contractor (9) ESIS Health, Safety and Environmental LVI Environmental Services Inc. Street Address 436 Walnut Street City, State, Zip Code 32 Williams Parkway Philadelphia, PA 19106 City, State, Zip Code Project Mngr. For Monitoring Firm Telephone Number Frank Westfall 215.640.5320 East Hanover NJ. 07936 Sheduled Start Date (10) Sched. Completetion Date (11) Telephone Number License Number 12 / _ 12 00117 Occupancy Status During Abatement (Check Only 1) Name of OSHA MOTITUE LVI Environmental Services Facility Closed/Vacated During Entire Period of 1 Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe: 32 Williams Parkway MON-FRI 1 Other - Describe: City, State, Zip Code 7:00AM-3:30PM East Hanover, NJ. 07936 Scope of Work (Check All That Apply) Demolition Renovation Full Containment with Negative Pressure >3sf or >3lf Mini - Enclosure v ≥160 sf or ≥260 If Glovebag Procedure 1 Non-Exempted (*) and Non-Friable Procedure Location of Description of Abatement Type Asbestos Containing Location Asbestos - Containing Material (ACM) Normally Material (ACM) Е N Amount TO BE ABATED Used c c (I.e., thermal systems (Specify M E in Facility Solely insulation, surfacing, VAT, SF or LF) 0 P by Mainor other miscellaneous) ٧ 0 (13)A s tenance/ A ı S Custodial U R Staff (12) YES NO N/A Roof Equipment Supports ✓ ☐ Tar Sealer 120SF Roof Perimeter Cap 7 Tar Sealant 3600LF 1 Name of Registered Waste Hauler NJDEP Waste Cubic Name of Registered Landfill

Hauler ID No.

Project Manager

SW2117

Yards

Date

#####

of Waste

Disposal

Minerva Landfill

8955 Minerva Poad

Waynesburg, OH. 44688 Signature

nover ,

11/22/13

City. State

ASB-41	

58 Pyles Lane

New Castle, DE.

Terrylyn lannece

City, State

Service Transport Group

Completed by (Print or Type)

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 Owner / Operator (2)									
						Verizon Street Address									
Agencies I	Notified /	Type of No	atificati	ion	***************************************	100 Greenwood Avenue									
Agencies	EPA Initial						City, State, Zip Code								
	DEP		Amend				own, PA. 19046								
	DOH			dment #	/ justification	Name of C Alex Baylo		- 22-4-70		Telephor 301-583-	ephone Number				
	DCA	l H		ellation	Justilication	Alex Daylo	Л			301-303-	0040				
				2000	F	ACILITY IN	FORMATIO	N				16			
Name of F	acility Who	ere Abatem	ent is	Taking F	Place (3)		Type of Fa	cility (4)							
Verizon Ev	The state of the s											29 - 0	5040		
01 1 1 1 1								School (K		4han 1/ 4'	, M	W 25	W S		
Street Add 777 Parkw							Subchapter 8 (Other than K-12) Other (I.e., private & cmmercial								
/// Carkw	- y								mes, etc.)						
City (5)		County (6)			County Code	(7)	Square Fe		# Of Floor:	3	Buildin				
Trenton		Mercer					1/2/3	/A	2	2	1	50+			
					L		Current Us	se (Prior if	being dem	molished)					
Name of M	fonitoring	Firm Hired	by Bld	a. Own	er (8)	IASCM NO	Name of A	batement	Contractor	(9)					
		and Enviror			(-)					(-)					
									ervices Inc						
Street Add							Street Add	iress							
436 Walnu City, State							32 William	e Darbway	9						
Philadelph							City, State						***************************************		
	the State of the S	onitoring Fi	irm	meen and	Telephone Nu	mber	, , , , , , , , ,	,							
Frank Wes		•	- Anna Cara		215.640.5320	ROWN CONTROL OF	East Hano	ver NJ. 07	936						
Sheduled	Start Date			10000	letetion Date (1	/	Telephone Number License Number								
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Occupanc	v Statue D	uring Abate	ement	(Check	Only 1)		Name of C	SHA Mon	itor			00117			
Occupancy Status During Abatement (Check Only 1) [Facility Closed/Vacated During Entire Period of								nmental S							
	Abatemer			•			Street Address								
			d Outs	ide of N	lormal Facility										
	Hours - D						32 William								
Other - Describe:MON-FRI. 7:00AM-3:30PM							City, State, Zip Code East Hanover, NJ. 07936								
Scope of V	Work (Che	ck All That				- Syn - Syn	Lastriano	voi, ito. 0							
	53		100 G(0)		*6.3863*****************************										
	Demolitio		[7	Renovation		Full Containment with Negative Pressure Mini - Enclosure								
	≥3sf or ≥3 ≥160 sf or					H	Glovebag Procedure								
							Non-Exempted (*) and Non-Friable Procedure								
25 55	Location o	70.00	93	ls		Descript				Abateme	nt Type	le.	le .		
A STATE OF THE STA	stos Conta aterial (AC		10.000	ation mally	As As	sbestos - C Material			Amount	R	R	E N	E N		
	BE ABAT			sed	l a	e., thermal			(Specify	M	IÈ.	c	C		
	in Facility		Sc	olely			facing, VAT	-,	SF or LF)	0	P	A	L		
	(13)	- 1	by i	Main-	or	other misc	ellaneous)			V	Α	P	0		
			7/737100	ance/						Α	1	S	S		
			0.750.000.000	todial						L	R	U	U R		
				ff (12)				_			-	+-	IK.		
Roof YES NO N/A					Roof Flashing	Roof Flashing			1,430SF	V					
			V												
Name of Registered Waste Hauler NJDEP Waste Service Transport Group Hauler ID No.						Althor Newscoll and	Name of Registered Landfill					15			
58 Pyles L		roup			Hauler ID No. SW2117	Yards of Waste	Minerva La	IIIOIIII							
City, State					12.12.11	Disposal	City. State	1							
New Castle						Date	8955 Mine	rva Poad							
						12/9/2013	2/9/2013 Waynesburg, OH. 4			OH. 446887					
	d by (Print	or Type)			Title		Signature			Date					
Terrylyn lannece Project Manag					ger		Mand					11/22/13			