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

			NOT					8:60 and 5:10		-	ECE	[] [	W E		7		
Date of Notification (1)	Date of Notification (1)							wner/Operator (	2)	IN.	EGE	[]	U	-11	111		
10 /	13 /	16			2-00	. Luke's I			2)	M	0.0T 1	7 7	016				
Agencies Notified	Type Notifica	ation			Stre	et Address					OCT 1	1 4	UIU	+	1		
⊠ EPA	☐ Initial				18	5 Rosebe	erry	St.		_					of Particular Particul		
⊠ DOLWD		A 14	1		City	State, Zip	Cod	le			ASBESTOS	CON	TROL	. E			
□ DHSS	Amendm				P	nillipsbur	g, N	IJ 08865		LICENSING							
(NJAC 5:23-8)	justificati		ciuding	ł	Nan	e of Conta	ct			Serve Address of Table	Telephone Nu	mber					
	☐ Cancellat	tion			T	d Ruhf				908-239-5007							
					F	ACILITY I	NFC	DRMATION	scores confer scores								
Name of Facility Where A	Abatement is 7	Γaking	Place	(3)					cility (4	1)							
St. Luke's Hospital									School			46)					
Street Address			· · · · · · · · · · · · · · · · · · ·								(Other than K-		buildin	as			
185 Roseberry St.									homes		mercial buildings,						
City (5)									Square Fe	et	# of Floors		Bldg. Age				
Phillipsburg, NJ 08	865					124			100,000		2		41+				
County (6)					Co	unty Code (	(7)(S7	TATE USE ONLY)	Current Us	r if being demo	olished	)					
Warren					1400444				Hospital								
Name of Monitoring Firm	Hired by Build	ding C	)wner (	(8)	ASC			ame of Abateme									
Pennonni Assoc.		NA	ä.		Alliance Envi	rironmental Systems											
Street Address				St	treet Address												
515 Grove St.					550 East Unio												
City, State, Zip Code							-	ity, State, Zip Co									
Haddon Heights, N.			1-				West Chester	r, PA 1938	2								
Project Manager for Moni	1	ephon			elephone No.			License No.									
Tom Adams	10	S = I= = = =		1 8		7-0505		610-701-9000			00508						
Start Date (10) 9 / 12 /				- 1		ate (11) 16		ame of OSHA M	lonitor								
Occupancy Status During	Abatement (		777 (000)				St	treet Address									
☐ Facility Closed/Vacate	3		- 5	*	ement		100	28 N. Pennel	Road								
Abatement Performed	Outside of No	ormal	Facility	у Ноц	urs - Describe City State Zin Code								-01-11				
Time of Abatement: 7	:00AM- <u>3:30</u> F	PM/	P	M	Media, PA 19063												
Scope of Work (Check all	that apply)				M Full Container					-							
☐ >3 sf or >3 lf			⊠ Re	20110	tion					n Nega	tive Pressure						
≥160 sf or ≥260 lf			Personal Contract Con	molit				☐ Mini-Enc									
								☐ Non-Exempted (*) a			ted (*) and Non-Friable Proced						
Location	-6			Loca					2				baten	ent T	уре		
Asbestos-Containing N		1)	Use	d So	ely by	Asbe	estos	Description o s Containing Ma			Amount	2	Re	E	四		
TO BE ABA					ance/ Staff?	(i.e	e., th	nermal systems i	insulation,		(Specify	Kelliova	Repair	cap	Enclosure		
IN Facilit (13)	У		Ous	(12				surfacing, VAT, other miscellane			SF or LF)	l d	-	Encapsulate	ure		
()			Yes	No	N/A			other misochane	000)					te			
1st Floor Sub Phases	5 & 6				$\boxtimes$	VAT &	Mas	stic			5140 SF	D					
												T	П	ĪП	П		
			П							-		TF					
	Je 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10			П								1			1		
Name of Registered Wast	a Hauler		Ц		I IDEI	Waste.	10.	uhia Varda of	Name of	Dominto	and I and SII			Ш			
Richard Burns & Co				14.00		ID No.	5,3310	ubic Yards of /aste			ered Landfill	ما بياد	IE:I	ē			
					199			40			rks Commur	iity La	ınatıl				
City, State Phila., PA							15	isposal Date TBD	City, State		ΡΔ						
Completed By (Print or Ty	me)	Title						Signature	Direction	10,1		Data					
Mark H. Griffin	r */		stima	tor				Signature	7	Date 10/13/							

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

Date of Notification (1)					Name	Name of Building Owner/Operator (2)											
10/12	/	16					Turnpike Autho	111	) <u>EGE</u>		y [		M				
Agencies Notified Typ	oe Notific	ation			Stree	t Address		III	M =			-11	Ш				
	Initial				581	Main St		111	III OCT 17	7 20	110		III				
	Amende				City,	State, Zip (	Code	- 14	001 17	_	10	11	21				
F7 51100	Amendm		_		Wo	odbridge	NJ 07095		The state of the s				-				
7001	Emerger justificati		ciuain	3		of Contac		1	Telephone Numb	DE TI	301	7.					
	Cancella					bert Wow		Lauren	7324428600		15-1-1		į.				
				<u> </u>	1		IFORMATION		7324420000		(U) mar . 10	-					
Name of Facility Where Abate	ement is	Taking	Place	(3)	1.0	CILIT III	II OKWATION	Type of Facility	ype of Facility (4)								
Existing Bldg			, , ,,,,,,	(0)				School (K-1)	ol (K-12)								
Street Address								Subchapter 8 (Other than K-12)									
MP E111.5								Other (i.e., p homes, etc.	dings,								
City (5)								Square Feet	# of Floors	BI	dg. A	ge					
Secaucus								6900	1		1960						
County (6)					Cour	nty Code (7	)(STATE USE ONLY)		rior if being demolisl	ned)							
Hudson								Prosecutor									
	Monitoring Firm Hired by Building Owner (8)					No.	Name of Abateme		)								
Bio Terra Environmenta	al Solut	ions	LLC		06-1	5995	APS Contract										
Street Address							Street Address										
PO Box 1224								ennsylvania Avenue									
City, State, Zip Code						City, State, Zip Co											
Union , NJ 07083			Tal	phone	NI-	Paterson, NJ	07503			0.0001434							
The state of the s						-3762	Telephone No. 973-754-1908		License No. 01-287								
Start Date (10) Scheduled Comple							Name of OSHA M	onitor	01-207								
10 /26 /16				_ / _		APS Contract											
Occupancy Status During Aba	Control Control Control Dec						Street Address										
☐ Facility Closed/Vacated Du							155-161 Penn	sylvania Aver	nue								
Abatement Performed Outs Time of Abatement:	side of No	ormal NO	Facility	/ Hou	s - Des	cribe AM	City, State, Zip Co										
Scope of Work (Check all that							Paterson, NJ	07503									
887	apply)						☐ Full Conta	ainment with Neg	gative Pressure								
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			Re				☐ Mini-Encl		Control of the Contro								
△ ≥160 St 01 ≥260 II			⊠ De	moliti	on			Procedure npted (*) and No	n-Friable Procedure	ð							
			3355	Loca						Ab	atem	ent T	уре				
Location of Asbestos-Containing Mater	rial (ACN	15			ely by	0-1	Description of			71	71	ш	m				
TO BE ABATED	nai (ACIV	9	Ma	intena	nce/		stos Containing Mat rmal systems insula		Amount (Specify	Remova	Repair	nc	Enclosure				
IN Facility			Cust		Staff?	(1.0.1, 1.10.	VAT, or		SF or LF)	1075	==	apsi	uso				
(13)			Yes	(12) No	N/A		other miscellaned	ous)		3		Encapsulate	Гe				
Thruout Bldg						VAT			8,448 sf.		П	П	П				
Thruout Bldg			П			Fibergla	ass Wall Insul/Ce	ement Brd	324sf								
EC Rm1038						1	Transite Cork Floor Tile		7,940sf								
EC Rms 1040			П		П	Cement	: Piping/Pipe Ins	ulation	22 If								
Name of Registered Waste Ha	uler			0.00	JDEP \		Cubic Yards of	Name of Regis		K-34							
APS Contractors, Inc.	er and a			1339	lauler II	No.	Waste	Grows Lar									
City, State					21259	1	40 Yards Disposal Date	City, State									
Paterson, New Jersey							11/10/16	The state of the s	, PA 19067								
Completed By (Print or Type)	-1210272	Title					Signature	7,	Date	е.	v						
Svetozar Savreski		Pi	reside	nt			1.1.21	To all	1000 10	1/1.	, )	1					
	-				-1030-03		21040	Con Contraction	- /(	1/4	-//	0_					

ASB-41 JUL 01

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

CK 8675

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

OCT 1 7 2016	M	F		厚	I	W	B	Para .
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OCT 1 7 2010	M						I	
			OCT	-1	7	2016		111

012 10					( D . '' !'	0	, 111	<del>   0CT 1</del>	7 2016	5	HL	111		
Date of Notification (1)	40 . 40				_	Owner/Operator (2 munications	.,	-5076 Check#			-	1		
10 /	13 / 16			0.700		IIIuiiications	L	BBESTOS CONTROL &						
Agencies Notified ⊠ EPA	Type Notification  ☑ Initial			Street A		od Avenue	d de la constantina	ASBESTOS C LICENS		OL &	(mathematical to	at the state of th		
⊠ DOLWD	☐ Amended		-	City. Sta	ate, Zip Co	ode								
☐ DHSS	Amendment #	40				PA 19046								
□ DCA	Emergency (in	ncluding	-		f Contact			Telephone Numb	er					
(NJAC 5:23-8)	justification)  Cancellation				Baylor		В							
						ORMATION								
		- Diseas	2)	FAC	LITTINE	ORIVIATION	Type of Facility (	4)						
Name of Facility Where		ng Place (	3)				School (K-12)							
Verizon- Rochelle	Park						Subchapter 8	(Other than K-12)						
Street Address	-4						Other (i.e., pr homes, etc.)	ivate and commer	cial build	aings	1			
65 W. Passaic Stre	et						Square Feet	# of Floors	Bldg	a. Age	9			
City (5)	07662						oqual or sor							
Rochelle Park, NJ	07662			Count	v Code (7)	(STATE USE ONLY)	ONLY) Current Use (Prior if being demolished)							
County (6)				Count	y Code (7)	OTATE OOL ONE!)	Offices							
Bergen	a I Based Inc. D. Wall.	Ourse /	2)	ASCM N	lo I	Offices  Name of Abatement Contractor (9)								
	Name of Monitoring Firm Hired by Building Owner (8)  USA Environmental					Name of Abatement Contractor (9)  AbateTech, Inc.								
	al													
Street Address						Street Address 30 Maple Ave. PO Box 25								
8436 Enterprise Av	ve.					City, State, Zip Code								
City, State, Zip Code						Lumberton, I								
Philadelphia, PA 1			T-1-	N	la .	Telephone No.	40 00040	License No.				_		
Project Manager for Mor	nitoring Firm			ephone N 15-365-		609-265-2107	,	00529						
Mark Jenkins		eduled Co				Name of OSHA N								
Start Date (10)	III PARTICIPATE	Action report from	1_ / _		EMSL Analyt									
_10_ / _24_ /	25	_ ′ _	10_	STATE OF THE STATE										
Occupancy Status Durin	ng Abatement (Che	eck only o	ne)			Street Address 200 Route 13	20 North							
☐ Facility Closed/Vaca ☐ Abatement Performe	ited During Entire F	Period of A	Abate	ment re - Deer	rihe	727.55.55.55.55.55.55.55.55.55.55.55.55.55								
Time of Abatement:	AM- <u>5</u> PM/	PM-	1AM	13 - DC30	SHOC	City, State, Zip C Cinnaminson								
Scope of Work (Check a	all that apply)									THESTAN				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		⊠ Re □ De	novat moliti			☐ Mini-End	a Procedure	gative Pressure on-Friable Procedu	ıre					
						☐ Noil-Exe	empled ( ) and rec	The mable i today		ateme	ent T	vne		
D. 1997/2004	•	1700	Loca Norma			Description	of		7.5					
Locatio Asbestos-Containing		Use	d Sol	lely by	Asbe	stos Containing M	aterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure		
TO BE A	BATED	- A2150		ance/ Staff?	(i.e	e., thermal systems surfacing, VA		(Specify SF or LF)	ova	Ŧ	psu	nusc		
IN Fac		040	(12			other miscellan	eous)				late	Ф		
(10,	,	Yes	No	N/A						_		_		
Basement - Plant S	torage		$\boxtimes$		Green '	VAT/Mastic		385 SF				F		
Basement - Adjacer	nt Plant Storage		$\boxtimes$		Grey V	AT/Mastic		1,770 SF				F		
										Ш	Ш	L		
Name of Registered W	aste Hauler		12.	NJDEP		Cubic Yards of		istered Landfill						
AbateTech, Inc.				Hauler II		Waste 15	G.R.O.W.	S. Landfill						
				18750	)	Disposal Date	City, State					771		
City, State Lumberton, NJ						10/31/16	Tullytowr	ı, PA						
	Tuno)	Title				Signature	0.	[	Date	1				
Completed By (Print or			ione	Coord	inator	O.gridiano	MMIT		1011	3	11	1		
Gwendolyn Trum	Detti	Operat	.10115	, 55010			A 11.1		1	1	, 0			

CK 100	00041437	NOTIFICATION O Pursuant to NJA	F ASBESTOS ABATE C 8:60-7 and 12:	EMENT: 120-7)		E I	N// [E	
Date of Notificati	on (1)	Name of Buil	ding Owner/Opera	stor (2)	0) 5		VI E	
1/10/1/	1/11/161	1 P1211	.05 [[	7	M ·		1	
Agencies Notified	Type Notification	Street Address	15 66	Dome	15# 10C	T/1/74	20465	Born
[ ]EPA	[VInitial		Route	- 1	Nor	16		
[ IDEP	Notification	City, State,	Zip Code	_	AGBES	TOS CON	TROL	_
[MDOL	[ ]Amended Notification	11 6/n	iden .	N.J	070	JOSNS IN	G	(a) participate de participat de la constanti
[\ndoh	[ ]Cancellation	Name of Conta	ct	T	elephone Nu	ımber		
[ HDCA	t Journellation	Hou	ward B	roldmin	,	70%.	572	3-5349
		FACILITY	INFORMATION	rucanap			02	
Name of Facility Wh	ere Abatement is Ta		_	Type of Fac	ility (4)			
Street Address	66 Don	nestic	Trades	[ ]Sub	ool (K-12) chapter 8 (	Other th	an K-1	2)
R	oute / A	10-th	œ.	Square Feet		. homes	etc )	
LIN den	County		ounty Code (7) STATE USE ONLY)	Current Use	(Prior if )	being der	100 nolishe	<u>=d)</u>
Name of Monitoring F Owner (8)	Firm Hired by Build	ing ASCM No.	Name of Abate	ement Contract	Coadie	19 19	mi	29/
Street Address	//4		New Street Address	States	Cont.	ract.	ing	
	1/4		2 400 N	1gin 54	Evt.		, 5	4 10
City, State, Zip Cod	e / A		City, State,	Zip Code	11-	25101	1 00	ite 10
Project Manager for I	Monitoring Pinn Im-		Sagrel	,,,,	NJ.	088	12	
N	/9	AA	Telephone Numi	- 010	_	ense Num	ber	
Scheduled Start Date		etion Date (11)	Name of OSHA N	25-070	0	00	149	1
10   12   5   1   Ye  Occupancy Status Duri	Name of the last o	16 1/1 /161 ay / Year	Tiger	- Envi	10 M4	2149	/	
[ ]Facility Closed/ of Abatement	Vacated During Ent:	ire Period	Street Address	2041	h A	ve		_
[ ]Abatement Perfor Hours - Describe	med Outside of Norm	nal Facility	City, State, 2	ip Code	7 210			
[x]Other - Describe	: AREQ Cich	edod ale	Roici	EN	10	007	21	
Scope of Work (Check	all that apply)	011	LUITE!		7 0	0 /		
[ ]Demolition [ ]>3 sf or >3 [ ]\overline{\text{Z}}160 sf or	3 15	X]Renovation ·	[X]Glove	Containment w Enclosure bag Procedure riable Proced	8	re Pressu	re	
		Ĭs.	-		T	Abateme	nt Tree	_
Location Asbestos-Cont	of No	ocation ormally Used	Description	of		R	E	E N
Material (A TO BE ABAT	CM)	Solely	Asbestos-Contai Material (ACM	1)	Amount (Specify	E R M E	C (	
in Facilit	Y te		.e., thermal sy ulation, surfactor or other miscel	ing. VAT	SF or	O P V A	P (	5.
	St	aff(12)	or other miscer	.ianeous)		A I L R	U U	
Truck Loadin	g Rack	VF	Pipic In	isulation	120	FJ	E	1
			, )		10	7		=
								=
Name of Registered Wast	e Hauler IN	JDEP Waste  C						
Horwith Tru	The state of the s		L Waste	ame of Regist Ad Vanc		D,500	250	1
North Han	pton F	) A D:		ity, State		DA		_
Completed By (Print or	Type)  Title		Signature	Kers	9 1			
Kurt Nale	Sunor	inton dans	4	KA	6 1	Date	// -	11
ASB-41 JUN 95	1 John Er	11/6/146/1	/	my 1	الماليا	10-	/1-/	-

CK 6863

State of NJ Notification of Asbestos Abatement

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	OCT	1	7	2016	H
ad head					particus.

D&S Proj. #: 16-306	Pursua	int to NJAC	8:60 a	and 12:120)									
											The second secon		
Date of Notification (1)	IINam	e of Buildir	na Owne	r/Operator (2)			111	H OCT	1 7 20	16	11-	#	
1 0 / 0 7 / 1 6		rish house		, , ,								and the same of	
Agencies Notified Type Notification		et Address					discour.	ASBESTOS	CONTI	ROL	<u>e</u>	Construction Co.	
EPA Initial Amended							9	LICE	ENSING		n merchanis	denous le	
DEP Amendment #:	City,	State, Zip	Code										
DOL Emergency		ımmit, nj	07901										
DOH (including		e of Contac	The second second second		- 11-51-51			Telephone	Number				
justification)													
Cancellation		om paraga		ITY INFORM	ATION								_
	taling place	(2)	FACIL	ITT INT ORIVI	ATION		Tv	pe of Facility (4)	)				
Name of facility where abatement is	taking place	(3)						School					
parish house									oter 8 (Ot			12)	
Street Address								Other (P	rivate/Co omes, etc	mmer	cial		
							S		of Floors		Bld	g. Age	e
City (5)	County (	(6)			Count	ty Code (7)		,					
Oity (O)		1.15				use only)	0	urrent Use (Prid	or if being	demo	olishe	d)	
summit	UNIO	12.0					<u> </u>	1- (0)					
Name of Monitoring Firm Hired by E	3ldg. Owner (8	3)		ASCM No.		Name of Abatemer							
					_	D & S RESTO	RATI	ON, INC.			-		
Street Address						Street Address							
					_  -	20 California 2 lity, State, Zip Cod	THE REAL PROPERTY.				-		
City, State, Zip Code						10							
		Dhan	a Niconha			Paterson, NJ (			License 1	Numb	er		_
Project Manager for Monitoring Firm Phone Numb				er	- 11'	973-345-802				169			
			5 . 73.7		<u> </u>	Name of OSHA Mo							
Start Date (10)	Sched. C	Completion	Date (11	)		D & S Restora	ation,	Inc.					
10/10/16	10/31/1	6	7-25, 00 10 10 10 10 10 10		3	Street Address							
Occupancy Status During Abatemen						20 California A		e					
Facility closed/vacated during Abatement performed outside						City, State, Zip Coo	de						
- Describe:		mity flouro				Paterson, NJ	07503						
Other-Describe: NORMAL H					- 1	Paterson, No							_
Scope of Work (check all that apply	1)						_ Full	Containment w/	negative	press	ure		
$\boxtimes > \underline{3}$ sf or $> \underline{3}$ If						Г	Mini	-enclosure					
MARKANIA DOS POR MARKANIA MARK	Renovation						Glov	enclosure rebag procedure	е				
≥160 sf or ≥260 lf	Demolition					<u> </u>	Glov		e and Non-f				
Location of	Demolition  Is location n			1		<u> </u>	Glov Non	rebag procedure -Exempted (*) a	e and Non-f	riable R e	proce R e	edure E n	E
Location of asbestos-containing	Demolition			Descripti		bestos-containing	Glov Non	ebag procedure	and Non-f	R e m	Rep	Псо	E n c
Location of	Demolition  Is location n by maintena			1		bestos-containing	Glov Non	rebag procedure -Exempted (*) a	and Non-f	R e m o v	Re	Еп	n
Location of asbestos-containing material (acm) to be abated in facility (13)	Demolition Is location n by maintena staff(12)	ance/custoo	dial	Descripti material	(ACM)		Glov Non	Amount (Specify SI	and Non-f	R e m o v e	Rep	Шпса	n c
Location of asbestos-containing material (acm) to be abated in facility (13)  BASEMENT	Demolition Is location n by maintena staff(12)	ance/custoo	dial	Descripti material	(ACM) JLATIC	ON	Glov Non	Amount (Specify SI LF)	and Non-f	R e m o v e	Rep	Шпса	n c
Location of asbestos-containing material (acm) to be abated in facility (13)  BASEMENT  Ist floor kitchen (3 loc.)	Demolition Is location n by maintena staff(12)	ance/custoo	dial	Descripti material PIPE INSU	(ACM) JLATIO JLATIO	ON ON	Glov Non	Amount (Specify SI LF)  31 L FT  15 I fT	and Non-f	R e m o v e	Rep	Шпса	n c
Location of asbestos-containing material (acm) to be abated in facility (13)  BASEMENT  1st floor kitchen (3 loc.)  1st floor men's bathroom	Demolition Is location n by maintena staff(12)	ance/custoo	dial	Descripti material  PIPE INSU  PIPE INSU  PIPE INSU	(ACM)  JLATIC  JLATIC  JLATIC	ON ON	Glov Non	Amount (Specify SI LF)  31 L FT  15 I fT	and Non-f	R e m o > e	Rep	Шпса	n c
Location of asbestos-containing material (acm) to be abated in facility (13)  BASEMENT  Ist floor kitchen (3 loc.)	Demolition Is location n by maintena staff(12)	ance/custoo	dial	Descripti material PIPE INSU	(ACM)  JLATIC  JLATIC  JLATIC	ON ON	Glov Non	Amount (Specify SI LF)  31 L FT  15 I fT	and Non-f	R e m o v e	Rep	Шпса	n c
Location of asbestos-containing material (acm) to be abated in facility (13)  BASEMENT  1st floor kitchen (3 loc.)  1st floor men's bathroom  1st floor women's bathroom	Demolition  Is location n by maintena staff(12)  Yes	No No X I	N/A	Descripti material  PIPE INSU  PIPE INSU  PIPE INSU	(ACM)  JLATIO  JLATIO  JLATIO  JLATIO	ON ON ON ON	Glov Non	Amount (Specify SI LF)  31 L FT  151fT  18 L Ft  201 ft	or	R e m o v e	Rep	Шпса	n c
Location of asbestos-containing material (acm) to be abated in facility (13)  BASEMENT  1st floor kitchen (3 loc.)  1st floor men's bathroom	Demolition  Is location n by maintena staff(12)  Yes	No N	m/A	Descripti material  PIPE INSU  PIPE INSU  PIPE INSU  PIPE INSU	(ACM)  JLATIO  JLATIO  JLATIO  JLATIO	ON ON ON	Glov Non	Amount (Specify SI LF)  31 L FT  151fT  18 L Ft  201 ft	or	R e m o v e	Rep	Шпса	n c
Location of asbestos-containing material (acm) to be abated in facility (13)  BASEMENT  1st floor kitchen (3 loc.)  1st floor men's bathroom  1st floor women's bathroom  Registered Waste Hauler  D & S RESTORATION, INC.  City, State	Demolition  Is location n by maintena staff(12)  Yes  NJDEP	No N	N/A  # C2 isposal E	Descripti material  PIPE INSU	(ACM)  JLATIO  JLATIO  JLATIO  JLATIO	ON ON ON ON Name of Register TULLYTOW City, State	Glov Non	Amount (Specify SI LF)  31 L FT  15 l fT  18 L Ft  20 l ft	or	R e m o v e	Rep	Шпса	n c
Location of asbestos-containing material (acm) to be abated in facility (13)  BASEMENT  Ist floor kitchen (3 loc.)  Ist floor men's bathroom  Ist floor women's bathroom  Registered Waste Hauler  D & S RESTORATION, INC.  City, State  PATERSON, NJ 07503	Demolition  Is location n by maintena staff(12)  Yes  NJDEP 13506	No N	m/A C	PIPE INSU	(ACM)  JLATIO  JLATIO  JLATIO  JLATIO	ON ON ON ON Name of Register TULLYTOW	Glov Non	Amount (Specify SI LF)  31 L FT  15 l fT  18 L Ft  20 l ft	or  COVER	R e m o v e	Rep	Шпса	n c
Location of asbestos-containing material (acm) to be abated in facility (13)  BASEMENT  1st floor kitchen (3 loc.)  1st floor men's bathroom  1st floor women's bathroom  Registered Waste Hauler  D & S RESTORATION, INC.  City, State	Demolition  Is location n by maintena staff(12)  Yes  NJDEP	No N	N/A  # C2 isposal E	Descripti material  PIPE INSU	(ACM)  JLATIO  JLATIO  JLATIO  JLATIO	ON ON ON ON Name of Register TULLYTOW City, State	Glov Non	Amount (Specify SI LF)  31 L FT  15 l fT  18 L Ft  20 l ft	or	e m o v e M M M M M M M M M M M M M M M M M M	R e pa :- r	Шпса	n c

14 6864 State of N.I. Notification of Asbestos Abatement D&S Proj. #: 16-309 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 1 10 1/1 10 1/11 16 1 ira shore Agencies Notified Type Notification Street Address ASSESTUS CONTROL & □ EPA M Initial LICENSING Amended DEP Amendment #: City, State, Zip Code DOL Emergency PASSAIC, NJ 07055 DOH (including Name of Contact justification) Telephone Number DCA Cancellation ira shore **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) ira shore ☐ Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) PASSAIC PASSAIC Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor D & S Restoration, Inc. 10/20/16 10/31/16 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure  $\times$  >3 sf or >3 lf Renovation Mini-enclosure ≥160 sf or ≥260 lf Glovebag procedure Demolition Non-Exempted (\*) and Non-friable procedure Is location normally used solely Location of by maintenance/custodial asbestos-containing E е e Description of asbestos-containing Amount staff(12) material (acm) to be m n p C material (ACM) (Specify SF or abated in facility (13) C 0 a Yes No a N/A D BASEMENT BOILER, family rm. closet PIPE INSULATION 85 I ft X **BASEMENT Closet** VAT/MASTIC 40 sq ft X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 2 yds. TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 10/21/16 TULLYTOWN, PA Completed by (Print or Type) Signature Date **BOGDAN JOLDZIC** PRESIDENT 10/10/2016 Do not use this form for asbestos licensure exempted activities. ASB-41

## State of New Jersey

CK 92		TION OF	ASBE		sey BATEMENT and 12:120)	DE	CE						
Date of Notification (1) 10	0-12-16				ng Owner	r/Operator (2) LLC		OCT 1	7 201	6		0	- Commence
Agencies Notified	Notification Type		Street Ad 1007 Ma					BESTOS (	ONTR	n i	1		TO STATE OF THE PARTY OF THE PA
☑ EPA ☑ DEP X DOL	Initial x ☐ Amended Amendment #		City, Stat		Co E 19898		AS	LICEN	SING			og er refts	200
区 DOH 区 DCA	☐ Emergency (Includin Justification) ☐ Cancellation	_   1	Name of Chris C					Telepho 609-80					
		4	FACI	LITY II	NFORMA	ATION							
Name of Facility Where A	batement is Taking Place	(3) Cha	amber w	orks P	lant Fred	n area	Type of Facility (4)						
Street Address Rt 130 South							Subchapte Other (i.e. homes, etc.	r 8 (other the private & co	an K-12 mmercia	) al bu	ldin	gs,	
City (5) Deepwater							Square Feet		# of Floors			\ge	
County (6) Saiem	2				ounty Coo	de (7) (STATE )	Current Use (p Freon area	e (prior if being demolished)					
Name of Monitoring Firm Harvard Environmen		P	ASCM N	0.	Count		Environmental						
Street Address 760 Pulaski Highway	/				461 N	Address Iew Churchma	ns Rd.						
City, State, Zip Code New Castle, DE 19720  Project Manager for Manitoring Firm Telep					New (	ate, Zip Code Castle, DE 197	20	4.					
Wesley Morrison (302)			ne No. 326-23	33	(302)	one Number 322-8946 of OSHA Monitor		License 00578	Numbe	r			
10-27-16					Count	ty Environmen	tal						
Occupancy Status During  Tacility Closed/Vacate			nont.			<sup>Address</sup> Iew Churchma	ns Road						
	Outside of Normal Facilit					ate, Zip Code Castle, DE 197	'20						
Scope of Work (Check all	that apply)		_	7.0	14	√ Full Containm	nent with Negat	ive Pressure	:				
$X \ge 3$ sf or $\ge 3$ lf $\Sigma \ge 160$ sf or $\ge 260$ lf					ovation iolition	☐ Mini-Enclo ☐ Non-Exem	pted (*) and No			9			
		Is	s Locatio	in								me oe	nt
			Normally ed Solely			Description stos Containing Ma	aterial (ACM)	Amou					
Locati Asbestos-Containii		1	aintenan Custodia		(i.e	thermal systems. surfacing, VAT	, or	(Spec SF or I		Ren	Re	Encap	Encl
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)			Staff? (12)			other miscellane	eous)			Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									
Thermal Systems Siding and beams			X		Piping	stos siding and be	ams	4300 LF 46,000 SF		X		-	
Floor tiles and mastic			X	<del></del>	Floor	tile and mastic		1300 SF		X			
Roofing and flashing	194	I NI II	X	ata Ha	Roofin	Cubic Yards of	Name of Re	21,000 SF		Х	Ш	_	_
Name of Reg. Waste Hau S & J Transport	ner	2500000	DEP Wa No.0321		lulel	Waste	constoga	A transfer of the second second					
City, State NJ						Disposal Date TBA	City, State Morgantow	n					
Completed by Charles Flowers	Title PM					Signature	. Flow	w.	Date 10-12-16				