CK 195

Date of Notification (1)	012		Name o	of Building Owner/	Operator (2)	^	E GE	i. 14		17-	T
Agencies Notified	Type Notification		Street A		-1700	7	T-180			· · ·	
☐ EPA	☐ Initial		48	- Main	51.		00T 2	5 505	g		
DEP	Amended	24	City St	ate Zin Code			0 0) -251			1
	Amendment Emergency		- W	ndsor	٧.٦.	0826	51				
DOH DCA	justification) Cancellation		Manne C	of Contact							-0
				ILITY INFORMAT							
Name of Facility Where	Abatement is Takin	g Place (3)		The state of the s	Type of	Facility (4)	Ante di cir		ngagan yan da ili as	
Private Street Address					Sc	hool (K-12	?)	40)			
42 - Hai	2 2+.				OI OI	benapter i her (i e pr	3 (Other than K- ivate & commer	12) cial bud	dings	home	es,
City (5)	.01 31 /	and the same and the same of t			Square	THE PERSON NAMED IN COLUMN 1	# of Floors		Bidg A	na	
Windbe	N.J. 1	02561	1		2,2		2		8		
County (6)	111111111111111111111111111111111111111		County	Code (7)			r if being demoli	shed)	<u> </u>	<u>~</u>	
				USE ONLY)	and the form of the following section of	MA					
Name of Monitoring Firm	n Hirea by Bullaing (Whet (B)	ASCI	VI No	Name of Abate		.4	Λ	1	•	4
Street Address			<u> </u>		Street Address	J 0	pualitu	100	02p	vet	10.1
			装		22-Van	(Or	den	LP	i_		
City, State Zip Code					City, State, Zip	Code	the VI				
	The time of the street of the		MONTHS IN THE BUILDING SERVICE	nde Miller e de commencer monacture plans , majorques	Hack	enso	ack N	1. J	.0	160) 1
Project Manager for Mor	nitoring Firm		Telepho	one No	Telephone No	****	License		Later & Allegania		
Start Date (10)	· · · · · · · · · · · · · · · · · · ·	Scheduled	Completion	Date (11)	201 - 708 Name of OSHA	- 4 2 7	NO DI	35			
09-26-20			6-20	070250870 33	EMSL		YMCAL	- T 0	7 C		
upancy Status Dunn					Street Address				<u> </u>	AMERICAN STREET	es i - (te-est-14)
	ated During Entire F				307-W	254.3	8th 5+	•			
Abatement Perform Other – Describe	ned Outside of Norm	al Facility H	ours		City, State, Zip		A: 3.7				
Scope of Work (Check A	ol That Apply)				Mew	OKK.	N. Y.	10	01,	3	
≥3 st or ≥3 lf		₩ Rer	ovation	6	C.M.C	· 'antainme	ad courter that are a few as the	F3			
2160 sf or ≥260 lf		THEODERS.	nolation		Mini-E	Enciosure	nt with Negative	Pressu	16		
						bag Proce	edure (*) and Non-Fria	ible Pro	cedur	a	
	The state of the s	ls Lo	cation	And the second section of the	records sends about the place of general angle	and the state of t	Sufference and the sufference of the sufference		Abate	ment	MATERIAL SAFE,
Location		10.000	mally Solely by		scription of	7			Ту	pe	
Asbestos-Containing TO BE AB		Maint	enance/		taining Material (A I systems insulatio		Amount (Specify	20		En	m
in Facil	lity		hal Staff? 12)	surfa	cing, VAT, or		SF or LF)	Removal	Ropair	caps	Enclosure
(13)				other	miscellaneous)	1		By	=	Encapsulate	sure
			No N/A						ļ	- L	
Basemen	4		S.	Tipe :	Insulat	101	301	X			
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Name of Registered Was	ste Hauler		NJDEP W			vame of R	egistered Landf	II			
Sharon W	sality Co	0	00 33		BD 1	-line	rug En	ter	o Dti	se	To
City, State	, (sal Date (City, State	C - 1485 1544 - 1575 - 1886		1		37.1
Hackens Completed by	ACK	Title			Sp 1	way	nesburg	3,	26	uc)
Carlos Equ	ivel	596	4. 26	00,001	Signature /	gun	har .	ate	211	-10	(-)
	The second secon		- 10 P P	3	70,	1	=14	1 -	-1		15
ASB-41 (R-08-08)			250		* Do not use this	form for a	isbestos licensu	ге ехеп	pled	activit	ies



CV+3672

Date of Notification (1) 10/22/13	,	N	lame of I Norld H	Building Ov Harvest C	vner/C Christ	perator ian Ce	(2) nter	i. U	ila li			,			
Agencies Notified Type Notification		1 3	Street Ad 7201 W	dress /estfield/	Ave	17.	18	OCT	2 5	2013					
EPA Initial Amended Amendment #_				e, Zip Code auken NJ		10	;					_	-		
DOH justification Cancellation	cluding		lame of John								•		7-		
Name of Facility Where Abatement is Taking F World Harvest Christian Center	Place (3)		FACIL	ITY INFOR	RMATI	ON	_	of Facility (4					-		
Street Address 7201 Westfield Ave								School (K-12 Subchapter Other (i.e. potes)	8 (Other	than K- commer	12) cial bui	ldin	gs, h	ome	s,
City (5) Pennsauken NJ 08110								e Feet	# of F	Floors	- 1	Bldg 35-	g. Ag F	е	
County (6)			County C	code (7) ISE ONLY)		_	Curre	nt Use (Pric	r if being	demol	ished)	17			
Name of Monitoring Firm Hired by Building Ov N/A	vner (8)		ÀSCM	No.			of Abat aco Ir	ement Con	tractor (9	9)					
Street Address			L				Addres								
City, State, Zip Code								p Code n NJ 080	91						-
Project Manager for Monitoring Firm	in in more co	1	Telephor	ne No.		Telepi	none No 753-9	o.		License					
	Schedule		npletion [Date (11)			of OSI	A Monitor							
Occupancy Status During Abatement (Check			-		-		Addres	SS							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	riod of A I Facility	batem Hours	nent			City, S	State, Z	ip Code	*					- 3	
Scope of Work (Check All That Apply)													_		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit					Min	ll Containm ni-Enclosure ovebag Pro- n-Exempte	e cedure						
	ls	Locati	ion	-	2000-200-		INO	II-Exempte	a () and	TOTT	Table 1		bate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	lormal d Sole ntena odial S (12)	llỳ ely by nce/		os Co therma surf	escription ntaining al system facing, Var miscella	Materia ns insul AT, or	ation,	(S	mount pecify or LF)	Kemovai	Domain	Ty Repair	Encapsulate	Enclosure
exterior overhang on side of building		200			Trai	nsite P	anels		50	00 Sf	х				
			LIDED	Vanta	Cub	a Varda		Name of	Pogiste	rod I an	4611				
Name of Registered Waste Hauler United Containers	F	NJDEP V Hauler ID 2459		0.70000000	ic Yards /aste		G.R.O.		ıçu Lali	WIIII			2,634		
City, State Elm NJ					Disp 11/5	osal Dat 5/13	е	City, Sta Morris		1906	7				
Completed by Anthony T Perna	Title Presi	dent				Signatu	re	2			Date 10/2	2/1	3		

CHECK# /080

Date of Notification (1) 10-18-13					Owner / Operato	or (2)		
Agencies Notified Type Notification		Street			Liability Trans	ster		
⊠ EPA Type Notification					Rd., Suite 30	6		
☐ DEP ☐ Initial				& Zip (OT 0 F DOIS	
		200		, MO 6		U	CT 2 5 2013	
☐ DOH ☐ Emergency	1	Vame	of C	ontact				3
☐ DCA ☐ Cancellation				, ELT			\$	
No. of the same of				TY INF	ORMATION		'Y'	
Name of Facility Where Abatement is Takin		3)			Type of Facil			77 77 78 77 88
Building #15, former ASARCO facility Street Address	<u></u>		-		School (90 99	1/ 40)	
1160 State Street						oter 8 (Other th		gs, homes, etc.)
1100 State Street					Square Feet			Bldg. Age
City (5) County (6	Col	unty C	aho.	(7)	NA NA	# 01 FI		
Perth Amboy Middlese	100000		oue	(1)		(Prior if being		NA
i ertii Amboy	in/				None	(Filor it being	demonstred)	
Name of Monitoring Firm Hired by Building	Owner (8)		IAC	CM No		tement Contra	otor (O)	
Traine of Morntoning Firm Fined by Building	Owner (o)		1	CIVITIVO		c Abatement		
Street Address					Street Addres		i, LLO	-
					PO Box 131			
City, State & Zip Code					City, State &			
53995 17					Cherry Hill,			
Project Manager for Monitoring Firm	Telep	hone	Num	ber	Telephone N		License N	lumber
					609-567-09			01187
Scheduled Start Date (10) Scheduled 9-6-13 11-15-1		n Date	e (11)	Name of OSI EMSL Anal			
Occupancy Status During Abatement (Chec	k only one	2)			Street Addres			
Facility Closed/Vacated During Entition					107 Haddor			
Abatement Performed Outside of No	ormal Hou	ırs – 7	am t	to 3pm	City, State &			
Describe:					Westmont,	NJ 08108		
Facility Occupied During Abatement								
Scope of Work (Check all that apply)							ntainmant with N	logativa Dressver
☐ ≥3 sf or ≥3 lf	П	Reno	ovatio	on			nclosure	legative Pressure
☐ ≥160 sf ≥260 lf	Ħ	Dem		7.0 BA			Bag Procedures	
				15:31				-Friable Procedure
Location of	ls l	ocatio	n	Г	Description		Amount	Abatement Type
Asbestos-Containing		nally Us			Asbestos-Con	taining	(Specify	HT TI
Material (ACM)		olely by enance			Material (A	CM)	SF or LF)	Enclsoure Encapsulate Repair Removal
TO BE ABATED in Facility		dial St		1 .	(i.e., thermal synsulation, surface			Enclsoure ncapsular Repair Removal
(13)	V [(12)	NI/A	'	or other miscella		2	Enclsoure incapsulat Repair Removal
15.77%	Yes	No	N/A					0 0
Roof			\boxtimes		ing material		26,000 s.f.	
Roof		Ш	\boxtimes	Roof	flashing mate	rial	1,115 s.f.	
		Щ	Ц					
			Ц					
Name of Designation of Marchaelland		<u> </u>	<u> </u>	N/:	Out in V	IN		
Name of Registered Waste Hauler		2.400		Waste D No.	Cubic Yards of Waste	Name of Reg	istered Landfill	
Bull Waste & Recycling, LLC		liau	ici il	J 140.	400	G.R.O.W.S.		
City, State		336 C			Disposal Date	City, State		
Berlin, NJ					11-22-13	Morrisville,	PA	
Completed By (Print or Type) Theodore S. Budzynski		Title			Signature		>	Date
i neodole 3. budzyliski		Ger	ı. Me	yr.				10-18-13
27								

		(Pui	suant	to	N.J.A	<u>C.</u> 8:	60 and 12:120)		CHECK #	1081	_	_	
Date of Notification	(1)		1	Vame	e of B	uilding	Owner / Operat	or (2)	[23 [Pa]	<u> </u>		1		
	10-08-13			NJ D		unung	Owner / Operat	01 (2)			***			
Agencies Notified	Type Notific	ation	5	Stree	t Add			177				. 1 8		
⊠ EPA	_	2				kway			OCT	2 5 2013		<u> </u>		
DEP	Initia					& Zip					20	and the		
⊠ DOL	Amei					NJ 08					- 4	1		
□ DOH □ DCA		rgency cellation	100			ontact				N.				
LI DOX	L Cand	eliation			e Ru					1 1 1 1 1 1	_			
Name of Facility Wh	acro Abatam	antia Talia - D	1 (0	FA	CILI	TY IN	FORMATION				~~ =			
S.J. Regional Air			iace (3)			Type of Fac							
Street Address	portitope	Ly	-	-					Other than k	(10)				
Fostertown Road	4								ate & comme		as bon		oto \	
. colontown road	4						Square Feet		# of Floors		gs, non Bldg. Ag	0.10	e(C.)	
City (5)		County (6)	Cor	inty	Code	(7)			The Average medication				_	
Lumberton		Burlington	1000	arity	Ooue	(1)	Multi Bla		if being demo		Over 4	u yr	5.	
Lumberton		Burnington	. AD				Old farm		7.7	olished)				
Name of Monitoring	Firm Hired b	y Building Own	or (8)		IAC	CM No		- hall the chart		(0)				
Tranic or Monitoring	i iiii i iiied b		AS	CIVI INC			t Contractor							
Street Address					Street Addre		tement, LL	<u> </u>		-	-			
							PO Box 13							
City, State & Zip Co	de						City, State &		ode					
				_			Cherry Hill							
Project Manager for	Monitoring F	irm	Telep	hone	Num	ber	Telephone N	lumber	77.00	License N	lumber			200
							609-567-09	50			0118	37		
Scheduled Start Dat	te (10)	Scheduled Cor			te (11	1)	Name of OS							
10-24-13			11-29		Sille.		EMSL Ana	-			_			
Occupancy Status D	od//acated F	nent (Check or During Entire P	nly one	f Ah	otom	-nt	Street Addre	100 to 10						
		01 0 %					107 Haddo							
Describe:	-enomied Ot	utside of Norma	ai mou	rs –	/am	io 3pm								
	upied During	Abatement					Westmont,	NJ U	3108					
Scope of Work (Che			-			-			Full Contain	mont with N	o a o tivo	Dro		
≥3 sf or ≥3 lf		Piy)	П	Rer	novati	On.		\boxtimes	Full Contain Mini-Enclose		egalive	Pres	ssure	
≥160 sf ≥260			\bowtie		nolitic			Ħ	Glove Bag F					
								X	Non-Exemp		-Friable	Pro	cedu	ire.
Lo	cation of		ls L	ocati	on	T	Descriptio	-	TTOTT EXCITIP	Amount	Aba			
Asbesto	os-Containing	9	Norm				Asbestos-Cor	ntaining		(Specify	7,50	1	-	900
	erial (ACM)	R E1	So Maint	lely b			Material (A			SF or LF)	70		E	m
	E ABATED Facility		Custo				(i.e., thermal s				em	Repair	cap	ncls
. 10	(13)	ļ		(12)			insulation, surfa- or other miscel				Remova	air	Encapsulate	Enclsoure
	(.0)		Yes	No	N/A		or other miscer	ancou	5)		-		te	Ф
See attached sun	nmary				X	See	attached sum	mary				\Box	П	П
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						-							T	Ħ
														Ī
Name of Registered	Waste Haule	er					Cubic Yards	Name	e of Register	ed Landfill				
D				Ha	uler II	D No.	of Waste		7000 St. 20	100 200 to 1				
Bull Waste & Rec	ycling, LLC						2.7		m County I	andfill				
City, State							Disposal Date	City,	State	200				
Berlin, NJ							11/29/13	Allov	way Towns	hip, NJ				
Completed By (Print				Titl			Signature				Date			
Theodore S. Budz	zynski			Ge	n. M	gr.					10-08	-13		



CK 3674

Date of Notification (1) 10/22/13					Building (sko Sr (***************************************							
Agencies Notified	Type Notification			Street Ad		private	71101110	-)			<u> </u>	<u> </u>				
EPA DEP	× Initial				43rd St.										4	
DEP X DOL	Amended Amendment	#			e, Zip Co each T\		08008								18	
▼ DOH	Emergency (justification)	including	1	Name of		•				Tol	nhone	Mumb	ner .			_
DCA	Cancellation			Bill												_
Name of Facility Where	Abatement is Takin	g Place (3)		FACIL	ITY INFO	ORMATI	ON	Туре	of Facility (4))						
Bill Vinsko Sr (priva	ate home)								School (K-12							
Street Address 5 east 43rd St.								×	Subchapter 8 Other (i.e. pri					lings,	home	es,
City (5)									etc.) are Feet	# of	Floors	3	Тв	dg. A	qe	-5-01
Long Beach Twp N	NJ 08008							100		2			1000	5+	•	
County (6) Ocean	17.4			County C	ode (7) ISE ONLY)			Curre	ent Use (Prior ne	if bei	ng den	nolishe	d)			
Name of Monitoring Fire	m Hired by Building	Owner (8)		ASCM	No.		Name		atement Cont	ractor	(9)		_			
N/A								aco I	A(10.00)					۰	0	
Street Address							Street PO E	Addre								
City, State, Zip Code						100000000000000000000000000000000000000		Zip Code							187	
D-1-174			- 1				200000000000000000000000000000000000000	8.25.000.000.000	lin NJ 0800)8						
Project Manager for Mo	nitoring Firm			Telephor			100	hone N 753-9			0072	ise No. 27	ř.			
Start Date (10) 10/31/13		Scheduled 11/7/13	Con	npletion [Date (11)		Name Sam		HA Monitor							
Occupancy Status Duris	ng Abatement (Ched	k Only One))				Street	Addre	ess							
	cated During Entire med Outside of Norr						City, S	State, 2	Zip Code					55-7-12-25		
Scope of Work (Check	All That Apply)							-								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		District Control	nova molit					M G	ull Containme ini-Enclosure lovebag Proce	edure						
		le I	ocati	on			E	<u> </u>	on-Exempted	() an	u INOII-	FIIable	: P10	Abate	ement	t
Location	on of	No	rmal	ly		De	scription	n of						T <u>y</u>	rpe I	_
Asbestos-Containin TO BE Al		Used Main	tenai	nce/			taining I		al (ACM) lation.		mount Specify	202	R		Enc	g
In Fac	cility	Custo	dial 8 (12)	Staff?	No.	surfa	cing, VA	AT, or			or LF		Remova	Repair	Encapsulate	Enclosure
,	,	Yes	No	N/A									a	"	late	lre
Exterior	Siding			х	5	Exte	erior Si	ding		2	2300		x			
					-											
Name of Registered Wa	aste Hauler	TN	JDEP W	laste	Cubic	Yards		Name of F	Registe	ered La	andfill					
United Containers			H	lauler ID 2459		of Wa			G.R.O.V							
City, State						Dispo	sal Date	9	City, State Morrisvi		A 190	67				
Completed by		Title					Signatur	e ,				Dat	е			
Anthony T Perna		Presid	ent				(~				10	22/	13		



Date of Notification (1) 10 Lad 13 Agences Notified Type Notification BA Dinist Amended Amended Amended Emergency (inclination) Distriction Districti	Street Address	IN THE TES	(2)		
Agencies Notified Type Notification	Syeel Addres	KFK TES		100 Apr 100	
□ BA □ CB			14 CAT	LACTING	
□ BA □ CB				57	
☐ DOL Amendment # ☐ Emergency (Incl. justification)	1 /9	5 R. F. S	ت -		
☐ DOL Amendment # ☐ Emergency (Incl. justification)	Chy. Sule. Zip				
☐ Emergency (Incli			· > 4. T. C	08230	
Oon justification)	wing	-CENIFIE	60,017		
	Name of Contr		į.		
	BALL	E BREUM	10		
	FACILITY IN	FORMATION			
Name of Facility Where Abatement is Taking F	Place (3)		Type of Facility (4)	
Name of racing where we stell ellips 100.4.			□ School (K-12)		
PESITE DE			Subchapter 8	(Other than K-12)	75770 - 01 - 1-10 F
Siree: Address	1 4 -		DOTHER (I.E., PAY	ere é commercial o	min ud s
1.16 BANTRAM	LANE		Square Feel	# of Floors	BIDO AGE
				. 2_	40 +
Cir(5) OCEAN CIFY			1000	77. 7	
0004.	County Code	(1) (STATE		r K being demokshe	(0)
County (6)	USE ONLY		VAC	DUT	
APE MAY		Name of Ahater	meni Canvador (9)		
Name distantioning Firm Hired by Building On	mer ASCH No.	Ziz-	ico INC	-/	
		1			
(8)		Sveet Address	~ C na	= 800.	
Street Agoress	74.4°		S. SPRUC	,c ~ · · ·	
		Ciry. State, Zip	C∞te	. ~	
City State Zp Code		MA	OLZ SHAD	= N D 0	3050
(11) 3216 05 0001		Telephone No.		Lanse No	
Line Legan Firm	of snorgelet.	Methors no.	79-0472	0044	9
Project Manager for Monitoring Firm	· ·				
	Jed Completion Date (11)	Harre of OSHA	Monta	11	
Sian Date (10)	100000000000000000000000000000000000000	TOSE	PKHLEM	<u>~1</u>	
11/2/12 -11	19/13		4.14		
Occupancy Status During Abatement (Check	conly one)	300000000000000000000000000000000000000	SPILUCE	-103	,
Stading Closed Vacaled During Entire Pen	of Abatement				
E Facility Closed Vacated During Entire	Encilo Hours	City, State, Xip	Code €.		5257
Abaiement Performed Outside of Normal	Pacally House	MUP	COO SHADO	= $N, 2, 0$	0007 6
One Describe					
		' MFULC	ontainment with Ne	gative Pressure	
Scope of Work (Check all that apply)		mm.	VCIO COLE		
1 7 23 51 01 23 II	Rangyalion .	Glove	Exembled (.) sug Mo	- Friste Procedur	
-160 st of 2760 H	M neuman.	□ Non-	Examples () sizin		
· • • • • • • • • • • • • • • • • • • •	Is Location			1	1 re
	Normally	Descriptor	\ o(1773-1240-771-17840	
	Used Solely by	PARIOR CONTAINING	Haleum (MCM)	Amount	1 -1 -1 -
		LA INATES SYSTEM	12 IU3019110.	(Specity SF or LF;	2 5 2
1 0001100 01		undagno. Y	A 1 . OI	Sracr,	
Location of				1	Rapa
Location of Aspessos - Containing Material (ACM) TO BE ABATED	Siari	oner myscella	neas)		Rotum Removal
Location of Aspessos - Containing Material (ACM) TO BE ABATED IN FACILITY		oner myscella	neas)		e de la constante de la consta
Location of Aspessos - Containing Material (ACM) TO BE ABATED	Siari	oner myscella	(acon	- 10	1-1-
Location of Aspessos - Containing Material (ACM) TO BE ABATED IN FACILITY	Siah? (12) TES NO NIA	oner myscolla	neas)	1500 A	1-1-
Location of Aspessos - Containing Material (ACM) TO BE ABATED IN FACURY (13)	S:aH? (12)	TRAWS	neas)	1500 B	novid X
Location of Aspestos Containing Material (ACM) TO BE ABATED IN FACILITY	Siah? (12) TES NO NIA	oner myscolla	neas)	1500 B	1-1-
Location of Aspessos - Containing Material (ACM) TO BE ABATED IN FACUTY (13)	Siah? (12) TES NO NIA	oner myscolla	neas)	1500 A	1-1-
Location of Aspessos - Containing Material (ACM) TO BE ABATED IN FACURY (13)	Siah? (12) TES NO NIA	oner myscolla	neas)	1500 B	1-1-
Location of Aspessos - Containing Material (ACM) TO BE ABATED IN FACURY (13)	Siah? (12) TES NO NIA	TRAWS	175 	, , , , , , , , , , , , , , , , , , ,	*
Location of Aspessos Containing Material (ACM) TO BE ABATED IN FACINY (13)	S:an7 (12) TES NO NIA	TRAMS	175 	, , , , , , , , , , , , , , , , , , ,	*
Location of Aspessos Containing Material (ACM) TO BE ABATED IN FACILITY (13) SID ING CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY (13)	Sian' (12) YES NO NIA NOEP Wasse House D No.	Cubic Yards	175 		*
Location of Aspessos Containing Material (ACM) TO BE ABATED IN FACILITY (13) SID ING CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY (13)	S:an7 (12) TES NO NIA	Cubic Yards	Name of Re	oistered Landill	*
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Name of Monitoring Firm F Briggs Associates	lired by Building (Owner (8)		ASCM N 0004	No.	P	yrar	nid Co	ement Cont ontracting							
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City, State, Zip Code Bordentown, NJ 085	05								O7013					36		
Project Manager for Monit Mr. Michael Hoodak				lephone	e No. 3-5520	2.0	(5000)	one No 689-62			License 01099				meso sess	
Start Date (10)		Scheduled 11/08/13		letion D	ate (11)				A Monitor onmental	Labo	ratories	LLC				
10/31/13 Occupancy Status During	Abatement (Che							Addres	s e 22 Wes	-t						
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire d Outside of Norr	Period of Aba	atemer lours	nt		C	City, S	state, Zi	p Code 07081	-						
Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	That Apply)		novatio					Mir	l Containme ni-Enclosure ovebag Prod n-Exempte	e cedure				edure		
		\$200 D.C.	ocatio	99.0			12 22								ment	
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Throughout	School			^		VVIIIGOV		unting								
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Name of Registered Was Pyramid Contracting			Ha	IDEP Wauler ID 2613		Cubic Y of Wast	te		G.R.O	.W.S.	tered Lan	ndfill				
City, State Clifton, New Jersey	3-12					11/07/	/13	M	City, Sta Morris	ville,	Pennsy	wania				
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ASB-41 (R-06-08)							Go.	not use	this form fo	or asbe	estos licer	nsure e	xem	pted	activi	ties.

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Date of Notification (1) 10/21/13		M	ame of B liddles	Building Ov ex Boar	wner/Op d of Ed	ducation (on	N 1	, i					
Agencies Notified Type Notification			reet Ado	dress in F. Ker	nnedy	Drive				OCT	2 5	2013	,	
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Emergency (i justification) DCA Cancellation	ncluding	100000	ame of C	Contact Mulvey				4	7		l -qe			
DCA Carrottation			FACILI	ITY INFO	RMATIC	N						-		
Name of Facility Where Abatement is Taking Parker Elementary School	Place (3)						Type of F	ool (K-1	2)	er than K-1	2)			
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Street Address 3 Crosswicks Street							Address Sargear	nt Aven	ue					
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Project Manager for Monitoring Firm Mr. Michael Hoodak		1 82	elephon	ne No. 8-5520			hone No. 689-628	81		License 1 01099	No.			
Start Date (10) 10/31/13	Scheduled		pletion D	Date (11)		Name J&S	of OSHA Environ	Monitor menta	Labo	ratories	LLC			
Occupancy Status During Abatement (Chec							Address Route	22 We	st					48
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	Period of Ab	ateme Hours	ent		_	City, S	State, Zip	Code						
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	ls l	ocatio	on				14011	LXCIIIPIG				Abate	ment	
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	Yes	No	N/A											
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Name of Registered Waste Hauler	1/2/07	JDEP V			c Yards				tered Land	fill			<u></u>	
Pyramid Contracting Corp.	10.000	lauler ID 2613	NO.	of Wa	Partie (C	to	G.R.O		, Inc.					
City, State Clifton, New Jersey				11/0		n			Pennsylv	ania Date				
Completed by Dimo Golcev	dent				Signatu	IT A L	1	1	11 1 11	10/21/	13			
ASB-41 (R-06-08)							not use th	is form	or asbe	estos licens	ure exe	mpted	activ	ities



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gencies Notified		rgency Notification	Street Ad				· · · · · · · · · · · · · · · · · · ·	ra e i	WEE	7]
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		ti- Taking Plac			- C.	of Facility (4))		NI.	
ame of Facility Wi	nere Abatem II 🛕	ent is Taking Plac merica Bldg	E (3)		S	chool (K-12)				
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New Bruns	swick	Middlesex				e/Warehou		monoriou)		
		L. D. Heling Our	r (9)	ASCM No.		of Abateme		or (9)		
Name of Monitoring	Firm Hired	by Building Owne	(0)	NOOW INO.	Glob	al Abatem	ent Servic	es, LLC		
Street Address					Street	Address Schoolhou	se Road			
City, State & Zip C	nde	-			City, S	State & Zip (Code			
Jily, State & Zip O	oue					roe Towns		831	Number	
Project Manager fo	r Monitoring	Firm	Telephone N	umber	732-0	hone Numb 605-9062		License	00714	
Scheduled Start Da 11/1/1		Scheduled Com	pletion Date 11/14/13	(11)	Name Glob	of OSHA Notal Abatem	Monitor nent Servio	ces, LLC		
Occupancy Status	During Abates	ement (Check onl I During Entire Pe	ly one) eriod of Abate	ement	443	t Address Schoolho u	ise Road			
X Abatemen	Performed (Outside of Norma	I Facility Hou	irs -	City,	State & Zip	Code	2004		
Describe: Other - De	Area Isol	ated During Ab	atement		Mon	roe Towns	ship, NJ 0	3831		
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		r ≥ 260 LF ACM	Is Locatio	n	De	escription of		Amount		ent Type
	Location of stos-Contair	nina	Normally Us		Asbes	stos-Contair	ning	(Specify		: Removal, ncapsulation
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	in Facility (13)		(12)	all:		r miscellane			22	
	**************************************		N/A			TSI pipe		1500LF	Cut	/Wrap
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Name of Register Freehold Ca		uiei		18693	- "	3	30	TRRF		
	lage			1		Disposal D		City, State	Do	
							4/13	Tullytown	, ra	Data
City, State	J									
	int or Type)	Title Project	Manager			Signature	inick Tr	ingali		Date 10/17/1

C.K#1066

VIA US MAIL Ch#/066

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Agency Notified Type Notification	S	LI AU	HARUA	RC AUE	
Y Significal	0	By, State,	Zip Code		
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DCA Cancellation		FACILITY	INFORMATION .		The second secon
Name of Facility Where Abatement is Taking Pla				Type of Facility (4)	
Name of Facility Wilese Audustin				School (K-12) Subchapter 8 (Other than V Other (i.e. private & corns	K-12)
Street Address	DIV		7	/ homes, etc.)	I made Amo
404 HARVARCI	THE			Square Feet # of Floors	55
Cay 15 HILLSIDE NI)	·	de (7) (STATE USE	Current Use (Prior if being d	emolished)
County (6) UNION	-	County Co ONILY)		RESIDEN	1
O 10 (0) O	ASCM	No.	Name of Abate	ment Contractor (9)	
Name of Monitoring Firm Hired by Building Owne (8)			Street Address	<u>CC-1</u>	-
Street Address			P.O. B	2× 814	
			City, State, Zip		. 08857
City, State, Zip Code	Telepho	no Mo	Telephone No.	Lioense P	0806
Project Manager for Monitoring Firm-			732 2	38×1009	
Start Date (10) 101 12 Scheduled C	ompletion Da	3	Name of OSH	iech inc .	
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O Other - Describe: Scope of Work (Check all that apply)		~/	FD 0.4	el Containment with Negative hi-Enclosure	Pressure
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□≥3 sfor≥3 ff □≥160 sfor≥260 ff					Type
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Astrono Containing Material (ACM)	Used So Mainten	ance/	n - departed Stell	ens insulation.	Specify ForLF) emoval emoval
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Name of Registered Waste Hauter	ID No.	1250	31 20	@18.0.W	201
NOVATECH INC		2000	Disposal Da	3 HIDASONTE	TiH'i
City, State QOOGE NO), 0'	8857	Signature	P2 1112 17	10013
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Date of Notification (1)		n		Name	of Building	Owner/Operator (2	2)	API	MONE	lii		
	18 / 13	_		Wentu	o Hau'ng			NJ Dept of Hea	th & Se	enior	Servi	ces
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₩ phss	Amendment #_				tate, Zip C			100	3			
DCA (NIAC EIDS II)	Emergency (inti- justification)	duding			Hills, N			Tolanhana Nur	han			
(NJAC 5:23-8)	Cancellation				e Smith	•		, commission and the commission of the commissio	n ara			
	12	_				FORMATION						_
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rivate house Street Address							School (K-1)	2) 8 (Other than K-1:	2) :	= \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	7	
506 Howard Drive							homes, etc.	private and comme	rcial bu	illding	15.	3.50
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Name of Monitoring Firm	8)	ASCM	No.	Name of Abatem	ent Contractor (9))		NO	ببند			
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City, State, Zip Code						City, State, Zip C						
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i reject meneger tot Mou	noting cam		1 616	ephone	INO.	Telephone No.	(4)	License No.				
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APPROVED: NJOOH 10/18/13

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

								ESTOS AB/ . 8:60 and 1		NENI 20) CE	# 25	508	_		
Date of Notification								wner / Operator							
	10/18/201							tment of Cor	rectio	ns					
Agencies Notified EPA	Type Notif	rication	1000	treet O B											
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□ DOH □ DCA	⊠ Em	nergency		lame								Telepho	ne N	umb	er!
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Name of Facility Will Garden State Co			ace (3))				Type of Facilit						,	T PERSONAL PROPERTY.
Street Address	2									Other than K-		KL.	a. 4	lane.	1
Highbridge Rd. (off RT 13	0)							e. priva	ate & commerc				tc.)	<u>_i</u>
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Yardville, NJ		Mercer						Correctiona		f being demoli	snea)				
Name of Monitoring	Firm Hired	d by Building Own	er (8)		AS	SCM	No.			t Contractor (9	9)				
Environmental C				Bristol Envi	ironm										
Street Address				Street Addres		-4									
120 N. Warren St								1123 Beave City, State & 2							
City, State & Zip Co Trenton, NJ 0860								Bristol, PA							
Project Manager fo		a Firm	Telep	hone	Nur	mber	N N N N N N N N N N N N N N N N N N N	Telephone Nu			License N	lumber			
Jim Frisbee		9	609-3					(215)788-60	40		00509				
Scheduled Start Da		Scheduled Cor				1)		Name of OSH							
10/18/20			0/19/		_			Bristol Envi		nental Inc.					-
Occupancy Status	During Aba	tement (Check or d During Entire P	nly one	e) of Abr	ton	nont		Street Addres		not					
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Scope of Work (Ch									_				_		
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Name of Registere	d Waste H	auler		INJ	DEF	P Wa	ste	Cubic Yards	Nam	e of Registere	ed Landfill				
Bristol Environn				3813.55	706	r ID N	lo.	of Waste 2		.O.W.S Land					
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Bristol, PA				1	la.			10/18/2013	INIOL	risville, PA	V250	Date))		
Completed By (Prin				Tit	le oje	cf		Signature	0		/	10/		3	
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dr 4.7.39

Date of Nationalism (1)	Name of Building		4		
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D EPA Control D Amended	City, State, Zip C	ods .	C, N.J. O	890H=	110 1. 7
Amendment #	HIGHLA	UD PARI	C N. d.	Maribal	
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G DCA Generalistics	FACILITY INFO			No.	i i i i a
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Name of Facility Where Alestanest is Taking Place (5)			C School (K-12)	V 493 ·	
AL ISHTOCO		:	Const (i.e. private &	sommercial building	js,
342 GRAHAM STREET			homes, etc.)		
MA .				75	yes.
HIGHLAND PARK		1100	Current Use (Prior II be	ing domolished)	- /
Country (6)	County Code (7)) (STATE USE	RESIDENC	Ē.	
MIDDLESEY. Name of Mondaing From Hood by Building Conner A	SCM No.	Name of Abalos	ment Contractor (9)		
Name of Managery Pain rate by James of Co.			emoval Inc		
Street Address		Street Address			
7 7		450 S.	River St		
City, State, Zip Code		Hacken	sack, N.J.	7601	
Project Manager for Monitoling Film Te	isphono Mo.	Teisphone No.	Libes	se No.	
		201-329-	/ 444)388	
10-30-13 10-31-		Mame of OSHA	Monitor Noironmental	Inc	
10-30-13 10-31-	12 .	Street Address			
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© Facility Closed/Vasated During Entire Period of Abate D Abatement Performed Cutside of Normal Facility Hou	is .	City, State, Zip	Code	ит 0760	6
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Scope of Work (Check all Sat apply)	A Rescussion		Contringent with Negati i-Enclosure	vo Pressure	
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7 7	No 7109	3/4 40	Minerva En	terprises	
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Hackensack, N.J. 076	01	10-31-13	Waynesburg		
Completed by Tale		Singaturé		10-2	21-13
R. VELDRAN Estimato	L	R. Veld	ian	1/0	-11-

Ch1067

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

UIA U.S. MAIL

		(Purs			::60 and 12:1			<u> </u>	
ate of Notification (1)	10/22/1	2 .	Name of	WAN	OmieriOperatur	Johns	04)		_ :
	Type Notification	<u> </u>	Street A	esorish-				2 5 2013	
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Крон	justification) Cancellation		HOS	lok	noson				٦
DOCA	Cancenanon		FACIL		RMATION .				\dashv
lame of Facility Where	Abatement is Taking	Place (3)	1			Type of Facility C) School (K-12	1) ·	25	
Street Address		<u> </u>				G Other (i.e. pr	Maje & Coulainerry r	uildings,	
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County (6) :		· ·	County ONLY)	Code (7)	(STATE USE	\·	YESTDEN!		\dashv
Hidd (SE) Name of Monitoring Fin	n Hired by Building C	homer ASC	am No.	. 1	Name of Abates NOVATE	ment Contractor (3)		
(8) Street Arkiness	-				Street Address	0111	•		
1000-000	··.	<u> </u>			City State Zip		N.J. 089	357	•
City, State, Zip Code Project Manager for Ma	- Paris -	Telep	hone No.		Telephone No.	227500	- License No.		
Project Manager to the		ed Completion	Date (11)	.	Name of OSH				
Start Date (10)	2 t	113011	3		Street Address		•		
One manner Status Dur	ing Abatement (Chec	and of Aircloss	ment		PO.150	Code		2/3	
Facility Closed/Vac Abelement Perform Other - Describe:	ated During Emile re and Outside of Mormal	Facility Hours			OID BO		0,0 - 0889 Tim Negative Pressur		
Scope of Work (Check	all that apply)	**	Ya Bar	novation	/O.M	ni-Enclosure .			
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Loc	ation of ming Material (ACM)	Maint	Solely by Jenance	Asb	estos Containing e., thermal syste	IID DESCRIPTION	(Specify SF or LF)	Removal	Encapaulate
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City, State	E NO.	0885	<u> </u>		12 1 (13	- Horas	1.0.1	Date O Do	1/13
	SE N.D.	5	1		Signature		mul	Deale 10 20	1/13

STATE OF NEW JERSEY

				BESTOS ABATE 8:60-7 AND 12:		The	201	#	122		
Date of Notification (1)			Name of Building Owner / Operator (2)								
10 / 24 / 13		*		PHARMACEUT	ICALS CORPO	RATION					
/ /			Street Add								
Agencies Notified Type of No	otification Initial		1 HEALTH PLAZA City, State, Zip Code								
□ EPA □	Amended		EAST HANOVER, NJ 07936								
□ DOH □	Amendment #		Name of Contact Telephone Number								
DOL 🗆	Emergency wa	justification	KEN PIRO	ZZI							
	Cancellation					,			-		
		F.A	ACILITY IN	FORMATION							
Name of Facility Where Abatem	ent is Taking F	Place (3)		Type of Facility	(4)						
NOVARTIS				☐ Scho	ool (K-12)						
Street Address					hapter 8 (Othe	er than K-12	2)				
1 HEALTH PLAZA					r (l.e., private		al				
					s., homes, etc.		În ne				
City (5) County (6)	County Code ((7)	Square Feet N/A	# Of Flo	ors	Building	g Age			
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Name of Monitoring Firm Hired	by Bldg. Owne	er (8)	ASCM NO	Name of Abater	ment Contract	or (9)					
HILLMAN ENVIRONMENTAL	A	(5) 50									
				LVI Demolition S				1			
Street Address 1600 ROUTE 22 EAST				Street Address							
City, State, Zip Code				32 Williams Park	wav						
UNION, NJ 07083				City, State, Zip							
Project Mngr. For Monitoring F	irm	Telephone Nu	mber								
MIKE NEHLSEN		908-688-7800		East Hanover, N							
Sheduled Start Date (10)		letetion Date (1		Telephone Num	nber	License	Number				
$\frac{11}{1} / \frac{10}{10} / \frac{13}{10}$	12 /	09/	13	973-884-868	32		0	0860			
Occupancy Status During Abat	ement (Check	Only 1)		Name of OSHA							
☐ Facility Closed/Vaca				LVI Demolition S	Services Inc.						
Abatement				Street Address					1,000		
☐ Abatement Performe	ed Outside of N	lormal Facility		20 MEII: DI							
Hours - Describe: Other - Describe:	CAT CUN 7 A	4 2:20 DM		32 Williams Park City, State, Zip							
Other - Describe:	SAT-SUN / AI	VI - 3:30 PIVI		East Hanover, N							
Scope of Work (Check All That	Apply)										
☐ Demolition	7	Renovation		Full Containme	nt with Negati	ve Pressur	е				
		-	ă	Mini - Enclosur							
≥160 sf or ≥260 lf			V	Glovebag Proce							
				Non-Exempted	(*) and Non-Fi	riable Proce	edure				
Location of	ls		Descript	ion of		Abateme	ent Type				
Asbestos Containing	Location	As	bestos - C			R	I	E	E		
Material (ACM)	Normally	200,000	Material	(ACM)	Amour	100	R	N	N		
TO BE ABATED	Used		e., therma		(Specif		E	C	C		
in Facility	Solely			facing, VAT,	SF or L		P	A	L		
(13)	by Main-	or	other misc	ellaneous)		V A	A	P S	o s		
	tenance/ Custodial				1	1 2	R	Ü	ŭ		
	Staff (12)							L	R		
	YES NO N/A										
EXTERIOR		PIPE			20 LF	V					
							1	1 !!	+		
							++	+			
Name of Registered Wasts Use	lor	NJDEP Waste	Cubic	Name of Regist	ered Landfill						
Name of Registered Waste Hau NEWARK CARTING	iiei	Hauler ID No.		IESI	CIVA LAIRAINI						
			of Waste								
City, State		<u> </u>	Disposal	City. State		1011	1				
NEWARK, NJ			Date	BETHLAHEM, F	A	/	7				
Completed by (Print or Type)		Title		Sian	ature	1		Date			
STEVEN STILES		PROJECT MA	NAGER	<	7	*	+		10/24/12		

D&S Proj. #: 2013-393

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

BOGDAN JOLDZIC	PRESIDENT	for achoe	toe licensure	exempte	d activities.		10/2	1201.			
PATERSON, NJ 07503 Completed by (Print or Type)	Title	10/23/1	Signature		TULLITO	11.43, 4.4	Date	/2013	3		
D & S RESTORATION, INC. City, State	13506	Disposal [Date		City, State TULLYTOV						
Registered Waste Hauler	NJDEP Hauler		Cubic Yards of 1 YD	f Waste	Name of Register	ered Landfill /N, RESOURCE	RECOVE	RY			
		-	1						Ш		
									旦	旧	닏
			-								10
BUILDING EXTERIOR	X		THEIRS	J.L. III							10
		11//	PIPE INS	ULATIO	ON	12 L FT		×			
	by maintenance/cust staff(12)	odial N/A	Descript material	tion of asl (ACM)	bestos-containing	(Specify		o v e	p a i	c a p	c L
	s location normally u	sed solely				Amount		e	R e	E n	E
B = - B	enovation emolition					Glovebag proced Non-Exempted (ure *) and Non-	friable	proce	edure	
Scope of Work (check all that apply)	votion				ַ	Mini-enclosure	lura.				
Other-Describe: NORMAL HOU	JRS			-11	1 aterson, 1 to	Full Containment	w/negative	pressi	ıre		
Abatement performed outside of	normal facility nours	<u> </u>		_ .	Paterson, NJ	07503					
Occupancy Status During Abatement (Facility closed/vacated during en	Check only one) tire period of abatem	nent.		C	ity, State, Zip Coo						
10/21/13	10/24/13			- s	20 California A	Avenue				9	
Start Date (10)	Sched. Completion	Date (11)			D & S Restora	ation, Inc.				-	
		D : (41)		_ N	ame of OSHA Mo	onitor					
Project Manager for Monitoring Firm	Phor	ne Number	r	16	973-345-802		(0.000000000000000000000000000000000000	169			
Oity, Ciato, 2.p				_ _	Paterson, NJ 0		License N	lumbe	r	_	
City, State, Zip Code				Cit	y, State, Zip Code						
Street Address					20 California A						
					reet Address	CATION, INC.	_				
Name of Monitoring Firm Hired by Bldg	. Owner (8)	<i>P</i>	ASCM No.		D & S RESTOR						
MONTCLAIR	ESSEX			- 1 111	ame of Abatemen	t Contractor (9)					_
City (5)	County (6)				ise only)	Current Use (P	rior if being	demoli	shed)	l	
224 CHRISTOPHER STREET				County	Code (7)	J.		_ _			_
Street Address							Homes, etc. # of Floors	_	Bldg	Age	
COLWELL RESIDENCE						Other (Private/Com	merci			
Name of facility where abatement is tak	ing place (3)					1 -	(K - 12) apter 8 (Other	er than	K-12	2)	
		TAOILIT	1 11 0 1 11 11		Т	Type of Facility (4	1)				
Cancellation	111(1/111)		Y INFORMA	TION					0		
justification)	TIN MIND	EN								=	=
DOH Emergency (including	Name of Contac		7042			Telephone	Number				
Amendment #:	MONTCLA		7042								
DEP Amended	224 CHRIST City, State, Zip C		STREET			**					
Agencies Notified Type Notification Type Notification Initial	Street Address					n n	The State of the S)			-00
1 0 / 2 1 / 1 3	MR. COLWI	ELL						_			
Date of Notification (1)	Name of Building	Owner/O	perator (2)								

D&S Proj. #: 2013-393

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

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100	_		ionatur	e)		
	M	121	123		10:15	u

						Tank Co	Homes	A TIVU		
Date of Notification (1)	Name of I	Juliding Own	er/Operator (2		<u> </u>		aignature) 113 Time: 10	225	1 1/1	-
Agenoles Notified Type Notifica		DLWELL			r.	Date: 1/1/2/	Time: 10	101	ilan	
EPA Initial	Stragt Wor				F.	· · · · · · · · · · · · · · · · · · ·		¥:		
DEP Amended			ER STREET				*			
DOL Amendment #	1000	, Zip Code								
DOH (Including	Name of C	CLAIR, N	11 07042			I Talenhon	n Blumber	-	-	******
DCA Justifloation		UNDEN				a n prited, 14.14.34.3	e Number			
Canosilation	111/1/		ILITY INFORM	ATION						==
Name of facility where abatement	is taking place (3)	PAC	ILIT INFORM	ATION		Type of Facility (A)	,		
	marile bress (6)						(K - 12)			
COLWELL RESIDENCE Street Address	- Company de la				· ·		apter 8 (Other t		-12)	
						Other ((Private/Comme Homes, etc.	erolai		
224 CHRISTOPHER STREE					12		# of Floors	B	dg. A	ge
City (5)	County (8)	1		County Coo	PERSON 100 100 100 100 100 100 100 100 100 10			_		and the same of th
MONTCLAIR	ESSEX			(State use o	only)	Current Use (P	rior if being den	nollsh	ed)	
Name of Monitoring Firm Hired by			ASCM No.	Name	of Abatemer	nt Contractor (9)				
		:		D&	SRESTO	RATION, INC.				
Street Address					Address					-
				The second secon	California A					
City, State, Zip Code					ate, Zip Cod					
Project Manager for Monitoring Firm		hone Numb			erson, NJ					
· · · · · · · · · · · · · · · · · · ·	· · · .]'	JOUR MININ	er	100000000000000000000000000000000000000	one Number 3-345-802		Ucense Num 01169		335	
Start Date (10)	Sched. Comple	tion Date (1	m	- Consultation	of OSHA Mo	Mill designation of the last o	01109			
10/21/13		bon Data (1	Ä	D8	S Restora					
Occupancy Status During Abatemer	10/24/13	1			Address				and the same	
☐ Facility closed/vecated during	entire period of aba	tement.			alifornia A	The state of the s				
Abetement performed outside Describe:	of normal facility ho	urs-		City, OL	ate, Zip Cod	le.				
Other-Describe; NORMAL H	The state of the s			Pat	erson, NJ 0	7503				
Scope of Work (check all that apply	1)					Full Containment w	negative pres	ure	_	
≥3 af or >3 lf	Renovation	•	4			Mini-enclosure				
≥160 sf or ≥260 lf	Demotition				×	Glovebag procedur Non-Exempted (*)		NPAA	مطريعه	į.
Location of	Is location normally by maintenance/cu	used solely	1				R	R	E	7
asbeatos-containing material (acm) to be	staff(12)	- in-	Description material (n of asbestos	-containing	Amount (Specify S	E OF M	e	n	E n
abated in facility (13)	Yes No	N/A	(mationet)	NOW)	i .	LF)	O	a	д	C
BUILDING EXTERIOR			PIPE INSU	ATTON		12 L FT	9	1	р	
			TALD MIGO	DATION		1ZLF1		님	닏	14
					1 7			٢	H	#
					} +			片	븕	#
Registered Waste Flauler							一片	一	H	H
D & S RESTORATION, INC.	NJDEP Hauter 13506		ubic Yards of V YD		of Registere	d Landill		1-001		<u></u>
City, State		Disposal D		Olty, S		, RESOURCE RE	COVERY	_	_ <u>`</u>	
PATERSON, NJ 07503		10/23/1			LYTOWN	J. PA				
Completed by (Print or Type) BOGDAN JOLDZIC	Title	-	Signature				Date			
ASR-41	PRESIDENT Do not use this form	for poharie	e Books			70 to 100 -	10/21/2013			
	חוסי מסף נוווף וסנון	I IOI HEDDERC	is ilcensure exe	mipred activitie	98.	DACE 1	The second second			

D&S Proj. #: 2013-392

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



					(0)			_							=
Date of Notification	(1)	11	of Building C		erator (2)										_
$\frac{1}{0} / \frac{2}{1}$	J/1 <u>1 13</u> 1	- I -	PENKALS	KI											
Agencies Notified EPA	Type Notification Initial		Address		_										
_	Amended		LENOX A		E										_
DEP DEP	Amendment #:	-	State, Zip Coo												_
☑ DOL			AYWOOD,	NJ					Telephone	e Numbe	er				
☑ DOH	(including justification)		of Contact											80000	
☐ DCA	Cancellation	<u>J(</u>	DE PENKAI						-19		_	2			_
			1	FACILIT	Y INFORMA	ATION		17	e of Facility ((4)					_
Name of facility W	here abatement is ta	king place	(3)					Type	School	K - 12	2)				
								1	Subch	apter 8	(Other	than	K-12		
JOE PENKAL	SKI							1	Other Bldgs	(Private/ /Homes	Comm	nercia	1		
Street Address							1	Sq		# of Flo		T	Bldg.	Age	
140 LENOX A	AVENUE	1 0	/6\	_		Count	y Code (7)				_				_
City (5)		County	(0)				use only)	Ci	urrent Use (F	Prior if be	eing de	emolis	hed)		
MAYWOOD		BERG	EN				lame of Abatemen	+ Contr	ractor (9)					_	=
Name of Monitori	ing Firm Hired by Bld	g. Owner	(8)	A	SCM No.										
						_ ,	D & S RESTOI	KAII	JN, INC.						_
Street Address							20 California	Ave.							
						—	city, State, Zip Cod								
City, State, Zip Co	ode						Paterson, NJ								
			Phone	Number			Telephone Numbe	r		Lice	nse Nu 011				
Project Manager	for Monitoring Firm					- 11	973-345-802				011	0)	_	_	_
		Isched	Completion D	ate (11)			Name of OSHA M D & S Restor		Inc					1000	
Start Date (10)		1000		•		- 11	Street Address	ation,	ino.						
10/22/13		10/30/					20 California	Avenu	ie						_
Occupancy Statu	is During Abatement sed/vacated during e	entire perio	d of abateme	nt.			City, State, Zip Co	de							
Abatement	t performed outside of	of normal f	acility hours-					0750							
	scribe: NORMAL HO						Paterson, NJ	0750.	3		ativo n	rassi	re		_
Scope of Work	(check all that apply))				0.5			Containmer ni-enclosure	nt w/neg	alive p	10330			
>3 sf or >3	3 If 🖂	Renovatio	n					M GIO	weban proce	edure				duro	
≥160 sf or		Demolition	i					☐ No	n-Exempted	(*) and	Non-fr	R	R	E	-
		Is location	n normally use	ed solely					Amour	nt	- 1	e m	e p	n c	E n
Location of asbestos-	-containing	by mainte staff(12)	enance/custoo	liai	Descri	ption of a al (ACM)	asbestos-containin	g		fy SF or		0	a	a	C
material (acm) to be facility (13)	Yes	No	N/A	maton	u. (,			LF)			v e	r	р	
					PIPE IN	SULAT	ION		7 L FT			Image: Control of the	므		붜
BASEMENT					BOILER	INSUI	ATION (bricks)	40 SQ F	T		Image: Control of the	ᆜ	屵	ዙ
BASEMENT	BOILER											片	片	H	#
												片	片	片	ዙ
								and I	andfill		_			1	1-
Registered Was	ste Hauler		EP Hauler ID	33.7	ubic Yards	of Waste	Name of Regis	terea L WN. R	ESOURCE	E RECO	OVER	Y			
D & S REST	TORATION, INC.	13	506	Disposal	1 YD Date		City, State						-		
City, State	NI NII 07502		٢	10/23/			TULLYTO	WN, I	PA	-	2011				
PATERSOI Completed by	N, NJ 07503	Title			Signatur	e					Date 10/21	/201	3		
BOGDAN	JOLDZIC	PRESI	DENT	or achoe	toe licensur	e exemp	ted activities.				1012				

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

Oct	21	2013	11:01am	P001/0
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D&S Proj. #: 2013-392	Notific (Pursu	cation of As Jant to NJA	C 8:60 and 12:	IZUI I	of Health & Ser	ior Service:	8			
Data Proj. iii Zoza Zoza				1.444	OB-(13 Tir	10:00	am			
(Al-Milantino (1)	Name of Bull ling Ow	ner/Operator	(2)	Date:	OURCITY TH	no:	-J .			
of Notification (1)	JOE PENKALSK	Ι		and the same of th		Set Section	١			
noles Notified Type Notification	Street Address				4.44 ² -					
EPA Initial	140 LENOX AV	ENUE								
DEP Amended	City, State, Zip Code)			in a	•				
Amendment #:	MAYWOOD, M				Telephone Nur	nber			-	
(Individing	Name of Cortact			,	1 Helphicks Man	5				
DOH (Indition)	11		2 81 1						-	
Cancellation	JOE PENKAL									
	F	ACILITY INFO	DRMATION		of Facility (4)		_			
	Libra place (3)			Type	School (K	- 12)				
ame of facility where abatement is t	taking place (3)		*		Subchapte	8 (Other th	an K	-12)		
TOE PENKALSKI		The state of the s			M Other (Priv	ate/Comme	rcial			
					Bldgs./Hon	109, OTC.		dg. A	na	-
Street Address				Squ	lare Feet # of	Floors	ь	uy. r	an.	
140 LENOX AVENUE			County Co	de (7)			- Hole			\$
City (5)	County (6)		(State use	only) Gu	rrent Use (Prior	if being dem	Ollar	leuj		
	BERGEN				/2:0			-		a
MAYWOOD		ASCM	No. Name	of Abatement Contr	actor (a)					
Name of Monitoring Firm Hired by E	aldd' Owler (o)		ll D	S RESTORATION	ON, INC.		_	-	-	=
×			Street	t Address						
Street Address			1 20	California Ave.						100
2.7	31.		City,	State, Zlp Code						
Olty, State, Zip Code			l F	aterson, NJ 07503						
*.		Mumahar	Tele	phone Number		loense Num 0116				
Project Manager for Monitoring Firm	n Phone	Number	. 11	973-345-8020		0110	2			
20	1.5		Nar	ne of OSHA Monitor	1					
Start Date (10)	Sohed. Completion D	ate (11)		& S Restoration,	Inc.					
0.00 A 10	10/30/13		Stre	et Address						
10/22/13		444		O California Aven	qe		_			=
Occupancy Status During Abatems Facility closed/vacated durin	on entre period of abateme	nt.	Oits	, State, Zip Code	• :					
Abatement performed outside	ie of normal facility hours-	:		F		0.5				
Describe:	HOTIPS			Paterson, NJ 0750	3					=
Describe: NORMAL	, HOURD			Fu	I Containment w	/negative pr	essu	i e		
Scope of Work (check all that ap					ni-enclasure	'A				
>3 sf or >3 lf				A GI	ovebag procedu on-Exempted (*)	and Non-frie	able	oroce	dure	
≥160 st or ≥260 lf	Demolition -				1		F	-rv	- 1	E
Location of	ls location normali/ us by maintenance/oueto	ed solely		antanantaining	Amount		m	e p	n o	r
ashestos-containing	staff(12)	21611	Description of asb material (ACM)	98fO3-COUMITIONS	(Specify 5	SF or	٥	a	а	1
material (acm) to be		N/A	material (iem)		14C)	1	ě	r_	р	-
abated in facility (13)		the second section of the second	TOTAL AMICO	NT .	71:FT		X			
BASEMENT		Pl.	PE INSULATIO	TION (bricks)	40 SQ FT		X			
BASEMENT BOILER		. ВС	THER INSULA	TION (Orloca)						I
	3210				The second second					1
	The state of the s			17			T			
-								1		S.
				- Cupic	Landfill					
Paristeron Wasta Haller	NJDEP Hauler II			Name of Registered	Landfill RESOURCE F	ECOVER	Y			_
Hegistered Waste Hauler D & S RESTORATION, IN	NJDEP Hauler III	1 Y	D	TULLYTOWN,	Landfill RESOURCE F	ECOVER	Y			_
D & S RESTORATION, In	NJDEP Hauler III	l Y	D	TULLYTOWN,	RESOURCE F	ECOVER	Y			
D & S RESTORATION, IN	NJDEP Hauler III	1 Y Disposal Date 10/23/13	D	TULLYTOWN,	RESOURCE F	Date		J		
D & S RESTORATION, IN	NJDEP Hauler III	1 Y Disposal Date 10/23/13	D	TULLYTOWN,	RESOURCE F			3		

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Date of Notification (1)				Name	of Building	Owner/Operator (2	2)			1		
10 /22	/13			St. l	_uke's -	Warren Campus	3					
Agencies Notified Type	e Notification	100000		Street	Address							
	nitial	# 5		185	Roseber	rry Street						
	Amended Amendment#			City, S	tate, Zip C	Code						
2 500	menament# Emergency (ir	574 850 5		Phil	lipsburg	, NJ 08865						
	ustification)	loluuliig		Name	of Contact	t		Telephone Nu	mber	147031	311.313	
	Cancellation			Ted	Ruhf							
				FAC	ILITY IN	IFORMATION					<u>Jo</u>	
Name of Facility Where Abate	ment is Takin	g Place	(3)				Type of Facility (4)		,		12.1
St. Luke's Hospital - Wa	rren Camp	us					School (K-12)		40)			
Street Address							☐ Subchapter 8 ☐ Other (i.e., pr			ldina	s.	
185 Roseberrt Street							homes, etc.)			3		
City (5)							Square Feet	# of Floors	Bld	g. Ag	e	
Phillipsburg, NJ							150000	5		0		
County (6)				Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demo	olished)			
Warren				1								
Name of Monitoring Firm Hired	by Building	Owner (8)	ASCM	No.	Name of Abateme						
AET				0002	:1	Alliance Env	ironmental Sys	tems				
Street Address						Street Address						
28 N. Pennell Road						550 East Uni	on Street					
City, State, Zip Code						City, State, Zip C						
Media, PA 19063						West Cheste	r, PA 129382				7-10	
Project Manager for Monitoring	g Firm			phone I		Telephone No. License No.						
David Turotsy			1000		9-6238	610-701-9000		00508				
Start Date (10) 11 / 6 / 13	The second secon	duled C				Name of OSHA N	lonitor					
Occupancy Status During Aba		k only o	ne)			Street Address					-	
☐ Facility Closed/Vacated Du	And the second of the second o	and the second		ment		28 N. Pennel	Road					
	side of Norma	I Facility	y Hou	rs - Des	cribe	City, State, Zip C	ode					
Time of Abatement:	_AM- <u>4:00</u> PM	/	PM- <u>1</u>	:00AM		Media, PA 19						
Scope of Work (Check all that	apply)											
□ >3 ef or >3 If		⊠ Re	novat	ion		☐ Full Con	tainment with Neg	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		☐ De				☐ Gloveba	g Procedure					
					1	☐ Non-Exe	empted (*) and No	n-Friable Proce		42		
			Loca			5			Aba	ateme		1
Location of Asbestos-Containing Mate	rial (ACM)			ely by	Ashe	Description of estos Containing Ma		Amount	Re	Repair	Enc	E
TO BE ABATED			inten			e., thermal systems	insulation,	(Specify	Removal	air	aps	Enclosure
IN Facility		Cus	(12)	Staff?		surfacing, VAT other miscellane		SF or LF)	<u>a</u>		Encapsulate	Te
(13)		Yes	No	N/A		other misochane	.003)				Œ	
First Floor - Office/Hallwa	av				Floor T	ile .		500 SF				
First Floor - Office/Hallwa	•	1			Floor T	ile Mastic		500 SF				
Trist Floor - Office/Flative	-9	-	-	-						$\overline{}$	\Box	
] [] [1
						127.				Ц	Ш	Ш
Name of Registered Waste Ha	auler		- 3	NJDEP \ Hauler II		Cubic Yards of Waste	Name of Regis					
N.E.T.S.				18947		.25	BFI Imperia	d1				
City, State						Disposal Date	City, State					
Hazelton, PA						TBD	Imperial, P	Α			,	
Completed By (Print or Type)	Tit	le			22.20	Signature	$\sqrt{/1}$		Date	/	/	
John Heemer	1	Estima	tor			17	#		101	22	11	3
ASB-41))			//	nted ectivities	180012		-		
MAY 11		Do not	use t	nis form	for aspes	stos licensure exem	otea activities.		,			

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

Date of Notification (1)		<u> </u>	inur oth such					
Dear G Notification (1) 10 -22	-13		Building Owner/Oper	ator (2)	117	····		• • •
Agency Notified Type Mattrie		-in-		win Later	USIDI S	SE	1	_
Agency Notified Type Notifie	ition	Street Add	ress	1 6				
DEPA Dinitial		1	37/7	Albura	11.	11.7	- =	-
Q DEP Q Amended		City State	Zîp Code	MOUNY	THE		Ξ,	1.
Amendana Amendana	ont#	July, Olate		2111				
DOH DOH	y (including		lean C	L/Y				
DCA justification		Name of C	ontact /		7			
C Cancolest	Th.	1 CA	real.					
	3	FACILITY	INFORMATION		_			
Name of Facility Where Abatement is Ta	king Place (3)	-	DRI ALPHY ILAIG					
L. House				Type of Facil	ity (4)		14	-
Street Address				School (K-				
220	Λ			Subchante	8 (Other than K-12)			
5111 . HSDURY	Aug			Winer (Le.	invale & commorrie	Swilds	100	
City (5)	11100			140002, 800	-)	Pendi	ga.	
1 Plane Cit		•		Square Fest	# of Floors	Bidg.	Age	
County (6)	<u>, </u>			3100	13	1	-5	
Occur.		County Code	(7) (STATE USE		hor if being demolish	2	->_	
ceran.		ONLY		1	Land Complet	160)		
Name of Monitoring Firm Hired by Building	g Cwner A	SCM No.	Name of Above	nant Contractor (HOUSE			
10)			A	CONTRACTOR (9)			-
Street Address			HIV!	VOE LL	C			
			Street Address	. 7 1	1 1	-		
City, State, Zip Code			12,	12 Bunto	notes due		٠.	
		846	City, State, Zip C		1 - 11 -			
Project Manager for Monitoring Farm			1 : Del	anco A	of Oxis	/		-
	Telep	hone No.	Telephone No.		License No.			
2			856 82	1 2571.		-		. 1
Start Qate (10) Schedu	led Completion	Date (11)	Name of OSHA N	1011	01070			
Nev 1.13 1 1/2	11/	(2 ·	THE OF USHA	nongor	. ,,.,		,	
Occupancy Status During Abstoment (Cher	t anti-pial	2						- 1
B E TO ST.	a billy billey .		Street Address					
© Facility Closed/Vacated During Entire Pe © Abatement Performed Outside of Normal © Other – Describer	riod of Abatema	शार्				*		- 1
Other - Describe:	Facility Hours	100	City, State, Zip Co	de				
Scope of Work (Check all that apply)				• •				
							-	
☐ ≥3 ≈ or ≥ 3 fr ☐ ≥ 160 ≈ or ≥ 260 fr		O Removation	· E Pul Co	makiment with N	gative Pressure	17		
2 - 100 St 01 = 260 II		a Demolition	D Glavon	necepting				- 1
			Non-Ex	omoled (*) and N	on-Friable Procedure			
	is Loca	lion .) die ie	ALL HERE PLOCEGING	-		
Location of	Norma	lly			. 7	A	Type	ent
Asbestos-Containing Material (ACAI)	Used Sok	bly by	Description of			1	1900	-1
TO BE ABATED	Maintena Custed	nce/ risess	tos Containing Mater thermal systems ins	ial (ACM)	Amount	1-1	m	
(13)	Staff?	, , , , ,	Surfacing, VAT. or	1	(Specify	Romoval	Encapsulate	F/ .
13.13	. (12)	- 1	other miscellaneous)	SF or LF)	15 1	Robeir	2
<u> </u>	Yes No	N/A		1.		10	티크	and a
DUTSIDE Blok.	1 1 100			'	•	11	0	1
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			:		1500 SF	4	\perp	
	1 - 1 - 1						11	
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arne of Registered Waste Hattler	NIPEDIA	ste Hauler C				1	++	+
J'Ribinson Waste.	I ID No.	i sa	ubic Yards of Nar	me of Registered	Landin			4
_ U KUDINSON WASTO.	28:	267 1"						
bellmann 103				WRY	of Pa			
Dellargue 1117		Di	sposal Date City	State	7	~		1
mpleted by			1011	Tullyter	in Va		100	
Title . I/	0	Sig	mature D	1-119100	TH			
3-41	•		. 1//		Date			1
Do not	use this form fo	r appestos licensi	re exempted activities		10-22	27	31	- 1
		. 1	and and a second	15.				- 1

NONOK

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

Wit

U.			- (D	Ildian Our	nor/One	orator (2)							
ate of Notification (1) 0 -10-13			ilding Owr Hughes		SIGIUI (A	-)								
gencies Notified Type Notification	222322	Street Address 3021Pacific Ave												
EPA Initial Amended				Zip Code				1 2	: 1		No. 1	1.	7	
DOI Amendment #_			NJ 084				1 12	127					_	
DOH justification	cluding	1,100,000	ame of Co					y		· Alin	mher		•	
DCA Cancellation		enard s	Y INFOR	MATIO	N									
ame of Facility Where Abatement is Taking		FACILII	1 IN OIG	III.A.I.O		Type o	f Facility (4)				-2	1		
iouse							S	chool (K-12) ubchapter 8	(Other	than K-1	(2)		A second	
treet Address							× o	ther (i.e. pri	vate &	commerc	ial build	ings,	homes	5,
3021 Pacific Ave						Square	tc.) e Feet	Floors	Bldg. Age					
city (5) Longport , NJ						1500 1 Current Use (Prior if being dem				6	5 			
County (6)		Co	ounty Co	ide (7) SE ONLY)			Currer	shed)						
ocean		(5				Abstractor (0)								-
lame of Monitoring Firm Hired by Building O		ASCM N	١٥.		Name of Abatement Contractor (9) Ani & Joe LLc									
Street Address					Street Address									
officer Variess			<u> </u>					ngton Ave						
City, State, Zip Code					City, State, Zip Code Delanco .NJ . 08075									
	1 +	elephone	o No		Telephone No. License No.									
Project Manager for Monitoring Firm	1	Cicpitotic			856-	824-0	971		07010					
Start Date (10)		Completion Date (11)				of OSH	A Monitor				10			
10 -20-13	3				Self Street Address									
Occupancy Status During Abatement (Check						Sireet	Addres							55556
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	oateme Hours	ent			City, State, Zip Code									
Other – Describe:					_									
Scope of Work (Check All That Apply)						г	- 7			Non-Air-	o Droce	ıre		
≥3 sf or ≥3 lf	enovat emolitic				Full Containment with Negative Pressure Mini-Enclosure									
≥160 sf or ≥260 lf	,ond	~!!				Gle × No	ovebag Prod	cedure d (*) an	d Non-Fr	Friable Procedure				
	Τ.	l noch			-		110					Aba	temen ype	nt
I anadisc of	Location Lormall	ly		De	escription of					-	T'	T	T	
Location of Asbestos-Containing Material (ACM)	Mai	d Solel intenar	nce/	Asbest	os Con	taining	Materia ns insul	al (ACM) lation.	Amour (Specif		\ Z	N N	Enci	Ē
TO BE ABATED In Facility	odial S (12)	Staff?	(1.6.	surfa	facing, VAT, or r miscellaneous)			SF or LI		Remova	Repair	Encapsulate	Enclosure	
(13)	Yes		-		omer	mscell	ai leous)	'			a	1	ate	e
	No	No N/A			CN4\ -:	idina	ing		1750sqft		+	+	+	
outside		Х			CM) si	ung			Josqit	X	+	+	+	
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Name of Registered Waste Hauler	l F	NJDEP W Hauler ID		of W	/aste Wm C					and the second second				
J Robinson Waste		1	18687 400				У							
		Dis TB				osal Date City, St Tullyto			own NJ					
City, State					The second secon				Signature Date					
City, State Bellmawr NJ Completed by	Title				1100		ince (17	/		Date		01	-5

Date of Notification (1) 10 -10-13 /0-2Z-	vner/Operator Sandoli	(2)			7/	Ī _L		N.						
Agencies Notified Type Notification	n Ave					19	1]	-					
DEP Amended Amendment				te, Zip Code ort NJ 084						-	-			
DOH justification) DCA Cancellation			Name of Benard	Contact is				Tolonk	ann A	di imba	r			
	RMATION			•						_				
Name of Facility Where Abatement is Takin house	g Place (3)		112		T	ype of Facility (4	- Table 10		1	-			
Street Address 211 N Clarendon Ave		Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,												
City (5) Langeort, NJ MAG		Square Feet # of Floors 2013 Bldg. Age 1500 0 1 2 5 2013 65							ge					
County (6) Ocean		Current Use (Prior if being demolished)												
Name of Monitoring Firm Hired by Building		Name of Abatement Contractor (9) Ani & Joe LLc												
Street Address		Street Address 1212 Burlington Ave												
City, State, Zip Code	City, S	City, State, Zip Code Delanco .NJ . 08075								-				
Project Manager for Monitoring Firm		Telephone No.			Telephone No. Li					cense No.				
Start Date (10) 10 -20-13	Schedule		pletion [Date (11)		OSHA Monitor	-							
Occupancy Status During Abatement (Chec		Street Address												
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of A	Abatem					te, Zip Code		-					
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova Demolit				XI I	Full Containme Mini-Enclosure Glovebag Prod	e cedure		ative Pressure n-Friable Procedure					
	Locati								Abateme Type					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	d Sole intenar todial S (12)	ly by nce/	(i.e. th	Description S Containing I Dermal system Surfacing, VA Other miscella	Mat ns in AT,	terial (ACM) nsulation, or	(Spe	Amount (Specify SF or LF)			Repair	Encapsulate	Enclosure	
outside		х	(ACM) sic	CM) siding)sqft	x						
Name of Decistored Waste United			IDED VA	looto	Cubic Yards		Nome of	Pogistore	dlas	dell				
Name of Registered Waste Hauler J Robinson Waste		H	NJDEP Waste Hauler ID No. Cubic of Was 18687 40cy			ste Wm Of Pa								
City, State Bellmawr NJ			Disposal I TBD				City, Stat Tullytov							
Completed by Joseph T Hill	Signatur	Signature Date							(0	-2				

State of New Jersey APPROVED CINDY MITCHELL POH

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

Ck# 2509

Date of Notification	(1)		Ti	Nam	e of	Rui	Idina (Owner / Operator	(2)			200				v ========		
10/22/2013				Name of Building Owner / Operator (2) Trenton Public Schools														
Agencies Notified	Type Notifica	ation		Stree	et A	ddre	ss			, 24 . 19 E		. 4	elm e					
☐ EPA							ect S				2			1.1			_	
☐ DEP	Initial						Zip C			OCT 2	2 5	2013						
⊠ DOL	Amer						J 086	38		001		2010			٠.	5-6		
□ DOH		gency ellation	- 1				ntact	ollins		¥	L							
П рсх							74											
FACILITY INFORMame of Facility Where Abatement is Taking Place (3)						Type of Facilit	v (A)			<u>V'</u>		i			\dashv			
Jefferson Elementary School							School (K			CHA	PTER 8	В						
Street Address							Subchapter 8 (Other than K-12)											
1 Whittlesey Road							Other (i.e. private & commercial buildings, homes, etc.)											
								Square Feet		# of Floors	3		Bldg	. Age				
City (5) County (6) Cour					Co	de (7)							257			0.5	
Trenton	renton Mercer							Current Use (F	Prior	if being den	nolisl	ned)	- 24-09 (00)	80	4 8			
Research Control of the Control of t								School										
Name of Monitoring Environmental C		y Building Own	er (8))	ŀ	ASC	M No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.										
Street Address	<u> </u>							Street Address										
120 North Warre	n Street	***						1123 Beaver Street										
City, State & Zip Code							City, State & Zip Code											
Trenton, NJ 08010 Project Manager for Monitoring Firm Telephone Number							Bristol, PA 19007											
							er	Telephone Number License Number (215)788-6040 00509										
Dominick Dercole 609-392-4200 Scheduled Start Date (10) Scheduled Completion Date (11)							Name of OSH		onitor		70000							
10/22/2013 10/22/2013							Bristol Environmental Inc.											
Occupancy Status During Abatement (Check only one)						Street Address												
Facility Closed/Vacated During Entire Period of Abatement						1123 Beave												
Abatement Performed Outside of Normal Hours –						City, State & Z	100											
Describe: 3:00 PM – 11:00 PM							Bristol, PA	1900)7									
Facility Occupied During Abatement Scope of Work (Check all that apply)														,				
Scope of Work (Check all that apply)								П	Full Conta	inme	ent with	Neg	ative	Pres	sure			
≥3 sf or ≥3 lf				Renovation			n			Mini-Enclo	sure							
≥160 sf ≥260 lf				De	emo	olition	า		\boxtimes	Glove Bag					_			
									Ň	Non-Exem								
					atio			Description Asbestos-Cont		10		mount Specify		Abatement Type			ype	
					by				Material (ACM) SF							щ	m	
TO BE ABATED Ma				ntena	ance	e or			(i.e., thermal systems						Repair	cap	ncle	
			Cust	odia (12		aff?	1	nsulation, surfac or other miscella				Remova	pair	Encapsulate	Enclsoure			
(13)				No		N/A		or other miscene	43)				S-7-25		te	0		
Boiler room						П		Pipe Insula	tion		9 LF			\boxtimes		П		
Boller room			П	ΤĒ	it	Ħ												
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Name of Registered Waste Hauler NJDEP Water Hauler ID N						Cubic Yards of Waste	Nai	ne of Regist	erea	Landii	II							
Bristol Environmental, Inc. 1870					, INU.	1 Cu Yd	Gr	ows Landf	ill									
City, State						Disposal Date		, State										
Bristol, PA							10/22/2012	Mo	rrisville, P	Α					2			
Completed By (Prin	570.00				itle			Signature		. , ,	, ,	e e		Date	010	~ ~ ~		
Gino Pizzigor	ni			2.4		ject		Sino Piz	21.	ema /	d	1	1	0/2	212	J13		
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