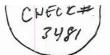


٠, ٠

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

	•	(Pu	rsuani	10 NJAC	8:60 and 12:120) a steady	OLIVED	
Date of Noufication (1)	1 (2.1)		Name	of Building	owner Operator	(2) ,284 007	20 84 -	
	Type Notification		Siraa	Address	- 19 401	1 10-6-2 6-6-1	40 AM 2: 4	9
gencies Notified	Sinoal		5000	225	FREME	MATSTERY		
D PA D œP	Amended		City.	State. Zip C	∞de A 1.02 =	WELLI	CBM32HB 0	L
<u> </u>	Emergency (In	aming			DOP BINE	11.10.	Telephone Humb	6/
) 00n	justification)	4.00000000000000	Name	d Contact	A		18020271015	
) \$\pi_4	Cancellation			<u>-</u>				
- 1			FA	CITTY IN	ORHATION	Type of Facility	(4)	
ame of Facility When	e Abalement is Taking	Place (3)				C School (K-1)	2)	
	DENCE					The commanier	8 (Other than K-12 onyate & commerci	al bullangs
weet Address	15 247A	5 700	eE E-7			homes, stc.	# of Floors	T Bldo Aœ
	13-1-					5quare Feet 1000	2	40 t
17 (5)	1000			- 7	1. 164.46	Current Use (P	nor I being demov	shed)
0.:01v (6)			US	nty Code (, (31216		CONT	·
CAP	E MAY		ASCA		Name of Abaten	reni Convagor I	9)	
	m Hired by Building (Musi	~~		KLEM	co LA	-	
1	7/14				Sue el Address	SPRI	CE AVE.	
reet Adoress					Cry. State, Zip C	ada		
a, State Zp C∞te					MAE	LO SHA	DE, NJ	08:5-
			nargele	· No	Twantone No.		Donse No	44
rgect Hanager la h	Abrilong Firm		1000			79-047	2 _001	
	T Sche	dued Comp	naisk)ale (11)	Harre of OSHA	Montal F	4 M	
Sian Date (10)	.,	14	14			DKH1.EU		
	inon a halement (Che	ck only one	:)		Sueel Address		E1 UE 4.	
	TOTAL DURANT FAULT	\$1100 OI . OF						
Abalement Perfort	med Outside of Norma	a Facility Ho	OUIS		MAP	IE SHUZ	, E, N, J	08032
Ower Describe.						enisiameni with t	Hegative Pressure	
Scope of Work (Che	ck all that apply)				Mn.E	votornie		
73 51 01 23 11		Renov Demo	Agricon Agricon		Glove Non-B	xembred (,) sug	Non-Friable Proce	AD316TEC
2160 st or 3260 II		Is Loc						100
	-	Norm	raty		Description	of	Amount	-
· Locali	ion of	Used So Mainter	nance/	Asta	sios Containing &	(alena) (ACM)	(Specity	Remov
Aspesios Contain	ng Maienal (ACM) BATED	Custo	∞ el	{1 (AY SOCEDUS	1.01	SF & LF;	Regum
IN Fa	salny	. (1)			oner myscellar	(eccs)	8	- 5
1 1	3)	Yes	но н	IA			1 (C . C)	X
vol. processors of the		+		x I	41N S17	- 4	18007	= /2
SIDIM	10		-	> =				=+
				-				=
		=					Registered Landfill	
			THO	Eb Made	Cubic Yards	Name of	M, C, M.	U. A.
Name of Registeres	Waste Hauler		Hau	904	01 Marie			
	co Inc.				Osposal Dai	e City, Stat	ODBINE	, N.J.
City State	SUARE NI	J,08	105	2			100	/ / /
MAPLES	14 4 17 6 10 1	Tide.			Signalu	osyd 16	e	10/14/14
Completeo By	(EMM)	00						
10367A	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			- 101 351	esios licensure e	rempled acuni	185	



SIZE OF NEW JETZEY NOTHICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

			1 115	(D. Ildia	Owner/Operator	(2)		
Date of Noufication (1	3/44/14		Name	M EU	+ MACI	LI WHY BET	20 44 2.	_
Agencies Notified	Type Notification		Street	Address			CA BUS A	6
	⊠ invital			225	FREMA	NECECY	<u> 6</u>	
D BA	bebnerry 🗍		City, St	ale, Zip C	∞de .	1811	CERSUM	
$\subseteq \infty$	Amendment #			ω	00 P BINE	= , N. & L.	CEAT STAIG O	
Прон	justification)	20117	Name o	x Contac			druk enadaele T	u
	Cancellation			415	A			
			FACI	LTY IKE	ORHATION			
-/ 5> - \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	e Abalement is Takin	o Place (3)	200			Type of Facility	(4)	
Name of Facility VYTE	DENCE	9. 200 (0)		- 100-01-00-0-0		□ School (K-12))	
Sueer Address	11/2/000					Suppreside a	i (Other than K-12) nyate & commercia	i bulangs.
%	69 327	SNET	NUE			nomes, etc.)	T# of Floors	T Bldo Age
City (5)						Square Feel	7 -	40+
	1000					1000	or If being demotis	
County (6)	C. 10 - 3	1	Count	y Code () (STATE		CANT	11007
CAP	E MAY		USE					
Name of Marioning Fi		Owner	ASCHI	ło.	Name of Abatem	eni Convegor (9)	()	-
(8)	V/A						,	
Street Address	7				769	S. SPRU	CE AVE.	
					9 - 6	200		
City State Zip Code					MAR	LE SHE	DE NJ C	18:5 -
		7 4	lephone h	h	Telephone No.		License No	
Project Manager for M	lovioning Firm		190 016	~	856-7	79-0472	0040	17
		duled Comp	IsO Odial	e (11)	Name of OSHA	Monkey		
Sian Dale (10)		/4/	1,4		JOSE	PKHLEM	M	
10/27/					Sueel Address		- 1 =	
Occupancy Status Di	ong Abalemeni (Che	and of Ahal	rement		3.695	Sprive	e/1001	
E Facility Closed/Vac	ned Outside of Norma	al Facility Ho	urs					^ F > 5 7
Abatement Perform	TAG OURIGE OF HOME	- 1 1			MAP	LE SHAD	E, N.J.	0003 2
Other - Describe	i all may appoly)				D 5 * C 5	ontainment with Ne	agabye Pressure	
Scape of Work (Chec	ck all that approxi				- Mn.Er	nclosure		
23 st or 23 II		Renovi	ation		Glove	pag Procedure	on-Friable Proced	ure
2160 st of 2260 II					INGFE	2011013		Abatemen
	-	is Loca Norma	nion niv					
, Localii		Used Sol	ley by		Description sios Containing M	ol alerial (ACM)	Amount	
as nestos Containe	ng Material (ACM)	Mainten	anœl dial	(i e	inamal systems	insulation.	(Specify SF & LF)	Rapsul
TO BE A	BATEU	Staff	1?		surfacing. VA	1,01 eous)		Removal
. 17.74		(12	1	-	00.0.	\$6600.96 1 9		1 - 1 -
		YES N	O NIA				1 2 - 5	X
		+		1-	NN SIT	- Q	18003	12
SIDIM	<u></u>		×					
		-		-				-
				J	Cubic Yards	I Name of Re	oistered Landfill	
Name of Registered	Waste Hauler		Hauler		01 Waste	0.1	1, C, M,	J. A.
KIZA	co INC.		179	07	5	2 2		
			/-		Deposal Date	11111	DBINE,	とう
CITY STATE	JADE N.	5,08	052		1		Date	/
	1 /	ide			Signature	Jacob Se	1	
Completed By	LEMM -	000	NER			,		
	-				U .	empled activities	5	
AS8 - 1		Do not use	this form	101 3300	stos licansore ex	empled activities		Si

KFLICI 20 1071.

CK1686

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

								= ×*	· Vinc V Inc I	V L	U		
Date of Notification (1)					Name		g Owner/Operato	folland	2814 OCT 20	AM O			
Agency Notified	Type N	otification				Address			8011 001 20	hii J	·C	i	
□ EPA	☐ Initia				21		pies Dr		ASSESTES C	AUT	70		
D DEP	☐ Ame	nded endment#			City, Si	tate, Zip (BOUP ()	UJ 0875	3 & LICENS	MAG	NU	L.	
□ DOH		rgency (includi fication)	ing	H	Name	of Contac	t 11000 11	00 00 0	Telephone Number			-	
DCA		cellation			Eri	i Plo	Whis		- 20	• • • • •			
					FACI	LITY INF	ORMATION						
Name of Facility Where	Abateme	nt is Taking Pla	ice (3)					Type of Facility	(4)				
IN.								School (K-1					
Street Address 21 OSpres	Dri	ve							8 (Other than K-12) rivate & commercial build)	dings,			
21 OSpres City (5) Toms R	ver							Square Feet	# of Floors Bld	g. Age)		
County (6) OCO	20				County ONLY)) (STATE USE	Current Use (F	Prior if being demolished)				
Name of Monitoring Fire (8)	m Hired by	Building Own	er	ASCM	No.		Name of Abate	ment Contractor					
500		*				- 2	DUM	industri	es Inc.		_		
Street Address							P. D. Bo	< 915 8					
City, State, Zip Code							City, State, Zip	NJ DE	3723				
Project Manager for Mo	nitoring Fi	rm	Те	lephor	ne No.	7.	Telephone No.	1-7499	License No. O\196				
Start Date (10)		Scheduled C	omplet 	ion Da	te (11)		Name of OSHA	Monitor	SAHOO-MACCHINA				
Occupancy Status Duri	ng Abaten	ent (Check on	ly one)				Street Address		3.400			27	
Facility Closed/Vacat Abatement Performe Other – Describe:	ed During d Outside	Entire Period of Normal Fac	of Abat ility Hou	ement urs			City, State, Zip	Code				(3)	-
Scope of Work (Check	all that app	oly)									05.00		-
□≥3 sf or≥3 lf	105	177				ovation		Containment with i-Enclosure	n Negative Pressure				
□ ≥ 160 sf or ≥ 260 lf					Dem	olition	☐ Glo	vebag Procedure	d Non-Friable Procedure				
	1		le	Locati	on		U 1401	-Exempled () all	u Non-Friable Flocedure		oater		t
Locat	ion of		٨	lormal	ly		Description	of		\vdash	Тур	e	\dashv
Asbestos-Containi	ng Materia	(ACM)	Mai	d Sole intenar	nce/		stos Containing N	laterial (ACM)	Amount	20		E !	_
TO BE A			С	ustodi: Staff?	77	(i.e.	, thermal system surfacing, VA		(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(1:	3)			(12)			other miscellar	ieous)		Va.	=	ulate	ure
			Yes	No	N/A								
living 100	M				4	dry	nall CON	round	"Micood Sf	8		1	
						+00	guall bo	ord	4,000		_	_	_
											1	+	4
Name of Registered Wa	sto Haulo		NI	DEDIA	Vaste H	aular	Cubic Yards of	Name of Regi	stered Landfill			\perp	-
Brichin		acs Inc		No.	607		Waste 30	G.R.	D.W.S.				
SILL, NJ							Disposal Date	City, State	PA.				
Completed by		/	10	1,			Signature	DA	Date) ,			٦
EricPlauhi	>	Presi	arn	1			au	yen	10/	16	11	1	



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

070200 ACT 318 /03 /14			Building Owner/Opera	10x(2) . -0~5TRUC	rion	•	
	on	Street A		TH ST.		*	
Agencies Notified Type Notification Type Notific				TH ST.		000	-
Amended Amended	nt #		He. ΣΙΡ COOR FA TYLF C	ITY NIT	, 08243		
☐ Emergency	(including	-		11 110 13	Telephone Numb	er er	
□ OOH justification		5	Contact = DUDI	- D i	1000	_	
□ Cancellator		-	TY INFORMATION				_
Name of Facility Where Abatement is Tak	rim Place (3)		711 111 010 1110	Type of Facility	y (4)		
RESIDERC	G			School (K-1	(2) r 8 (Other than K-12)	ř	
Street Address 19 LEONAN		i=	11	Other (i.e.,	private & commercia	l buildir	198
				Square Feel	# of Floors	Blog) <i>F</i>
City (5) AUREON M	ANOR		5. (57.97	Current les /P	nor if being demolish	ned)	-
County (6)		USE OF	Code (7) (STATE (LY)	Content ose (F	CANT		_
Name of Monitoring Firm Hired by Building	o Owner	ASCM NO	Name of Aba	emen! Contractor (95	
(8) \mathcal{N}			Sveet Addre	LEMCO E	NC.		-
Street Address			Sveet Addres	95,5 pruc	= dut.		_
*			Ciry State, Zi	C Code		000	
Ciry, State, Zip Code	****		M	OPLE SHO	DE NIZ	000	_
Project Manager for Monitoring Firm	.Tel	ephone No	Telephone No	79-0472	License No.	14	
	neduled Compl	alinn Date		A Monitor			
Sian Date (10) / 14 So	reduced Compa	1,4	7	OSEPH KI	LEMM		_
Occupancy Status During Abatement (C)	neck only one)		Sueet Addre		ruit duci		
T realist Clared Nacated During Entire	Penoo of Abel	31110411					=
Abatement Performed Outside of Norm	nal Facility Hou	ırs	City, State, 2	APLE S	HODE . N.	J. C) &
Other - Describe:							
Scope of Work (Check all that apply)				Containment with N	egative Pressure		
	Renova		= 01	Enclosure ebag Procedure	<u> </u>		
≥3 \$1 or ≥3 ≥160 \$1 or ≥260	Demotio	on .	Hon	Exempled (*) and h	Non-Friable Procedu	T A	bat
	Is Local	on	-			1	T
	Normal	Y	Descriptio	n of			
location of	Used Sole Maintena	nœ/	Achesias Containing	Material (ACM)	Amount (Specify	2	I
Asbestos-Containing Material (ACM) TO BE ABATED	Custod Staff?	al	(i.e. thermal system surfacing. V	A1.01	SF & LF)	Remova	меран
IN Facility	(12)		other myscella	neous)		1	=
(13)	Yes Ho	NIA					
	:ω 110		501.10.10		14000	X	
SIDING		X -	TRANSIT		+===		
2.7.11.2					-	+-	_
						+-	_
					11 4611		_
	=++			15			
RD Jacob Woole Harler		NIDED Ma		Name of Re	gistereo Lanuliii	١.	
Name of Registered Waste Hauler		Hauter D N	of Waste	- CIN	y, C, M.V. A	١.	=
KLEMO INC.		1790	o of Waste	City. State	4, C, M.V. A	۱. س.ت.	=
KLEMCO INC.		Hauter D N	of Waste	City. State	07 BINE	v.J.	=
City. State APEE SIA	DEIN	1790	of Waste	C i Ciry. State	ODBINE	1. V.J.	
City. State APEE SIA		1790	of Waste Disposal Dat	C i Ciry. State	OF BINE	v.J.	

(K 2 V 8 5 NOTIFIC

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

Irsuant to NJAC 8:60 and 12:120)

Date of Notification (1) October 13/2014	Check #268	5			Building (h		A SIMES TO		W.	<u></u>		
Agencies Notified	Type Notification			Street A						2014	CCT :	20	AH	3:	GL.	
☐ EPA	☐ Initial			the content	aic Stre	200										
DEP DOL	Amended Amendment #			2100000	te, Zip Co vood, N		50	and the same of th	•	<u> রিট ৯</u> ১	2 LIC	IS C	ON SIA	ITR	OL.	
DOH DCA	Emergency (in justification) Cancellation	ncluaing	10 (2		Contact Ronald F	Roznia	k			Tele	phone	Numb	er	<u>.</u>		
				FACI	LITY INFO	RMATI	ON						701	42953		
Name of Facility Where Rectory-Our Lady of								Туре	of Facility (4	1)						
Street Address 1 Passaic Street			-					×	School (K-12 Subchapter (Other (i.e. pretc.)	8 (Othe			build	lings,	home	es,
City (5) Ridgewood, NJ 074	450								re Feet	# of 2	Floors			ldg. A)+	ge	
County (6) BERGEN					Code (7) JSE ONLY)			Curre	nt Use (Prio	r if beir	ng dem	olishe	d)			
Name of Monitoring Firm	Hired by Building O	wner (8)		ASCM	No.		1 1000 CON 1 1000		tement Contes Corpor		(9)			14000 8	-	
Street Address							7	Addres	ss Street							
City, State, Zip Code									ip Code g, NJ 070	93			300.44		5	
Project Manager for Mor	ject Manager for Monitoring Firm				ne No.		Teleph	none No 295-1	0.		Licens					
Start Date (10) Oct 14/14					Date (11)		Name		HA Monitor		0107					
Occupancy Status Durin		SERVICE PROPERTY	175.55%				100000000000000000000000000000000000000	Addres								-
Facility Closed/Vac	ated During Entire P	eriod of Ab	atem													
Other – Describe:	3:00 PM	ar Facility F	rours			_	City, S	state, Zi	ip Code							
Scope of Work (Check A	All That Apply)						_	=								(
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enovat emoliti			20	×	Mir Glo	l Containme ni-Enclosure ovebag Proc n-Exempted	edure	•				•	
		le I	.ocatio	nn.				140	II-Exempled	() and	I NOEF	Habie		CONTRACTOR	ement	
Location	n of	No	ormali	y	=	De	scription	n of				-		Ту	ре	
Asbestos-Containing TO BE AB		Used Main	Solei				taining N				nount pecify		וג		En	m
In Faci	lity	Custo	dial S (12)	taff?	(1.6.	surfa	cing, VA	T, or	ation,		or LF)		Removal	Repair	caps	Enclosure
(13)			No	N/A		otner r	niscellar	neous)	1				val	計	Encapsulate	ure
1et floor corrid	Yes				Do	D 00FF	ooilin	a plac	tor	20	0.05				_	
1st floor-corridor / rectory				X	PU	p-con	ceilin	g pias	iei) SF	- 1	ĸ			
27												1				
						·										
	ne of Registered Waste Hauler				aste No.	Cubic of Wa	Yards ste		Name of F	o: 5a			100000			
Freehold Carting Inc				939	9558	tbd			GROWS		n Lan	dfill				
City, State Freehold, NJ						Dispo tbd	sal Date	•	City, State Morrisvi		4		00111071			
Completed by Gina Salvador		Man	ager		8	Signature	e Q	Qual-			Date 10/	13/1	4			

MO#21901445550

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

静に	^	pou					
2 th Comme	ميا	-	8 3	1	Town .	P 1	

Date of Notification (1)					Name	of Buildin	ng Owner/Operator ((2)	-mag //	W dies []			
	15 _f	14	_			Raineri	ig owner operator (2814	0CT 20 A	M 2. =	_		
Agencies Notified	Type Notifi	ication			Stree	t Address		A 20.00		17 6. 3	3		
⊠ EPA	✓ Initial				166.5	Sydney A	venue	436	ESTOS CO LICENSI	er m			
⊠ DOLWD	☐ Amenda					State, Zip		&	LICENSI	MIROL		- 0	
⊠ DHSS	Amendr				1000				051601	NG			
DCA (NJAC 5:23-8)	Emerge justifica		dudin	3		e of Conta	NJ 07735						
(NONO 3.25-0)	Cancell				5555570				Telephone	Number			
	cancen					McEvoy							
					FA	CILITY	NFORMATION						14.00
Name of Facility Where A	batement is	s Taking	Place	(3)				Type of Facility	y (4)				
Private home								School (K-	12)				
Street Address								Subchapter	r 8 (Other than	K-1 2)			
166 Sydney Avenue								homes, etc	private and co	mmercial i	ouildin	gs.	
City (5)		_	-					Square Feet	# of Floor		51.1.		
Union Beach, NJ 0773:								Square reet	# 01 F1001	s	Bidg. A	\ge	
County (6)					T C	-t. 0-d- (7)	(OT) TE (105 011116						
SCHOOL MICH					Coul	ity Code (7)	(STATE USE ONLY)	Current Use (F	Prior if being de	emolished)			
Monmouth					1								
Name of Monitoring Firm	Hired by Bui	iilding O	wner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9	9)				
							Gr Tech LLC						
Street Address		-					Street Address						-
							576 Valley Rd #	1 282					
City, State, Zip Code	ly, State, Zip Code						City, State, Zip C				-7 - 10 -		
roject Manager for Monitoring Firm						NI=	Wayne, NJ 0747	/0	7				
	Project Manager for Monitoring Firm				phone	INO.	Telephone No.		License N	0.			
Start Date (10)		Cabad	.l = al .O				973-638-1777		01127				
	14	Schedu	nea C	omple	tion Da	ite (11)	Name of OSHA N	Monitor					
10 /25 /			_ /		/		Envirovision Co	nsultants,Inc					
Occupancy Status During	Abatement	(Check	only c	ne)			Street Address				_		
X Facility Closed/Vacate	d During Ent	tire Peri	od of	Abate	ment		20-21 Wagaraw	Road Blda #	211				
Abatement Performed	Outside of N	Vormal I	acility	Hour	s - Des	scribe	City, State, Zip Co	nde	34A				
Time of Abatement:	AW-	PM	/	PM_		_AM	A STATE OF THE PARTY OF THE PAR						
Scope of Work (Check all	that apply)						Fair Lawn, NJ 0						
				33			Full Cont	and decontamitainment with Ne	ination with ne	gative pres	ssure		
X >3 sf or >3 lfX ≥ 160 sf or ≥260 lf				novati			Mini-Enc	losure	galive Flessu	E			
≥ 100 St OF ≥200 IT			X De	molitic	n			g Procedure			sure		
			1-	7 27			Non-Exe	mpted (*) and N	on-Friable Pro	cedure	1		
Location of	sf.			Locat lorma			37 ²⁰⁰	1)		A	batem	ent T	уре
Asbestos-Containing N		M)		d Sole		Acho	Description o			Z	D	ш	Ш
TO BE ABAT				intena			stos Containing Ma e., thermal systems i		Amoun (Specify	em em	Repair	nca	ncic
IN Facility	/	- 1	Cust	odial (Staff?	1	surfacing, VAT,	or	SIF or LF		<u>a</u>	psu	Enclosure
(13)		+		(12)	Т	-	other miscellane	ous)		. =		Encapsulate	G.
			Yes	No	N/A							10	
Outside siding					X	Transite	siding		850 SF	X		П	
				П	П					-			H
		-		_							44	Ш	
							-21						
			П	П	П						15		
Name of Registered Waste	a Hauler			No.	ED Mast	Hauter ID M	LOUBLE VOLUME				ليالا	LL.	
	o i iduloi			W			Cubic Yards of Wast						
Gr Tech LLC				0	03378	35	TBD	T.R.R.F. Inc					
City, State	V2561 - 557/12						Disposal Date	City, State					
Wayne, NJ 07470							TBD	Tullytown, P) A				
Completed By (Print or Type) Title						-	Signature /	1 unytown, P	А	Date	-	-	
							Oignature /	1 1 . 1	0	Date			
J.Jevtic Owner							_ Ha	Ar Wen	Lao	10/15/2	014		
AY 11		* /	o no	use ti	is form	i for ashee	tos licensure ekempi	tod activities				-	

State of New Jersey

MO#21901445548		NO.				SBESTOS ABA AC 8:60 and 5:1						
Date of Notification (1)		-				ng Owner/Operator	5	RE	CEI	1/100	n	
	5 ,	14				The second secon	(4)					
	ype Notification			-	h Schacht			2014 OCT	20 /	14 n	-	
□ EPA D	∫ Initial	10.00		STATION STATE	tony Broo							
The state of the s	Amended	oo ne			State, Zip			ASSEST	A 2 A	HEIT	30.	_
DHSS ☐ DCA ☐	Amendment Emergency		_	1	chburg, N			ASBEST & LI	CFNS	UM I	RUL	
(NJAC 5:23-8)	justification)		ig		e of Conta			Telephone I	Vumber	IIIG		_
	Cancellation	1		Judit	h Schacht	ter			Turribo,			
				FA	CILITY	NFORMATION		-				
Name of Facility Where Aba	tement is Tak	ing Plac	e (3)				Type of Facility	y (4)		-		_
Private home			22				School (K-	12)				
Street Address		350					Subchapter	8 (Other than K private and com	(-1 2)	ــــــــــــــــــــــــــــــــــــــ		
58 Stony Brook Road							homes, etc	.)	mercial	bullain	gs.	
City (5)							Square Feet	# of Floors	T	Bidg. /	Age	-
Branchburg, NJ 08876				-								
County (6) Somerset				Cou	nty Code (7)	(STATE USE ONLY)	Current Use (F	rior if being der	nolished)	-	
Name of Monitoring Firm His	ed by Building	Ouros	/61	1000				10				
a ve er memoring i mirrii	ed by ballallig	3 Owner	(0)	ASCN	1 No.	Name of Abatem	ent Contractor (9	9)				
Street Address						Gr Tech LLC						
						Street Address						
City, State, Zip Code						576 Valley Rd #						_
						Wayne, NJ 0747						
Project Manager for Monitor	ing Firm		Tel	ephone	No.	Telephone No.	70	License No			_	_
						973-638-1777		01127				
Start Date (10)					ate (11)	Name of OSHA M	1onitor	01127				-
/		10	- 32	6 /	14	Envirovision Co	ncultante Inc					
Occupancy Status During At	atement (Che	ck only	one)			Street Address	iisuitants,iiic			-	-	
Facility Closed/Vacated I	During Entire F	Period of	f Abate	ement		20-21 Wagaraw	Road Bldg #	34 A				
Abatement Performed Ou Time of Abatement:	Itside of Norm AM-	al Facili PM <i>i</i>	ty Hou PM	rs - De	scribe	City, State, Zip Co	ode	5.11				-
						Fair Lawn, NJ 0						
Scope of Work (Check all that	it apply)				-	Clean up	and decontami	nation with nega	ative pres	ssure		120015
>3 sf or >3 lf			enovat			Mini-Enc	tainment with Ne losure	gative Pressure				
2 160 sf or 260 lf		D∈	emoliti	on		Glovebag	Procedure [Tent with Nega	itive Pres	ssure		
		1	s Loca	tion		☐ Non-Exe	mpted (*) and No	on-Friable Proce	edure	1		
Location of			Norma	lly		Description o	f		A		ent Ty	pe
Asbestos-Containing Mate	erial (ACM)		ed Sole aintena		Asbe	stos Containing Mat	erial (ACM)	Amount	Re	Repair	Enc	End
IN Facility	≟ .		todial	Staff?	(1.6	e., thermal systems i surfacing, VAT,	nsulation,	(Specify SIF or LF)	Remova	pair	Encapsulate	Enclosure
(13)		-	(12)	т	-	other miscellaned	ous)	SIF ULE)	<u>a</u>	1	ulat	i e
		Yes	No	N/A	-						Ф	
Garage				\boxtimes	Pipe inst	ulation		12 LF	X			
									Th			=
		П								H		
		15-							니브	$+$ \square		_
Name of Registered Waste H	auler		Mir		Hauler ID No.	Cubio Varda - 5 151	[]					
Fr Tech LLC	50.50		- 1				Lancas and the same of the	stered Landfill				
City, State				003378	55 .	TBD	T.R.R.F. Inc					
Vayne, NJ 07470						Disposal Date	City, State					
Completed By (Print or Type)	Tit	íe.				TBD	Tullytown, P.	Α				
# 2 5 5 A	1					Signature	1 . 1	1	Date			
Jevtic SB-41	Ov	ner				Hay	to ven	ad	10/15/20	014		

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

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

Date of Notification (1)	97.67			Name	of Building	Owner/Operator (2) 214 (1	1 20 AM	2:	54			
10 / 15 /	14			Cor	nmun	ity Health	Systems						
Agencies Notified Type Noti	fication	1	-		Address		ASGE:	STES CUI	11	(A)			
■ EPA ■ Initial			*	310	Woods	town Road	&	LICENSIE	4G				
■ DOLWD Amend	ded dment#			City, S	State, Zip C	Code					N. Tely		
DHSS Amend		cludin	3	Sale	m, NJ (08079		2					
(NJAC 5:23-8) justific			,	Name	of Contact			Telephone N	umbe	er			
☐ Cance	llation			Jack	k Jenkir	าร		•					
	****	2000		FA	CILITY IN	FORMATION		-1	П		***	91	
Name of Facility Where Abatement	25	Place	(3)				Type of Facility	(4)					
Salem Memorial Hospita	al						School (K-12						
Street Address							Subchapter Other (i.e., p				ilding	ıc	
310 Woodstown Road							homes, etc.)		merc	iai bu	iliuli iç	io,	
City (5)							Square Feet	# of Floors	T	Blo	dg. A	ge	
Salem							100,000	4		30)+		
County (6)			25-58	Cour	ty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being dem	nolish	ed)			
Salem							Hospital						
Name of Monitoring Firm Hired by B	uilding (Owner	(8)	ASCM	No.	Name of Abateme		· ·					
Quad Three Group, Inc.						Prism Resp	onse, Inc.						
Street Address						Street Address							
72 Glenmaura National I	3oule	vard				102 Techno							
City, State, Zip Code			360000000000000000000000000000000000000	Weight and		City, State, Zip Co						0.59	
Moosic, PA 18510						Export, PA	15632				Omloo Was		
Project Manager for Monitoring Firm				phone		Telephone No.		License No					
Jack Jenkins					2-5200	724-325-33		01121			5334		
Start Date (10)				tion Da		Name of OSHA M							
10 / 27 / 14	1 -11	/	<u> </u>	_ / _	14	Quad Thre	e Group, I	nc.					
Occupancy Status During Abatemen						Street Address	22 12 12		3				
Facility Closed/Vacated During E					122	72 Glenmau		Boulevard	t				
Abatement Performed Outside of Time of Abatement:AM						City, State, Zip Co					n Renio	55510106	
						Moosic, PA	18510						
Scope of Work (Check all that apply))					■ Full Con	ainment with Neg	rativo Proceuro					
≥3 sf or ≥3 lf		■ Re	enovati	ion		☐ Mini-Enc		Jauve Flessule					
■ ≥160 sf or ≥260 lf		☐ De	emolitio	on			g Procedure	- Edeble Deser		, B			
		le le	1 000	lion		□ Non-Exe	mpted (*) and No	n-Friable Proce	eaure	_		T	
Location of			Locat Norma		J'	Description of	f		- 20	-	atem		1
Asbestos-Containing Material (A	CM)		ed Sole			stos Containing Ma	terial (ACM)	Amount		Remova	Repair	Encapsulate	Enclosure
TO BE ABATED IN Facility			aintena todial		(i.e	 thermal systems surfacing, VAT 	insulation,	(Specify SF or LF)		1075	air	apsi	uso
(13)		070000	(12)			other miscellane		SF OI LF)		=		ulate	6
		Yes	No	N/A							U 2.43	(D	
Basement, Office, & Kitch	nen			x		Floor Tile & M	astic	2000		x			
			П	×							П	П	П
			닏	1000					1				
				×						×	Ш	Ш	Ш
Name of Registered Waste Hauler			110.00	JDEP \	Control of the Contro	Cubic Yards of	Name of Regis	stered Landfill		-			-
Waste Management				lauler II W1724	No.	Waste	Grows N	orth Land	llift				
City, State				111124		Disposal Date	City, State		Ī		N		
Camden, New Jersey					*	Λ	Morrisvill	e. PA					
Completed By (Print or Type)	Title					Signature	1	\	Date				
Jessica Wolfe	12,000		ietr	ativo	Supp		ina /	110		ē	/20	14	
ASB-41		411111	nou (ativo	Cupp	THE THERE	ucaro	UTYL	. 0.		,		
MAY 11	*	Do not	use th	nis form	for asbest	os lice p sure exemp	ted activities.	0					

2814 OCT 20 AM 2: 54	NC		ATION (c of Now Of ASBE NJAC 8	STOS A					PROVED				
Date of Notification (1) CONTROL ASSIGNATION Agencies Notification		N	ame of I	Building O	-			NeyDopt		TOUNG		vices		
A 20 10 1/19 NOING				Jeff	- OH	ARR	1	1		clanatural			1	
Agencies Solified CLI Type Motification		5	treet Ad	N. C.			Α	Date:	0/14	74 Tim	a. 82:5	SA	1	
EPA Initial Amended		-		78 Cod	BELFOR	-D	AVE	Dete.		1111	V) L	
DEP Amended Amendment #		'					^-							
[Managency (in		- N	lame of	THER FO	Ln ,	n .Z.	(/)	טרטי	Tolo	рпопе Ми	mher		-	
DOH justification Gancellation		100	JE		SHARE	.1			100	priorio ita	INDU		10	
Oantellation				ITY INFO							1 11		-	
Name of Facility Where Abatement is Taking	Place (3)		AVIL	ari mire	1100-1110	1	Type of	Facility (4	1)				1	
RESIDONT.				*_		1	M So	hool (K-1)	2)					
Street Address							SU	bchapter	8 (Othe	erthan K-1				
178 BELSOLD AUE							区 Ot ett		rivate 8	commerc	ial build	ings,	home	1S,
City (5)			-		-		Square		# of	Floors	B	dg. A	ge.	
RUTHELEULO			147				1,5	00		2		+5)	
County (6)		10	County C	ode (7)					or if bein	ng demolis	ined)			
Bergen		0	STAYE U	SE ONLY)		-		Res	1000	nac.				
Name of Monitoring Firm Hired by Building O	wnar (8)		ASCM	Na.				ment Con tracting	tractor					
Street Address							Address		- 60					
						105	Lowell	Road						
City, State, Zip Code						City, S	itate, Zip	Code				<u> </u>	-1	
						Gler	Rock,	N.J. 07	452				1	
Project Manager for Monitoring Firm		1	elephor	ie No.		100000000000000000000000000000000000000	толе No. -262-58			License 00156	No.	8		
Start Date (10)	Schedule	d Com	pietion E	Dale (11)	-			Monitor				*******	10	
10/13/14	1	0/30/	14			Ome	ega En	vironme	ntal S	ervices	inc.		N 200	
Occupancy Status During Abatement (Check	Only One	e) '					Address							
Facility ClosedNacated During Entire F	eriod of A	balem	ent		- 1	280	Huyler	Street					#3 #3	
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	al Facility	Haurs			_ [state, Zip kensac	Code k. NJ 0	7606				1	
Scope of Work (Check All That Apply)			~~~~										1	
23 sf or ≥3 lf 2160 sf or ≥260 lf		enoval emoliti					Mini	Enclosure bag Pro	a cedure	n Negative d Non-Fri			e:	
POPULATION AND AND AND AND AND AND AND AND AND AN	1	Locati							1.7.			Abab		ıt
		lormall	2000 N	-	Dive	cription	6					Ty	de,	
Location of Asbestos-Containing Material (ACM)		d Sole		Asbes	los Conti			ACM)	٨	mount			in	
TO BE ABATED		intenar odlat S		(i.e.	thermal			ion,		Specify F or LF)	Rer	70	-Encapsulate	Enclosure
In Facility (13)		(12)				ing, VA	nedus)		Þ	- OI LF)	Remova	Repair	DS-L	1 SE
	Yes	No	N/A	i							<u>m</u>	1	Bie	6
											-	 	1	+-
Basemont	ļ		1	ļ	PIPE	INS	van	ندو	14	UCF	. 1		Ц.	-
10000000000000000000000000000000000000														
								4000		On Roadh 1-East				
	-		1									_	i	1
Name of Registered Waste Hauler		IN	JOEP V	Vaste	Comin	Yards		Name of	Regist	ered Land	en 1	1_	1	٠.
Rovic Transport	.1	1 H	lauler ID 0785		of Was				_	hlehem		l Ca	rp!	
City. State Riverdale, New Jersey 07457						13/14		City, Sta Bethle	te hem,	PA 180	15			
Completed by	Title					ignatu	re	7			Date			
R, McDonald							M	le Da	huf		20/1	1/14	-	

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

Agencies Notified Street Address	Date of Notification (1)				ner/Operator	(2)		REC	FIA	E)	
Amendram # Amendram	10/10/14				pot	Nept	مرو					
Amendram # Amendram	Agencies Notified Type Notifical	tion	Street Add	dress	1 D.	110.5	10 W	A OGT 2	O AF	1-2:	53	
DOU			City State	Zin Code	771 110							1.4
DOH					No	11,/20	Sept	BESTE	S CO	MTI	ROL	
State Date (10) Scheduled Completion Date (11) Scheduled Completion Date (11) State Zip Code State Date (12) State Zip Code State Date (13) State Zip Code State Date (13) State Zip Code State Date (14) State Zip Code State Date (15) State Zip Code State Date (15) State Zip Code State Date (16) State Zip Code State Zi	☐ Emerge	ncy (including	100	1		200-	V Tele	eptone Num	Det 31	NG.		
Street Address City, State, Zip Code City, State, Zip Code Street Address			D	24			! .	.,_		J	,	
Street Address Sirver State Street Address Sirver Address City, State, Zip Code Sirver Address Sirver Address City, State, Zip Code City, St			FACIL	ITY INFOR	MATION	1 = 7 =						
County (6) Street Address Site of Floors Stager Feet	Name of Facility Where Abatement is T	aking Place (3)				_						
Other (i.e. private & commercial buildings, nomes, etc.) Stager Feet # of Floors Bidg. Age County Code (7) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCIM No. Name of Abatement Contractor (9) Ace Insulation Co., Inc. Street Address City, State, Zip Code Cots Neck, N. J. 07722 Telephone No. 732-294-1757 D0029 Name of OSHA Monitor Street Address City, State, Zip Code Non-Exempted (1) and Non-Frable Procedure Abatement Performed Outside of Algorithm Non-Frable Procedure Non-Exempted (1) and Non-Frable Procedure Abatement Type Abatement Contractory Abatement Contractory Abatement Contractory Non-Exempted (1) and Non-Frable Procedure Abatement Type Abatement Contractory Non-Exempted (1) and Non-Frable Procedure Abatement Contractory Non-Exempted (1) and Non-Frable Procedure Abatement Type Abatement Contractory Non-Exempted (1) and Non-Frable Procedure Abatement Contractory Non-Exempted (1) and Non-Frable Procedure Abatement Type Abatement Contractory Non-Exempted (1) and Non-Frable Procedure Non-Exempted (1) and Non-Frable Procedure Abatement Contractory Non-Exempt	Townships Flephon	e Burdia	·/-			Subcha	inter 8 (Oth	er than K-12	!)			
Country (6) Country Code (7) Current Use (Price it being demolished) Control (8) ASCM No. Name of Materian Confractor (9) Ace Insulation Co., Inc.	Street Address	Edo Dr.	0			Other (i.e. private 8	& commercia	al buildir	ngs, h	omes	,
County (69 County Code (7) Courgent Use (Price it being damolished) County (7) County (8) County		har Dire					# of	Floors	Bld	g. Age	9	
Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Confractor (9) Ace Insulation Co., Inc. Street Address 95 Montrose Road City, State, Zip Code Colts Neck, N.J. 97722 Telephone No. Telephone No. Telephone No. Tolephone No. Toleph	City (6) NOONO					2500		2	(6U+	-	
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Ace Insulation Co., Inc. Street Address 95 Monitorise Road City, State, Zip Code Colts Neck, N.J. 07722 Telephone No. 732-294-1757 Occupancy Status During Abatement (Check Only One) Start Date (10) Ascensulation Date (11) Abatement Performed Outside of Abatement Facility Hours Other – Describe: City, State, Zip Code Colts Neck, N.J. 07722 Telephone No. 732-294-1757 Occupancy Status During Abatement (Check Only One) Street Address City, State, Zip Code Colts Neck, N.J. 07722 City, State, Zip Code Colts Neck, N.J. 07722 City, State, Zip Code City, State, Zip Code City, State, Zip Code Colts Neck, N.J. 07722 City, State, Zip Code City, State City, State Cobis Neck, New Jersey Coths Neck, New Jerse	County (6)											
Ace Insulation Co., Inc. Street Address City, State, Zip Code City, State, Zip Code Colts Neck, N. J. 07722 Telephone No. 732-294-1757 CO029 Start Date (10) Start Date (10) Start Date (11) Docupancy Status During Abstement (Check Only One) Facility Closed/vacated During Entire Period of Abstement Abstement Performed Outside of Agrant Facility Police Abstement Performed Outside of Agrant Facility Police City, State, Zip Code City, State	Monmuth		(STATE U	SE ONLY)		1.0	V 1		VX_			
Street Address 95 Montrose Road City, State, Zip Code City, State, Zip Code City, State, Zip Code Colts Neck, N.J. 07722 Project Manager for Monitoring Firm Telephone No. Telephone No. Telephone No. Totelphone No. T	Name of Monitoring Firm Hired by Build	ding Owner (8)	ASCM	No.	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			(9)	U			
Street Address 95 Montrose Road City, State, Zip Code City, State, Zip Code Colts Neck, N.J. 07722												
Colts Neck, N.J. 07722 Telephone No. Telephone No. T32-294-1757 Clicense No. 00029 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Start Date (11) Scheduled Completion Date (11) Name of National Part (11) Pack of the Containing Material (ACM) Scope of Work (Check All That Apply) Start Date (11) Scheduled Completion Date (11) Name of National Pack (11) Pack of the Containing Material (ACM) Scope of Work (Check All That Apply) Start Date (11) Scheduled Completion Date (11) Name of National Pack (12) Name of National Pack (13) Pack of the Containing Material (ACM) Amount (12) Name of National Pack (12) Name of National Pack (12) Name of National Pack (13) Name of National Pa	Street Address						Road			12		
Telephone No. Telephone No	City State, Zip Code											
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor	Ony, State, 24, See			555			J. 07722					
Stiert Date (10) John Coccupancy Status During Abatement (Check Only One) Street Address	Project Manager for Monitoring Firm		Telephon	e No.					ю.			
Starts But (10) Cocupancy Status During Abatement (Check Only One)							-14	00029			10.000	
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Approximal Facility Hours Other - Describe: Scope of Work (Check All That Apply) 23 sf or 23 lf Location of Asbestos-Containing Material (ACM) To BE ABATED In Facility (13) Name of Registered Waste Hauler Ace Insulation Co., Inc. City, State City, State Cubic Yards Office - Cubic	Start Date (10)	Scheduled C	ompletion D	Date (11)	Name	e of OSHA Mo	nitor					
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe:	13 35 114	(Check Only One)	117		Stree	et Address						
Abatement Performed Outside of Normal Facility Hours Other - Describle:			tement					H.				
Other - Describe:	Abatement Performed Outside of	Mormal Facility Ho	ours		City,	State, Zip Coo	ie					
≥3 sf or ≥3 lf	Other - Describe:	71-141- 47	(*)									
Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) In Facility (13) Name of Registered Waste Hauler Ace Insulation Co., Inc. City, State Colts Neck, New Jersey Completed by Bree McGuire Demolition Demolition Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Normally Used Solely by Maintenance/ Custodial Staff? (12) Asbestos Containing Material (ACM) Asbestos Containing Material (ACM) Asbestos Containing Material (ACM) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, Specify (specify (s	Scope of Work (Check All That Apply)				1	–				_		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Name of Registered Waste Hauler Ace Insulation Co., Inc. City, State Colts Neck, New Jersey Completed by Bree McGuire Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A Description of Asbestos Containing Material (ACM) (Specify SF or LF) Other miscellaneous) SF or LF) Registered Landfill Glovebag Procedure Abatement Type Asbestos Containing Material (ACM) (Specify SF or LF) Other miscellaneous) Name of Registered Landfill G.R.O.W.S. City, State Colts Neck, New Jersey Completed by Bree McGuire Title Secretary Treasurer Containing Material (ACM) (Amount Type Abatement Type Abatement Type Abatement Type Countries Secretary Treasurer Custodial Staff? (i.e. thermal systems insulation, (Specify SF or LF) Other miscellaneous) Name of Registered Landfill G.R.O.W.S. City, State Cubic Yards of Waste 3 G.R.O.W.S. City, State City, State Tullytown, PA Date 100 100 114		V			l			n Negative i	riessun	e		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Name of Registered Waste Hauler Ace Insulation Co., Inc. City, State Colts Neck, New Jersey Completed by Bree McGuire Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Name of Registered Waste Hauler Asbestos Containing Material (ACM) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF) Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 12086 Disposal Date City, State Tullytown, PA Date Title Secretary Treasurer Abalement Type Abalement Type Abalement Type Abalement Type Asbestos Containing Material (ACM) Amount (Specify SF or LF) Registered Landfill GR.O.W.S. Disposal Date Tullytown, PA	≥160 sf or ≥260 If	₽ Dell	ionno//		[Glovebag	g Procedure	d Non Erial	hle Proc	edure	C.	
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) In Facility (13) Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A Name of Registered Waste Hauler Ace Insulation Co., Inc. City, State Colity Neck, New Jersey Completed by Bree McGuire Normally Used Solely by Maintenance/Custodial Staff? (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF) Registered Waste Hauler Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF) Registered Landfill G.R.O.W.S. Disposal Date (City, State Tullytown, PA) Title Secretary Treasurer Date (10) Date (10)	`					Non-Exe	mpted (*) ai	iu Non-Fria				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Name of Registered Waste Hauler Ace Insulation Co., Inc. City, State Colts Neck, New Jersey Completed by Bree McGuire Used Solely by Maintenance/ Custodial Staff? (12) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF) Registered Landfill G.R.O.W.S. Name of Registered Landfill G.R.O.W.S. City, State Colts Neck, New Jersey Completed by Bree McGuire Title Secretary Treasurer Signature Signature Date 10 10 10 11					Description	on of	-			Ту	oe	
Name of Registered Waste Hauler Ace Insulation Co., Inc. City, State Colts Neck, New Jersey Title Secretary Treasurer NJDEP Waste Hauler ID No. 12086 Cubic Yards Of Waste 3 City, State City, State City, State Tullytown, PA Date 10 10 10 11	Location of	lland C	Solely by	Asbesto	s Containing	Material (ACN	vi)		1		gi	m
Name of Registered Waste Hauler Ace Insulation Co., Inc. City, State Colts Neck, New Jersey Title Secretary Treasurer NJDEP Waste Hauler ID No. 12086 Cubic Yards Of Waste 3 City, State City, State City, State Tullytown, PA Date 10 10 10 11	TO BE ABATED			(i.e. th	nermal syster surfacing. V	ms insulation, /AT. or	8	(Specify SF or LF)	₹em	Rep	caps	nclo
Name of Registered Waste Hauler Ace Insulation Co., Inc. City, State Colts Neck, New Jersey Title Secretary Treasurer NJDEP Waste Hauler ID No. 12086 Cubic Yards Of Waste 3 City, State City, State City, State Tullytown, PA Date 10 10 10 11		(12)						oval	air	ulat	sure
Name of Registered Waste Hauler Ace Insulation Co., Inc. City, State Colts Neck, New Jersey Completed by Bree McGuire NJDEP Waste Hauler ID No. 12086 Cubic Yards of Waste G.R.O.W.S. Cubic Yards of Waste G.R.O.W.S. City, State Tullytown, PA Signature Signature Signature Date 10 10 10 14		Yes I	NO N/A								70	
Name of Registered Waste Hauler Ace Insulation Co., Inc. City, State Colts Neck, New Jersey Completed by Bree McGuire NJDEP Waste Hauler ID No. 12086 Cubic Yards of Waste G.R.O.W.S. Cubic Yards of Waste G.R.O.W.S. City, State Tullytown, PA Signature Signature Signature Date 10 10 10 14	and side		TV	5	dirula	J UNYI	120	Ma	11			
Ace Insulation Co., Inc. City, State Colts Neck, New Jersey Completed by Bree McGuire City Name of Registered Waste Adule Hauler ID No. 12086 G.R.O.W.S. City, State City, State City, State Tullytown, PA Signature Signature Title Secretary Treasurer	WHO WE		1-	1	3.1	1 1						
Ace Insulation Co., Inc. City, State Colts Neck, New Jersey Completed by Bree McGuire City Name of Registered Waste Adule Hauler ID No. 12086 G.R.O.W.S. City, State City, State City, State Tullytown, PA Signature Signature Title Secretary Treasurer			-									
Ace Insulation Co., Inc. City, State Colts Neck, New Jersey Completed by Bree McGuire City Name of Registered Waste Adule Hauler ID No. 12086 G.R.O.W.S. City, State City, State City, State Tullytown, PA Signature Signature Title Secretary Treasurer			-	-					1			
Ace Insulation Co., Inc. City, State Colts Neck, New Jersey Completed by Bree McGuire City, State Control of Masse 3 G.R.O.W.S. City, State City, State Tullytown, PA Signature Secretary Treasurer Completed by Bree McGuire Completed by Secretary Treasurer	News of Pagistared Maste Hauler		NJDEP W	Vaste	Cubic Yards	Na:	me of Regis	stered Landf	ill	-		
City, State Colts Neck, New Jersey Completed by Bree McGuire City, State Tullytown, PA Signature Secretary Treasurer Disposal Date Tullytown, PA Title Secretary Treasurer	1 222			No.	of Waste	3 G.	.R.O.W.S	8 Ø				
City, State Colts Neck, New Jersey Completed by Bree McGuire Title Secretary Treasurer Title Secretary Treasurer			12000		Disposal Da	ate Cit	y, State					
Completed by Bree McGuire Title Secretary Treasurer Signature 10 10 14	City, State							PA				
Bree McGuire Secretary Treasurer		Title								1	,	
	Bree McGuire	17 (17.55)	ary Treas	urer	1	zull			10/1	011	1_	
						2001	orm for sales	etos licens	IFA AVA	noted	activi	ties



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

								<u> </u>	- 1 4		<u> </u>	
Date of Notification (1)			10	lame of	Building Owner	Operator \(\lambda \)	(2)	13				
*					choku	11/10	c Douga	2014 CCT 2	n 41	1-2-	53	
Agencies Notified	Type Notification		1 5	Street Add	dress	Λ.			U AF	1 2.	JJ	
(TV) EPA	Initial) aud	AL	lairell	Q	Pag 18 19	F 1 "Y" 2	201	
DEP	Amended			City, State	e, Zip Code		1	AJALAL	5 CU	MII	RUL	
△O DOF	Amendment Emergency (-		Nall 1	Jew	Je sej	O TEPLIC	FM2	HG		
DOH DOH	justification)	moduling	1	Name of	Contact		Ø	Telephone Nu	mber	٠		
DCA	Cancellation			D	WG			11/2 000			<u> </u>	
				FACIL	ITY INFORMA	TION	Time of Facilities	(4)				
Name of Facility Where)				Type of Facility	(4)				
THELDE	all Reside	20					School (K-	12) r 8 (Other than K-1	21			
Street Address	23							private & commerc		ings,	nome	s,
2907	Allair 110	<u> </u>			-		etc.)		1.0			
City (5)							Square Feet	# of Floors		dg. A	ge	
Well, r	sen sers	V							1 40	50+		
County (6)	11	/		County C	ode (7) SE ONLY)		_ ',	ior if being demolis	nea)			
Morma	eth						TUS: 00					
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.	The August Market	of Abatement Co.					
								, 1110.	-			
Street Address							Address Nontrose Road	d				
								u				
City, State, Zip Code							State, Zip Code s Neck, N.J. 0	7722				
	ita da Fissa			Telephon	o No		none No.	License	vio.			
Project Manager for Mor	ntoring Firm			relepitori	E INO.	7	294-1757	00029	١٠.			
		Schedule	di Com	mintion D	mto /11\		of OSHA Monitor					
Start Date (10)		Scriedule	100		ale (11)	Name	OF OSFIA MORNO					
Occupancy Status Durin	a Abstement (Cher	k Only On	2100	417		Street	Address					
						0.000	/ labiocb					
Facility Closed/Vac	ated During Entire I ned Outside of Norm	Period of A	Hours	ent		City S	State, Zip Code				-	
Other - Describe:		V - +1	1000): 		Oity, t	otate, zip doce					
Scope of Work (Check A	, , ,		-			1						
	,	По	enova	tion		Г	T Full Contains	nent with Negative	Praceil	re		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	emoliti				Mini-Enclosus		1 10000			
4 = 100 51 01 -200 11		9	NT 14 L 14 A				Glovebag Pro					
		1					Non-Exempte	ed (*) and Non-Fria	ble Pro	Abate		
			Locati								be	
Locatio			Normal d Sole			Descriptio	n of Material (ACM)	Amount		1		1
Asbestos-Containing TO BE AB	ATED		intenar				is insulation,	(Specify	R	20	ะกด	En
In Fac	lity	Cusi	todial S (12)	tanr		rfacing, V		SF or LF)	Removal	Repair	apsı	Enclosure
(13)		-			Ottle	HINSCEIIA	neous)		100	1 =	Encapsulate	ure
		Yes	No	N/A		- 191						
autsi de				P	Sidio	11		200M	1	b		
COPICE			-	1		1			17			
		-		1					+			-
				-				-	+-	-		-
Name of Registered Wa	ste Hauler			JDEP W lauler ID		oic Yards Naste		f Registered Landf	H			
Ace Insulation Co.,	Inc.			2086		1	G.R.C).W.S.				
City, State					Dis	poșal Date	e City, Sta	ate		÷		
Colts Neck, New Je	ersey				1	0/29		own, PA				
Completed by	-	Title				Signatur	e 1	7 10	ate /	11.	,,	,
Bree McGuire		35.035-0-0	etary	Treasu	rer	, P	rue wy	The state of the s	(0)	10	117	
							//					
ASB-41 (R-06-08)						* Do n	ot use this form fo	or asbestos licensu	re exer	npted	activi	ties.

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT RECKETY 25708 (Pursuant to NJAC 8: 60-7 and 12: 120-7) Date of Notification (1) Name of Building Owner/Operator (2) 0 TOWNSHIP OF BERNARDS - DPW Agencies Notified Street Address [X] EPA 1 COLLYER LANE [X] Initial Notification City, State, Zip Code [X] DOL [] Amended Notification **BASKING RIDGE, NJ 07920** Amendment [X] DOH [] Cancellation Name of Contact MR. MIKE MULLIGAN [] DCA [] Emergency FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) RESIDENTIAL 1 1 School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private & commercial [X] 255 SOUTH MAPLE AVENUE buildings, homes, etc.) City (5) County Code (7) County (6) Square Feet of Floors Bldg. Age (STATE USE ONLY) Current Use (Prior if being demolished) BASKING RIDGE SOMERSET Vacant Residence Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM J.R. CONTRACTING & ENVIRONMENTAL CONSULTING INC. Street Address 1141 ROUTE 23 City, State, Zip WAYNE, NJ 07470 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 973 628-9500 00408 Scheduled State Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 1 0 2 8 1 ENVIRO VISION CONSULTANTS, INC. 0 2 4 / Day Month Day Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period 20-21 WAGARAW ROAD, BLDG. #34A of Abatement Abatement Performed Outside of Normal Facility City, State, Zip Code Mon & Fri - 7:00 a.m. - 3:30 p.m. [X] Hours - Describe: FAIR LAWN, NJ 07410 Other - Describe: Scope of Work (Check all that apply) [X] Demolition Full Containment With Negative Pressure | Renovation Mini-Enclosure $\begin{bmatrix} \end{bmatrix} \ge 3 \text{ sf or } \ge 3 \text{ lf}$ X | Glovebag Procedure [X] ≥ 160 sf or ≥ 260 lf [X] Non Exempted (*) and Non-Friable Procedure Abatement Type Is Location Description of C Location of Normally Asbestos-Containing E C Amount M O V Asbestos - Containing Used Material (ACM) (Specify E A P Material (ACM) P Solely by (i.e., thermal systems SF or LF) 0 insulation, surfacing, VAT, TO BE ABATED Maintenance A S S in Facility (13) or other miscellaneous) Custodial AL Staff (12) No BASEMENT Pipe and Elbow Fitting Insulation 210 LF X FIRST FLOOR - WALK-IN CLOSET Linoleum (Multiple Layers) 108 SF X EXTERIOR-WINDOWS X Window Caulking and Glazing 250 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill Hauler ID No 17819 J.R. Contracting & Environmental Consulting, Inc. G.R.O.W.S 20 City, State Disposal Date City, State Wayne NJ 07470 Morrisville PA Completed by (Print or Type) Title Signature Date

10/14/14

Jerry Bijelonic

Project Manager

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

Check No. 2116

			(F	oursu	ant to	NJAC	8:60 and 12-1	20)	ECE	VEN				
Date of Notification (1)					Name o	of Buildin	g Owner/Operator	(2)	and the family	ACN				_
October 15, 2014					Edwi	n & Do	rothy Larsen	2014	007.00					
Agency Notified	Type No	tification			700000000000000000000000000000000000000	Address		€3 19 (OCT 20 /	H 2:46			_	
E 504	ER Latinati				265 L	inden	Avenue							
EPA Not excited per State Ray 10/204	☐ Amen	ded		-	City, St	tate, Zip	Code		ESTOS O LICENS	ONTROL	0			
☑ DOL	17,574,000	idment #			100 m	na, NJ		6	: LICENS	ING	ie.			
E DOLL		gency (includi	ng	-		of Contac			Telephone					
☑ DOH □ DCA	☐ Cance	cation)			US-57525 PM	n Lars	2)	4.0	rotophono					
							**************************************		1		_	_		
Name of Facility Where A	Abatamant	is Takina Dia	00 (3)		FACIL	LIITINE	ORMATION	Type of Facility	(4)					
	Abatement	is raking ria	ce (3)				-	Type of Facility ((4)					
N/A			- 12					School (K-12)		1.0\				
Street Address								☐ Subchapter 8 ☑ Other (i.e. pri			as.			
265 Linden Avenu	е							homes, etc.)			3-1			
City (5)								Square Feet	# of Floors	Bldg.	Age			
Verona, NJ 07044								3,000	2	60				
County (6)			-	T	County	Code (7) (STATE USE	Current Use (Pr	or if being de	molished)			+	
Essex					ONLY)			Residencial						
Name of Monitoring Firm	Hired by	Building Owne	er T	ASCM	No.		Name of Abatem	nent Contractor (9)			_			_
McCabe Environmer	•			0011	18			toration Co.,						
Street Address							Street Address							
464 Valley Brook A	Avenue						223 Randolp	nh Avenue						
City, State, Zip Code	TTOMAG						City, State, Zip C				_		7,5	
Lyndhurst, NJ 070	71-1998	8					Clifton, NJ 0							
Project Manager for Mon			TT	elepho	ne No		Telephone No.	77014	License No.					_
Ellen McCabe	into mig i mi			oosli ver	38-483	19	973-478-468	1	0120					
Start Date (10)		Scheduled Co		1970/15		,,,	Name of OSHA	·	0120			-		_
October 27, 2014		Novembe						vironmental S	anvices I	1.0				
Occupancy Status During	a Abateme		N. 10 No. 6		16.		Street Address	VII OIIIII EIII A	ervices, L	.L.V.	_	_		
Occupancy Status Danny	g Abateme	ant (Oneok on	y one,	,				Brook Avenue						
☐ Facility Closed/Vacate							City, State, Zip C			2 %			-	_
Abatement Performed □ Other - Describe:	Outside o	r Normai Facil	ity Ho	ours			[NJ 07071-199	Q					
Scope of Work (Check al	I that anni	v()				= 1	Lynanaist, i	143 0707 1-133						_
	i tilut uppi	17						Containment with	Negative Pres	ssure				
≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 lf					⊠ Rend		-	Enclosure ebag Procedure						
L 2 100 31 01 2 200 11						01111011	□ Non-	Exempted (*) and	Non-Friable	Procedure				
			15	s Locat	ion						Α		me	nt
Locatio				Normal	ly		Description					Ту	pe	$\overline{}$
Asbestos-Containin		(ACM)		ed Sole aintena		Asbe	stos Containing M		Amou	ınt			ш	_
TO BE A	BATED			Custodi			., thermal systems	insulation,	(Spec		Rei	Z.	nca	Enc
IN Fac (13)	2000000			Staff?)		surfacing, VAT other miscelland		SF or	LF)	Removal	Repair	Encapsulate	Enclosure
(10)	1			(12)			other impochane	Jousy			/al	Ξ.	late	re
			Yes	No	N/A									
Basement					X	Pipe	Insulation			200 Ln ft	X			
				+									_	
			-	1-								-		
Name of Registered Was	ste Hauler		N	IDED	Vaste H	auler	Cubic Yards of	Name of Regist	ered Landfill					
B&N&K Restoration		nc	5553	No.	Vaste II	auter	Waste	Name of Regist	crea Landini					
Tri-State Transfer			1	2695	/ 2A4	56.	1	Minerva En	terprises,	Inc.				
City, State							Disposal Date	City, State						
Clifton, NJ 07011 /	Bronx.	NY					10/29/14 - 11/04/14	Waynesbur	g, OH					
Completed by		Title			201		Signature	1/	-	Date				
Aleks Kuridza		Vice - Pre	side	nt			NW			10/15	/20	14		

CK 600 Z 94

Print Form

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

RECEIVED

			30.00										2037	235 (M.C.)
Date of Notification (1) 10-06-2014			1		Building Owne Czupack	r/Operator	(2)		201	4 00	T 2	0	AH.	2: 5
Agencies Notified	Type Notification	1	- 5	Street Add	Iress		***							
☐ EPA	Initial	***		7 Durre	II St.			9	45	BES & L	Tê	SE	:ON	IDO
DEP	Amended				, Zip Code			2		& L	.IC	FN:	SINI	2110
DOL	Amendmen		-	Verona	NJ 07044								21161	2
DOH	Emergency justification		1	Name of C	ontact			Telep				1 = 1=90		
DOH DCA	Cancellatio			Darek C	Szupack					C 40				
	I			FACILI	TY INFORMA	TION			-		-			
Name of Facility Where	Abatement is Taki	ng Place (3)				0	Type of Facility (4)						
Private Residence							School (K-1	2)						
Street Address			-				Subchapter		than I	K-12)				
7 Durrell St.							Other (i.e. p				build	lings,	home	es,
City (5)							Square Feet	# of F	loors		Тв	dg. A	ae	
Verona							1					-3	3-	
County (6)			10	County Co	do (7)		Current Use (Pric	or if boing	dom	olicho	4/			_
Essex				STATE US			Current use (Fin	or ii being	derni	olisne	u)			
	a Hirad H. D. W.	Our == (0)		LACOLL	la .	I NI.	of Abot 10	.t-=-t- (^	11			-		
Name of Monitoring Firm	n mirea by Building	Owner (8)		ASCM	NO.		of Abatement Cor		()					
N/A							a Contracting l	LLU						
Street Address							Address	=						
						522	7th Street							15
City, State, Zip Code				-0.7637		City, S	tate, Zip Code					4		
						Unio	n City NJ 0708	37						
Project Manager for Mor	nitoring Firm		Ti	Telephone	No.	Teleph	none No.		icens	e No.	_			
.,			1				216-9603	51 8	0120					
Start Date (10)		Scheduled	I Com	plotion Do	to (11)		of OSHA Monitor		0120					
10-08-14		10-10-1		pielion Da	ne (11)		a Contracting L	LC						
Occupancy Status Durin	a Abstement (Che						Address							
1 <u>2000</u>	0 1 5	. 25					7th Street							
Facility Closed/Vac Abatement Perform	ated During Entire	Period of Ab	atem	ent										
Abatement Perform Other – Describe:		mal Facility F	Hours			100000000000000000000000000000000000000	tate, Zip Code	2.20						
Towns of the control						Unic	on City NJ 0708	87						
Scope of Work (Check A	II That Apply)													
23 sf or ≥3 lf		X Re	novat	ion		Σ	Full Containme	ent with N	legativ	ve Pre	essur	e		
≥160 sf or ≥260 lf		30000	moliti				Mini-Enclosure		-3					
		New Park				-	Glovebag Prod				20	172		
							Non-Exempted	d (*) and I	Non-F	riable			-	
		ls L	ocatio	on									ement	
Location	n of		Solol			Description	of			1		Ту	P-0	\vdash
Asbestos-Containing		Used	tenan				Naterial (ACM)		ount	- 1			ш	
TO BE AB In Faci		Custo					s insulation,		ecify or LF)		Rer	Z.	пса	nc
(13)			(12)			facing, VA r miscellar		31 0	וובר)		Remova	Repair	psu	Enclosure
\$1.77		- T			1500.5		/				<u>a</u>	7	Encapsulate	le
		Yes	No	N/A										
2nd Flo	oor		Х			VAT		320	SF		х			
Basem	ent		Х			VAT		800	SF		х			
										_				
Name of Registered ₩as	ste Hauler		T N.	JDEP Was	ste Cub	ic Yards	Name of	Registere	d Lan	dfill				
Delfa Contracting L			Ha	auler ID No	o. of V	/aste	- 1	wn Res			COVE	erv F	acili	tv
			35	5240	5				Jui 00	5 110	5540	7 1	GOIII	٠,
City, State					9 3	oosal Date	40 3900							
Union City NJ 0708	7				10-	13-14	Tullyto	wn, PA						
Completed by		Title	45 All - 2			Signature	(1)			Date	9			
Jaime Delgado		Proj. N	/lana	iger			12			10-	06-1	14		

ASB-41 (R-06-08)

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

UIA U.S. MAIL
REIGHT/VED

State of New Jersey NOTIFICATION-OF ASSESTOS ABATEMEN (Programme to MJAC 3:50 and 12:120)

	1-1	Name of Building	Camand Heralia	71	1814 CCT 20	BH 2: 57
Date of Rollinston (1)	14/14	Hicha	el HA	named		# 150 DE 150
Agency Molified Type I		Singer Address	000	1 4	SEEST OS	CONTROL
SEPA . D'YE	-i	4.0. 130	-			SING
ODEP Am	ensiedi.	City, Sinta Zin C		10.CN	1091 - =	7648
BOOL SE	rentincel & / egency (including	(0,56) H		0.0.0	Telephore Man	- COP
ELE . HOOLE		Name of Compact	HAHONE	· .	Telaphore Munch	1~ "
TO DOS		SACILITIES	The second secon		· - ~	
Name of Razilly Where Abatam	art in Talina Plane (S)	Shortene c mare	1	Type of Facility	(4)	100000000000000000000000000000000000000
Malia or Lessify delegations.				D Saloni (K-12)-	
Street Athiress 1.	-			Q Substantes	(Oher than K-12)	huidigs,
746 Hysh	ip AUE			ीरमास्ड, संदर्		Mig. Age
Can (5)	11 110		·	3000	#ed Perms	60
WEST FIE	10 00	County Code (7)			ing a testing designable	
Complete Contain	•	CHEST CONTROL	Egatance new		10056	77
Name of Manianno Francisco		Med i	Name of Aliana			
(8)			NOVA"	iech_	10L .	
Street Address		edespertib.P	P.O. (39	× 214		
City, State, Zip Code .	-	The state of the s	CIO R	100E	N; D. (08857.
- 100 M	Total	make ·	D. D.		- Linease Ria	806
Project Manager for (Manager)	Dans		736 2:	38×7500		806
Section (10)	Salatania Campia na		NOUA!		INF	×
4 100×111		<u>\</u>	Sheet Arthurs			
Oraniem States During Abell	man (Charles of Care)	_	P.O. 13	118 x0	· `.	4.5
Permy Constitution But Ababasan Performed Constitution	s Essa Paint of Alexand	eri.	(2), S200. 400	Code	C:U	388S7 ·
	5 65 65 65 65 65 65 65 65 65 65 65 65 65			RIDGE		
Stope of Work (Cleak all texts	eric)		- QPG	Cultiment vii	a Shagailte Pressi	
Xesersse .	•	D Resurción R Demolica		Saises Richelle		
021808G2280B	•	7	- A Mai	-Exempled (?) z	d New Printing PM	- Continue of the last of the
-	Sico	econ.		-	-	Type
	- None	mality	2=3q2m	105 2	esanual	Ren Re
Localine G		ASSE ASSE	she Contains t , thinned system	sickid.	Specify Specify	Ren Ren
TO BE AND LED	Cush	Difference F	CHIERRING, WA	T.OT	SFORE	negoulate Repair Removal
(13)	- (1)		de nisale	leans)		- 6
	THE ! NO	D REA C	•			
		1				
· · · · · · · · · · · · · · · · · · ·		TX FI	our Tile	· 영영	12 150	S/FIXI
BASEMENI		11	•			
		11				
Name of Registered Waste Had	e i rede	When the day	Canto Yeards of	Name of Re	التالية أوعاد	
	E CON Brown	12501	Weste O	168	ows.	
	120		Disposal Data		THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	DA.
010 BRIDGE	10,0 089	857		HORIZE	SUX11G	1000011
Consideração (A)	LineO:		Sample	Q'ALA	Il In	70 14 14
CARIOS AMERO	A. MESIDEM		1 U			1
C. Lich III	*Domicsellisi	DAN DE SEUSEUS D	and the second	(1, 5

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

RECEINE FZ92

							CAS CO HOUSE !	St. E.	_		_
Date of Notification (1)	1 1		N	lame o	f Building Owner/Operator	(2) ECAC					
10 14 Agency Notified				17	1(, 505 F	C CONTRACTOR	OCT 20 AM	2:5	3		
Agency Notified	1										
© EPA			-	· · · ·	TS KINISCE	T ASTA	ESTASTO	WIRD	1		-
II DEP LEYDOL	Street Address Type Notification										
		ng	-	, (ENA +CY.	MJ. U.	Tolophone Man	mber			-
D DOH ·			"				i tembrone ma	, a	. /		
D DCA	Li Cancellation						1	<u> </u>		_	
				FACIL	JTY INFORMATION						
Name of Facility Where	Abatement is Taking Pla	sce (3)			9 .	Type of Facility	(4)				
MR.	LEGACY				#37 E	☐ School (K-12	n a				
Street Address				•		☐ Subshapter 8	(Other than K-1	2)			
IS LIA	JAUEN A.	IF			18 18 19 19 19 19 19 19 19 19 19 19 19 19 19			ial buildin	igs,		
City (5)	- Com / 1/10							Bida.	Age	_	-
City (0)	115	20		35	17.1		Committee of the commit		400000	-	24 1
TEI	VAFLY								0 /	0	0.41
County (6)	3 -04		18						74		
					(A-4)	. 		CC			
	Hired by Building Own	er /	ASCM I	No.	Name of Abates	ment Contractor (S	9)				
(8)					Best R	Removal I	nc				1100
Street Address					Street Address						50-500
,					450 S.	River St					
City, State, Zip Code							•••				
					Hacken	sack, N.	J. 07601		•		
Project Manager for Mor	ibring Firm	Te	lephon	e No.						67	
					201-329-	-7444 -	00388				
Start Date (10)	Scheduled C	omplefi	on Date	(11)						_	
10/27/14	A BOOK WAS COMMON AS A	Beam made to the	The second second	Carried Contract			tal Inc				
				1						-	
		10-00-100 1-71-30-E.1-									
2 Other - Describe: &A	MTO SPM	anty mot	115				ъ N T	0760	6		
				•	. South r	lackensac	.к, и.о.	0,00			-
	m muze arbibal)		10	_			Negative Pressu	ıre			
Ø≥3sfor≥3ff											
☐ ≥ 160 sf or ≥ 260 lf			•	a Den		vebag Procedure -Exempted (*) an	d Non-Friable Pro	cedure			
			•	-20					Ab	ate	ment
		1	Locatio Iomnalle		1 .	125			-	Typ	e
, Location Asbestos-Containing		Use	d Soleh	y by	Description Asbestos Containing M		Amount		11		
TO BE A			intenan Justodia		(i.e., thermal system		(Specify		공	2	Encapsulate
	ally		Staff?		surfacing, VA	T, or	SF or LF)	Removal	80	DBC
(13	9		(12)		other miscellan	eous)			9	-	inte
		Yes	No	N/A							
BASEME	a l			τ	THERMAL SYSTEM	1.121.1		:	20	1	\top
PAIDE! CE	10- (-			4 HOLLING 393161	الما مع الما مع الما الما			 	+	+
X									+	+	+
								**	+	+	4
30					÷						
Name of Registered Wa	ste Hauter	1	DEPW	laste H		Name of Regi	stered Landfill				
Best Remova	1 Inc		No.	0	Waste / 2 e-	Minor	Enterp	rigas			
		11	710	9	1 / /		- Pircerbi	- 1365		_	
City, State	1- NT T	076	01	500 T TO S	Disposal Date	City, State	ourg , Oh	1			
	sack, N.J.	0/0	01		10/28/14	Waynesi	, 01				
Completed by	Title		_		Signatule	0.	2	Date 10	, 7	/ ,	1
J. Maiorano	Estin	uato	Ľ		VA	سمددنه	7	10	17	1	4

MO 220 79 28 48 7 4 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 10/10/14			37		Building Ow ne Cisco		Operator	(2)				Clare Rigar				
Agencies Notified	Type Notification	nn.		treet Add		- V		-	2514 OC	T 20) AM	3: 0	6	30.00		
	Type Notification	211	1 -		and Ave				200							
EPA DEP DOL	Initial Amended Amendme		C	ity, State	e, Zip Code		7403		ASBES L&	LICE	S COL	HTRO)L			
☑ DOH DCA		y (including n)		ame of 0						Tel	ephone	Numbe	er			
N 201	L Caricellati			EACILI	ITY INFOR	MATI	ON			1_						
Name of Facility Where	Abatement is Tal	king Place (3)		IACILI	III IN OK	IVIPA I I	ON	Туре	of Facility (4)						
Josephine Cisco		are to a section							School (K-12	100						
Street Address									Subchapter 8		er than	K-12)				
8 Vreeland Ave									Other (i.e. pr	ivate 8	& comm	ercial b	uilo	lings,	home	es,
City (5) Bloomingdale									etc.) re Feet	# 0	f Floors		В	ldg. A	ge	
County (6) Passaic County	10			ounty Co	ode (7) SE ONLY)			Curre	nt Use (Prior	r if bei	ng dem	olished)			
Name of Monitoring Fire	m Hired by Buildin	a Owner (8)	-	ASCM I	No		Name	of Aha	tement Cont	ractor	/91		_			
							Pro /	Abate	ment	aoioi	(3)					
Street Address								Addres 9 87th	s Street Su	iite A	4					
City, State, Zip Code									p Code gen, NJ 07	7047						
Project Manager for Mo	nitoring Firm		T	elephone	No.		Teleph	none No).	-	Licens		-			-
Start Date (10)		Scheduled (Comr	lation D	ata (11)			293-6	IA Monitor		0122	3				
10/13/14		10/27/14	COMP	netion Da	ale (11)				I CONSUL	TIN	G LLC					
Occupancy Status Duri	ng Abatement (Ch	eck Only One)						Addres				_				
Facility Closed/Va	cated During Entir	e Period of Aba	iteme	nt					TE EAST	SUI	IE 10	7			2020	
Abatement Perform Other – Describe:		ormal Facility Ho	ours			55	N 5.3		p Code J 07083							
Scope of Work (Check	All That Apply)						ONIC	ON N.	07003							
≥3 sf or ≥3 lf	ш (пастъргу)	[Z] D					[X	a								
≥3 \$1 or ≥3 if ≥160 \$f or ≥260 if		Parties and the same of the sa	ovatio nolitio				×		Containmer i-Enclosure	nt with	Negativ	ve Pres	sur	е		
						839		Glo	vebag Proce							
								_ Nor	n-Exempted	(*) and	Non-F	riable F				
¥		is Lo	catior mally	00										Abate Ty	ment be	
Location Asbestos-Containing		Used S			Asbestos		scription		(ACNA)	^	mount		7			
TO BE AE		Mainte Custodi		20000			systems			200	pecify		0	TI	Enc.	m
In Fac (13)	C		12).	anz			cing, VA			SF	or LF)	1 8	Remova	Repair	aps	Enclosure
(15)		- T			O	ner n	niscellar	leous)				1	2	Ni.	Encapsulate	sure
		Yes N	No	N/A											Ф	
Atti	C	1.5				Ins	sulatio	n		76	0 SF					
														Ш		
			_										_			
Name of Registered Wa	ste Hauler		0.55761	DEP Was			Yards		Name of R	egiste	red Lan	dfill				
SAN TON SERVICE	ES		100/22/2020	uler ID No 130	0. 0	f Was	ste		MEDOW	/LAN	CHES	COM	M	SIO	N	
City, State KENILWORTH, NJ					0	ispos	al Date		City, State	r, NJ						
Completed by		Title				Si	ignature	D 4	7)		-1	Date				
Bryan Parra		Project	Man	ager			Y	5 1				10/10)/1	4		

MO 22079284885

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

Date of Notification (1) 10/13/14					Building		Operator	(2)	- KE	CE	IV	ED				
Agencies Notified	Type Notification		-	Street A		City			21400	20	811					
	[<u></u>				Ridgev	vood A	ve.		ZH OC	1 20	AM	3: (15			
EPA DEP DOL	✓ Initial Amended		-		te, Zip Co											
DOL	Amendmen		_		us, NJ,		2		ASEES & L	IUE!	CUN	TR()L			
DOH DOH	Emergency justification)			Name of	Contact					Tel	ephone	Num	ber			
☑ DOH DCA	Cancellation															
Name of Facility Where	Abatament is Talija	Di (2)		FACI	LITY INFO	ORMAT	ION	-	· - · · ·							
Matthew Wisocky	Abatement is Takir	ig Place (3)							of Facility (4							
Street Address			-						School (K-12 Subchapter		er than	K-12	,			
434 E. Ridgewood	Ave.							X	Other (i.e. pr					dings,	hom	es,
City (5)									etc.) re Feet	# 01	Floors		Te	ildg. A	, do	
Paramus								Oqua	ile i eet	# 0	1 10013		'	ilug. r	ige	
County (6)				County (Code (7)	-		Curre	ent Use (Prio	r if bei	ng dem	nolish	ed)		_	
Bergen County				(STATE L	JSE ONLY)			Ŷ.							
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	1 No.				tement Con	tractor	(9)		10			
							Pro	Abate	ement				no esta esta esta esta esta esta esta esta			
Street Address	tate, Zip Code							Addre	F-7	.:4- ^	4					
City State Zin Code	Address State, Zip Code								Street Su	iite A	4					
Oity, Glate, Zip Gode									ip Code gen, NJ 0	7047						
Project Manager for Mo	nitorina Firm			Telephor	ne No		20000000000	none N		7 047	Licen	sa Na				
	3							293-6			0122					
Start Date (10)		Scheduled	Cor	mpletion I	Date (11)		Name	of OSI	HA Monitor			-				
10/23/14		11/13/14					HILN	MAN	A CONSU	LTING	G LLC	;				
Occupancy Status Durin	ng Abatement (Che	ck Only One)					Addres			201 (8/11)					
Facility Closed/Vac	cated During Entire	Period of Ab	ater	nent			-		JTE EAST	SUI	TE 10	7				
Abatement Perform Other – Describe:	ned Outside of Norr	nal Facility F	Hour	S					ip Code							
Scope of Work (Check A							UNI	ON N	J 07083							
	Kii (Hat Apply)						I V	7								
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf			moli	ation tion			×	Ful Mir	ll Containme ni-Enclosure	nt with	Negati	ive Pr	essu	re		
25		3 1 - 31 3					-	Glo	vebag Proce	edure						
		T		. 1				J No	n-Exempted	(*) and	Non-F	riable		edur Abate	0000000	
Locatio	n of	17657400	ocat rma	100000000000000000000000000000000000000											pe	
Asbestos-Containing	Material (ACM)	Used	Sole	ly by	Asbes		scription taining N		(ACM)	A	mount				П	
TO BE AB In Faci		Main Custo		100-000-000		therma	systems	s insula			pecify		Re	R	nca	Enc
(13)			(12)				icing, VA miscellar			51	or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A				(x-=-x-2-xx*.)					<u>a</u>	10	late	Гe
Back and side	s of house					Ashe	estos si	dina		8/	6 SF	-	x			
				-	07-770-7415	7 1000	,0103 3i	ung					^			
	e of Registered Waste Hauler															
	of Registered Waste Hauler					Cubic of Wa	Yards		Name of R							
SAN TON SERVICE	ES		1117	lauler ID i 2430	1.0,	OI VVA	SIC		MEDOV	VLAN	CHES	S CC	MM	ISIO	N	
City, State			1			Dispo	sal Date		City, State							\neg
KENILWORTH, NJ		200000000000000000000000000000000000000							KEARN	Y, NJ						
Completed by Bryan Parra		Title		V 200 - 200 - 400 - 100 - 1		8	Signature	1			>	Date			1.10	
Di yali Falla		Projec	t IVI	anager			A	3				10/	13/1	4		

MO 22009 284896

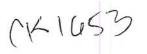
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 10/11/14					Building Nugen				Group n		CTAC				
Agencies Notified	Type Notification			Street A	ddress					111 6	CT 20	All	2: 5	9	
₹ EPA	✓ Initial			7 Ashla	and Roa	ad			£	sin May pro-	0.000				
∠ EPA ✓ DEP ✓ DOL	Amended Amendment			City, Sta Summ	te, Zip Co it,NJ	ode				3 <u>05</u> &	STOS LICE	COM NSIN	TRO	IL.	
☑ DOH ☑ DCA	justification) Cancellation	-		Name of	Contact		160 160		1		ephone i		7		
				FACI	LITY INF	ORMAT	ION								
Name of Facility Where Robert Nugent	e Abatement is Takin	g Place (3)				117			of Facility (4						
Street Address			H)(ex-1						School (K-1:		or than I	(10)			
7 Ashland Road									Subchapter Other (i.e. pi	rivate	& comme	ercial bui	Idings	, hom	ies,
									etc.)				10000		
City (5) Summit								Squa	re Feet	#0	f Floors		Bldg.	Age	
County (6) Union county				County (Code (7) ISE ONLY)		Curre	ent Use (Pric	r if be	ng demo	lished)			
Name of Monitoring Fit	rm Hired by Building	Owner (8)		ASCN	No.		Name	of Aba	tement Con	tractor	(9)				
	Y	*				414			ment						
Street Address								Addres		.:					
City, State, Zip Code									Street Suip Code	lite A	4				
,,							100000		gen, NJ 0	7047					
Project Manager for Me	onitoring Firm		T	Telephor	nė No.			293-6			License 01223				
Start Date (10)		Scheduled		npletion [Date (11)		Name	of OSI	HA Monitor						
10/21/14		11/04/14							1 CONSU	LTIN	G LLC		7		
Occupancy Status Dur		250						Addres			TE 407				
Facility Closed/Va	acated During Entire I med Outside of Norn	Period of Ab	atem	nent					JTE EAST	501	1E 107				
Other – Describe:		iai i aoiity i	iours				74 77 77		ip Code J 07083						
Scope of Work (Check	All That Apply)		152								- W-01		-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			nova moliti				XX	Mir Glo	l Containme ni-Enclosure ovebag Proc	edure					
		T						⊒ No	n-Exempted	(*) an	a Non-Fr	table Pr	(Visital)	0.	
70000000000			ocati rmall											emen ype	ı
Location Asbestos-Containing		Used			Achoo		scription		(A CM)				T	T	Т
TO BE A		Maint Custoo		0.770700000	(i.e.	thermal	taining N system	s insula	ation.		mount Specify	D D	_	Enc	血
In Fac			12)	lan?			cing, VA				or LF)	Remova	Repair	aps	Enclosure
(13	·)	-	No	N/A		other	niscellar	neous)				val	a a	Encapsulate	sure
Baser	ment	Tes	NO	INIA	Ther	mal S	ystems	incul	ation	1/	00 LF		+		
Busci	Horic		-		11101	mai o	ysterris	ilisui	alion		JU LF	x	-	-	\vdash
		+			<u></u>							-	+-	-	
		+ +										-	+-	-	
Name of Registered Wa	aste Hauler		T N	JDEP W	aste	Cubic	Yards		Name of F	Registe	red Land	lfill			
SAN TON SERVICE			H	auler ID		of Wa			MEDOV	57%			/ISI	N	
City, State KENILWORTH, NJ	1					Dispos	sal Date		City, State KEARN						
Completed by		Title					-		NEARIN	1 , INC	<u>'</u>	D-4:			
Bryan Parra	***	Project	Ma	nager		3	ignatur		>			Date 10/11/	14		
,		1 10,000	IAIG	i lagei			KR					10/11/	17		

(K 3657

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

Date of Notification (1) 10/17/14					f Building		perator	(2)	2714 0	OT 2	0 824	, , , -			
Agencies Notified	Type Notification			Street A	ddress		l - Tho	Ever			O AM				
DEP DOL	Initial Amended Amendment			City, Sta	ite, Zip Co stown, I	ode		Ever	greens E	STO LICI	S COM	TROI G			
➤ DOH DCA	Emergency justification) Cancellation		0.53		f Contact Goodnov	W				Tel	ephone N	Number			
N				FACI	LITY INFO	ORMATIO	ON								
Name of Facility Where Residence	Abatement is Takir	ig Place (3)						-	of Facility (School (K-1	55 5 .					
Street Address 416 Chester Aven	ue			**				N S	Subchapter Other (i.e. p etc.)	8 (Oth			dings	hom	es,
City (5) Moorestown									re Feet	# 0	f Floors		Bldg. A	\ge	
County (6) Burlington				County (Code (7) USE ONLY)			nt Use (Prid	or if be	ing demo	lished)			
Name of Monitoring Fire Accredited Enviror	m Hired by Building nmental Technol	Owner (8) ogy		ASCM	No.				tement Cor	ntractor	(9)				
Street Address 28 N. Pennell Roa							Street	Addres	50-08-11-0-009-00-00-0	hwav	Suite !	500			
City, State, Zip Code Media, PA 19063					***		City, St	tate, Zi	p Code 19341						
Project Manager for Mo Eric Houseknecht	nitoring Firm			Telephor	ne No.		Teleph 484-8	one No	D.		License 01161				
Start Date (10) 11/3/14		Scheduled	d Com	pletion (Date (11)			of OSH	A Monitor		01101	E.	111		_
Occupancy Status Durin	ng Abatement (Chec		:)				Street	Addres	Thursday 1		-				
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire med Outside of Norm	Period of Atnal Facility I	oatem Hours	ent			City, St	ate, Zi	130 Nor p Code				- 5		
Scope of Work (Check							Cinna	amins	son, NJ (08077					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	· · · · · · · · · · · · · · · · · · ·		novat moliti				×	Min Glo	Containme i-Enclosure vebag Prod	e cedure					
		ls L	ocatio	on				I Nor	n-Exempted	d (*) an	d Non-Fr	iable Pro	Abate	ement	t
Locatio Asbestos-Containing <u>TO BE AE</u> In Fac (13)	g Material (ACM) BATED ility	Used Main Custo	tenan	y by ice/		tos Conta thermal surfac		aterial insula T, or		(8	mount Specify or LF)	Remova	Repair	e Encapsulate	Enclosure
(.5)		Yes	No	N/A		ouiei ii	iisceiiaii	eous)	-			val	=	ulate	ure
Basen	nent			Х		Pipe	insulat	tion		2	00 LF	Х			
										- 12-74-E-			-		
Name of Registered Wa	este Hauler		l NI	JDEP W	lasta	Cubic `	Vorde		Name of	Dogiste	rod Long	ıcıı			
ecoservices	Tiddlo!		143421	auler ID		of Was		"	Name of GROW		aeu Laile				
City, State Exton, PA						Dispos TBD	al Date		City, State Morrisv		A				
Completed by Jack Bally		Title Sr. Pro	oject	Manag	ger	Si	ignature	k /	سالله	00		Date 10/17/	14		
ASB-41 (R-06-08)							7	t use th	nis form for	asbesi	tos licens	ure exer	npted	activi	ties.



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

	of Notification (1) 13/2014						Building (Arlington				n 90	74.00					
	ncies Notified	Typ	e Notification			Street Ad	-	Doar	u oi Ec	lucanc	on GJ	HL	120	AM	4:5	n	
limed		L Ab					dge Roa	ıd			. 45	SHE O	T 20 TOS ICEN			O	
	EPA DEP	H	Initial Amended			STATE STATE STATE OF STATE OF	e, Zip Co		Turnitaria da consensado			81	100	COM	TRO	L	
×	DOL	×	Amendment Emergency (Arlington	, NJ 0	7031			ω <u>L</u>	ICEM	DIN(3		
Sensored	DOH		justification)	o.uug	1100	Name of	Contact Schaefe	or				Telep	hone No	umber			
	DCA	ш	Cancellation				ITY INFO		ON				-				
	e of Facility Where					. , , , , ,		1110	<u> </u>	Туре	of Facility (4)						
	th Arlington High	h Sc	hool Guida	nce Offic	e			27			chool (K-12)			40)			
	et Address ! Ridge Road										Subchapter 8 Other (i.e. pri				dings	home	es,
City								-			tc.) e Feet	# of F	loore		Bldg. A	000	
7.5 (6)	th Arlington, NJ	070	31							55,00		3	10015		55+yı		
Cour	nty (6)	1				County C				Currer	nt Use (Prior	if being	demoli	shed)	- 150		
	gen						SE ONLY)										
	e of Monitoring Firm nd M Associates		d by Building (Owner (8)		ASCM	No.		2000		ement Contr action Cor	•					
	et Address					<u> </u>				Addres		puram	JI I	-		_	
120000000000000000000000000000000000000	Tindall Road										ung Aven	ue					
	State, Zip Code	ontes s							City, S	State, Zip	p Code						
	dletown, NJ 077								Wes	t Oran	ge, NJ 07	052					
0.00	ect Manager for Mon niel Schaefer	itorin	g Firm		- 4 -	Telephon 908-26	ne No. 8-8686		10000000000000000000000000000000000000	none No 669-29		100	License 01231	No.			
1 10-30-30	Date (10) 15/2014			Schedule 10/16/2		pletion D	Date (11)				A Monitor Laborator	ies Gl	obal				
Occu	pancy Status Durin	g Aba	tement (Chec	k Only On	e)	J-1876-1876-1	TO COMPANY OF		Street	Addres	s		1				
	Facility Closed/Vac										Cary Stre	eet					
	Abatement Perform Other – Describe:	ed O	itside of Norn	nal Facility	Hours				The State of the S	state, Zip		0					
	e of Work (Check A	II Tha	t Apply)						HICH	mona,	VA 2322	0	-		222		
-	≥3 sf or ≥3 lf	11116	ir Obbiy)		enova	tion			Г	7 5	Containmen	at with N	logativo	Droce	ıro		
	≥160 sf or ≥260 lf			-	emolit					Mini	i-Enclosure		vegative	riessi	иe		
									×		vebag Proce n-Exempted		Non-Fria	able Pro	ocedu	e	
				Is	Locati	on									Abat	ement	t
	Location			l N	lormal d Sole	ly			scription			78			T ₁	ype T	
Д	Asbestos-Containing TO BE AB			Mai	ntenar	nce/			taining N system				ount ecify	70	_	En	匝
	In Facil	lity		Cust	odial 9 (12)	Staff?	(1.0.	surfa	cing, VA	T, or			or LF)	Remova	Repair	Encapsulate	Enclosure
	(13)			-	1000	T		otner	niscellar	neous)				val	=	ulate	ure
		0.00		Yes	No	N/A									-	-	
	Guidance		1 The Land	-	X		- 1920 - 1920 - 1920 - 1920 - 1920 - 1920 - 1920 - 1920 - 1920 - 1920 - 1920 - 1920 - 1920 - 1920 - 1920 - 192	100 100	Insula				LF	X	-		
	Guidance	Offic	e		X			Pipe	Insula	ation		22	LF		X		
	-																
													ļ				
HOUSE CONTRACTOR	e of Registered Was Construction Cor				H	JDEP Wauler ID	No.	of Wa	Yards ste		Name of R Waste M						
	State				100	035767		Dieno	sal Date		City, State	1770		=21			
	Watchung Aven	iue						Dispo	sai Dale		Tullytow						
	pleted by		-	Title	28 99			18	Signatur	e ,	Me	1		Date		i. 8	
Barb	ara Reed			Presi	dent			/	du	aus	All	ed		10/13/	2014		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification	(1) 10/15/14			Name	e of B	uilding	Owner / Operato		7 h V C						
Agencies Notified	Type Notific	ation		Stroo	t Add	222	ameations 500	COT	20 EM L:	SI		-			
EPA	Type Notific	ation		15 F	set M	lontac	mery Place		LO RII 4	6.4					
DEP		1				& Zip (SECT	BO SOUT	201					
□ DOL	Ame						15212	5531	OS CONTI	KUL					
☑ DOH		rgency				ontact	10212	EL	ICENSING		Tele	nhor	ne N	umh	or_
DCA		ellation				Porta					100	piloi	10 14	unib	O.
				FA	CILIT	TY INF	ORMATION								
Name of Facility W	here Abatem	ent is Taking Pl	ace (Type of Facili	ity (4)				_			
Verizon New Bru			•	:: *			School (I								
Street Address							Subchap	ter 8 (Other than K-	12)					
18 Paterson Stre	et						Other (i.e	e. priva	ate & commerc	cial build	ings, h	nome	es, e	tc.)	
							Square Feet		# of Floors		Bldg.	Age	9		
City (5)		County (6)	Co	unty	Code	(7)	236521	I	10				79		
New Brunswick		Middlesex							f being demol	ished)					
		l					The second secon		nunications						
Name of Monitoring	Firm Hired b	y Building Owr	er (8)	1	AS	CM No			t Contractor (9						
USA Environmen		y Danamy Own	.0. (0)	6.	,	0111110	Bristol Env			-,					
Street Address							Street Addres	275.24.54.44.4							
8436 Enterprise	Avenue						1123 Beave	r Stre	et						
City, State & Zip Co							City, State &	Zip Co	de						100
Philadelphia pa			NAME OF THE OWNER, OF				Bristol, PA	19007	7						
Project Manager fo	r Monitoring F	irm			e Num	ber	Telephone N			License	Numb	oer			
Mark Jenkins			The state of the s		5810		(215)788-60			00509					
Scheduled Start Da		Scheduled Cor			ate (11	1)	Name of OSH								
10/28/1 Occupancy Status	2	ment (Check or	10/3				Street Addres		ientai iiic.		_				
		During Entire P			atem	ent	1123 Beave		et						
		utside of Norma									35.00				
	5:00 PM -1:			J. 164574	GNOTO STO		Bristol, PA								
Facility Occ	upied During	Abatement													
Scope of Work (Ch		ALTO THE RESIDENCE AND ADDRESS OF THE PARTY.												71550	
_			-						Full Containn		Nega	tive	Pres	sure	1
≥3 sf or ≥3			\boxtimes	1000	novati			\boxtimes	Mini-Enclosu			125			
≥160 sf ≥26	60 If			De	molitio	on		\boxtimes	Glove Bag Pr				_		
					-			<u> </u>	Non-Exempte						
	ocation of		33,200	Loca			Description			Amount		Aba	tem	ent T	ype
	tos-Containin erial (ACM)	ıg		nally	Used		Asbestos-Con Material (A			(Specify SF or LF)		-		т	
	BE ABATED				nce or	.	(i.e., thermal s			51 O. L.	'	Re	Z	nca	Enclsoure
	n Facility				Staff?		insulation, surfac					Remova	Repai	ısqı	Iso
	(13)			(12)			or other miscell	aneou	s)			<u>/a</u>	=	Encapsulate	ure .
			Yes	No	N/A							_			_
First Floor			\boxtimes				Floor Tile & I	Masti	С	6 SF		\boxtimes		Ц	Ш
6th Floor Mecha	nical Room		\boxtimes				Fittings	3		15 LF		\boxtimes	\sqcup	Ц	Ш
	M-100-100-100-100-100-100-100-100-100-10														
													_	_	
Name of Registered	d Waste Haul	er		100000			Cubic Yards	Nam	e of Registere	d Landfil	il				
						D No.	of Waste	B.#:			10				
Service Transpo	rt Inc.			20	0990		1	7	erva Landfill						
City, State							Disposal Date		State	hio					
New Castle, DE	4 T \			-	Ala.		Cianations	1	nesburg, Ol		ID	ate		_	
Completed By (Prin	2000 05				^{tle} rojec	4	Signature	M	De Pon	1.	1		514	ı	
Patrick T. Dec	aro			100000	lanag		Talrick	1.	De Car	11	- "	UI I	J 14		
1				1.01	ug	٥.	EX 11				l.				

JAN 13

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

Date of Notification (1)	45	. 44					g Owner/Operator (2)	_ \					
	15	114			DIV	ision of I	Property Manage	ement & Constr	action.	AM 4	52			
Agencies Notified	Type No		1021		Street	Address								-31.85-
⊠ EPA					33 \	Nest Sta	te Street	ASDE	STOS	CONT	ROL	e.		
☑ DOLWD	☐ Amer	nded ndment#			City, S	State, Zip C	Code	٤	LICE	NSING				
☑ DOH ☐ DCA		gency (in			Tre	nton, NJ	08608							
(NJAC 5:23-8)		cation)	Guunig		Name	of Contac	t		Telepho	ne Numb	er			= 55
	☐ Canc				Ric	k Ferrera	3							
					FA	CILITY IN	IFORMATION							
Name of Facility Where	Abatement	is Taking	Place	(3)				Type of Facility (4)					
Residential House								School (K-12)						
Street Address				200				☐ Subchapter 8☑ Other (i.e., pri	(Other th	an K-12)	rial hu	ildina	c	
6 Fisher Street								homes, etc.)	vate and	COMMITTEE	nai bu	7	3,	
City (5)				187				Square Feet	# of Flo	ors	Blo	lg. A	ge .	
Sayreville, NJ 088	72											J .	•	
County (6)					Cour	ity Code (7	(STATE USE ONLY)	Current Use (Prid	or if being	demolish	ned)			
Middlesex							97							
Name of Monitoring Firm	Hired by I	Building C)wner ((8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
Bio Terra Solutions		J		`		202000		NAGEMENT LL	C					
Street Address							Street Address							
P.O. Box 1224							27 Outwater	Lano						
							1000 1000 210 210 210 210 210					1207		
City, State, Zip Code							City, State, Zip Co							
Union, NJ	=			T= .			Garfield, NJ	07026						
Project Manager for Mon	itoring Firr	n			phone		Telephone No.		License					
Rick Eustaquio				1	3-494		973-928-4888		1188	5				
Start Date (10)	4.4					te (11)	Name of OSHA M		_					
					_ / -	14	140794491415-01-011-38001360460-9159-01-08	NAGEMENT LL	.C					
Occupancy Status During							Street Address							
☐ Facility Closed/Vacate							27 Outwater	Lane						
Abatement Performed Time of Abatement:							City, State, Zip Co	ode						
			vi/	—ı ıvı-		Olvi	Garfield, NJ	07026						
Scope of Work (Check al	I that apply	y)					M Full Cont	tainment with Neg	ativo Proc	curo				
☐ >3 sf or >3 If			□Re	novati	on	10	☐ Mini-Enc		auve ries	suie				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			🖾 De	molitic	n		☐ Glovebag	g Procedure						
								mpted (*) and Nor	n-Friable F	rocedure	1			
10-FA-787E 48-75-H			10.00	Local Norma							Aba	atem	ent T	ype
Location Asbestos-Containing		ACM)		ed Sole		Ashe	Description o estos Containing Ma		Amo	ount	Re	Re	m	Enclosure
TO BE ABA		,		intena			e., thermal systems	insulation,	(Spe	cify	Remova	Repair	န္ဓ	Clos
IN Facili	ity		Cus	todial (12)	Starr?		surfacing, VAT		SF or	LF)	à		Encapsulate	üre
(13)			Yes	No	N/A		other miscellane	ous)					6	
Throughout 1st Floor	e e					Tiles a	nd Mastic		643	SF	Ø	П	\boxtimes	
Throughout Interior							ock & Joint Com	nound	3000	SF		П		
Timodgilodt interior						- Cilicola (JON & JOHN JOHN	Pound		-				
			_								닏	ᆜ		닏
													Ш	
Name of Registered Was	te Hauler		See 11500	100	JDEP \		Cubic Yards of	Name of Regist	ered Land	dfill				
Newark Carting				1	auler II 04509		Waste As Needed	IESI Landfi	II					
City, State					04003		Disposal Date	City, State		1				
Newark, NJ							TBD	Bethlehem,	PA					
Completed By (Print or T	vne)	Title	·				Signature		/	Dat	e	7	7	
Zvonko Veskov	,,,,	2000.000	reside	ent			511	led	tet	Date	In	15	114	/
ASB-41							1	~ (,01			
AN 13		*	Do not	use th	is form	for asbes	tos licensure exemp	ted activities.						

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

Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)				Name	e of Buildir	ng Owner/Operator (2)					- 1/
	1_	4		Div	vision of	Property Manag	ement & Cons	truction	,			
Agencies Notified Type Not	ification			Stree	t Address		2314 C. L.	ZU RH H: DE	-		-	
☑ EPA ☑ Initial				33	West Sta	ate Street						
☐ DOLWD ☐ Amen					State, Zip			OS CONTROI		-		
	dment #			On Laboratory	enton, N.		& L10	CENSING				
DCA Emerg		ncludir	ıg		e of Contac			T=				
(NJAC 5:23-8) justific	cation) ellation				ck Ferrer	52		Telephone Num	ber			
				FA	CILITY II	NFORMATION		<u> </u>				_
Name of Facility Where Abatement	is Takin	g Plac	e (3)				Type of Facility	(4)				
Residential House							School (K-12					
Street Address							Subchapter	8 (Other than K-12	<u>2)</u>			
20 William Street							homes, etc.	rivate and comme	rcial b	uildin	gs,	
City (5)	-	250.00					Square Feet	# of Floors	To	1-1- (
Sayreville, NJ 08872							Square reet	# 01 Floors	B	ldg. A	\ge	
County (6)				To			98.0					
				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demoli	shed)			
Middlesex	-				-							
Name of Monitoring Firm Hired by E	Juilding (Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9))				
Bio Terra Solutions						ALL PRO MA	NAGEMENT L	LC				
Street Address						Street Address					_	
P.O. Box 1224						27 Outwater	Lane					
City, State, Zip Code		****				City, State, Zip Co				_		
Union, NJ												
Project Manager for Monitoring Firm			Tal		NI-	Garfield, NJ	07020				-	
	i.		1	ephone		Telephone No.		License No.				
Rick Eustaquio				73-494		973-928-4888		1188				
Start Date (10)				etion Da		Name of OSHA M	lonitor NAGEMENT L	1.0				
			100				NAGENIENT E	LC				
Occupancy Status During Abatemer						Street Address						
☐ Abatament Performed Outside of						27 Outwater I						
Abatement Performed Outside of Time of Abatement:AM						City, State, Zip Co	ode					
		VI/			Alvi	Garfield, NJ	07026					
Scope of Work (Check all that apply)											
☐ >3 sf or >3 lf							ainment with Neg	gative Pressure				
\(\sime\) ≥3 \$1 of ≥3 11 \(\sime\) ≥160 \$f or ≥260 If			enova emolit			☐ Mini-Enc ☐ Glovebag						
		M D	SITIONE	1011		⊠ Non-Exe	mpted (*) and No	n-Friable Procedu	re			
		ls	s Loca	ation			The state of the s	ii i ilabic i ioccaa	1		4 T	
Location of		25.25	Norma			Description o	f			atem		1
Asbestos-Containing Material (A	CM)		ed So ainten	lely by		estos Containing Ma	terial (ACM)	Amount	Remova	Repair	Ĕ	Enclosure
TO BE ABATED IN Facility		10000000000		Staff?	(i.e	e., thermal systems i		(Specify	No	a	ap	los
(13)			(12			surfacing, VAT, other miscellane	or	SF or LF)	20		Encapsulate	Fe
3, 20		Yes	No	N/A		ours, impositants				1	6	
Exterior of Shed					Transit	e Siding		400 SF	\boxtimes		\boxtimes	
2 nd Floor - Kitchen					Sink Co			6 SF				
2nd Floor - Kitchen & Hallway					Tiles &			775 SF				
1 st Floor - Center Bedroom						Mastic under Ply	awood El	110 SF	200			-
Name of Registered Waste Hauler			ഥ.									\boxtimes
- 12 (1997) 및 1997 - 1997 (1997) - 1997 - 1997 (1997) - 1997 (1997) - 1997 (1997) - 1997 (1997) - 1997 (1997) 			100	NJDEP \ Hauler II		Cubic Yards of Waste	Name of Regis					
Newark Carting				04509		As Needed	IESI Landfi	111				
City, State						Disposal Date	City, State			***		
Newark, NJ						TBD	Bethlehem	, PA				
Completed By (Print or Type)	Title	<u> </u>				Signature		Da	ito		,	
Zvonko Veskov		resid	ant			Signature	1/1-1	// Da	1/2	/13	-//	1
		colui	3116			7-1	112	tore:	10	1.5	117	0
SB-41 AN 13	*	Do not	use t	his form	for ashesi	tos licensure exemp	ted activities				Standing Street	
						" ON THE	CO GOUVILIOS.					

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

				20 William Street., Sayreville, NJ		Abateme	ent Type		
Location of Asbestos- Containing Material (ACM) TO BE ABATED In Faculty (13)	No Main	Solely	Used by ce/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a I	R e p a i	E n c a p s u l	E n c I o s u r e
	Yes	No	N/A						
Roof			Х	Chimney Flashing	5 LF	Х		Х	
	<u> </u>	_	_						
		-	-						
		-							
	-	_	\vdash						
							_		
							-		
	_								
	-		-						
	-	-	-						
								-	
	_	_	_						
	-	\dashv							
	\rightarrow	_	-						

Completed by: (Print or type) Zvonko Veskov Title: President	Signature:	Date: 10/15/14
---	------------	----------------

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

Date of Notification (1)						ng Owner/Operator (Valer bush			
	15 /	14		Div	ision of	Property Manage	ement & Cons	truction	4 (:	E 0		
Agencies Notified	Type Notification	n			Address		Co !	a Cor ZU. Re	1 4.5	24		
⊠ EPA				33	West Sta	ate Street	ΑC	DECTAC OF	5177	0.1		
☑ DOLWD	☐ Amended			City.	State, Zip	Code	M 3	BESTOS CO	13 1 3	UL		_
☑ DOH	Amendment		_	0.75500	nton, N.		123	& LICENSI	Nu			
DCA	☑ Emergency		g		of Contac			Talashaa Naa	h			
(NJAC 5:23-8)	justification)							Telephone Num	iber			
	☐ Cancellation	1	_	Ric	k Ferrer	a						_
				FA	CILITY II	NFORMATION						
Name of Facility Where		ing Plac	e (3)				Type of Facility					
Residential House							School (K-1					
Street Address				-7:41				8 (Other than K-12 private and comme		uildin	10	
43 William Street							homes, etc.		i Ciai D	unun	,,	
City (5)							Square Feet	# of Floors	ТВ	ldg. A	ae	1,500
Sayreville, NJ 088	72								1	-9	3-	
County (6)				Cour	aty Code (7)(STATE USE ONLY)	Current Lice /Pr	rior if being demoli	chod)			
Middlesex				Cour	ity Code (MOTATE OSE ONET)	Current Ose (Fi	ior ii being demoir	si leu)			
	11. 11. 5.11.		(0)	10011		1						
Name of Monitoring Firm		g Owner	(8)	ASCM	No.	Name of Abateme						
Bio Terra Solution	S					ALL PRO MA	NAGEMENT L	.LC				
Street Address						Street Address						
P.O. Box 1224						27 Outwater	Lane					
City, State, Zip Code						City, State, Zip Co	ode		-	72	- 0.07	
Union, NJ						Garfield, NJ	07026					
Project Manager for Mor	nitoring Firm		Tele	ephone	No.	Telephone No.		License No.				
Rick Eustaquio				73-494		973-928-4888		1188				
Start Date (10)	Sch	eduled (Name of OSHA M		1100				_
10 / 16 /		12			and the second		NAGEMENT L	ıc				
			-68				MAGLINILITI	LO				
Occupancy Status Durin				no company		Street Address						
☐ Abstance Defense	-					27 Outwater I						
Abatement Performer Time of Abatement:						City, State, Zip Co						
Time of Abatement.	AIVI-	1 100/			Aivi	Garfield, NJ	07026					
Scope of Work (Check a	Il that apply)	-1120	AVIIII TO		7.00							100
≥3 sf or ≥3 If							ainment with Ne	gative Pressure				
≥3 si oi ≥3 ii ≥160 sf or ≥260 if			enovat emoliti			☐ Mini-Enc						
		23 0	OI TOTAL	J.				n-Friable Procedu	ге			
		1:	s Loca	tion	T				-	atem	ent T	vne
Location	of		Norma			Description o	f			_		Т
Asbestos-Containing			ed Sole aintena			estos Containing Ma		Amount	Removal	Repair	E,	Enclosure
TO BE ABA		4.000	stodial		(1.6	 e., thermal systems i surfacing, VAT, 	nsulation,	(Specify SF or LF)	N N	=	aps	OSC
(13)	,		(12)			other miscellane		Or or Er y	=		Encapsulate	<u>a</u>
0.000 - 200.0		Yes	No	N/A							Ф	
Back Yard and Trash	n Cans			\boxtimes	Transit	te Siding		Debris 1CY				
1st Floor - Hallway			-	\boxtimes	Tiles			10 SF	×			×
15t 11001 - Hallway				М	riies			10 5			M	
		П	П	П						П	П	Г
Name of Registered Was	ste Hauler		1-	JDEP \	Nacto	Cubic Yards of	Name of Regis	stored Landfill				
na 1987 ya a waka ina kata 20 wata 1982 waka 1982	ate i laulei		12%	lauler II		Waste	hannes and a contraction with					
Newark Carting				04509	S).1000-200	As Needed	IESI Landf	111				
City, State						Disposal Date	City, State					
Newark, NJ						TBD	Bethlehem	ı, PA				
Completed By (Print or T	vpe) Ti	tle				Signature		7 In:	ate	,	1	
Zvonko Veskov		Presid	ent							/15	-//0	/
		. resid				7.11	un		, ,	113	117	
SB-41 AN 13		* Do no	t use ti	nis form	for ashes	tos licensure exemp	ted activities					
		201101	11		40000	Louis oxonip	GOLIVILIOS.					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)	15	/14					g Owner/Operator (Property Manage	ement & Const	ruction				
Agencies Notified ☑ EPA	Type No	tification			20,000,000	Address West Sta	te Street) KM 4:53				
☑ DOH	☐ Ame	nded ndment #_			City, S	State, Zip C	Code	ASTESTO	S CONTROL				
DCA	The second of the second of	rgency (in	. C. V.O.V	1	Tre	nton, NJ	08608	& LIU	INSING				
(NJAC 5:23-8)	justii	ication)		,	The state of the s	of Contac			Telephone Num	ber			
	☐ Can	cellation			Ric	k Ferrera	a			-	_		
		3			FA	CILITY IN	FORMATION						
Name of Facility Where		t is Taking	Place	(3)				Type of Facility					
Residential House	е					STORY THE STORY		Subchanter	2) 8 (Other than K-12)			
Street Address								Other (i.e., p	rivate and comme		ilding	js,	
66 MacArthur Ave	enue							homes, etc.)	Control of the second	- -			
City (5)	070							Square Feet	# of Floors	Bi	dg. A	ge	
Sayreville, NJ 08	012				T C	t. Onde (TVOTATE LICE ON VI	Ourset Head /Da	ior if being demolis	d\			
County (6) Middlesex					Cour	ity Code (/	7)(STATE USE ONLY)	Current Use (Pr	ior it being demoils	snea)			
Name of Monitoring Fir	m Hired by	Building (Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Bio Terra Solution	ns						ALL PRO MA	NAGEMENT L	LC				
Street Address				-			Street Address						
P.O. Box 1224							27 Outwater	Lane					
City, State, Zip Code							City, State, Zip Co	ode					
Union, NJ		4.					Garfield, NJ	07026					
Project Manager for Mo	nitoring Fir	m		Tele	ephone	No.	Telephone No.	-	License No.				
Rick Eustaquio				1/200	73-494	economic and	973-928-4888	100	1188				
Start Date (10) 10	/ 14	1				te (11) 14	Name of OSHA M	lonitor .NAGEMENT L	LC				
Occupancy Status Duri						remark to the remark	Street Address						
□ Facility Closed/Vaca					ment		27 Outwater	Lane					
☐ Abatement Perform Time of Abatement:							City, State, Zip Co						
Scope of Work (Check	all that app	ly)					Garfield, NJ	07020					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				enovat emolitic			☐ Mini-End ☐ Gloveba	g Procedure	gative Pressure on-Friable Procedu	re			
				Loca						1	atem	ent T	уре
Locatio Asbestos-Containin <u>TO BE Al</u> IN Fac (13	g Material (BATED cility	ACM)	Use Ma	Norma ed Sole intena todial (12)	ely by ince/ Staff?		Description of estos Containing Ma e., thermal systems surfacing, VAT other miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	3		Yes	No	N/A					_			
Entire Exterior of H	ouse					Transit	e Siding		2500 SF	\boxtimes		\boxtimes	

													Ī
Name of Registered Wa	noto Haules				JDEP	Maeta	Cubic Yards of	Name of Regis	stered Landfill			Ш	
Newark Carting	aste nauter			0.000	lauler II		Waste	IESI Landi					
The control of the co					04509	9	As Needed						
City, State Newark, NJ							Disposal Date TBD	City, State Bethlehen	ı, PA				
Completed By (Print or	Type)	Title)		20100-0		Signature		/ Da	ate	1	/	
Zvonko Veskov		6.0528	resid	ent			5.1	Mal		10	115	//	4
ASB-41 JAN 13		*	Do not	use ı.	, , form	for asbes	tas lieensure exemp	oted activities.					

MAY 11

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

RECEIVED

Date of Notification (1)					Name o	f Building	Owner/Operator (2	2)						
10 /	15 /	14	_		Hart	z Mounta	ain Industries, Ir	nc.	2014 CCT 20	AH	4:5	1		
Agencies Notified	Type Notific	ation	17.77		Street A	Address			ASSTOTAT					
□ EPA	☐ Initial				400	Plaza Dri	ive		ASDESTOS & LICER	COM	TRO)L_		
☑ DOLWD				t	City, St	ate, Zip C	ode	-	& LILEA	SIH	G			
☑ DHSS	Amendr				Seca	aucus, N	J 07094							
DCA (NIAC 5:33 8)	☐ Emerger justificat		iuaing	H		of Contact		e e	Telephone Number	er				
(NJAC 5:23-8)	☐ Cancella				. A. (D. 170 C.	n Timm			en e					
							FORMATION							
Name of Facility Where A	hatement is	Taking	Place	(3)	PAC	ILIT IN	ORMATION	Type of Facility (4)					
Office Building No.		ruinig	1 1000					School (K-12)					1	
	3			- 98		- VNII		☐ Subchapter 8	(Other than K-12)		na varance			
Street Address								Other (i.e., pr homes, etc.)	ivate and commerc	iai bui	laings	5,		
301 Broadway							4440.44	Square Feet	# of Floors	Bld	g. Ag	e		
City (5)								162,000	2	100000000000000000000000000000000000000	0+		100	
Jersey City, NJ 070	96				T 0	0 - 1 - 77	VOTATE LIDE ONLY		Service - Control					
County (6)					Count	y Code (7)	(STATE USE ONLY)		or if being demolish	ieu)				
Hudson								Commercial						
Name of Monitoring Firm	Hired by Bu	ilding O	wner (8	3)	ASCM I			ent Contractor (9)						
Health and Safety					0011	7	Superior Aba	atement Inc						
Street Address							Street Address							
318 12th Street							2 Henderson					_		
City, State, Zip Code	NECKOSTA						City, State, Zip C							
Hammonton NJ 080				7-1-	phone I	1-	West Caldwe	eli, NJ 07006	License No.					
	roject Manager for Monitoring Firm Jim Proctor						Telephone No. License No. (973) 808-1616 00411							
Jim Proctor					1.5	4-8850			00411					
The second of th	Start Date (10) Scheduled Cor						Name of OSHA N							
		8===					Street Address							
Occupancy Status During Status During					ment		2 Henderson	Drive						
☐ Abatement Performed						cribe	City, State, Zip C						_	
Time of Abatement: _	AMF	PM/	PM-		_AM		West Caldwe			(5)				
Scope of Work (Check al	I that apply)	111111111111111111111111111111111111111					N	Containment with Negative Pressure						
□ >2 of or >2 If			⊠ Re	novat	ion				th Negative Pressure					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			De				☐ Gloveba	ag Procedure						
							☐ Non-Exe	empted (*) and No	n-Friable Procedu			7,000		
				Loca			228 10 80			Ab	atem	ent T	T	
Location		-NA\		Norma	ely by	Acho	Description estos Containing M		Amount	Re	Re	En	En	
Asbestos-Containing TO BE ABA		JIVI)	Ma	intena	ance/		e., thermal systems		(Specify	Removal	Repair	cap	Enclosure	
IN Facili			Cus	todial (12)	Staff?		surfacing, VA7	Γ, or	SF or LF)	val	5086	Encapsulate	ure	
(13)			Yes	No	N/A		other miscellan	eous)	105 / 10			le e		
2 nd Floor various are	as					Floor T	ile/Mastic		1,818 SF	\boxtimes				
		_												
			-							1				
					12	-				+=	금	1	믐	
							1 =							
Name of Registered Waste Hauler					NJDEP Hauler I		Cubic Yards of Waste							
Sonuco Iraneport (Frount Inc					SW21		10	Minerva L	andfill					
City, State					17		Disposal Date	City, State	147. (2000)					
New Castle, DE						10/20/14	Waynesbu	urgh, OH						
Completed By (Print or Type) Title					Signature	711	//, D:	ate	,		1			
Nick Petrovski	resultation of the	P	resid	ent				Meddle	11/11/1	10-1	15	-1	4	
Nick Petrovski President ASB-41						20 20	- 1	14.11-11	4	-				

* 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)

Date of Notification (1)				Nam	e of Buildir	ng Owner/Operator ((2)	GC 0 A A -			-	
	06 /	14				ntain Industries, I	5000	2014 CCT 2	O AF	1 4:	51	8
Agencies Notified	Type Notific	ation			t Address							
⊠ DOLWD	☐ Amende	4			0 Plaza D			ASBESTO:	5 00	MII	ROL	e
☑ DHSS	Amenda				State, Zip			CE LICE	11011	VG	111	
DCA	☐ Emerger		no.	Se	caucus,	NJ 07094						100
(NJAC 5:23-8)	justificati		8	Nam	e of Contac	ct		Telephone Nu	mber			
	☐ Cancella	tion		Ja	son Time	nons			-			
N				FA	CILITY II	NFORMATION						
Name of Facility Where A Office Building No.		Taking Pla	ce (3)				Type of Facility	350000				
Street Address	. 3						School (K-1)	2) 8 (Other than K-1	121			
							Other (i.e., p	rivate and comm	ercial b	ulldin	as.	
301 Broadway		40					homes, etc.				9-1	
City (5)			900 mar		3,000		Square Feet	# of Floors	В	ldg. A	de .	
Jersey City, NJ 070	96						162,000	2		50÷		
County (6)			****	Cou	nty Code (TYSTATE USE ONLY)		ior if being demo	(lichad)			
Hudson '				"	, 0000 (I HO INTE OUT ONE IT	Commercia		listieu)			
Name of Monitoring Firm	Hired by Buil	dina Owne	r (8)	ASCM	No	Name of Abateme		54				
Health and Safety	Timed by Don	ong owne	(0))				
Street Address				001	1/	Superior Aba	tement Inc					
318 12th Street						Street Address			A Control of the Cont			
City, State, Zip Code						2 Henderson						
Hammonton NJ 080	137					City, State, Zip Co West Caldwe						
Project Manager for Mon			Tal	ephone	Ma		II, NJ 07005					
Jim Proctor	mind Lim		100000		01/08/2010/	Telephone No.	•	License No.				
Start Date (10)					04-8850	(973) 808-161		00411				
_10 / 16 /		Scheduled 10		etion Da 8 /	100	Name of OSHA M Superior Aba						
Occupancy Status During							rement nic					
☑ Facility Closed/Vacate						Street Address						
☐ Abatement Performed	Outside of No	ormal Faci	lity Ha	re - De	-oriho	2 Henderson						
Time of Abatement: _	AMPN	N P	M-	AM	or ing	City, State, Zip Co						- 0
						West Caldwe	II, NJ 07006					
Scope of Work (Check all	that apply)					Fit = u o						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			lenova emoliti			☐ Mini-End		•	lune			
			ls Loca	tion	Π				1 41	ctom	oné T	
Location	~.		Noma			Description of	f			atem	_	-
Asbestos-Containing I			sed Sol		Asbe	stos Containing Mat	terial (ACM)	Amount	Removal	Repair	5	1 🖺
TO BE ABA			stodial		(i.e	e., thermal systems i		(Specify	No.	¥	99	80 8
(13)	,		(12))		surfacing, VAT, other miscellaned		SF or LF)	1 10		Encapsulate	Enclosure
		Yes	No	N/A			,,				6	
2 nd Floor various area	IS			×	Floor T	lle/Mastic		1,818 SF				
			70							П	П	
				 						=		
			10	냠							1	
Name of Registered Wast	A Haules				Alt-	Industrial					Ш	
Service Transport G			1.35	JDEP V		Cubic Yards of Waste	Name of Regis					
	noup, me			SW21	-000 TO	20	Minerva La					
City, State						Disposal Date	City, State					
New Castle, DE						10/18/14	Waynesbu	rgh, OH				
Completed By (Print or Ty	pe)	Title				Signature	11	/// 10	ate	-/		_
Nick Petrovski		Presid	lent				11.11	1/2	16	11.		6
						16	44-1//	yu	14	0	14	_
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	νο)	Presid		his form	for asbest	signature tos licensure exemple	Life Miles.	m	/6/	6		1

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

Date of Notification (1)	Name of Building Owner/Operator (2)	11/75
1/10/1/16/1/191	RC CME MM HOLDINGSCE	IYEU
Agencies Notified Type Notification	Street Address	AM 4:51
[]EPA Notification	GOO NOWTH SHOKE ROMA CCT 20 City, State, Zip Code	nii 4 Gy
MDOL []Amended	Boosleys Paint 1 969ESTOS	018823
[/IDOH Notification	Name of Contact Telephone Number	क्रिपेसिं प
[]Cancellation	Dove Marrow	, 1015
	FACILITY INFORMATION (ing Place (3) Type of Facility (4)	
Name of Facility Where Abatement is Tak		
Street Address Ungland) 147		ivate & commer-
900 August SHOW		homes, etc.)
City (5) County	(6) County Code (7) YOOOO YOO Current Use (Prior if be	eing demolished)
Beesleys AT ATZ	CAMTIC Peuer PLAT	
Name of Monitoring Firm Hired by Buildi Owner (8)		(i)
	Street Address	Ang
Street Address	2400 Main ST Extension	115vite 16
City, State, Zip Code	City, State, Zip Code	06.72
Project Manager for Monitoring Firm Te	clephone Number Telephone Number Lice	ense Number
Project Manager 151 Monitoring Firm Te	7325250100	00-749
Scheduled Start Date (19) Sched.Compl	etion Date (11) Name of OSHA Monitor	
	141/1/191 116EN ENVISONMENT	HZ.
Occupancy Status During Abatement (Chec []Facility Closed/Vacated During Ent		
of Abatement []Abatement Performed Outside of Nor		
Hours - Describe: ALCA Cordu	no offerment rick INT 0872	29
Scope of Work (Check all that apply)	[XFull Containment with Negative	ve Pressure
[]>3 sf or ≥3 lf	[]Mini-Enclosure []Glovebag Procedure []Non-Friable Procedure	
[]∑160 sf or ≥260 lf	Is I later transfer treatment	Abatement Type
Location of	Location Normally Description of Negative Aspestos-Containing Amount	R N N E E C C
Asbestos-Containing Material (ACM) TO BE ABATED	Used Asbestos-Containing Amount Solely Material (ACM) (Specify by Main- (i.e., thermal systems SF or	M E A L O P P O
in Facility	tenance/ insulation, surfacing, VAT, LF) Custodial or other miscellaneous)	V A S S
	Staff(12) es No N/A	L R L R
CAUSTIC TANK ITENOS(2)	V THERMA Friscation 1805F	
Name of Registered Waste Hauler	NJDEP Waste Cubic Yards Name of Registered Land	fili
FILEHOLD CANTAGE		my Langell
City. State	Disposal Date City, State	1
Completed By (Print or Type) Title		Date
Rick BADDSTA Vice		10-16-14
ASB-41	(1/2)10-06	
JUN 95		G4667

MAY 11

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

Date of Notification (1)			Name of	Building O	wner/	Operator (2)		mas - p	Trans Bage			
10 / 16 /	14		CVS	Caremark	Cor	p.		nnss	00.700				
	tion		Street A	ddress				6314	CCT 20 A	H 4:5	U	20	
Agencies Notified	1011	-		CVS Drive	9			2.4					
☑ DOLWD ☐ Amended		-		te, Zip Cod				- A5E	ESTOS CI	JHTR(IL		
☑ DHSS Amendme	nt # <u>0</u>		(FESSE)	nsocket, F		205			& LICENS	ING			
□ DCA □ Emergend	y (including				1 02	000			Telephone Num	ber			
(NJAC 5:23-8) justification				Contact				I	relephone ream				
☐ Cancellati	on		Mike	Sweeney								_	\dashv
			FACI	LITY INFO	ORM	ATION	0000						4
Name of Facility Where Abatement is T	aking Place	(3)		n et				e of Facility (4))				
77 Route 206	- 10 m							School (K-12)	Other than K 1	2) -			
Street Address							K	Subchapter 8 (Other than K-12 rate and comme	ercial buile	dings		
								homes, etc.)					
77 Route 206		- 22		PROTEIN STREET			Sai	uare Feet	# of Floors	Bldg	g. Age	,	
City (5)						9	200	400	1/2	40	+0		
Byram, NJ 07821	2		Torust	. Cada (7)/9	STATE	USE ONLY)	CII	rrent Use (Prio	r if being demol	ished)	5		
County (6)			County	y Code (7)(c	SIAIL	OSL ONLI)	1	/acant / Rest		NAMES OF THE POST OF			
Sussex					N	-f Al-stom				7 3 772			\neg
Name of Monitoring Firm Hired by Build	ding Owner	(8)	ASCM N	lo.				Contractor (9)					
Accredited Environmental Tec	hnologies		NA				iror	mental Syst	ems		11000		_
Street Address						Address						187	
28 N. Pennell Rd.					550	East Uni	on :	St.					
City, State, Zip Code					City, S	State, Zip C	ode						
Media, PA 19063				1	We	st Cheste	r, P	A 19382					
		Tel	ephone N	lo.	Telep	hone No.			License No.			2-10-	
Project Manager for Monitoring Firm			10-891-	(CORN-1)	The Court of the	-701-900	0		00508				
Dave Turotsy	Scheduled (1 -			-	of OSHA		tor					
Start Date (10)11/3/14	Scheduled (- 1	AE			3					
The state of the s					Stree	t Address							
Occupancy Status During Abatement	Check only	one)			S200000	N. Penne	I Ro	ad					
☑ Facility Closed/Vacated During Ent	ire Period o	t Abau	errent Dec	cribe	***************************************								
Abatement Performed Outside of N Time of Abatement: 7AMP	M/3·30PM	ity Hot	AM	CIDC		State, Zip C							
I Ime of Abatement					IVIE	edia, PA 1	900	<u> </u>				_	_
Scope of Work (Check all that apply)						□ Full Co	ntair	ment with Neo	ative Pressure				
D	M	Renova	ation			Mini-En	clos	ure					
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		emoli				Cloveh.	an F	rocedure	- F-i-ble Decoo	duro			
⊠ ≥100 st 01 ≥200 ii		2023/03/03/03				⊠ Non-Ex	emp	oted (*) and No	n-Friable Proce			t T	
		Is Loc								Ab	_	ent Ty	V/ N
Location of		Norn	nally olely by			Description		inl (ACM)	Amount	Re	Rep	Enc	Enc
Asbestos-Containing Material (AC	1(/11)		nance/	Asbe	stos C	containing N mal system	nate s ins	sulation.	(Specify	Removal	Repair	Encapsulate	Enclosure
TO BE ABATED IN Facility			al Staff?	(1.0		urfacing, VA			SF or LF)	/ <u>a</u>		Sule	ure
(13)		(1:	2)		oth	er miscellar	neou	s)				हिं	
(,	Ye	s N	o N/A								-	-	_
1 st FL				Floor T	ile				1510 SF				
1 FL		-		Danfin					415 SF				
Roof				Roofing	9		-				1		
											14	Ш	-
		1	1 0		- Memor								
			NJDEP	Macte	Cub	ic Yards of		Name of Regi	stered Landfill			-	
Name of Registered Waste Hauler			Hauler		Was				Berks Commi	unity La	ndfil	I	
David Geppert Recycling			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	more district	3	0							
City, State						posal Date		City, State	D4				
Hatfield, PA					T	BD		Birdsboro	o, PA				
Completed By (Print or Type)	Title					Signature		DM		Date	1	1	
	1995	nator				- Academic Communication of the Communication of th				101	11	//	4
Mark Griffin	ESUI	natul								11-1	رص ر	1	_
ASB-41 MAY 11	* 00	not us	e this for	m for asbes	stos lie	censure exe	empi	ed activities.		,			

(+ 00565S

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

D&S Proj. #: 2014-421

										" tim to						
Date of Notification				uilding Own ELINSKE	er/Operator (2)		2)	2314	CCT 20	AM 4:	69					
Agencies Notified EPA	Type Notificat	ion	Street Addr					4,90	ESTGS & LICEN	CONTR	01			-		
☐ DEP	Amended		22 OAK	LAND TI	ERRACE			(& LICEN	SIFIC	UL		0000-000			
	Amendment #:		City, State,	Zip Code						777						
☑ DOL	Emergency		Newark	, NJ 0710	6											
☑ DOH	(including	1	Name of Co	Participation of the Control of the				0100	Telepho	ne Numbe	er					
☐ DCA	justification) Cancellation		IANES	ELINSKI	ETE				ı							
	Caricellation				ILITY INFORM	IATION										
Name of facility w	here abatement i	s taking pl	ace (3)					Ту	pe of Facility	(4)						
JANE SELINS			0, 10							ol (K - 12		V	10)			
Street Address			*		-			-	Other	hapter 8 (0 (Private/0	Comme		-12)			
22 OAKLANI	TERRACE									# of Floo		BI	dg. A	ne.		
City (5)	TERRACE	I Cou	inty (6)			Cau	ati Oada (7)	= 50	quare Feet	# 01 F100	ors	DI	uy. A	ge		
Oity (5)		000	Tity (0)				nty Code (7) te use only)		urrent Hee /	Prior if hair	ng dem	olieh	ad)			
Newark		ES	SEX			,	,,	\prod	Current Use (Prior if being demolished)							
Name of Monitorin	ng Firm Hired by	Bldg. Own	er (8)		ASCM No.		Name of Abateme	ent Cont	ractor (9)							
							D & S RESTO	ORATIO	ON, INC.							
Street Address						-	Street Address									
							20 California	Ave.								
City, State, Zip Coo	ie					_	City, State, Zip Co	ode		West and the						
							Paterson, NJ	07503								
Project Manager fo	r Monitoring Firm	1	PI	hone Numb	er		Telephone Number			License	Numb	er				
							973-345-80	20)1169					
Start Date (10)		Sche	d. Completi	on Date (1	1)	_	Name of OSHA N									
10/16/14		100	4/1.4	2.5	52		D & S Restor	ration, l	Inc.							
10/16/14 Occupancy Status	During Abatamar	10/2				_	Street Address									
	d/vacated during	The State of the S		amont			20 California		e ————				- 12			
	erformed outside						City, State, Zip Co	ode								
Describe:							Paterson, NJ	07503								
							Faterson, NJ							_		
Scope of Work (ch		55						=	Containment enclosure	w/negative	e press	ure				
		Renovati						=	enclosure ebag proced	ure						
≥160 sf or ≥2	260 If	Demolitio	n						Exempted (*		-friable	proc	edure	•		
Location of			on normally enance/cus		/						l R	R	E	E		
asbestos-cor material (acr		staff(12)		stodiai			sbestos-containing	9	Amount (Specify	SE or	m	p	n	n		
abated in fac		Yes	No	N/A	material	(ACM)			LF)	01 01	o v	a	a	L		
				13//							e	r	р			
BASEMENT			X		BOILER II	NSUL	ATION		45 SQ Ft			Ш		10		
								<u> </u>	Ш	Ш	쁘					
												Ш	ᄪ			
Registered Waste F D & S RESTOR			EP Hauler 506	OCH 200401	cubic Yards of V	of Waste Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY										
City, State				Disposal D		City, State										
PATERSON, N	IJ 07503			10/17/1	4	TULLYTOWN, PA										
Completed by (Prin		Title	AUSSEC													
BOGDAN JOL	DZIC		PRESIDENT								-					
ASB-41		Do not us	se this form	for asbest	os licensure ex	empte	d activities.									

D&S Proj. #: 2014-423

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

				3				- H (11-	الساة .			
Date of Notification (1)		Name of Bu	uilding Own	er/Operator (2)			2014 CCT 2	O AM				
10 14 1/10 1 1/1 14		ASIF HU	JSSAIN				2017 601 2	O AH 4	ų: ę,	Ĵ		
Agencies Notified Type Not	ification	Street Addr	ess				ASDESTO.	ร คกม	חכו	,		
DEP Amende	ed	592 RID	GEWOOI	O AVENUE			& LICI	- MSIM	i KU ?	L		
Amendme	ent #:	City, State,	Zip Code									
		GLEN I	RIDGE, N	J 07028						_ 6		
DOH (includir justifica		Name of Co	ntact				Telephone	e Number				
DCA Cancell		ASIF H	USSAIN									
			FAC	LITY INFORM	ATION							
Name of facility where abatem	nent is taking p	place (3)					Type of Facility (4	4) (K - 12)				
ASIF HUSSAIN								apter 8 (Of	her th	ian K.	12)	
Street Address								Private/Co			12)	
592 RIDGEWOOD AVE	NITTE						Bldgs./l	Homes, et	c.	*********	ig. Ag	16
City (5)		unty (6)			Cour	nty Code (7)	Square reet	# 01 1 10013	1	Dic	9. 7.8	,0
Only (5)		unity (o)				e use only)	Current Use (Pr	ior if being	dem	olishe	d)	
GLEN RIDGE	E	SSEX										
Name of Monitoring Firm Hired	d by Bldg. Ow	ner (8)		ASCM No.		Name of Abatement C	Contractor (9)					
						D & S RESTORA	TION, INC.					
Street Address						Street Address						
						20 California Av	e.		-			
City, State, Zip Code						City, State, Zip Code	-02					
Project Manager for Monitoring	Cirm	In	hone Numb	0.5		Paterson, NJ 075 Telephone Number	503	License	Numb	or		
Project Manager for Monitoring	FIIII		none Numb	er	П	973-345-8020		September 100 Company	169	GI .		
Ot + D-1- (40)	I Cab	- 0	i D-t- /4:	(\)	_	Name of OSHA Monit	or					
Start Date (10)	Sch	ed. Complet	ion Date (1	1)		D & S Restoration	on, Inc.					
10/16/14		31/10				Street Address						
Occupancy Status During Abat						20 California Ave	enue					
Facility closed/vacated do Abatement performed ou						City, State, Zip Code						
Describe:NORM					-11	Paterson, NJ 075	503					
Scope of Work (check all that					<u> </u>			/n a matin ra	pronn			
>3 sf or >3 lf		a:				bound	ull Containment w Ini-enclosure	megauve	press	ure		
	Renova					☒◌	Blovebag procedur					
≥160 sf or ≥260 lf	☐ Demoliti						Non-Exempted (*)	and Non-f	riable R			
Location of asbestos-containing		ion normally ntenance/cu			2015-0000 - 270 7 0		Amount		e	R	E n	E
material (acm) to be	staff(12			Description material (bestos-containing	(Specify S	For	m o	p a	С	n
abated in facility (13)	Yes	No	N/A		(, , , , ,		LF)		v	i	a p	L
RASEMENT	7	PIPE INSU	I ATI	ON	98 L FT		e	ń	П			
BASEMENT BOILER RM	BASEMENT BASEMENT BOILER RM						15 SQ FT			Ħ	౼	Ħ
		VAT					Ħ	Ħ	Ħ	Ħ		
			1						Ħ	Ħ	Ħ	
		1							F			
Registered Waste Hauler D & S RESTORATION, I		DEP Hauler 3506		ubic Yards of	Waste	Name of Registered		COVER	v			
City, State	Disposal D	2 YDS TULLYTOWN, RESOURCE RECOVERY posal Date City, State										
PATERSON, NJ 07503	4	TULLYTOWN, PA										
					ature Date							
BOGDAN JOLDZIC	DENT		10/13/14									
	* Da = -1	see Abie 4	for oabcet	an linemature at	omntee	I a attivitie a						

State of NJ

D&S Proj. #: 2014-426

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

		10	10 (0)			One co					_
ate of Notification (1)	Name of Buildin					2014 CCT 20	AM 4: 8	٠,			
1 0 / 1 3 / 1 4	MARGARE	T WERN	ER						_		_
Agencies Notified Type Notification		V.				ASBESTOS L	ONTRO	JL.			
DEP Amended	31 CHURCI		<u>T</u>			CE LILF N	1110				_
Amendment #:	City, State, Zip (
DOL Emergency	MILLBURI)41			Telephone	Number				
DOH (including justification)	Name of Contac	et .				1,000					
DCA Cancellation	MARGAR	ET WER	NER						_		=
		FACILIT	Y INFORM	ATION							_
Name of facility where abatement is t	aking place (3)					Type of Facility (4	·) (K - 12)				
							pter 8 (Oth	er thar	K-12	2)	
MARGARET WERNER						Other (F	rivate/Cor	nmercia	al		
Street Address						Bldgs./h	Homes, etc			Age	
31 CHURCH STREET						Square Feet	# of Floors		blug	. Age	
City (5)	County (6)	ni) (0) (10 - 40)			Code (7)	Current Use (Pr	ior if boing	demoli	shed	_	_
C.1.9 (C)				(State L	ise only)	Current Use (Pr	tot ii being	demon	Silou		
MILLBURN	ESSEX	- 1	LOCM No.	I I Na	ame of Abatemen	nt Contractor (9)					
Name of Monitoring Firm Hired by B	idg. Owner (8)		ASCM No.	7,57.5		RATION, INC.					
					reet Address	KATION, INC.					_
Street Address					20 California	Δve					
				Cit	y, State, Zip Cod						Manu/
City, State, Zip Code					Paterson, NJ (
		Nb.a.		T	elephone Number		License	Numbe	r		
Project Manager for Monitoring Firm	Pho	ne Number			973-345-802		01	1169			
				N	ame of OSHA Mo	onitor					
Start Date (10)	Sched. Completion	Date (11)			D & S Restora	ation, Inc.					
10/14/14	10/31/14			S	treet Address						
Occupancy Status During Abatemen	t (Check only one)				20 California				-	_	_
☐ Facility closed/vacated during	entire period of abatem	nent.			ity, State, Zip Co	de					
Abatement performed outside	of normal facility nours	}-			_ >**	07502					
Describe: NORMAL H	OURS			_	Paterson, NJ						=
Scope of Work (check all that apply	1)					Full Containment Mini-enclosure	w/negative	pressu	ii e		
$\boxtimes > \underline{3} \text{ sf or } > \underline{3} \text{ If}$	Renovation					Glovebag proced	ure				
≥160 sf or ≥260 lf	Demolition					Non-Exempted (*) and Non-	friable	proce		
	Is location normally u	sed solely						R	R	E n	E
Location of asbestos-containing	by maintenance/cust	odial	Descrip	otion of asl	oestos-containing	Amount (Specify	SF or	m	р	С	n
material (acm) to be	staff(12)		materia	al (ACM)		LF)		o v	a i	a p	L
abated in facility (13)	Yes No	N/A						e	-	-	-
BASEMENT	X		PIPE INS			34 LF			부	片	ዙ
BASEMENT	X		chimney	thimble p	acking	3 SQ FT			片	片	片
DIOLITA								╬	片	片	ዙ
								-#-	片	片	ዙ
						100		_	Ш	Ш	1
Registered Waste Hauler	NJDEP Hauler		ubic Yards	of Waste	Name of Registe	ered Landfill VN, RESOURCE I	RECOVE	RY			
D & S RESTORATION, INC.	. 13506		l yd		City, State	TI, RESCORCE					
City, State		Disposal D 10/15/1			TULLYTO	WN, PA					
PATERSON, NJ 07503		10/13/1	Signature	9	TODATE		Date				
Completed by (Print or Type)	Title PRESIDENT						10/13	3/14			
BOGDAN JOLDZIC	* Do not use this form	for asbest	os licensure	exempted	d activities.		1.7				
ASB-41	20 1.00 000 0.110 .511										

(K 005644

D&S Proj. #: 2014-425

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

			S ==== (0)			9014 007	00 ***				_
Date of Notification (1)	Name of Buildi		operator (2)			2514 CCT	ZU AM	ξ: έ <u>.</u>	ΰ		
1 0 / 1 3 / 1 4	RICHARD					ASSECT	30 00E	The	_	_	_
Agencies Notified Type Notification EPA Initial	Street Address					ASSEST	LNSINI 32 COM	IKU	L.		
☐ ☐ Amended	1937 HILL		VENUE			a Lit	LAURI	1	_		_
Amendment #:	City, State, Zip			×-							
DOL Emergency			08110-2708	3		Telephone	Number				
DOH (including justification)	Name of Conta	ct				1.000					
DCA Cancellation	RICHARI	PEARC	E					==	_	_	=
		FACILIT	TY INFORMA	TION							_
Name of facility where abatement is to	aking place (3)				101	Type of Facility (4	i) (K - 12)				
Name of facility where abatement is to	iking place (e)						pter 8 (Othe	er thai	n K-12	2)	
RICHARD PEARCE						Other (Private/Com	merci		-,	
Street Address						Bldgs./	Homes, etc.			A 00	
1937 HILLCREST AVENUE						Square Feet	# of Floors		blug	. Age	
City (5)	County (6)				Code (7)	Current Use (P	rior if being	demol	ished)	_
				(State u	ise only)	Current Use (F)	lor ii being	2011101			_
PENNSAUKEN	CAMDEN		ASCM No.	IN	ame of Abatement (Contractor (9)					10000
Name of Monitoring Firm Hired by Blo	ig. Owner (6)		ACCIVITION	11	D & S RESTORA						
					reet Address						
Street Address					20 California Av	<i>i</i> e.					
City, State, Zip Code				Cit	y, State, Zip Code						
City, State, Zip Code					Paterson, NJ 07	503					_
Project Manager for Monitoring Firm	Pho	one Numbe	r	Te	elephone Number		License N	iumbe 169	er		
Troject Manager of					973-345-8020 ame of OSHA Mon	itor	01	105			_
Start Date (10)	Sched. Completic	n Date (11)			D & S Restorati						
	10/24/14			S	treet Address	ion, mor					
10/15/14 Occupancy Status During Abatement					20 California Av	venue					
Facility closed/vacated during e	entire period of abate	ment.		C	ity, State, Zip Code						
Abatement performed outside of	of normal facility hou	s-									
Describe:NORMAL HO					Paterson, NJ 0						=
Scope of Work (check all that apply)						Full Containment	w/negative	press	ure		
	Renovation				×	Mini-enclosure Glovebag proced	ure				
	Demolition					Non-Exempted () and Non-f		proce		_
	is location normally	used solely	1					e e	R	E n	E
Location of asbestos-containing	by maintenance/cus staff(12)	todial	Descripti		oestos-containing	Amount (Specify		m o	p a	С	n c
material (acm) to be abated in facility (13)		N/A	material	(ACM)		ĹF)		v	i	a p	L
abated in facility (13)	Yes No	IN/A			mro) i	66 SQ FT		e X	h	Ш	\forall
BASEMENT	X		BOILER I	NSULA	TION	003Q11		H	i	〒	恄
								Ħ	ī		
								愩	盲		
								T			
	Living ED Use des	ID# 1.0	Cubic Yards of	Waste	Name of Registere	ed Landfill		-1			
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler 13506	1.00	2 YDS	nutuwalisasings	TULLYTOWN	I, RESOURCE	RECOVE	RΥ	_	_	
City, State		Disposal			City, State	1 D4					
PATERSON, NJ 07503		10/16/			TULLYTOW	N, PA	Date		_		_
Completed by (Print or Type)	completed by (Print or Type) Title Signature						10/13	/2014	1		
BOGDAN JOLDZIC	PRESIDENT			averaged activities							



D&S Proj. #: 2014-427

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

Date of Notification	(1)	Na	ame of Buil	ding Owne	er/Operator (2)			-	2314 CCT 2	U AM	4: 6	ŧΰ	-			
1 0 /1 3)/ <u>1_4</u> _1		LORJAN	GISHT	A											
Agencies Notified	Type Notificati		reet Addres			ASSESTES CUNTRUL & LICENSING										
☐ EPA	Amended		191 LAN	ZA AVEI	NUE			15	& LIU	EM31	NG		n==			
☐ DEP	Amendment #:	Ci	ty, State, Z	ip Code												
☑ DOL			GARFIE	LD, NJ 0	7026											
☑ DOH	(including justification)	Na	me of Cont	act				Telephone Number								
☐ DCA	Cancellation		FLORJA	N GISHT	CA.				1							
				FACII	LITY INFORMA	ATION					-2X-1					
Name of facility wh	nere abatement is	s taking place	ce (3)					Ту	pe of Facility (4)							
EL ODIAN CIC	TYTE								School							
FLORJAN GIS Street Address	HIA					☐ Subchap Other (P	oter 8 (O			12)						
Street Address						Bldgs./H			Giai							
191 LANZA A	VENUE					quare Feet #	of Floor	s	Blo	g. Ag	e					
City (5)		Count	ty (6)				nty Code (7)	_								
GARFIELD		DED	GEN			(Stat	e use only)	Current Use (Prior if being demolished)								
Name of Monitorin	a Firm Hired by I		No. of Contraction of the Contraction		ASCM No.	П	Name of Abatemen	nt Con	tractor (9)							
	g od by .	Jiag. Oillio	(0)		ACCIVITIO.		D & S RESTO									
Street Address							Street Address	ICATI	ON, INC.				-			
Oli Cot Address							20 California	Ave.								
City, State, Zip Cod	e					City, State, Zip Code										
,,, <u></u> p							Paterson, NJ (
Project Manager for	Monitoring Firm	Pho	er	-	Telephone Number			License	Numb	er						
				973-345-802	.0		0	1169								
Start Date (10)		Completio	n Date (11	\		Name of OSHA Mo	ne of OSHA Monitor									
		200	na i de				D & S Restora	ation,	Inc.		_					
10/18/14 Occupancy Status I		10/31	-				Street Address	¥0000000000000000000000000000000000000								
<u> </u>	d/vacated during		135	ment			20 California A City, State, Zip Coo		ie			_	_			
Abatement pe	erformed outside						City, State, Zip Cot	ie.								
Describe: Other-Describe:	no. NORMAL H	OURS	-			-11	Paterson, NJ (07503								
Scope of Work (ch	and the state of t	Company of the Compan						7 Full	Containment w/	negative	press	ure				
>3 sf or >3 lf		Renovation	,				2		-enclosure							
≥160 sf or ≥2		Demolition							ebag procedure		f.:-1-1-		4.102			
			normally u	sed solely		200		Nor	-Exempted (*) a	ilia ivon-	R	Proce	E			
Location of asbestos-cor	ntaining	by mainter	nance/cust		1	on of as	sbestos-containing		Amount		e m	е	n	E n		
material (acm	n) to be	staff(12)		_	material (species containing		(Specify Sf LF)	or	0	p a	c a	С		
abated in fac	iiity (13)	Yes	No	N/A					ш,		v e	i	p	L		
BASEMENT			X		PIPE INSU	LATI	ON		110 L FT		X					
BASEMENT			X		BARE HEA	ATINO	PIPES		30 L FT		X					
Registered Waste F D & S RESTOR		NJDE 135	P Hauler II 06		ubic Yards of V YDS	Waste	Name of Register TULLYTOWN			COVE	RY					
City, State				Disposal D			City, State	.,	- CINCLI AU							
PATERSON, N	J 07503			10/19/1			TULLYTOW	N, PA	<u> </u>							
Completed by (Prin		Title PRESIDI			Signature					Date	UNIVERSE PROPERTY.					
BOGDAN JOL						10/13	/2014									

(K005652

D&3 Proj. #: 2014-422

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

Date of Notification		IN	lame of Bu	ilding Own	er/Operator	(2)	2	TH CCT	20 Al	4:46						
1 0 /1 0		.	CHRIS C	CALABRE	ESE											
Agencies Notified EPA	Type Notificati	on S	treet Addre	ess			A	SBEST	ros cu	MIRO						
☐ DEP		2034 KA	Y AVEN	UE		ASBESTOS CONTROL & LICENSING										
	Amendment #:		ity, State,	Zip Code												
☑ DOL	Emergency	11	UNION	, NJ 07083	3											
□ DOH	(including	l N	ame of Co					Telephone Number								
☐ DCA	justification)		CITRIC	CALADD	TCE											
	Cancellation		CHRIS	CALABR							_			_		
				FACI	LITY INFOR	NOITAME			. =	70						
Name of facility w	here abatement is	s taking pla	ice (3)					Туре	of Facility	(4) ool (K - 12	1					
CHRIS CALA	BRESE								=	hapter 8 (an K	-12)			
Street Address								1	Other	(Private/C	Comme		12)			
00047747747									-0.0	./Homes,		- 5:				
2034 KAY AV	ENUE							Squa	are Feet	# of Floo	ors	Bk	dg. Ag	je		
City (5)		Cour	nty (6)				nty Code (7)									
UNION		LINI	ION			(Sta	te use only)	Curi	rent Use (Prior if bei	ng dem	olishe	ed)			
Name of Monitorin	na Firm Hired by F				ASCM No		Name of Abateme	nt Contrac	ctor (9)							
, tallio oi mornioni	.g oc o, .	Jiag. Owne	(0)	- 1	ACCIVITIO											
Street Address							D & S RESTO Street Address	KATIOI	N, INC.							
Street Address							20 California	A 110								
City, State, Zip Coo	70		-				City, State, Zip Coo		- 101/15							
Oity, State, Zip Oot	ue															
Project Manager fo	y Manitoring Firm		In	none Numb	~		Paterson, NJ (License	Numb	or				
Project Manager IC	n wontoning rinn			ione ivumb	er		973-345-8020 01169									
							Name of OSHA Me				71107					
Start Date (10)		Sched	. Completi	on Date (11	1)		D & S Restora		,							
10/23/14		10/31	1/14				Street Address	ation, and								
Occupancy Status	During Abatemen	t (Check o	nly one)				20 California	Avenue								
	d/vacated during						City, State, Zip Coo									
Abatement p Describe:	erformed outside	of normal	facility hou	irs-												
Other-Descri	ibe: NORMAL H	OURS					Paterson, NJ	07503								
Scope of Work (ch								7 Full Co	ntainment	w/negativ	e press	ure				
>3 sf or >3 if	, , , ,	Renovatio	n				Ī	Mini-en			N.					
≥160 sf or ≥2		Demolition					<u> </u>	Gloveb					100			
	20011			used solely				Non-Ex	kempted (*) and Non	-friable	Proc	edure E			
Location of asbestos-co	ntaining		enance/cus		2 000 00		N - R - WALL		Amount		е	е	n	E		
material (acr		staff(12)				ption of a al (ACM)	sbestos-containing		(Specify	SF or	m	p a	С	n c		
abated in fac	cility (13)	Yes	No	N/A					LF)		v	i	a p	L		
DACEMENT					PIPE IN:	CIII A TI	ON	05	LFT	_	e	-		\vdash		
BASEMENT					PIPE IN	SULATI	ON	0.0	LFI	-	-12	믐	片	片		
				-							╅	H	H	H		
				-		-					╬	片	片	#		
											+ -	片	屵	무		
Doorbrand VV	lawa-				Libia Va	of \M=-1	IN (B. 11		1			Ш	Ш	Ш		
Registered Waste I D & S RESTOR		NJDE 135	EP Hauler	30-30 T	ubic Yards	of waste	Name of Register TULLYTOWN			ECOVE	RY					
City, State	CILIOIT, IIVC.		-	Disposal D			City, State	I, KLOU	OKCE F	ECO VE						
PATERSON, N	NJ 07503			10/23/1			TULLYTOW	N. PA								
Completed by (Prir		Title			Signature		102211011	- 1, - 1 1		Date						
BOGDAN JOL		PRESID	ENT								0/2014					
ASB-41				for asbesto	os licensure	exempte	d activities.									

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

		(Pursua	NI IO INO	AO 0.0.						The Same Sa			- 1		
D&S Proj. #: 2014-428					700.000			9719 6 (207 0	0 000 1	* 22				
	Name of Bu	Iding Owne	r/Operato	r (2)				6319 (441 2	0 AM 4:	45		_		
(a) differentian (1)	Name of Bu	lialing Owns	D CIT					- 53	CT-3	0.000			_		
Date of Notification (1) 1 0 / 1 3 / 1 4	ST. MAF	Y'S CHU	RCH				ASSESTOS CONTROL & LICENSINO								
Agencies Notified Type Notification	Street Addre	ess				(2	LIL	CHOING			_				
I EPA Initial	326 AV	ENUE C													
Amended	City, State,	Zip Code							120				_		
DEP Amendment #:	DAYO:	NNE, NJ	7002					Telephone Number							
	Name of C	ontact						1					17.00		
DOH (including justification)			~ mcII										•		
	ST. M	ARY'S CI	TURCH										_		
DCA Cancellation		FA	CILITY IN	FORMAT	ION			Type of F	acility (4)					
								Type or	School	1 (17 - 12)	7	. 0)			
Name of facility where abatement is tal	king place (3)						- 1	1 5	Subch	apter 8 (Other	er than K-	12)			
Name of facility who is	. D. 3.7								Other	(Private/Con	merciai				
ST. MARY'S CHURCH, RECTO)KY								Bidas	./Homes, etc.	/	dg. Age	3		
Street Address								Square	Feet	# of Floors	1				
	1				County	Code	(7)			n to a ff brains	demolish	ed)			
326 AVENUE C	County (6)				(State	use or	ly)	Curren	nt Use (Prior if being	dollionori				
City (5)							1		- (0)						
	HUDSON	1		NA No	TIN	ame c	f Abatemer	nt Contract	or (9)						
BAYONNE Name of Monitoring Firm Hired by B	dg. Owner (8)		ASC	CM No.	- 11	D &	S RESTO	RATION	, INC.						
Name of Monitoring Firm Three by						treet	Address				i.				
					11		California	Ave.							
Street Address					_	20 V	ate, Zip Co	de							
					11	,ity, 51	terson, NJ	07503	- 200						
City, State, Zip Code						Pa	none Numb	er		License	Number				
		Phone	Number			l elebi	73-345-80	20)1169				
Project Manager for Monitoring Firm		1			- 11	- 9	of OSHA	Monitor							
110,000			-to (11)			Name	& S Resto	oration, In	c.						
: 2-to (10)	Sched. Co	impletion D	ale (11)			Ctros	t Address								
Start Date (10)	10/31/14	1					Californi	a Avenue							
10/20/14	at (Check only	one)				20	State, Zip	Code							
0/20/14 Occupancy Status During Abateme	a optire period	of abateme	nt.		1	City,	State, Zip	50-							
Facility closed/vacated during Abatement performed outside	e of normal fac	ility hours-				١,	Paterson, N	NI 07503							
Abatement performed outers						1 -	aterson, 1	T Euli (Contain	ment w/negat	tive press	ure			
Describe: NORMAL Other-Describe: NORMAL	HOURS							Mini-	enclosu	ıre					
Scope of Work (check all that ap	Piy)										lon-friable	proced	dure		
	Renovation							Non	-Exemp	rocedure oted (*) and N	R	R	E		
F*	7 Demolition										e	e	n		
≥160 sf or ≥260 lf	Is location	normally us	sed solely			f ache	stos-contai	ning	An (S	nount pecify SF or	m	pa	c a		
Location of	by mainter	nance/custo	odiai	1 1050	eription of erial (ACI	M)	,5100		LF		V	i	р		
asbestos-containing material (acm) to be	staff(12)		N/A	India	Sila (0.05					- e	1			
abated in facility (13)	Yes	No	N/A			TIO	N		53 L	FT		井	H		
* *		V		PIPE I	NSULA	1110	N					쓔	計		
BASEMENT BOILER RM												##	井		
				1							L	ᆚᆜ	 		
			1												
			-	1				-internal I	andfill						
			ID# T	Cubic Ya	rds of W	aste	Name of R	rown F	ESOL	IRCE REC	OVERY				
Registered Waste Hauler		EP Hauler 506	10#	1 yd			TULLY	0					27		
D & S RESTORATION, I	NC. 1:	1300	Disposa	Date	THE STATE OF THE S		City, Stat	YTOWN,	PA						
O'h Ctate			10/21	/14		<u> </u>	TULL	101111			Date	014			
PATERSON, NJ 07303				Sign	ature						10/13/2	014			
Completed by (Print or Type)	I IIIe	DENT_					d antivition								
Completed	I PRES	DEN 1			OV	emnte	d activities.								

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

0183-07				(. –					,	KECE	IVI	- 1	1					
Date of Notification (1)					Name	of Building	g Own	er/Operator (2)	No.JEL	4 1/ 6	ــا ــ	į					
	1	4				2714 CCT 00												
Agencies Notified	d Type Notification					2314 CCT 20 AT 4: 11,												
⊠ EPA							City, State, Zip Code ASSESTES CONTROL LICENSING											
☑ DOLWD ☐ Amended				-	City, State, Zip Code													
☑ DHSSAmendment #					& LICENSING													
DCA	gency (cation)	including		Name	of Contact	t			Telephone N									
(NJAC 5:23-8)	☐ Cance				, , , , , ,													
	1				EAC	CILITY IN	EOD	MATION		l	-		2 2 7 7 7 7	- 31				
Name of Facility Where	Abatament	ic Toki	na Placa	(3)	FAC	ILII Y IN	FUR	WATION	Type of Facility (4)				_	-			
ROOSEVELT HOS		is rakii	ng riace	(3)					School (K-12	(100 4)								
Street Address	FIIAL						Subchapter 8 (Other than K-12)											
1 ROOSEVELT DR	11/15								Other (i.e., pr homes, etc.)	ivate and com	mercial	buil	dings	5,				
City (5)	11 A F	_							Square Feet	# of Floors		Bld	g. Ag	e				
EDISON									>500,000	# G1 1 10010		75+						
County (6)					Coun	ty Code (7)(STAT	E USE ONLY)	Current Use (Pri	or if being dem	nolished	1)						
MIDDLE SEX									HOSPITAL									
Name of Monitoring Firm	n Hired by B	Building	Owner ((8)	ASCM	No.	Name of Abatement Contractor (9)											
EHS					266		D	ELTA/BJDS	s, INC	- 12								
Street Address						. 8382 - 10	Street Address											
411 SOUTHGATE	COURT S	JITE E	≣		15.		13	345 INDUST	RIAL BLVD			133						
City, State, Zip Code							300	State, Zip Co										
MICKLETON, NJ 08056									PTON, PA 18966									
Project Manager for Monitoring Firm			Telephone No.					phone No.		License No								
JACK CARNEY					6 224			15 322-2900		00783								
Start Date (10)	Sch	eduled C				1/6/7/20	ne of OSHA N											
11 /07 /		_	01 /	31	_ ′ -	12	C	RITERION I	ABS									
Occupancy Status Durin	-	10.53						et Address										
☐ Facility Closed/Vaca	7.0						3370 PROGRESS DRIVE											
Abatement Performe Time of Abatement:						cribe	City, State, Zip Code BENSALEM, PA 19020											
			- 2030	2,33.0			В	ENSALEM,	PA 19020									
Scope of Work (Check a	all that apply	')						⊠ Full Con	tainment with Neg	ative Pressure	9							
≥3 sf or ≥3 If				novati				☐ Mini-End	closure									
≥160 sf or ≥260 lf			☑ De	molitic	n				g Procedure empted (*) and No	n-Friable Proc	edure							
			Is	Locat	ion	We desired the second			mptod () and 110	Abatement					vne			
Locatio	n of		1	Norma	lly			Description of	of									
Asbestos-Containing		CM)	11.0	d Sole				Containing Ma		Amount		em	Repair	nca	nck			
TO BE AB		Maintena Custodial						mal systems urfacing, VAT		(Specify SF or LF))	Removal	=	Encapsulate	Enclosure			
(13)				(12)		1		er miscellane			(0)			late	6			
20	7.5		Yes	No	N/A													
						PLEAS	E SE	E ATTACH	ED] [
											[
]								
Name of Registered Wa				1000	IJDEP \		Cub	ic Yards of	Name of Regis									
SERVICE TRANSP	ORT				20990			00).F	MINERVA	LANDFILL								
City, State 58 PYLES LANE, I	NEW CAST	TLE D	E. 1972	0			Disp	oosal Date	City, State WAYNESB	URG, OH 44	1688							
Completed By (Print or			itle					Signature	TO THE POST OF SECTION AND SECTION OF SECTION SECTION SECTION AND SECTION AS									
Damian Lavelle	. , , , ,	PROJECT MGR.						_	Damies Lanelle 10-17-14									
		The state of the s					-	1 111	~~ 11 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-VI 1V	1.00		-		-			

ASB-41 MAY 11

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