Date of Notification (1)	<u> </u>		Name	of Building	Owner/Operator (<u> </u>		
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Agencies Notified	Type Notification		Stee	Address			23 FF 0- 3	U	
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0(10)	Sche	suled Comp	O naisk	ale (11)	Name of OSHA	MONROY / F M	M		
Stan Date (10)	13 11	18	13			PKALEM			
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Abatement Perform	ed Outside of Noma	Facility H	ours		Ciry, State, Ap	Code C	E, N, J,	18 NS	7
Other - Describe:	80 002.01				MAP	LE SAND	C, 10, 5,	000.7	
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Name of Registered	co Inc.		Haul	904_	5	_			
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Date of Notification (1) 10-10-2013		100	Name of Kettler			•	(2)	2		ST 23	PH 8	3: 5	3
Agencies Notified Type Notification	- 10 = 20 and 10 and	1.0	Street Ac 1751 P		Dr. #7	700				STUS			
EPA X Initial Amended Amendment	#		City, Stat			7			ê	LICER	SING	110	٠.
Emergency (i justification)			Name of	Contact					Tele	phone Nu	mber		*
DCA Cancellation			Steven	Webei	12.	ION							
Name of Facility Where Abatement is Taking	Place (3)	FACIL	LI I IINI	OKINATI	ION	Туре	of Facility (4)				_
Colonnade Apartments Street Address 25 Clifton Ave.								School (K-1 Subchapter Other (i.e. p	8 (Othe			lings,	h
City (5)		-					Squa	etc.) re Feet		Floors		ldg. A	ge
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Essex			(STATE L		"			•				14000	
Name of Monitoring Firm Hired by Building (Owner (8)	3 2 2	ASCM	No.				tement Cor vironmen		27.020			
Street Address							Addre	ss ia Ave.					
City, State, Zip Code								ip Code y NJ.					
Project Manager for Monitoring Firm			Telephor	ne No.			none N 333-8			License 01174	No.		
Start Date (10) 10-12-2013	Schedule 11-12-		mpletion I	Date (11)		100000000000000000000000000000000000000		HA Monitor Environm	ental S	Solutions	3		
Occupancy Status During Abatement (Chec	k Only Or	ne)					Addre	가장!					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:						City, S		ip Code 08841					
Scope of Work (Check All That Apply)						Office	711 140	00041			- 2000-1100	200,00	-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	_	Renova Demoli				>	Mi	II Containm ni-Enclosuro ovebag Pro on-Exempte	e cedure				e
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility				stos Cor therma surfa	escription ntaining M al system acing, VA miscella	Materia is insul AT, or	ation,	(S	mount Specify For LF)	Removal	Repair	
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Crawl Space C Crawl Space D	+	X	-			Debris Debris				000LF	x		
Crawl Space D		X		- 1	Je 1115.	Deblis	Clea	n up	30	JUULF	- X		
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Name of Registered Waste Hauler Tri-State Transfer Assoc.	1	NJDEP W Hauler ID		of Wa	c Yards aste		Name of Minery		red Landf rprise.	ill '			
City, State Bronx, New York				100000000000000000000000000000000000000	osal Date 2-2013		City, Star Wynes		Ohio				
	Title				1	Signatur			The state of	T	Date		-

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ate of Notification (1) 0/22/13			s Milita				3 AM 12:	38					
gencies Notified Type Notification		Sti	reet Add	ress			,,,,,,	. •					
EPA Initial Amended Amendment # Emergency (incl	uding	W		, Zip Code gton, DC Contact	ASi	& LIC	S CONTE Ensing	PA	none Numb	er			-
DOH justification) Cancellation													\dashv
Name of Facility Where Abatement is Taking P Picatinny Arsenal- US Military Base Street Address	ace (3)		FACILI	TY INFORM	MATION	Type	School (K-12 Subchapter Other (i.e. pretc.)	2) 8 (Other	than K-12) commercial	buildin	gs, ho	omes,	
604 E. Picatinny Road						Squ	are Feet	# of F	loors	Bldg	. Age		
City (5) Rockaway Township, NJ County (6) Morris County		(4	County C	ode (7) SE ONLY)		-	rent Use (Pric			ed)			
Name of Monitoring Firm Hired by Building Ow Health & Safety Services, Inc.	mer (8)		ASCM	No.		Site Ente	erprises, In		9)				
Street Address 318 12th Street						Street Add 815 12th	Street						
City, State, Zip Code Hammonton, NJ 08037						Hammo	Zip Code nton, NJ 08	3037	License No).			
Project Manager for Monitoring Firm Jim Proctor				4-8850		Telephone 609-567			01172				
11/04/13	Scheduled 11/11/13	3	npletion	Date (11)			& Safety Se		Inc.				
Occupancy Status During Abatement (Check							h Street						
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma Other – Describe:	al Facility H	Hours	nent S		_		e, Zip Code onton, NJ 0	8037					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	Designation of the last of the	enova				×	Full Containr Mini-Enclosu Glovebag Pr Non-Exempt	ire ocedure				e	<u> </u>
	Γ			T		harm					Abate	ement pe	1
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	ntena odial (12)	ally ely by ance/ Staff?	(i.e.	os Cont thermal surfa	scription of taining Mat systems ir cing, VAT, miscellaned	erial (ACM) sulation, or	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
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Window Caulking	-	X	-		VVIIIUU		y	+-		+	-	1	1
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Name of Registered Waste Hauler		4	NJDEP	Waste		Yards			tered Landi				
Site Enterprises, Inc.			Hauler 00352	ID No.	of Wa	ous			ste Mana	geme	ent		18
City, State Hammonton, NJ	,	3.534		· ·	Vario	osal Date OUS Signature	City, S Tully	town, F		Date			1000
Completed by Kati DiNatale	Title Offic	e fice Manager					(00)			10/22	/13		_

State of NJ Notification of Asbestos Abatement

RECEIVED

(Pursuant to NJAC 8:60 and 12:120) 2913 00T 23 AM 12: 45 D&S Proj. #: 2013-386 Name of Building Owner/Operator (2) TOS CONTROL Date of Notification (1) Jenny Chon & Brian Mayor & LICENSING 1 10 /1 17 /1 Street Address Type Notification Agencies Notified **Initial** 154 Sherman Avenue ☐ EPA Amended City, State, Zip Code DEP Amendment #: CEDAR GROVE, NJ 07009 Telephone Number DOL 冈 Emergency Name of Contact (including DOH. justification) Jenny Chon & Brian Mayor Cancellation ☐ DCA FACILITY INFORMATION Type of Facility (4) School (K - 12) Subchapter 8 (Other than K-12) Name of facility where abatement is taking place (3) Other (Private/Commercial Bldgs./Homes, etc. Jenny Chon & Brian Mayor Bldg. Age # of Floors Square Feet Street Address Current Use (Prior if being demolished) County Code (7) 154 Sherman Avenue County (6) (State use only) Name of Abatement Contractor (9) **ESSEX** CEDAR GROVE ASCM No. D & S RESTORATION, INC Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address 20 California Ave. Street Address City, State, Zip Code Paterson, NJ 07503 License Number City, State, Zip Code Telephone Number 01169 Phone Number 973-345-8020 Project Manager for Monitoring Firm Name of OSHA Monitor D & S Restoration, Inc. Sched. Completion Date (11) Street Address Start Date (10) 11/22/13 20 California Avenue 11/04/13 Occupancy Status During Abatement (Check only one) City, State, Zip Code Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-Paterson, NJ 07503 Full Containment w/negative pressure Other-Describe: NORMAL HOURS Mini-enclosure Scope of Work (check all that apply) Glovebag procedure Non-Exempted (*) and Non-friable procedure Renovation \times >3 sf or >3 lf E E e e Demolition n ≥160 sf or ≥260 lf Is location normally used solely Amount m p C Description of asbestos-containing (Specify SF or by maintenance/custodial 0 a a Location of p material (ACM) asbestos-containing staff(12) material (acm) to be N/A No abated in facility (13) Yes 15 sq ft DUCT INSULATION GARAGE Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY Cubic Yards of Waste NJDEP Hauler ID# 1 YD Registered Waste Hauler 13506 City, State D & S RESTORATION, INC. Disposal Date TULLYTOWN, PA Date 11/05/13 City, State 10/17/2013 PATERSON, NJ 07503 Signature Completed by (Print or Type) Title PRESIDENT -- overnted activities.

State of NJ Notification of Asbestos Abatement

D&S Proj. #: 2013-385	(Pursua	ant to NJAC	8:60 and 12:120)	RECEIV	LU			
11 #ME 2110	`								
Date of Notification (1)	Name of Buildir	na Owne	er/Operator (2)		243 DET 23 LA	17:40			
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Agencies Notified Type Notificat	Street Address				ADDES ICENS	ING 6	4		
DEP Amended	5 ALSTON	COUR	T		& LIOCH	4			
Amendment #:	City, State, Zip	Code							
DOL Emergency	RED BANI	K, NJ							
DOH (including justification)	Name of Contac	ct			Telephone	e Number			
DCA Cancellation	36477736	AGGI							
		FACI	LITY INFORMA	ATION					- 22
Name of facility where abatement is	s taking place (3)				Type of Facility (4) I (K - 12)			
MARK MAGGI						apter 8 (Other	than I	(-12)	
Street Address	110	1000				Private/Comm Homes, etc.	ercial		
5 ALSTON COURT						# of Floors	В	ldg. A	ge
City (5)	County (6)			County Code (7) (State use only)	Current Use (Pr	ior if boing da	molish	ed)	
RED BANK	MONMOUTH			(State use only)	Current Use (Pr	for it being de	MONSI	eu)	
Name of Monitoring Firm Hired by	Bldg. Owner (8)	T	ASCM No.	Name of Abateme	ent Contractor (9)				
			V	_	ORATION, INC.				
Street Address				Street Address					
				20 California					- Contract
City, State, Zip Code				City, State, Zip Co					
Dust and Manager for Manifestine Firm	I Dhan	a Niversia		Paterson, NJ Telephone Number		I License Nur	nher		
Project Manager for Monitoring Firm	Pnone	e Numb	ər	973-345-80		0116			
0: 15:1:(10)	Inched Completion	D-+- /d d		Name of OSHA M					
Start Date (10)	Sched. Completion I	Date (11	,	D & S Restor	ration, Inc.				
10/30/13	10/31/13			Street Address					
Occupancy Status During Abatemer Facility closed/vacated during				20 California					
Abatement performed outside		rit.		City, State, Zip Co	ode				
Describe: NORMAL H				- Paterson, NJ	07503				
Scope of Work (check all that apply			-	_ <u> </u>	Full Containment w	/negative pre	ssure		
\boxtimes >3 sf or >3 lf	Renovation				Mini-enclosure	mogativo pro	504.0		
≥160 sf or ≥260 lf	Demolition				Glovebag procedu				
	Is location normally use	nd sololy		***	Non-Exempted (*)	and Non-friat	le pro	E	<u>e</u>
Location of asbestos-containing	by maintenance/custod		721 8 8	on of asbestos-containing	Amount	e	е	n	E n
material (acm) to be	staff(12)		material ((Specify S	For m	l p	c a	c
abated in facility (13)	Yes No	N/A	,	£ 13	LF)	V	Ĭ	p	L
BASEMENT	X		PIPE INSU	LATION	60 L FT	e X	TÓ	巾	
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Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	· 2000	ubic Yards of V YD		ered Landfill N, RESOURCE RE	COVERY			
City, State		sposal D		City, State	II, RESOURCE RE	COTLA			
PATERSON, NJ 07503	11 17 19 19	0/31/1		TULLYTOW	VN, PA				
Completed by (Print or Type)	Title		Signature			Date			
BOGDAN JOLDZIC	PRESIDENT					10/17/13			

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

ASB-41

w	No	otification of	of Asbestos Abate	ment	C APPRO	VED			
D&S Proj. #: 2013-384	(Pt	ırsuanı to	NJAC 8:60 an R	COSIAM	its pept of Health &	Senior Servi	603		
<u>Ur#005314</u>	Name of Building				2: 96 (algrest	Tima:2:12	on		
Date of Notification (1)	THERESA SE	ELLEY		ESTUS CUN	M. Committee of the Com		91.		_
Agencies Notified Type Notification EPA Initial	Street Address			& LICENSIN	G				-
Amended Amended	44 COLUMB City, State Zip C	Ode	ACE				20		
Amendment #:	WEEHAWK		-		Telephone Nu	mhar			
NOH (including	Name of Contact				1 elebrious 140	(IIII)			
justification) DCA Cancellation	THERESA	SHELLEY							_
Carlo Carlo		FACILITY	INFORMATION	1	1 - May (4)				-
Name of facility where abatement is take	ing place (3)				Type of Facility (4) School (K		. 14 44		
THERESA SHELLEY					Subchapte Other (Priv	r 8 (Other that rete/Commerc	in K-12 dal	=)	
Street Address					Bldgs./Hor	nes, etc.		. Âge	
44 COLUMBIA TERRACE	·				Square Feet # o	f Floors	DICE	, Ago	
City (5)	County (6)		County C (State us	ode (7) e anly)	Current Use (Prior	if being demo	dishec)	
EC. 82 (43, 15)	HUDSON				•				
WEEHAWKEN Name of Monitoring Firm Hired by Bid	The second secon	AS	9 Paris (1950)	ne of Abatement					
·	, - i		D	& S RESTORA	TION, INC.		THE RE		
Street Address	2.3			20 California Av	e.	-			
		des position of the	50000	, State, Zip Code					
City, Stale, Zip Code				Paterson, NJ 07	503	Joense Num	эег	70	
Project Manager for Monitoring Firm	Pho	ne Number	Tel	ephone Number 973-345-8020		01169			
			Na Na	me of OSHA Mon	itor ·				
Start Date (10)	Sched. Completion	n Date (11)		D & S Restorat	on, Inc.				
10/18/13	10/30/13			20 California A	venue		- 100		
Occupancy Status During Abatement Facility closed/vacated during e	inthe period of abater	ńent	oi	y, State, Zip Code					
Abatement performed outside to	of normal facility hour	g-		NI O	7503	· · · · · · · · · · · · · · · · · · ·			
Describe: NORMAL HO	DURS			Paterson, NJ 0	Full Containment w	negative pre	ssure		
Scope of Work (check all that apply)			9.*		Mini-enclosure				
	Renovation Demolition			8	Glovebag procedur Non-Exempted (*)	and Non-friat	le pro	cedur	9
D 2100 91 01 2000 11	Is location normally	used solely		1		· · · · · · · · · · ·	R	E n	E
Location of asbestos-containing	by maintenance/ous staff(12)	todial	Description of ast	estos-containing	Amount (Specify S	For 0	p	a	C
material (acm) to be abated in facility (13)	Yes No	N/A	material (ACM)	= 1	LF)	v v	l i	p	1-
			PIPE INSULATIO	N	70 L Ft	Σ	3 [口口
BASEMENT			1.42 7.12				#	쓔	내님
N							計		计记
							jt	ITE	一
	INJOEP Haute		ubic Yards of Waste	Name of Registe	red Landfill	**************************************			
Registered Waste Hauler D & S RESTORATION, INC.			YD		N, RESOURCE R	ECOVERY			
City, State		Disposal D 10/21/1		City, State TULLYTOW	N, PA				Market
PATERSON, NJ 07503	Title	10/21/1	Signature		Many Wiles	Date 10/16/1	3		
Completed by (Print or Type) BOGDAN JOLDZIC	PRESIDENT			nd a cetivalities		10/10/1	-,-		
ASR-41	* Do not use this for	m fer asbest	os licensure exempte	CATION No.	37 PAGE. 1				

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

Street Address Square Feet # of Floors Square Feet			Stat	sbestos	Abateme	eur Sur	RECEI	AED	
Dale of Notification Page		Notif	fication of A	AC 8:60	and 12:1	(20)			
Name of Notification Part	3	(Pur	suarit to 115				MISOCT 23	AM 12: 46	
David on Notification (1) 1	D&S Proj. #: 2013-384			- (2)					
Date of Notification (1) L.P.	2	Name of Building	Owner/Operato	or (2)			14555103	CONTROL	
Date of Notification 17 12 17 17	1100000	Name of	ELLEY				& LICE	AZING S	
Agencies Notified Green Gr	Date of Notification (1)	1 Addross		-		15			
Proper Manager for Monitoring Firm Proce Number Proce Number Proper Manager for Monitoring Firm Proce Number Proper Monitoring Firm Proper Monitoring Firm Proce Number Proper Monitoring Firm Proper Monitoring Firm Proce Number Proper Monitoring Firm Proper Monito	1 10 1/11 Type Notification	Street Address	TA TERRAC	E					
DEP Anument of Serior Name of Contact Name of Na	Agencies	44 COLUMB	ode				L-bo	ne Number	
DOL	- I Americos	City, State, Zip C	real NI				Teleprior	-	
Name of facility where abatement is taking place (i)	Amendment #:	WEEHAWK	(EN, 143				\r_		
THERESA SHELLES FACILITY INFORMATION	DOL Emergency	Name of Contact	[11	
Name of facility where abatement is taking place (3) THERESA SHELLEY Street Address 44 COLUMBIA TERRACE	DOH justification)	THERESA	SHELLEY		=:ON		111	. (4)	
Subchapter 8 (Other than Knur) Subchapter 9 (Other than Knur)	T aca Cancellation		FACILITY I	NFORMA.	TION		Type of Facility	100l (K - 12)	
Steel Address Square Feet For it being demoished							1 1	o (Other	than K-12)
THERES A SHELLEY Steet Address 44 COLUMBIA TERRACE County (6) WEEHAWKEN Name of Monitoring Firm Hired by Bidg. Owner (8) Street Address Project Manager for Monitoring Firm Start Date (10) Start Date (10) Start Date (10) Prone Number Start Date (10)	-+ ic ta	king place (3)							nercial
Street Address	Name of facility where abatement is tal						Blo	igs./Homes, or	Bldg. Age
Street Address At COLUMBIA TERRACE City (5) WEEHAWKEN Name of Monitoring Firm Hired by Bidg. Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Start Date (10) 1018/13 Occupancy Status During Abatement (Check only one) Describe: Date (10) Sched. Completion Date (11) Street Address Date (10) Start D	Name						Square Fee	et # of Floors	
ACOLUMBIA TERRACE City (6) WEHAWKEN Name of Monitoring Firm Hired by Bidg. Owner (8) Street Address City, Slate, Zip Code Project Manager for Monitoring Firm Phone Number Project Manager for Monitoring Manager for Monitoring Manager for Monitoring Mon	THERESA SHELLET				State of the state		= ' '		lemolished)
Street Address Str	Street Address	692			County	Code (7)	Current U	se (Prior if being o	one
WEEHAWKEN Name of Monitoring Firm Hired by Bidg. Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Start Date (10) Sched. Completion Date (11) IO/18/13 Occupancy Status During Abatement (Check conj one) Describe: Abatement performed outside of normal facility hours- Describe: Other-Describe: NORMAL HOURS Scope of Work (check all that apply) Scope of Work (check all that apply) Location of assessios-containing material (acm) to be abated in facility (13) BASEMENT Registered Waste Hauler Des S RESTORATION, INC. Street Address 20 Catifornia Ave. City, State, Zip Code Paterson, NI 07503 P	LL COLLIMBIA TERRACE	County (6)			(State	use of try/	1 1		
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Street Address City, State, Zip Code Project Manager for Monitoring Firm Start Date (10) Start Date (10) Socupancy Status During Abatement (Check only one) Pasitify closed/vacated during entire period of abatement. Describe: Moher-Describe: Noter-Describe: Noter-Describe: Noter-Describe: Noter-Describe: Scope of Work (check all that apply) 2 160 st or 2560 tt Demoition Location of abastos-containing material (acm) to be abated in facility (13) BASEMENT Registered Waste Hauler D& S RESTORATION, INC. Noter Address 20 California Ave. City, State, Zip Code Paterson, NI 07503 Pater		HUDSON		ASCM No.		lame of Abar	TOR ATION, IN	IC.	
Street Address City, State, Zip Code Paterson, NJ 07503 College P	WEEHAWKEN	alda Owner (8)	_ /	400	- 11	D & S RES	STORT		
Street Address City, State, Zip Code Paterson, NJ 07503 Consequence Paterson, NJ 07503 Completion Date (11) Start Date (10) 10/18/13 Cocupancy Status During Abatement (Check only one) 10/30/13 Cocupancy Status During Abatement (Check only one) City, State, Zip Code Paterson, NJ 07503 Name of OSHA Monitor D&S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503 Name of OSHA Monitor D&S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Name of OSHA Monitor D&S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Paterson, NJ 0	Name of Monitoring Firm Hired by	Jiog.				Street Addres	iο Δve.		
Project Manager for Monitoring Firm	Name				- 11	20 Califo	in Code		
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City State Signature	D & S RESTORAT	ON, INC.		10/21/	13				10/16/13
	City, State	07503		سننسل	Signatu	ire	<u></u>		
PATERSON, NJ 07503 PATERSON, NJ 07503 Title Title Title Title	DATERSUN, INS	Title	700			- notor	activities.		
PATERSON, NJ 07300 Title PRESIDENT	Completed by (Print or	PRE	SIDENI	- aho	etos licensi	ure exempled			

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

RECEIVED

D&S Proj. #: 2013-387 Name of Building Owner/Operator (2) 2013 DET 23 AM 12: 48 Date of Notification (1) 1 0 / 1 7 / 1 3 JOE REILLY Type Notification Agencies Notified Street Address 430ESTUS CUNTRUL ☐ EPA Initial & LICENSING 77 BALDWIN STREET Amended DEP City, State, Zip Code Amendment #: DOL. Emergency GLEN RIDGE, NJ 07028 (including DOH. Name of Contact Telephone Number justification) ☐ DCA KEVIN O'KEEF Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) JOE REILLY Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Bldg. Age 77 BALDWIN STREET Square Feet # of Floors County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) GLEN RIDGE **ESSEX** Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Project Manager for Monitoring Firm Phone Number Telephone Number 01169 973-345-8020 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. 10/31/13 11/01/13 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe:_ Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure Mini-enclosure \times >3 sf or >3 lf Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely E Location of E е by maintenance/custodial n Amount asbestos-containing Description of asbestos-containing n m p staff(12) C (Specify SF or material (acm) to be material (ACM) C 0 a a abated in facility (13) Yes No N/A p DUCT INSULATION 14 S OFT 冈 BASEMENT CRAWL SPACE 7 LOCATIONS 2 SQ FT BASEMENT CHIMNEY THIMBLE PACKING Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# 13506 D & S RESTORATION, INC. TULLYTOWN, RESOURCE RECOVERY Disposal Date City, State City, State 11/01/13 PATERSON, NJ 07503 TULLYTOWN, PA Signature Date Completed by (Print or Type) Title BOGDAN JOLDZIC PRESIDENT 10/17/2013

Do not use this form for asbestos licensure exempted activities.

ASR-41

RECEIVED

Date of Notification (1)	0/19/13			Name	of Buildin	g Owner/Operator	John William	T.23 AM 12:	48			
Agencies Notified	Type Notification	1		Street	Address		54 T ikk 5-8 D	RIDS CONT	ROL			
DEP	Amended Amendment			City, S	State, Zip C	Code	inceton, NJ (LIOLITO				
M DOH □ DCA	☐ Emergency (justification) ☐ Cancellation	incluaing	'	Name	of Contac			Telephone Numb	per		=	
				FAC		ORMATION						=
Name of Facility Where	Abatement is Taki	ng Place	(3)				Type of Facility	(4)				
Name of the state	Residen	tial Pr	oper	У	10000		School (K-1:	2)				
Street Address	154 Li	orary I	Place	:		_	Other (i.e., p	8 (Other than K-12 private & commerci)	2) al buil	dings		
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Street Address	PO Box 34	1				Officer Address	PO E	30x 322				
City, State, Zip Code	rosswicks, NJ	08514	-			City, State, Zip C		n, NJ 08501				
Project Manager for Mo	Name of the latest the	0031.	-	phone	No	Telephone No.	Allelitow	License No.				
	eisgarber Jr.				8-4070	(609) 25	59-9688		049	3		
Start Date (10)		eduled C				Name of OSHA				- 1 5841		
10/30/13			0/31/	/13			M	ECS				
Occupancy Status Duri	55			mont		Street Address	PO F	3ox 341				
Abatement Performe						City, State, Zip C		70X 5 11				_
Other - Describe:	8:am 4:pm						Crosswick	ks, NJ 08515				
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City, State	Allentown,	NI				Disposal Date 10/31/13 ,	City, State	Tullytown,	PA			
Completed By	Tit					Signature	h ///	Date	****			
Mahlon E. Ste	evens	Pr	ojec	Man	ager	111	1/		10/1	9/13	3	_

ASB-41 MAR 00

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

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

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D&S Proj. #: 2013-388	ζ.	u , u - u - u					0 1	M 12: 4	}			
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Date of Notification (1)	Name of Building	Owner/Op	perator (2)				00	ONTRO	L		-	
$\frac{1}{1} \frac{10}{1} \frac{1}{17} \frac{1}{13} \frac{1}{13}$	CESAR VAR	GAS				#33	STOS (SING	95			_
Agencies Notified Type Notification	Street Address					è	& LIULI	101.				
EPA Initial Amended	460 EAST 3		EET									-
DEP Amendment #:	City, State, Zip C	Code										
DOL Emergency	PATERSON	N, NJ 075	03				Telephone	Number				_
DOH (including	Name of Contac	t										
justification)	CESAR VA	RGAS							_	_	_	=
Cancellation			Y INFORMA	ATION								
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Name of facility where abatement is take	king place (3)					[School	(K - 12)				
							Subcha	pter 8 (Othe	er than	K-12)	
CESAR VARGAS							Other (F Bldgs./h	Private/Com Homes, etc.	mercia	11		
Street Address						Squa		# of Floors		Bldg.	Age	
460 EAST 32ND STREET				Count	y Code (7)							_
City (5)	County (6)				use only)	Curi	rent Use (Pr	ior if being o	demoli	shed)		
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PATERSON Name of Monitoring Firm Hired by Bldg		1	ASCM No.		lame of Abatemer							
Name of Monitoring Firm Fined by Bios	9				D & S RESTO	RATIO	N, INC.			_	_	_
				5	Street Address	76						
Street Address					20 California							
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City, State, Zip Code			1		Paterson, NJ	07503		TLicense N	lumbe	r		_
Project Manager for Monitoring Firm	Pho	ne Number		_	Felephone Numbe 973-345-802				169		800	
Project Manager for Message				- 11-	Name of OSHA M							
(10)	Sched. Completion	Date (11)			D & S Restor		nc.					
Start Date (10)	1			- 11	Street Address							
11/05/13	11/22/13				20 California	Avenue						_
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Facility closed/vacated during en Abatement performed outside o	f normal facility hours	3-		- 11	• ************************************							
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Describe: NORMAL HO Other-Describe: NORMAL HO							containment	w/negative	pressi	ure		
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abated in facility (13)	Yes No	N/A							e	-	-	\vdash
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Registered Waste Hauler	NJDEP Hauler		Cubic Yards	of Waste	Name of Regis	tered Lar	SOURCE	RECOVE	RY			
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City, State		Disposal 11/06/			TULLYTO	WN, PA	Α				_	
PATERSON, NJ 07503		11/00/	Signatur	e				Date	7100	2		
Completed by (Print or Type)	Title PRESIDENT			0.000		2777		10/1	7/ 201	3		
BOGDAN JOLDZIC	LYEOTOEMI				tod activities							

State of NJ Notification of Asbestos Abatement RECEIVED

D&S Proj. #: 2013-389 Name of Building Owner/Operator (2) Date of Notification (1) 1 0 / 1 8 / 1 3 LISA MCNANEY Type Notification Street Address Agencies Notified **Initial** EPA 42 FOREST ROAD Amended City, State, Zip Code DEP Amendment #: GLEN ROCK, NJ 07452 DOL X Telephone Number Emergency Name of Contact (including DOH. iustification) LISA MCNANEY ☐ DCA Cancellation FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) Other (Private/Commercial LISA MCNANEY Bldgs./Homes, etc. Street Address Bldg. Age # of Floors Square Feet 42 FOREST ROAD County Code (7) County (6) Current Use (Prior if being demolished) (State use only) City (5) BERGEN Name of Abatement Contractor (9) GLEN ROCK Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Telephone Number Phone Number 01169 Project Manager for Monitoring Firm 973-345-8020 Name of OSHA Monitor Sched. Completion Date (11) D & S Restoration, Inc. Start Date (10) Street Address 11/22/13 11/07/1313 20 California Avenue Occupancy Status During Abatement (Check only one) City, State, Zip Code Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-Paterson, NJ 07503 Other-Describe: NORMAL HOURS Describe: Full Containment w/negative pressure Scope of Work (check all that apply) Mini-enclosure Renovation Glovebag procedure \boxtimes >3 sf or >3 lf Non-Exempted (*) and Non-friable procedure Demolition ≥160 sf or ≥260 lf Ε e e Is location normally used solely n n Amount m by maintenance/custodial C Location of Description of asbestos-containing (Specify SF or C asbestos-containing 0 staff(12) material (ACM) V material (acm) to be p abated in facility (13) N/A No Yes X 30 LFT PIPE INSULATION BASEMENT Name of Registered Landfill Cubic Yards of Waste NJDEP Hauler ID# TULLYTOWN, RESOURCE RECOVERY Registered Waste Hauler 1 YD D & S RESTORATION, INC. 13506 City, State Disposal Date City, State TULLYTOWN, PA 11/8/13 PATERSON, NJ 07503 Signature 10/18/2013 Completed by (Print or Type) Title

DDECIDENT

State of NJ

D&S Proj. #: 2013-390

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

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Date of Notification	n (1)	Nar	me of Buildi	ing Owne	r/Operator (2)			2	H3 OCT 2	23 AF	112:5	1		
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	Initial Amended	1	34 MAPL	EWOO	D AVENUE				e LIL	FM21	NG			
DEP	Amendment #:	City	y, State, Zip	Code										
☑ DOL	Emergency		MAPLEW	OOD, N	JJ 0740									
☑ DOH	(including justification)	Nar	ne of Conta	act					Telepho	ne Numb	er			
☐ DCA	Cancellation		Dianne Br	own					_ '	- 01-00				
				FACI	LITY INFORM	ATION								
Name of facility w	here abatement is	s taking plac	e (3)					Тур	e of Facility	(4) ol (K - 1	2)			
Dianne Brown									=		Other th	an K-	12)	
Street Address] [(Private	/Comme	rcial		
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City, State				Disposal 11/13/			City, State TULLYTOV	VNI D						
PATERSON,		Trat		11/13/	Signature		TOLLTION	YIV, FF	1	Dat	te			
Completed by (Pr BOGDAN JO	15.00 (Carriella, 19.75), *1-0-000	Title PRESID	ENT		53333	18/13								

State of NJ

Notification of Asbestos Abatement D&S Proj. #: 2013-391 (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 1 0 / 1 8 / 1 3 MICHAEL MENDEL Type Notification Agencies Notified Street Address **Initial** EPA 1423 PINE GROVE AVENUE Amended DEP City, State, Zip Code Amendment #: DOL Emergency WESTFIELD, NJ 07090 (includina DOH Name of Contact Telephone Number justification) ☐ DCA MICHAEL MENDEL Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) MICHAEL MENDEL Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldas./Homes, etc. Bldg. Age 1423 PINE GROVE AVENUE Square Feet # of Floors County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) WESTFIELD UNION Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm License Number Phone Number Telephone Number 01169 973-345-8020 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. 11/28/13 11/13/13 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure \times >3 sf or >3 lf Mini-enclosure Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely E Location of E е by maintenance/custodial n Amount asbestos-containing Description of asbestos-containing n m p staff(12) С material (acm) to be (Specify SF or material (ACM) C 0 a a abated in facility (13) Yes No N/A p BOILER INSULATION (bricks) 45 SQ Ft **BASEMENT** Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# 13506 D & S RESTORATION, INC. TULLYTOWN, RESOURCE RECOVERY 1 YD Disposal Date City, State City, State 11/14/13 PATERSON, NJ 07503 TULLYTOWN, PA

Signature

Date

10/18/2013

Do not use this form for asbestos licensure exempted activities. ASB-41

PRESIDENT

Title

Completed by (Print or Type)

BOGDAN JOLDZIC

Check# 22350 RECEIVED

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

Date of Notification (1)	40 / 4	•					wner/Operator (2 urnpike Author) itv 26 40	907.00	total Si	9.57			
	18 / 1						inpike Addito.	ESTO !	OCT 23	PM 9:	31			\dashv
Agencies Notified	Type Notification	n	773	St	treet Ac									
⊠ EPA						ain Stree		#35g	STOS	CONTR	n.			-
DEP	Amended			C		te, Zip Coo		Ğ	LICEN	ISING		_		
☐ DCA ⁻ (NJAC 5:16) ☐ DHSS	Amendment		- ia				NJ 07095				-			_
☐ DCA	justification)			N	ame of	Contact			Teléphone	Number				
(NJAC 5:23-8)	☐ Cancellation				Richa	rd J. Rad	czynski			-				_
					FACI	LITY INF	ORMATION	¥:						_
Name of Facility Where A	Abatement is Tak	ing Plac	e (3))				Type of Facility (4)					
Interchange Exit 3								School (K-12)		IC 40\				
Street Address								☐ Subchapter 8 ☐ Other (i.e., priv	Other than	n K-12) mercial bu	ildin	as.		
Exit 3 Toll Utility B	uilding - South	1						homes, etc.)	rate & com					
City (5)								Square Feet	# of Floor	rs	Bldg	. Age		
Woodbury								1,500	1		40			
County (6)					County	Code (7)(STATE USE ONLY)	Current Use (Price	r if being d	emolished)			
Camden						. 1	35	Utility Building	ng					
Name of Monitoring Firm	Hired by Buildin	a Owne	r (8)	T A	SCM N	0.	Name of Abatem	ent Contractor (9)						
		g Owne	. (0)	1	00			ntbach Constru	ction Cor	poration	1			
Pennoni Associate	es						Street Address							
Street Address	0 % 45						500 East Luz	erne Street						
515 Grove Street,	Suite 1B						City, State, Zip C		- <u> </u>				0.000	
City, State, Zip Code						-1	Philadelphia		T (2)					
Haddon Heights, N							•	, FA 10124	License	No				
Project Manager for Mor	nitoring Firm			150 molecules	hone N	Si Davis	Telephone No. 215-739-816		00646					
Alan Lloyd				0.000.000	5 547 (000-7				_	
Start Date (10)	an execute the second	heduled				(,	Name of OSHA							
11 / 06 /	13	11	. / -	08	_ / _	13	SAME AS A	BOVE						
Occupancy Status Durin	ng Abatement (Ch	neck on	ly on	e)			Street Address							
	ted During Entire	Period	of Al	batem	nent	22						-07.652		
Abatement Performe	ed Outside of Nor 7AM-5PM/	mal Fac	ility I	Hours _AM	- Desc	ribe	City, State, Zip C	Code						
														- 177
Scope of Work (Check	all that apply)						☐ Full Co	ntainment with Neg	ative Press	sure				
≥3 sf or ≥3 lf				ovatio			☐ Mini-En	iclosure ag Procedure						
≥160 sf or ≥260 lf		Ц	Dem	nolitio	n		⊠ Non-Ex	empted (*) and No	n-Friable P	rocedure				
				ocati							Aba	teme	ent T	/pe
Locatio	on of	١,		ormal Sole			Description	of	Amo	unt [R	R	ш	ш
Asbestos-Containin				ntena		/i e the	stos Containing N	lation, surfacing,	(Spe		Removal	Repair	Encapsulate	nclo
TO BE A		0	Custo		Staff?	(1.0., 1110	VAT, or		SF or	LF)	val	7	usc	Enclosure
(13		-		(12)	Τ		other miscellar	neous)					ate	· Cu
WHAT		Y	es	No	N/A						5 7	$\overline{}$		-
Exterior doors, win	dows, louvers]			Caulkin	ng	<u> </u>	190					늗
Interior Entrance						Floor T	ile		10	SF	\boxtimes	브		늗
											Ш	Ц	П	느
Name of Registered W	aste Hauler				JDEP \		Cubic Yards of		stered Lan	atıll				
Diamond Huntba		on		H	19689		Waste 1 CY	Minerva				775.500.000		
City, State			_				Disposal Date	City, State		1000				
Philadelphia, PA	19124						11/30/13	Waynesbu	urg, OH 4					
Completed By (Print or		Title					Signature	1011	1/-	// Date	,	1.	.1	_
Charles F. Imbim	TO THE RESERVE OF THE	Pro	ject	Man	ager		Un	ils / the	Mint	1/	10)	18	11	3

Check # 22351

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

Date of Notification (1)	-	1			Owner/Operator (2				a seed the		
10 /18 /1	3				urnpike Author	ity 2013 9	CT 23 PM 9	:31			_
Agencies Notified Type Notification	1		Street A	ddress Iain Stre	et						
☑ EPA☑ Initial☑ Amended		-		te, Zip Co		#30t	STOS CONT	ROL	1//		\neg
DCA (NJAC 5:16) Amendment		1	755		NJ 07095	£c.	LICENSING	6			
☐ DHSS ☐ Emergency (instification)	including	-	- San Transaction	Contact			Telephone Numb	1000	1		
(NJAC 5:23-8) Gancellation				ard J. Ra	czynski			-			
					ORMATION						
Name of Facility Where Abatement is Taki	no Place (3)	1701			Type of Facility (4)				
Interchange Exit 7 New Jersey Tu		-,				☐ School (K-12)				
Street Address						Subchapter 8	(Other than K-12) ivate & commercia	l National	ae		
Exit 7 Toll Utility Building - South						homes, etc.)	100				
City (5)						Square Feet	# of Floors	4(. Age	,	
Bordentown	<u> </u>					1,500	1	- 1			\dashv
County (6)			County	y Code (7)(STATE USE ONLY)		or if being demolis	nea)			
Burlington						Utility Build					
Name of Monitoring Firm Hired by Building	g Owner (8) /	ASCM N	10.	Name of Abateme		uction Corpora	tion			
Pennoni Associates					The state of the s	ntbach Consti	action corpora				
Street Address					Street Address 500 East Luz	orno Stroot					
515 Grove Street, Suite 1B					City, State, Zip C						-
City, State, Zip Code					Philadelphia						
Haddon Heights, NJ 08035		Tele	nhono N	lo.	Telephone No.	, 17 10124	License No.	9.			\neg
Project Manager for Monitoring Firm			phone N 56 547 (215-739-8166	6	00646				
Alan Lloyd	neduled Co				Name of OSHA						
Start Date (10) Sch	11 /				SAME AS A						
					Street Address						_
Occupancy Status During Abatement (Ch			ment		Oli Cott (Galloca						
☐ Abatement Performed Outside of Norr Time of Abatement: 7AM-5PM/	mal Facility	Hou	rs - Desc	cribe	City, State, Zip C	Code		43)			
									-		
Scope of Work (Check all that apply)					☐ Full Cor	ntainment with Ne	gative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	⊠ Rei □ Dei	2000000			☐ Mini-En	closure ag Procedure					
≥160 sf or ≥260 if		Honti	OII		⊠ Non-Ex	empted (*) and N	on-Friable Proced	ure			
		Loca						Aba	ateme	ent Ty	ype
Location of Asbestos-Containing Material (ACM)	Use	d Sol	ely by	Asbe	Description stos Containing M	laterial (ACM)	Amount	Re	Re	En	En
TO BE ABATED	0.000.000		ance/ Staff?	(i.e., the	rmal systems insu	lation, surfacing,	(Specify SF or LF)	Removal	Repair	caps	Enclosure
IN Facility	Cusi	(12)			VAT, or other miscellan	eous)	SF OI LF)	<u>a</u>		Encapsulate	ure
(13)	Yes	No	N/A							ਰ	
Exterior doors, windows, louvers				Caulkin	ng		625 LF	\boxtimes			
			П								
		-	1	-				П			
A CD wish and Wests Houler		ᆜ	NJDEP	Maste	Cubic Yards of	Name of Rec	istered Landfill				
Name of Registered Waste Hauler Diamond Huntbach Constructio	n	0.00	Hauler I	D No.	Waste	Minerva					
	<u> </u>		1968	9	1 CY Disposal Date	City, State					
City, State Philadelphia, PA 19124				11/30/13	75-10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	urg, OH 44688					
	Title				Signature			Date ,	_	,	
Completed By (Print or Type) Charles F. Imbimbo	Projec	t Mai	nager	32	11/1	614	stati	101	18	//	3
Charles r. Illibillibo	-1/4	V 1		9/							



State of New Jersey

V4 2657	NOT	IFICAT (Pursu	ION OF	ASBESTOS A NJAC 8:60 and	ABATEN 1 12:120	IENT	R	EC	EIVE	D			_
ate of Notification (1)		Nam	ne of Bu	ilding Owner/C ambert Priv	perator	(2) me	anta e	mr a	0 84	0.00			
0/18/13	4	1			ulo i io			11-2	3 PM	3: 3()—		
gencies Notified Type Notification		9 E	et Addr ast 39	9th St			ASSE	STO	S CON	TRA			_
EPA Initial DEP Amended Amendment #_		City	, State, ant Be	Zip Code ach NJ 080	08				ENSIN		7 6		
Emergency (inc	luding		ne of Co	ontact		9		Teleph	one Numb	er			
DOH justification) Cancellation		100000	lliam	DANIE ODBIAT	ION						-		\exists
T-M	lana /3\		FACILIT	TY INFORMAT	ION	Type of F	acility (4)						
lame of Facility Where Abatement is Taking F William Lambert Private Home	lace (5)				•	FT Cub	ool (K-12) chapter 8	(Other)	than K-12)				
Street Address 9 East 39th St	E				1	Oth etc.	er (i.e. priv)	rate & c	ommercial	building		2 10-2	
City (5)			i	=		Square F 1000 +		# of F	loors	Bldg 354	ı. Age		
Brant Beach NJ 08008 County (6)		Co	unty Co	ode (7)				if being	demolishe	ed)			
Ocean Name of Monitoring Firm Hired by Building Ov	vner (8)		ASCM I	No.	Name	e of Abater		actor (9	3)				\dashv
Name of Monitoring Firm Filled by Building Ov N/A	viici (o)			1		naco Inc					•	_	\dashv
Street Address					/000 (CONT.)	t Address Box 329							
City, State, Zip Code					City,	State, Zip st Berlin	Code NJ 0809)1					
Project Manager for Monitoring Firm		Te	elephon	e No.	Tele	phone No.			License No).			
50	Scheduled	d Comp	lotion D)ate (11)		6-753-980 ne of OSHA			00727				-
	11/7/13	Comp	neuon D	Jale (11)	Sai	me .							
Occupancy Status During Abatement (Check					Stre	et Address							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of A al Facility	bateme Hours	ent		City	, State, Zip	Code						
Scope of Work (Check All That Apply)											_		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovati emolitio		ū.		Mini	-Enclosure	edure	Negative F			2	
*					-	× Non	-Exempled	(*) and	NOIFFIIAL	T	Abate	ment	
*		Locatio		498	Descrip	lion of				_	Ту	ре	_
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Solel intenan todial S (12)	y by - nce/	S	Containin mal syst urfacing,	g Material ems insula VAT, or ellaneous)	(ACM) tion,	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			Ciding		14	400 Sf	×	-	-	-
Exterior Siding	-		X	-	xterior	Siding	40. 37		100 01	+			
	+	-	-	-									
									Land Lands	511		_	_
Name of Registered Waste Hauler United Containers	H	NJDEP N Hauler II 12459		ubic Yar f Waste	ds	G.R.O		ered Land					
City, State				Disposal I 1/7/13	Date	City, Sta Morris	ate ville P	A 19067	08		12000000		
Elm NJ Completed by	Title					ature	1			Date 10/18/	13		
Anthony T Perna	Pres	sident			(-

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

GAC Project # 060-13				1.0	Name of Building Owrie	indrath	E (D) 1 :					
Date of Notification (1)	- 40 00	42			RUTGERS, THE ST.	ATE	ONIVE	RSIT	Y OF I	IJ		
Agencies Notified Agencies Notified EPA DCA DOL DEP- No Longer REQUIR DOH		Notification Initial N Amende Emerge justific	Notification d Notification ency (incomplete)	on ation # cluding	Street Address ENVIRONMENTAGE 27 ROAD 1, BLDG 4 City, State, Zip Code 5 S PISCATAWAY, MJ/O Name of Contact MICHAEL SMITH, E HEALTH & SAFETY	7E28 086, 7084 NV.	TIDA LIVING	ROL	TY DE	PT. MPUS		
				FACILITY INFO	ORMATION (A)							-
Name of Facility Where Abaten 305 COOPER STREET Street Address	nent is Ta	king Place (3)			Type of Facility (4) School (K-12) Subchapter 8 (other the Other (i.e. private & core	nmercia	al building	gs, hom	nes, etc.))		10.
CAMDEN CAMPUS					Sq. Feet: N/A #	of Flo	ors: 3	Bldg.	Age:	100+ y	ears	
City (5) CAMDEN	County (6	MDEN	County ((State U		Current Use (prior if being	demo	lished):	ACAI	DEMIC			
Name of Monitoring Firm Hired ATC ASSOCIATES	by Bldg.	Owner (8)	0098	lo.	Name of Contractor (9) GREENWOOD ABAT	EME	NT CO	NSUL	TANT	S, INC		
Street Address 3 TERRI LANE					268 MAIN STREET		·					
City, State, Zip Code BURLINGTON, NJ 08		1 =			City State, ZipCode BUTLER, NJ 07405 Telephone Number			Licens	e Numbe	er		
Project Manager for Monitoring BRIAN KEARNY	g Firm	Telephone 609-386	-8800		973-492-0477			0084				
Scheduled Start Date (10) 11/01/13		Scheduled 11/11/13		1 Date (11)	Name of OSHA Monitor 1 ENVIROVISION, INC	c						
Occupancy Status During Al Facility Closed/Vacated D Abatement Performed Out Describe Other – Describe: Shift	During En itside of N Hours:	tire Period of a Normal Facility	Abatemen Hours 5:00 P	М	20-21 WARGARAW City, State, Zip Code FAIRLAWN, NJ	ROA	D					
Scope of Work (Check all that	apply)											
 ≥ 3 sf or ≥ ≥ 160 sf or 	3 If ≥ 260			Renovation Demolition	_ 	Min	Contain ni-Enclos ebag Pro Exempte Amount	ure ocedure ed (*) a	e ind Non-		Proced	ure
Location of Asbestos-Contain Material (ACM) in Facility (13)) So	Location Normalely by Maint./0 aff? (12) ES NO	ally Used Custodial NA	Description of Ast (ACM) (i.e. therm VAT, or other mis	bestos Containing Material nai systems insulation, surfac scell.)	cing,	(Specify or LF)	y SF	Remove	Repair		Enclose
Basement		X	T	TRANSITE				SF	X		+-	+
Room 202		X		VAT				SF	X		-	-
Rooms 207, 208,307,308		X		LIGHTWEIG FLOORING	HT CONCRETE UNDERLAYMENT		200		X			
Name of Reg. Waste Hauler See Hauler Below #1 &		NJDEP Wa	w	rID#	Cubic Yards of Waste:	15 (G.R.	of Regi	. North	Land	fill —
Hauler #1) Greenwood Abat NJDEP # 12561 Hauler #2) S TG – 58 Pyles I NJ DEP # SW2	Lane, Nev			NJ 07405	,		oosal <u>Da</u> 111/13	<u>te</u>		City, Sta 100 Nev Rd. Mo 19067 215-736	v Ford rrisville	
Completed by (Print or Type) RAYMOND C. PEDA	LINO	Title SENIOR MANAGE		СТ	Signature Reymand C. F.	edali	ino	<u>Date</u>	Octob	er 18,	2013	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

OK#3658	N			OF ASBEST o NJAC 8:60			RE	CEI	VE)			
Date of Notification (1) 10/18/13				Building Own Riley Priva			2813 8C 1						
Agencies Notified Type Notification EPA Initial			Street Ad 29 wes	ldress t Harringto	n								
DEP Amended Amendment #				e, Zip Code each Twp	NJ 08008		458ES L & L	ICEN	CUNT	ROL	٠,		
DOH justification Cancellation	cluding	100	lame of	Contact				Telep	hone Nur	nber	£ .		
_ box	(L189)		FACII	ITY INFORM	IATION					mean			
Name of Facility Where Abatement is Taking Ernest Riley Private Home	Place (3)					☐ s	of Facility (4) chool (K-12)	8	74			
Street Address 29 west Harrington				i.	i e	× O	ubchapter 8 ther (i.e. pri tc.)				ings,	home	s,
City (5) Long Beach Twp NJ 08008						Square 1000		# of F	loors	100000	dg. A	ge	
County (6) . Ocean			County C	Code (7) ISE ONLY)			nt Use (Prior te Home	if being	demolish	ned)			
Name of Monitoring Firm Hired by Building On N/A	wner (8)		ASCM	No.	14 1500000000000000000000000000000000000	of Abate aco In	ement Cont	ractor (9)				
Street Address						Addres	7.0						
					1 0,1.500.5520	Box 32	1900						
City, State, Zip Code	3,1000000000000000000000000000000000000					State, Zip st Berlir	Code NJ 0809)1					
Project Manager for Monitoring Firm			Telephor	ne No.	2000000000000	hone No -753-98		1.00	License N 00727	lo.			
	Schedule 11/1/13		pletion (Date (11)	Name Sam		A Monitor					5	
Occupancy Status During Abatement (Check	Only On	e)			Stree	t Addres	s		1				
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of A al Facility	Abatem Hours	ent		City,	State, Zi	p Code		Si - Historia				-
Scope of Work (Check All That Apply)										-			
23 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti	5070111L			Min Glo	Containme i-Enclosure vebag Proc n-Exempted	edure	7			e	
	T .	Locati				1101	1-Exempted	() and	110/11/11/10	1		ement	l l
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normalled Sole intenar todial S (12)	ly ly by nce/	(i.e. the	Description Containing Description Containing Description Containing Description Descripti	Material ns insula AT, or		(Sp	nount pecify or LF)	Removal	Repair	<u>Encapsulate</u>	Enclosure
Exterior Siding	-		x		Exterior S	idina		140	00 Sf	x		-	
Exterior Siding	-		<u> </u>		- LXCHOL C	iding		140	70 01	+			-
	-		-	2									
Name of Registered Waste Hauler United Containers		Н	IJDEP V lauler ID 2459		Cubic Yards of Waste		Name of I	2004 -1 000-000	ed Landfi	H			
City, State			2439		Disposal Date	е	City, State		19067		-		
Completed by	Title		-	1	Signato	re	IVIOITISVI	ile i A		ate			
Anthony T Perna	0090303050	ident			Signatu	1				0/18/	13		

MA# 1	20732	38852	3	100.000000		NJAC 8:60			·	M	ONE	yck	DY	D		_
Date of Not 10/18/13	ification (1)	00000				uilding Owr Ier Stree			(2)	2	9 13 80	7 CF 17 23	PM	D. ~	_	
Agencies N	lotified	Type Notification			treet Add	ress n Street				A	SBES	Toco). C	8	
EPA DEP DOL		Initial Amended Amendment	#	C	ity, State	, Zip Code wn, NJ 0					& L	TOS C ICENS	ONT	ROL		
DOH DCA		Emergency (justification) Cancellation	including	(4) (3)	lame of C rodd Ar	Contact nderson					Teleph	one Num	ber	Ó	8	
Name of F	acility Where A	Abatement is Taking Distribution Ce	g Place (3) nter		FACILI	TY INFORI	MATIO	N	T Sc	Facility (4) hool (K-12) bchapter 8)	than K-12				
Street Add 490 Huy	ress ler Street								X Ot etc	her (i.e. pri c.)	ivate & c	ommercia	l buildir			•
City (5) South H	ackensack								Square 20,000	0	# of F		50	g. Ag +-	e 	
County (6) Bergen		_			County Co	ode (7) SE ONLY)				Use (Prio t wareho		demolish	ed)			
Name of M	N/A	Hired by Building	Owner (8)		ASCM	No.				ment Cont Contracto						
Street Add									Address dsall D							
City, State	, Zip Code	<u></u>							State, Zip sex, NJ	Code 07461						
Project Ma	anager for Mo	nitoring Firm		T	Telephon	e No.			hone No -864-20	22.72		License No 01137	0.		2,400	
Start Date			Schedule 10/24/1		npletion D	Date (11)			of OSH	A Monitor						
10/19/1 Occupano		ng Abatement (Che					-	Stree	t Address							
× Facil	ity Closed/Vac	cated During Entire ned Outside of Nor	Period of A	baten	nent S		_	City,	State, Zip	Oth Stree Code NY 100						
≥3 st	Work (Check of or ≥3 If or ≥260 If	All That Apply)		Renova Demoli					× Min	Containmoi- i-Enclosure vebag Prod i-Exempte	e cedure		ole Prod	cedur		
			0.000	Locat	\$500000 O									Abate Ty	ement pe	
Asbes	Location Stos-Containing TO BE AI In Fact (13	ig Material (ACM) BATED cility	Use Ma	Norma ed Sole intena todial (12)	ely by ance/ Staff?	Asbesto (i.e. t	os Cont thermal surfa	syster	on of Material ms insula /AT, or aneous)	(ACM)	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Offic	200	res	X	INA		fle	oor ti	les		2,90	00 S.F.	х			
	Offic			х			pipe	insu	lation		70	L.F.	x			
				_									+-		-	
Name of Pro-Teo	Registered W	aste Hauler			NJDEP W Hauler ID 190713	No.	of Wa	0		G.R.O	.W.S.	red Landfi	ill			
City, Star	te aven, CT	* 1					on co	osal Da omple	etion	City, Sta Morris						
Complete			Title Pres	siden	t			Signat	ure 1712.0	Stan	11/11/11		Date 10/18/	13		

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

samples did not require analysis as the first sample in the homogeneous sampling group of tested positive for asbestos (i.e. contain greater than one percent asbestos). In addition, of the samples were further analyzed using the TEM method and 4 samples with trace of the samples were further analyzed via the PLM Point Count method.

SWA has listed in **Table 1**, the location and estimated quantity, by square foot (sf), linear foot (lf), or other appropriate unit, of each type of ACBM identified at the site and their corresponding sample numbers.

Type of Material	t of Materials Testing Positive for Location	Quantity	Sample number
White with gray specs 12" x 12" floor tile and underlying black mastic adhesive	Floor 1 break room, men's bathroom, hall, stairwells, phone room, side room at main entrance hall and throughout floor 2	12,200 sf	09A, 10A
Carpet mastic adhesive (under carpet squares)	Throughout floor 1 office areas	1,600 sf	16A
Beige with gray 12" x 12"" floor tile	Floor 2, room B33204 & B33208 with fume hood in corner	2,050 sf	18A
Gray fume hood panels	Floor 2, room B33214	50 sf	20B
Brown with specs 12" x 12" floor tile and associated black mastic adhesive	Floor 2, room B33209 (corner office area near stair 2 with orange painted walls)	860 sf	23A, 24A
Black window glazing compound (inner hall walls built into walls)	Floor 2, hall side room areas near labs	4 windows	25A
Black mastic adhesive and associated gray/beige 9" x 9" floor tile	Floor 1, stair #3	200 sf	27A
Black lab top table	Floor 2, room B33214	30 sf	29A
Gray door window glazing compound	Throughout floor 2 hall areas	17 doors	31A
Black roofing felt and associated tar flashing (see note 1)	Throughout roof field, protrusions and parapet walls	14,900 sf	33A, 34A
Gray window caulking	Throughout building	33 windows	36A
Elevator brake pads	Elevator	6 pads (estimated)	Assumed

Note 1-It is likely that a portion of the foam and perlite roofing will not be easy to separate from the roofing felts, therefore the foam and perlite would need to be treated as cross contaminated with the asbestos roofing felt. The roof system is ballasted and the layers are as follows: stone – foam (3'') – felt – perlite – plastic sheet on a corrugated metal deck.

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Date of Notification (1)	<u> </u>		53.59		Building Ov	wner/Op	erator	(2)	,			***************************************			
10/15/13 Agencies Notified	Type Notification			Paul Ze					2013	OCT	23 P	M 9:	23		
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Name of Facility Where House	Abatement is Takin	g Place (3)						Тур	e of Facility (4)					3	
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City, State, Zip Code									Zip Code	,					
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Project Manager for Mo	nitoring Firm			Γelephor	ne No.		Telepl 973-		-8685		#00675				
Start Date (10) 10/28/13	*	Scheduled 10/29/13		pletion [Oate (11)				SHA Monitor atement, Inc	.					
Occupancy Status Durin	ng Abatement (Che	ck Only One)				Street								
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Other – Describe:	ned Outside of Norr Occupied	nai Facility i	nours						NJ 07512						
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City, State Totowa, NJ				ų.		Dispo: TBD	sal Dat	е	City, State		A				
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Name of Facility Where Abatement is	Taking Place (3)	FACI	LITY INFORM	MATION	Type of Fa	acility (4)	-	+				
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Street Address 49 Woodcrest Avenue		46					chapter 8 r (i.e. priv				dings,	home	es,
City (5) Short Hills			- 9			Square Fe	eet	# of F N/A	loors		ldg. A	ge	
County (6) Essex				Code (7) USE ONLY)		Current U House	se (Prior i	f being	demolish	ed)			
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Street Address					100000000000000000000000000000000000000	Address Rosengrer	n Avenu	е			2000		
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Project Manager for Monitoring Firm			Telepho	ne No.		hone No.	5	1 7	icense N	0.			
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Other – Describe: Occupied					Toto	wa, NJ 0	7512						
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	200	Locati										ement pe	t
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D&S Abatement, Inc.			lauler ID 20996	Т	f Waste BD	. W	/aste Ma						
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Name of Facility Where Absternert is Taking Place (3) Name of Contact School (K-12) Sc	MA# MISUO	5		(Pur	suant to	NJAC 8:60	o and 1	12:120)			1 / 1		; # L	_ L	<i>)</i>		
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City, State, Zip Code	Agencies Notified						nue					***					100
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Name of Monitoring Firm Hired by Building Owner (8) N/A Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address Street Address 11 Rosengren Avenue City, State, Zip Code Totowa, NJ 07512 Telephone No. 973-345-8685 Start Date (10) 10/29/13 Scheduled Completion Date (11) 10/30/13 Start Date (10) 10/29/13 Start Date (10) 10/29/13 Start Date (10) 10/29/13 Start Date (10) 10/30/13 Street Address 11 Rosengren Avenue City, State, Zip Code Totowa, NJ 07512 Street Address 11 Rosengren Avenue City State, Zip Code Totowa, NJ 07512 Street Address 11 Rosengren Avenue City, State, Zip Code Totowa, NJ 07512 Street Address 11 Rosengren Avenue City, State, Zip Code Totowa, NJ 07512 Telephone No. 973-345-8685 ##################################	County (6)								Curren			g demoli	ished)		-		
Street Address City, State, Zip Code Totowa, NJ 07512 Project Manager for Monitoring Firm Telephone No. Telephone No. 973-345-8685 #00675 Start Date (10) 10/29/13 Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Occupied Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 lf ≥ 180 sf or ≥260 lf Project Manager for Monitoring Firm Telephone No. Telephone No. 973-345-8685 #00675 Street Address #00675 #0	Name of Monitoring Fire	m Hired by Building	Owner (8)	Τ,			T		of Abate	ement Con		9)					
City, State, Zip Code Totowa, NJ 07512 City, State, Zip Code Totowa, NJ 07512 Telephone No. To B& Abatement, Inc. Telephone No. Telepho				-		-		Street	Address	3							
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Das Abatement, Inc.					•			973-3	345-86	585		#0067	5				_
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Abatement Performed Outside of Normal Facility Hours Other – Describe: Occupied Scope of Work (Check All That Apply) ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥260 lf Renovation Demolition Demolition Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Giovebag Procedure Non-Exempted (*) and Non-Friable Pr					ent						nue						
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Demolition State Demolition Description of Abatement Type Demolition Description Demolition	Scope of Work (Check	All That Apply)	i.													2	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Per No N/A Name of Registered Waste Hauler D&S Abatement, Inc. Name of Registered Waste Hauler Totowa, NJ Town NJ Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A N/A Pipe insulation Abatement Type Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF) Registered Carbon Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF) Registered Carbon Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF) Registered Landfill Waste Management of PA Name of Registered Landfill Waste Management of PA Disposal Date Tillytown, PA Title Title Signature Association (ACM) Amount (Specify SF or LF) Registered Landfill Waste Management of PA Date 10(15/13)			Secretary 18					>	Min	i-Enclosur	e cedure					<i>(</i> ()	
Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A				-					_I NOI	1-Exemple	u () and	NON-FI	Table I				
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Deanna Brkusanin Project Manager ////////////////////////////////////		1		ct M	anager		1	Signatu	e	a Ru	luai	in		5/1	3		

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State of New Jersey

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H	Street Address		_				☐ Subc	napter 8 (r (i.e. priva	ate & c	han K-12) ommercial l	ouilding	js, ho	mes,	
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r	City (5)						Square F		# 011	2		50		
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ŀ	City, State, Zip Code					City,	State, Zip (Code 07452						
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	Project Manager for Monitoring Firm			Telepho	one No.		hone No. 1-262-5841			00156			n	
		hadular.	l Com	oletion D	ate (11)	Name	e of OSHA	Monitor						the state of
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	Riverdale, NJ 07457					10/18	AND DESCRIPTION OF THE PERSON NAMED IN				Date	,	7	
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	Joseph Vocaturo	Opera	20015		7.50		1	VOU	MD		· /			

State of New Jersey

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Street Address								Address Lowell Ro	512							
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Project Manager for Mon	itoring Firm			Teleph	none No.			none No. -262-584			License 00156					
Start Date (10)		Schedule	ed Com		Date (11)				A Monitor ironmental	Service	es Inc.				-	
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ASBESTOS CONTROL Check# \$35 NOTIFICATION OF ASSESTOS ABATEMENT ICENSING (Pursuant to NJAC 8:50 and 12:120) APPHOVED No Deptrof Health & Senior Services Date of Notification (1) Name of Building Owner/Operator (2) 10/16/13 MR. SWARTZ Agencles Notified Type Notification Street Address PLACE 102 ORCHARD EPA DEP Initial City, State, Zip Code Amended 07607 Amendment # MAYWOOD Emergency (including Name of Contact justification) Cancellation Telephone Number DOH DCA MIN SWANTZ FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) MIL SWARTZ School (K-12) Street Address Subchapter 8 (Other than K-12) 102 ORCHARD PLACE Other (i.e. private & commercial buildings, homes, etc.) City (5) MAYWOUN Square Feet # of Floors Bldg. Age 1500 County Code (7) (STATE USE ONLY) Current Use (Prior if being demalished) County (6) RES Bergen Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) A. Mac Contracting Inc. Street Address Street Address 105 Lowell Road City, State, Zip Code City, State, Zip Code Glen Rock, N.J. 07452 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-262-5841 00156 Name of OSHA Monitor Start Date (10) Scheduled Conjugation Date (11) 10/17/13 10/17/13 Omega Environmental Services Inc. Occupancy Status During Abatement (Check Only One) Street Address 280 Huyler Street Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Hackensack, NJ 07606 Scope of Work (Check All That Apply) ≥3 af or ≥3 if Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Remove Custodial Staff? Repair surfacing, VAT, or In Facility SF or LF) (12)(13)other miscellaneous) Yes No N/A BASEMENT BOILEN 38862 Name of Registered Waste Hauter NJDEP Waste Cubic Yeros Name of Registered Landfill Hauler ID No. 20785 of Waste Royle Transport IESI PA Bethlehem Landfill Corp. City, State Disposal Date Riverdale, New Jersey 07457 10/17/1300 Bethlehem, PA 18015 Completed by Title R. McDonald President

Name of Building Owner/Operator (2) RECEIVED ication (1) Theresa & Joseph Cianci 10-18-13 Street Address Type Notification Agencies Notified 2813 BET 23 PM 9: 20 86-88 Magnolia Street [X]Initial []EPA Notification City, State, Zip Code ASBESTOS CONTROL []DEP Belleville, NJ, 07109 []Amended Telephone NUMBER NSING [X] DOL Notification Name of Contact [X] DOH []EMERGENCY Theresa & Joseph Cianci []DCA []Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Same as above []School (K-12) []Subchapter 8 (Other than K-12) [X]Other (i.e., private & commer-Street Addres cial buildings, homes, etc.) # of Floors Bldg. Age Square Feet County Code (7) 75 2 County (6) Essex 1800 City (5 (STATE USE ONLY) Current Use (Prior if being demolished) Name of Abatement Contractor (9) Name of Monitoring Firm hired by Building ASCM No. AZTECH MANAGEMENT, Inc. Owner (8) N/A Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 00371 (973) 744-8800 N/A Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) N/A 10-31-13 10-30-13 Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period of Abatement []Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» []other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) []Full Containment with Negative Pressure []Mini-Enclosure [X] Renovation $[X] \ge 3$ sf or ≥ 3 lf [X]Glovebag Procedure []Demolition []>160 sf or >260 lf []Non-Friable Procedure Abatement Type Location Description of Location of Normally N NCAP Amount REP Asbestos-Containing CHO Asbestos-Containing Used MOV (Specify Material (ACM) Solely Material (ACM) (i.e., thermal systems SF or By Main-TO BE ABATED S S tenance/ LF) insulation, surfacing, VAT, I In Facility Custodial AL or other miscellaneous) R Staff (12) (13)Yes No N/A X Pipe Insulation X Basement (2 Units) Name of Registered Landfill Cubic Yards Name of Registered Waste Hauler NJDEP Waste of Waste 1.5 G.R.O.W.S. Hauler ID No. AZTECH MANAGEMENT, INC. 17040 City, State Disposal Date City, State Morrisville, PA 19067 11-1-13 Montclair, NJ 07042 Date Signature Title Completed By (Print or Type) 10-18-13 President Constantine Vivian

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Date of Notification	n (1)			1000		Building Owne	r/Operator	(2)		Ain-					Still Williams	
10-17-13					√erizon					周月	OCT 2	3 F	M	9: :	0	
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L DCA		Caricellation				ITY INFORM	ATION				ike-sa sa s					
Name of Facility W	Vhere A	batement is Takin	g Place (3)					Туре о	f Facility (4	.)						
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County (6)					County C	Code (7) ISE ONLY)		Curren	t Use (Prio	r if bei	ng demo	olished)			
Ocean		I lised by Duilding	Owner (8)		ASCM		Name		ement Conf	tractor	(9)		-			
Name of Monitorin	ng Firm Testin	g Services, Inc	: (CTSI)		ASCIVI	140.			nvironme							
Street Address								t Address								
622 Georges I	Road,	Suite 301						Broad								
City, State, Zip Co		1.00000						State, Zip	o Code NJ 0 7 072)						
North Brunswi					Telephor	no No		hone No		_	Licens	e No				
Project Manager f Frank Selamie		itoring Firm			(732) 7	29-1800	201	-939 - 65	565		00756					
Start Date (10) 10-28-13			Schedule 04-30-1		npletion [Date (11)	A 444	e of OSH n-Air In	A Monitor IC.							
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Abatement P Other – Desc	Perform	ed Outside of Nor Exterior Abatement	mal Facility	Hours				State, Zij	p Code d City, N	Y 111	101					
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TO	BE AB	ATED		intena odial s			rmal syster urfacing, V		ition,		Specify F or LF)		Remova	Repair	cap	nclo
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City, State Shirley, NY / B	Bronx,	NY					isposal Da BD	te	City, Stat		, OH 4	14688	3			
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Richard Doran	1		Proje	ect M	anager		N	1	HA	6		10-	1/-	13		

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Date of Natification (4)		Mana	Duildie - O						1000	
Date of Notification (1)	3	Name of	Building Owner/C	perator (2)	Hes	Sano				
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DOH Emergency (included in pustification)	cluding	Name of		1.		Telephone Num	her	ے ر		-
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City (5) West Field	N	T (07090) Squa	re Feet	# of Floors	BI	dg. A	ge)	_
County (6)		County C	Code (7) USE ONLY)	- Curre	ent Use (Pri	or if being demolished	D(be	a se	11:	15
Name of Monitoring Firm Hired by Building Ov	- 0	ASCM	1 No.	Name of Aba	atement Cor	ntractor (9)				-
Street Address	7162	1	MA	Street Addre	- 180	chnolog	168	,	In	6
P.O. Box 33	37			P.O.	Box	337				
City, State, Zip Code New Equat	NZ	80	533	City State, 2	Equ	EUN ta	0	85	13	3
Project Manager for Monitoring Firm		Telephor	ne No. 758- 3365	Telephone N 609 758		License No	3.7	39	4	
Start Date (10) 31-13	Scheduled Cor	mpletion I	Date (11)	Name of OS	HA Monitor	hnologies	7		-	
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9	Start Date (10) 22 113	cheduled	Comp	oletion C	Date (11)	Name	of OSHA N	Monitor	1		-		-	
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=	Other - Describe:		·			N	ew Eg	yp+	NO	5 - 0	280	3	3	
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	Steve Schenker	PRES	side	nt		Signatur Signatur	200)5	ches	h	Da	10	/21	//	3

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Agencies Notified	Type Notification			Street	Address		Rosedale Ro	ESTOS C	,UM.	で無ぐ	11	
EPA DEP DOL	Initial Amended Amendment #	ve6165		City, S	State, Zip C	Code	Rosedare Re	& LICEN	SIN(i ret		
M DOH	Emergency (ir justification)			Name	of Contac	Pr	inceton, NJ (08541 Telephone Numb		_		_
DCA	Cancellation			Ivanic		John Bailey		Tolophono rain			_6_	
	-			FAC	CILITY INF	ORMATION						
Name of Facility Where	Abatement is Takin ETS - Facil			ling			Type of Facility School (K-1					
Street Address	Rosed						Subchapter	8 (Other than K-12 private & commercial		dings		
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County (6)		iccioi				7) (STATE	Current Use (P	Prior if being demolis				_
	Mercer				ONLY)		-	Facilities Build	ling			
Name of Monitoring Firm (8)	n Hired by Building (MECS	Owner		ASCM	No.		nent Contractor (S	9) mental Service	es. Ir	ic.		
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	PO Box 34	1						Box 322				
City, State, Zip Code	rosswicks, NJ	0851:	5			City, State, Zip C		n, NJ 08501				_
Project Manager for Mo	onitoring Firm		Tele	phone		Telephone No.		License No.		200		
	eisgarber Jr.			-	8-4070	(609) 25			049	3		_
Start Date (10) 10/11/13	Sche		1/3/	tion Da	ite (11)	Name of OSHA		ŒCS				
Occupancy Status Duri	ing Abatement (Ghe			15		Street Address						
Facility Closed/Vaca						0		Box 341				_
Abatement Performe			y nou	is		City, State, Zip C		ks, NJ 08515				
Scope of Work (Check	all that apply)					Full Cor	ntainment with Ne	agative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovati emolitic			☐ Mini-En	closure ag Procedure	on-Friable Procedu	re			
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8		Yes	No	N/A							ate	6
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Maintence	Shop					Tank Insula	tion	120 sf	×			
												-
Name of Registered Wa	aste Hauler			JDEP V		Cubic Yards	Name of Reg	istered Landfill				
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City, State	200 may 200 ma			102		Disposal Date	City, State					
Completed By	Allentown, 1					11/4/13 Signaty/e	h-/	Tullytown,	PA			_
Mahlon E. St			rojec	t Mar	nager	Signature		Date	9/3()/13		_
ASR-41						# V	4			100000		

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

Nock			(Pu	rsua	nt to NJA	C 8:60 and 5:16	RE(CEIVED				
Date of Notification (1)	/30/13	-		Name	e of Buildin	ng Owner/Operator Educa	r (2)	ng Service.	7			
Agencies Notified	Type Notific	ation	\dashv	Stree	et Address		TEST 00 1		1			
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Name of Facility Where		Taking Place acilities		ing			Type of Facilit					
Street Address		delitties	Dana				Subchapte	r 8 (Other than K-1	2)	بديدالما		
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County (6)		Filliceto	П	Cou	nty Code (7) (STATE		rior if being demol	_ _ ished)		30	
	1ercer				ÓNLY)			aintenance Bu				
Name of Monitoring Firm (8)		ding Owner	7	ASCM	No.	Commence of the control of the contr	nent Contractor (100 P	T			
Street Address	MECS		<u> </u>			Street Address	ens Environ	mental Servic	es, 1	nc.		==
Ottoet / todiess	PO Box	341				oli oci / idai oco	PO	Box 322				
City, State, Zip Code	. ,	NII 0051				City, State, Zip C		NI 00501				
Project Manager for Mor	rosswicks,	NJ 0851.		ohone	No	Telephone No.	Allentov	vn, NJ 08501		-		
William W	0.000	r.	1		8-4070	(609) 25	59-9688		0049	3		-2020-000
Start Date (10)	1 5	Scheduled C	Completi	ion Da	ate (11)	Name of OSHA						
10/11/13			0/20/	13		0	<u>N</u>	MECS				
Occupancy Status Durin Facility Closed/Vacate				nent		Street Address	PO I	Box 341				
Abatement Performed	d Outside of Ne	ormal Facilit				City, State, Zip C						
Other - Describe:		Only					Crosswic	ks, NJ 08515				_
Scope of Work (Check a	all that apply)					Full Cor	ntainment with Ne	egative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovatio emolition			☐ Mini-End ☑ Gloveba	closure ag Procedure					
ш-						Non-Exe	empted (*) and N	on-Friable Procedu				
		No	_ocation ormally						'	Abate Ty _l	ment oe	
Location of Asbestos-Containing N		Mair	l Solely itenance	e/	Asbest	Description of os Containing Mat		Amount			Е	
TO BE ABAT IN Facility			ustodial Staff?		(i.e.,	thermal systems in surfacing, VAT,		(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)			(12)			other miscellaneo		,	noval	pair	sula	osur
		Yes	No	N/A							te	CD
Maintence	Shop	_ ×				Asbestos fitti	ngs	20 fittings	×			
Maintence	Shop				Lancas	Tank Insulat	ion	120 sf	×			
		_										
Name of Registered Was	te Hauler		1 1 1	DEP V	Naste T	Cubic Yards	Name of Poo	stered Landfill				_
Stevens Environm		ices Inc	Hai	uler ID	No.	of Waste	Name of Neg	T.R.R.F., It	10			
City, State	ioniai Sei V	1003, 1110.	<u>-</u> L_	182	.92	4 CU Disposal Date	City, State	т.к.к.г., п	10.	_		-
	Allentown	n, NJ				10/21/13	-	Tullytown,	PA			
Completed By	vons	Title Dr.	oicet 1	Man	000=	Signature	* 1/	Date	9/30)/12		
Mahlon E. Ste	vens	PI	oject]	vian	ager	-///	-		2/3(1113		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) RECEIVED Name of Building Owner/Operator (2) Seminole Construction CT 23 64 8: 352810 Date of Notification (1) 10/18/2013 Street Address 128 Bartlett Avenue BESTAS CONTROL Type of Notification West Creek, NJ 08092 LICENSING Agencies Notified Initial Notification [x]City, State, Zip Code [x] EPA Amended Notification] DEP Amendment #_ Telephone Number Emergency (including [x] DOL Name of Contact justification) Joyce Corliss Cancellation [x] DOH FACILITY INFORMATION Type of Facility (4)] DCA School (k-12) Subchapter 8 (other than k12) Name of Facility Where Abatement is Taking Place (3) Other (i.e., private & commercial buildings, Residence [x]homes, etc.) Bldg. Age Street Address 243 W. 14th St # of Floors Square feet County Code (7) 1400 sf Current Use (Prior if being demolished) County (6) (STATE USE ONLY) City Residence Ocean Name of Abatement Contractor (9) Guardian Contracting, Inc. Ship Bottom ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Street Address 1889 Route 9, Unit 61 N/A Toms River, New Jersey 08755-1271 City, State, Zip Code Street Address License Number City, State, Zip Code Telephone Number 00624 Telephone Number 732-349-9932 Project Manager for Monitoring Firm Name of OSHA Monitor E.M.S.L. Analytical Scheduled Completion Date (11) Scheduled Start Date (10) 11/07/2013 Street Address 1056 Stelton Road Occupancy Status During Abatement (Check only one) 11/05/2013 Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Piscataway, New Jersey 08854 Abatement Performed Outside of Normal Facility Hours [x]Full Containment with Negative Pressure Other - Describe Mini-Enclosure Scope of Work (Check all that apply) [Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Renovation [x]>3 sf or ≥3 lf Abatement Type Demolition [x] ≥160 sf or ≥260 lf [x] Ε E Description of NCLCS N E Amount E Is Location Asbestos-Containing C P (Specify SF M Normally used Material (ACM) A A or LF) 0 P Location of (i.e., thermal systems Solely by Asbestos-Containing Material (ACM) Maintenance/Custodial S insulation, surfacing, V U TO BE ABATED Staff VAT, or A L in facility other miscellaneous) (12)L (13)N/A X NO 1300 sf YES Asbestos siding X Exterior Name of Registered Landfill Cubic Yards of Waste NJDEP Waste Hauler ID No. T.R.R.F. Name of Registered Waste Hauler 20223 City, State Guardian Contracting, Inc. Tullytown, Pennsylvania Disposal Date Date 11/08/2013 10/10/2013

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

Signature

City, State

Completed by (Print or Type)

Toms River, New Jersey

Nicholas Fernicola

Title

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

	(Pursuant to) NJAC 0	,,,,,,			EUL	17228	20		1	
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october 18, 2013		Street Addre	ess		osa Hill					-	
Calatification		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				ESTUS C	ONTROL				
encies Notification	on action	City, State,	Zip Code		4 NI 0870	& LICENS	ING -			_	
PA [X] Amended Notific Amendment #_	Cation	City, State, Zip Code Lakewood, NJ 0870 LICENSING Telephone Number									
7 DOL Emergency (inc	luding	- Contact									
justification)	1	Name of -	Ben Stei	nfeld							
X] DOH [] Cancellation		TOY IN	FORMA	TION		5. (A)					
] DCA		ILITYTI	VI OIGI-		Type of Facili	1 School	(k-12)	1-12)			
Name of Facility Where Abatement is Taking Place (3)			1	[Subcha	apter 8 (other than (i.e., private & cor	K-14) nmercia	l build	ings,	
Name of Facility Where Abateman					:]	x] Other	(i.e., private & col	Introduces			
				1		homes	Floors Bldg	. Age			
Street Address 119 East 3 rd Avenue		County Code (7)			Square feet		2	10	0		
County (6)		(STATE USE ONLY)			2600 sf Z Current Use (Prior if being demolished)						
City					II Residence						
Rosell	on	10000	No	Name o	of Abatement C	ontractor (9)	ntracting, Inc.				
Rosex Aby Building Owne	r (8)	ASCM 1	NO.	11		Guardia					
Name of Monitoring Firm Hired by Building Owne N/A				Street A	Address	1889 Route	9, Unit 61				
Street Address		City. State, Zip Ode Piyror New Jersey 08755-12						271			
City, State, Zip Code	Num	umber			Telephone Number 0062			0624			
Project Manager for Monitoring Firm	Telephone Num	-			732-349-9932 Name of OSHA Monitor F.M.S.L. Analytical						
	Scheduled Com	Completion Date (11)			E,IVI.J.D.						
Scheduled Start Date (10)	11/06/2013			Stree	et Address	1056 Stelto	on Road				
	y one)	of Abateme	ent								
Occupancy Status During Abatement (Check onl	uring Entire Period	lity Hours		City	, State, Zip Coo	e Piscatawa	y, New Jersey	08854			
f 1 Abatement Performed Out	side of items			-			ith Negative Press	ure			
Other - Describe					[] Full	Containment w	III I 10B				
, U shot apply)						i-Enclosure vebag Procedure	e	4			
Scope of Work (Check all that apply)	r 1 1	Renovation			[x] Nor	-Exempted (*)	e and Non-Friable P	ocedure		_	
$\begin{bmatrix} \cdot \\ \end{bmatrix} > 3 \text{ sf or } \ge 3 \text{ lf} \qquad \begin{bmatrix} \\ \end{bmatrix} \\ \begin{bmatrix} x \end{bmatrix}$ $\begin{bmatrix} x \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ lf} \qquad \begin{bmatrix} \\ \end{bmatrix}$		Demolition		[X] 100			Abatement Type				
				100000				R	R	Е	
		1		Des	scription of		Amount	E	E	N C	
	Is Location Normally used			Asbestos-Containing Material (ACM)			(Specify SF or LF)	M	P A	A	
Location of	Colely by			(: a thermal systems			Of LT)	0	I R	PS	
Containing Material (ACIVI)		e/Custodial			tion, surfacing	V		K	U		
Asbestos-Contama TO BE ABATED in facility	Staff (12)	Stati			VAT, or miscellaneous		A L		LE		
in facility (13)	(12)		=	other	IIIISOOIIairosa				1-	+	
(3-7)	YES NO	N/A					2600 sf	X	1-	+	
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Estorior	1-1-	+							-	+	
Exterior	1	+	1								
			1			Name of Regi	stered Landfill				
	1 I I I I I I I I I I I I I I I I I I I	aste Haule	r ID No.		ards of Waste	T.R.R.F.					
Name of Registered Waste Hauler	A	20773		3	City, State						
Name of Registered Waste Hadren Guardian Contracting, In	c	Dispo	osal Date		Tullytow	n, Pennsylva	IIIa	I	oate 0/18/	2011	
		11/0	7/2013 Signal	nire	01	1		1	0/18/.	2012	
			Station	5 7	1 1	0, /					
City, State Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola	Title Project Mar	nager	(a) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	1/1 - /	hensure exempt	ad activities.					