Oct 24 2013 10:18am

P001/001

D&S Proj. #: 2013-402		(Pur	suant to NJA	40 8:60 an	4 10-10UT			- 10	-	
*		,	suant to NJA		RE	CHIVED	IPPROVED	Onwile		
Date of Notification (1)	Name	of Building O	wner/Operator ((2)			palth & Senior	agrei6	69	
110 /12 14 / 11 13	13	ANK BAGA		<i>(iii.)</i>	2013 OC			.0	0.10	
Agencies Notified Type Notific	197100	Address	N			Inster Inla	4/12 Time-1	=18	TAPL	
☐ EPA ☐ Initial	11.	- 0		:		STOS CONTR	UL.	,	* S	
DEP Amended	217	MOUNTAI	NVEIW AVE	NUE	2	LICENSING	(b !			
DOL Amendment		State, Zip Code	50	1	i ţ					-
M DOH (inaluding		OTCH PLA	NS, NJ 0707	б	, k					
DCA justificatio	n). Name	of Contact		1 :	1 1	Teleph	one Number	2		***
Cancellati	on FR	ANK BAGA	N.	*		, 1		Ĉ.		
No.		FA	CILITY INFOR	MATION	!	-th-	-		-	,
Name of facility where abatemen	t is taking place (a	3)		· · · · · · · · · · · · · · · · · · ·	· !	Type of Facilit	y (4)			***************************************
FRANK BAGAN			28			Sch	ool (K - 12)			a!
Street Address	Real Property and	**************************************					chapter 8 (Oth			l
217 MOTINITA ENTERED						⊠ Othe	r (Private/Cons./Homes, etc.	ımercia	d	
217 MOUNTAINVEIW AV		<u>j.</u>			8	Square Feet	# of Floors		Bldg.	Age
City (a)	County (8)	1		County Co		4			3.	-6-
SCOTCH PLAINS	UNION			(State use	only)	Current Use (Prior if being o	emolis	hed)	
Name of Monitoring Firm Hired by	Bldg Owner (8)	-	T 22-24-24							
-	mag. Office (b)	504	ASCM No.	Name	e of Abatem	ent Contractor (9)				
Street Address		· · · · · · · · · · · · · · · · · · ·		D &	& S RESTO	DRATION, INC.				
				1	t Address		The second second	- A description		u - Vila
City, State, Zip Code		Drugger			California					
			•	City, S	tate, Zip Co	de				***
Project Manager for Monitoring Fire	n ·	I Dhana Mari			iterson, NJ					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Phone Num	oer		hone Numbe		Lloonse Nu			
Start Date (10)		<u> </u>		1	73-345-802		0110	59		-
	Sched. Com	pletion Date (1	1)		of OSHA M		7.00	Market		
11/01/13	11/22/13			Stroot	& S Restor	ation, Inc.				
Occupancy Status During Abateme	nt (Check only on	e) .								
Facility closed/vacated during	entire period of a	batement,		Olivi S	California . tate, Zip Cor	Avenue	10.			
Abatement performed outside Describe:		hours,		City, 6	iale, ap co	16		- 18		
Other-Describe: NORMAL H		7.0		- Par	terson, NJ	07503				
Scope of Work (check all that apply	y)				cotacit' X45 (W	-			
≥ >3 sf or >3 ff	Renovation				F	Full Containment : Mini-enclosure	w/negative pre	ssure		
≥160 af or ≥260 lf	Demolition				Σ.		ıra			
Location of	is location norm	ally mead colok	7		1 1	Non-Exempted (*)	and Non-friat	је ргас	edure	ě
asbestos-containing	by maintenance	custodial					F	R"	E	
material (acm) to be abated in facility (13)	staff(12)	, ,	Description	n of asbestos	-containing	Amount (Specify 8	e m	6	n] E
	Yes No	N/A		1011)		LF)	o o	a	a	¢
BASEMENT			Direct three to		1		V e	1.	p	-
			PIPE INSUI	LATION		20 LF T	X			
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agistered Waste Hauler	NJDEP Hau	er ID# Co	ubic Yards of W	Person IV	# 1					
D& S RESTORATION, INC.	13506		YD		of Registere	d Landfill			-	_
Ity, State		Disposal D	ete	City	State	, RESOURCE RE	COVERY			
PATERSON, NJ 07503		11/02/13	3		LYTOWN	T DA			247.4-000	
	Title		Signature		T-AVWE	4 4 63	Deta			
	PRESIDENT	, 10-10-1					Date 10/24/201	2		
7(377-26)	Do not use this fo	m for asbesto	s licensure exer	noted activitie	9B.		10/24/201	<i>></i>	-	-

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

D&S Proj. #: 2013-402

RECEIVED &

								2012 00	22					
Date of Notification	1 (1)	1	lame of Bui	Iding Own	er/Operator (2)		-	cesta @6	30 AF	11:22				
1 0 /12 4			FRANK I	BAGAN	COXS			A DEC	itos cui Licensii		`			
Agencies Notified EPA	Type Notificat	ion 3	Street Addre	SS				2	ICENS!	TROL				
☐ DEP	Amended		217 MOU	JNTAIN	VEIW AVEN	NUE			TICEMPIL	46	A			
	Amendment #:	I	City, State, 2	Zip Code						-				
⊠ DOL	⊠ Emergency		SCOTCI	H PLAIN	S, NJ 07076									
☑ DOH	(including justification)		lame of Cor	ntact					Telephor	ne Numbe	r			
☐ DCA	Cancellation	, 11	FRANK	BAGAN										
	L Carloellation			V v c i e con	LITY INFORM	ATION	d		_ .					
Name of facility w	hara abatamant i	o takina ni	202 (2)	170	ETT T II VI OT II VI	ATTO		Тти	pe of Facility	(4)		AV		
Name of facility w	nere abatement i	s taking pi	ace (3)					''		ol (K - 12)				
FRANK BAGA	AN							_	Subch	napter 8 (C	Other th	an K	-12)	
Street Address								71		(Private/C		rcial		
217 MOUNTA	INVEIW AVE	ENUE						S	quare Feet	/Homes, e		Ble	dg. Ag	ge
City (5)			nty (6)			Cou	unty Code (7)	=			1.720		•	E-01
- , (-,							ate use only)	-c	Current Use (F	Prior if bein	ng dem	olishe	ed)	
SCOTCH PLA			IION				5299							
Name of Monitorin	ng Firm Hired by	Bldg. Own	er (8)		ASCM No.		Name of Abaten	neňt Cont	tractor (9)	1				
							D & S REST	ORATI	ON, INC.					
Street Address							Street Address							
7							20 Californi							
City, State, Zip Coo	de						City, State, Zip C							
				-			Paterson, N			11:	NI			
Project Manager fo	r Monitoring Firm	1	Ph	one Numb	er		Telephone Num 973-345-8			License	11169	er		
							Name of OSHA				71107	_		
Start Date (10)		Sche	d. Completion	on Date (1	1)		D & S Resto		Inc.					
11/01/13		11/2	2/13				Street Address	order,						
Occupancy Status	During Abatemer	nt (Check	only one)				20 Californi	a Avenu	e					
	d/vacated during						City, State, Zip C				MATE			
Abatement p Describe:	erformed outside	of normal	facility hour	rs-										
Other-Descri	ibe: NORMAL H	IOURS				=	Paterson, N	IJ 07503						
Scope of Work (ch	neck all that apply	y)						Full (Containment	w/negative	press	ure		
\boxtimes >3 sf or >3 lf	\boxtimes	Renovati	on						-enclosure					
≥160 sf or ≥2	260 If	Demolitio	n						ebag procedu -Exempted (*		-friable	proc	edure	Y
Location of			n normally		/		S multiple Sign and			,	R	R	Е	E
asbestos-co		by maint staff(12)	enance/cus	todial	Descripti	on of a	asbestos-containir	ng	Amount		e m	е	n	n
material (acr abated in fac		2000	Γ	Τ	material	(ACM)			(Specify LF)	SF or	0	a	a	C
abatos III iac	July (10)	Yes	No	N/A							v e	r	р	-
BASEMENT			X		PIPE INSU	JLAT	ION		20 LF T		X			
Registered Waste F D & S RESTOR			EP Hauler 506		ubic Yards of YD	Waste	Name of Regis			ECOVE	ρV			
City, State	CATION, INC.		J00	Disposal [City, State	WIN, KE	SOURCE R	ECOVE	K I	_		
PATERSON, N	IJ 07503			11/02/1			TULLYTO	WN. PA						
Completed by (Prin		Title			Signature		<u> </u>			Date				
BOGDAN JOL		PRESII	DENT							10/24	/ 2013			
ACD A1		* Do not us	se this form	for asbest	os licensure ex	cempte	ed activities.							

905

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

CH#C9C5
RECEIVED

Date of Notification (1) Name of Building Owner/Operator (2) October 29, 2013 Bridgewater Site 2013 OCT 30 AM 1: 18 Agencies Notified Type Notification Street Address 10 Finderne Avenue EPA Initial ASSESTOS CONTROL DEP City, State, Zip Code Amended Amendment #2 & LICENSING DOL Bridgewater, NJ 08807 Emergency (including Name of Contact DOH justification) DCA Cancellation Fred Giovannucci FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Building 1 School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 10 Finderne Avenue etc.) City (5) # of Floors Square Feet Bldg. Age Bridgewater, NJ 08807 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) SOMERSET business Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AET 0021 The MACK Group, LLC Street Address Street Address 907 Doolittle Drive 1500 Kings HWY N, STE 209 City, State, Zip Code City, State, Zip Code Bridgewater, NJ 08807 Cherry Hill, NJ 08034 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Eric Houseknecht (908) 218-1108 (973) 759 - 5000 00781 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11-4-13 . 1/8/14 The MACK Group, LLC. Occupancy Status During Abatement (Check Only One) Street Address 1500 Kings HWY N, STE 209 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Cherry Hill, NJ 08034 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Full Containment with Negative Pressure Renovation ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) No N/A Yes basement Transite 20 sf Building 7 Rm # 7225-7237 transite wall panels 1725 sf Building 1 Rm # 1128-1138 transite wall panels 1710 s/f NJ DEP Waste Name of Registered Waste Hauler Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Newark Carting / Freehold / Rovic Disposal 4509 34.5 Cumberland County Landfill City, State Disposal Date City, State Newark / Freehold / Riverdale, NJ 1/8/14 Newburg, PA Completed by Title Signature Date Mike Cooper President 10/29/13

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

CH#0905

Date of Notification (1)				Name of	Building C	Owner/Op	perator	(2)	REC		8 -	}				
June 17, 20	013		В	Bridgewa	ater Site	9										
	otification			Street Ad				93	13 OCT	30	AM 1:	17				
⊠ EPA □ Ini	itial		1	0 Finde	erne Ave	enue		10.75	Times No							
DEP A	mended			City, Stat	e, Zip Coo	de		A	SBEST	ns	CONT	ROL.				
DOL A	mendment #		— E	Bridaewa	ater, NJ	08807	,	J E2,	21	ICEN	ISING	4	•			
	mergency (in stification)	ncluding		Name of				- 5	- et L	.Tela	nhanaNi	ımha	9		two-	
	ancellation		F	red Gio	vannuc	ci			,							
					ITY INFO		N		-							
Name of Facility Where Abateme	nt is Taking	Place (3))					Type of	Facility (4)))						
Building 7								☐ Sch	nool (K-12)	1						
Street Address									ochapter 8				10750	10		
10 Finderne Avenue								Oth etc.	ner (i.e. pri	vate &	commer	cial bu	ildin	gs, I	nome	s,
City (5)		110000						Square		# of	Floors	Т	Bldg	1. Aç	je	
								ATTECH TO THE OWNER OF THE OWNER OWNER OF THE OWNER O								
Bridgewater, NJ 08807 County (6)				County C	ode (7)			Current	Use (Prior	if bein	a demoli	ished)				- //
MARKET PARK MARKET DARK MODIFIED AT					SE ONLY)			Ourient	000 (1 1101		usiness					
SOMERSET Name of Monitoring Firm Hired b	v Building C	Junor (8)		ASCM	No		Name	of Abaten	nent Contr			•				
	y building C	owner (6)			NO.						٥,					
AET				0021				MACK G	roup, LL	C						
Street Address						1				a	00					
907 Doolittle Drive								Kings H		IE 2	09					
City, State, Zip Code								State, Zip								
Bridgewater, NJ 08807		0						y Hill, N	J 08034							
Project Manager for Monitoring F	irm		10.	Telephor			- 100 (100 (100 1 00	hone No.			License	No.				
Eric Houseknecht				908) 21			1	759 - 50	-	(00781				-	
Start Date (10)		Schedule	ed Cor	mpletion [Seattle sea	of OSHA								
1/9/13		1.400	-	1/8/14				ACK G	roup, LL	C.						
Occupancy Status During Abater	ment (Checl	k Only On	ie)				Stree	t Address								
Facility Closed/Vacated Dur	ring Entire F	eriod of A	Abater	ment			1500	Kings H	WY N, S	STE 2	09	927				
Abatement Performed Outs	ide of Norm	al Facility	Hour	S			City,	State, Zip	Code							
Other - Describe:			2000			-	Cherr	y Hill, N	J 08034	-						
Scope of Work (Check All That A	(pply)					n										
≥3 sf or ≥3 lf			Renova	ation				Full C	Containme	nt with	Negative	e Press	sure			
≥160 sf or ≥260 lf			Demoli	tion				Mini-l	Enclosure							
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			s Locat Norma											Ту	ре	
Location of Asbestos-Containing Materia	I (ACM)		ed Sole		Ashas		scriptio	n of Material (A	ACM)	Δ,	mount					
TO BE ABATED	ii (ACIVI)		intena		1.701717171717171717			ns insulation	5-30-5 N 10-10-10-10-10-10-10-10-10-10-10-10-10-1		pecify	7	,	, I	Encapsulate	Ē
In Facility		Cus	todial (12)		85		cing, V			SF	or LF)	Kelllova		Repair	apsi	Enclosure
(13)			, , ,			other r	niscella	aneous)				Va		air	ilat	ure
		Yes	No	N/A	1.0						03				æ	
basement		X		110.		Т	ransi	te		2	0 sf					
Building 7 Rm # 7225	7227	-/	V	·				panels			25 sf	15	2			
Building / Kill # 7223	-1231	3		+		liansil	C Wall	parieis		- 17	20 31	_/				
		-		-					-			-	+	-		-
Name of Decisional Mests 11	lor		L .	NJ DEP W	Jacto	Cubic	Yards		Name of R	enieto	red Land	Ifill				
Name of Registered Waste Haul	ier		1 1	NJ DEP W Hauler ID		of Wa			Ivallie OI P	egiste	ieu Lailu					
Newark Carting				450	09		17.5	C	Cumberla	and C	ounty l	Landf	ill			
City, State						Dispo	sal Dat		City, State							
Newark, NJ							1/8/14	4 N	lewburg	, PA						
Completed by		Title		11.0100000			Signatu		0			Date				
Mike Cooper		Presid	dent				Her	1//-			e	6/17/1	3			

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		NO		ICATION	OF ASB	w Jersey ESTOS AE 8:60 and 1			REC	う Fr	HU VFD	DE		62	5
Date of Notification (1)				Name of	Building	Owner/Ope	erator ((2)	1 Vie W	Sept 1	F 1				
Decem	ber 21, 2012		E	Bridgew	ater Sit	te			60 to 0.09		0M to 1	7			
Agencies Notified	Type Notification			Street Ad	the second secon				2013 OCT	30	AM I: I	1			
M 504	□			10 Finde	erne Av	enue									
EPA DEP	Initial Amended		F	City, Stat					ASBEST	08 (CONTRO) [.			
DOL	Amendment	#	_ [J 08807			& L1	CEN	SING	10	1		
NZ	Emergency	(including	_	Name of		3 00007		(%)			nhoneNiin	4,			
DOH DCA	justification) Cancellation		,			:					TOM MEMORY COLORS				
<u> Бол</u>	Carrocitation		ı	Fred Gio		ORMATION	K1			lr .			_		
Name of Facility Where	Abatement is Takin	g Place (3)		FACIL	-III IINI	ORMATIO		Typ	e of Facility (4))		110			
Building 7					(6)			\Box						4	
Street Address				-	1005000		-	Н	School (K-12 Subchapter 8		r than K-12)		2	
								A	Other (i.e. pri				dings,	home	es,
10 Finderne Avenue	1000	<u> </u>							etc.)	T	<u>-</u>				
terror and the second consequences								Squ	are Feet	# 01	Floors		lldg. A	ge	
Bridgewater, NJ 088	07														
County (6)				County C		7)		Cur	rent Use (Prior	if beir	ng demolish	ed)			
SOMERSET				(0111110	02 07,121)						usiness				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.	1	Name o	of Ab	atement Contr	ractor	(9)				
AET	44.1			0021		T	he M	AC	CGroup, LL	С					
Street Address	70.		7	X'		5	Street A	Addr	ess						
907 Doolittle Drive						1:	500 K	(ing	s HWY N, S	STE 2	.09				
City, State, Zip Code									Zip Code		2002				
Bridgewater, NJ 088	07					С	herry	Hill	I, NJ 08034						
Project Manager for Mon			T	Telephon	e No.		Telepho				License No	o.			
Eric Houseknecht			(908) 21	8-1108	a			- 5000	1	00781				
Start Date (10)		Scheduled							SHA Monitor		00101				_
1/9/13				1/8/14		1			C Group, LL	C					
Occupancy Status Durin		k Only One	-1	1/0/14			Street A			C.				W. C.	
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Facility Closed/Vac Abatement Perform	ated During Entire ed Outside of Norm	Period of Al	bater	nent					s HWY N, S	1 = 2	.09				
Other - Describe:	cu outside of North	iai i adiiity i	Tour	-		520			Zip Code						
Scope of Work (Check A	II That Apply)					C	nerry	НШ	l, NJ 08034						
	ii Tilat Apply)						F	7							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova				K		ull Containmer	nt with	Negative P	ressu	re		
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							Σ		on-Exempted (Non-Friable	Proce	dure		
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Asbestos-Containing		Laborate Control		ely by	Asbes	stos Contai			al (ACM)	Ar	nount			m	
TO BE AB		E		ince/ Staff?		. thermal sy	ystems	insu	ılation,		pecify	Re	æ	nca	Enc
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			200-00												
													5		
Name of Registered Was	ste Hauler	-	1	NJ DEP W	aste	Cubic Ya	ards		Name of R	egister	ed Landfill			-	_
			1	Hauler ID I		of Waste									
Newark Carting				450	19	1	0.2		Cumberla	nd C	ounty Lar	ndfill			

City, State

Newburg, PA

Disposal Date

Title

President

1/8/14

City, State

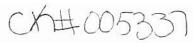
Newark, NJ

Completed by

Mike Cooper

Date

Signature 12/21/12



D&S Proj. #: 2013-406

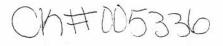
State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

RECEIVED

		-					ممت				
Date of Notification (1)	Name	of Building Owner	er/Operator (2)		7	13 OCT 30 AH	1:23				
Agencies Notified Type Notifica		r bacon					بممحب				
Agencies Notified Type Notifica	Street A	Address			Ď.	& LICENSI					
DEP Amended		terhune avenu	e			& LIULIAN	iva	1			
	#: City, St	ate, Zip Code		700							
Emergency	, PAS	SSAIC, nj									
DOH (including justification	Name o	of Contact				Telephone	e Number				
DCA Cancellation	on tam	ar bacon									
8	- 11	FACI	LITY INFORM	ATION	١	•					
Name of facility where abatement	is taking place (3')			T	Type of Facility (4					
tomor boson						1 =	(K - 12)				
tamar bacon Street Address						The state of the s	apter 8 (O			12)	
Street Address					1		Private/Co Homes, et		rciai		
139 terhune avenue						Square Feet	# of Floor	s	Blo	lg. A	ge
City (5)	County (6)				inty Code (7)						
DICCITO	DAGGAY	0		(Sta	ate use only)	Current Use (Pr	ior if being	g dem	olishe	ed)	
PASSAIC Name of Monitoring Firm Hired by	PASSAI	<u> </u>	ASCM No.	_	Name of Abatement	Contractor (9)					
Name of Monitoring Fill Filled by	blug. Owner (6)	1	ASCIVI NO.								
Street Address				_	D & S RESTOR	ATION, INC.					
Street Address					20 California A	VA					
City, State, Zip Code				-	City, State, Zip Code	5.75/7X51					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			13)		Paterson, NJ 0						
Project Manager for Monitoring Fire	m	Phone Numb	er	-	Telephone Number	7505	License	Numb	er		
					973-345-8020)	0:	1169			
Start Date (10)	Sched. Corr	pletion Date (11)	-	Name of OSHA Mor				the Out-		
11/08/13		**************************************	2		D & S Restorat	ion, Inc.					
Occupancy Status During Abateme	11/28/13	101		_	Street Address						
Facility closed/vacated durin	25 Mar. 1995				20 California A City, State, Zip Code			_			
Abatement performed outsid					City, State, Zip Code						
Describe: NORMAL	HOURS			-1	Paterson, NJ 0	7503					
Scope of Work (check all that app						Full Containment w	/negative	press	ure		
						Mini-enclosure	ga	p. 000			
≥160 sf or ≥260 lf	Demolition					Glovebag procedur					
		nally used solely	,			Non-Exempted (*)	and inon-i	R	R	E	
Location of asbestos-containing	by maintenance		1	on of a	asbestos-containing	Amount		e m	е	n	E n
material (acm) to be abated in facility (13)	staff(12)		material ((Specify S LF)	For	0	p a	c a	С
abated in lacility (13)	Yes N	lo N/A				, ,		v e	i	р	L
BASEMENT			PIPE INSU	LAT	ION	60 L FT		×			
BASEMENT			BARE PIPE	EINS	ULATION	45 L FT				X	
BASEMENT			VAT			50 SQ FT		X			
BASEMENT			LINOLEUN	M		30 sq ft		X			
Registered Waste Hauler D & S RESTORATION, INC	NJDEP Ha 13506		ubic Yards of V 2 YDS	Vaste		d Landfill , RESOURCE RE	COVER	Y			
City, State		Disposal D			City, State						
PATERSON, NJ 07503		11/09/1	3		TULLYTOWN	I, PA					
Completed by (Print or Type)	Title		Signature				Date				
BOGDAN JOLDZIC	PRESIDENT	form for ashart	no lineanoure au	omet-	d activities		10/24/	2013			
ASB-41	* Do not use this	ioiiii ioi aspesto	o licelisure exe	embre	a activities.						

State of NJ Notification of Asbestos Abatement

		N	lotification	on of Asbe	12 CO 22	4 10:100)	~	CEN	FU				
D&S Proj. #: 2013-403	_	(F	ursuant	to NJAC	8:00 and	12.120)	K	ECELA	*******				
								GET 30	M 1: 21	à			
	II Name	of Building	Owner/O	perator (2)			2143	ACI 20	Liez ,	inito.			
ate of Notification (1) 1 0 / 2 4 / 1 3	- 11	k & anne						BESTOS & LICE	CONTR	<u> </u>			
gencies Notified Type Notification	Stree	t Address	warner				65	BESTOE	SHICK	61			
EPA Initial							18 18	& LIUL					
DEP Amended	100000	6 hillcrest											
Amendment #:		State, Zip (05450									
☑ DOL ☐ Emergency		DGEWO	The second name of the second	07450				Telephone	Number				
DOH (including justification)	Name	e of Contac	ī										
☐ DCA ☐ Cancellation	ja	ck & anne	e warner									=	=
			FACILIT	Y INFORMA	ATION				55-100				
		(0)					Тур	e of Facility (4)				
Name of facility where abatement is t	aking place	(3)							(K - 12)				
jack & anne warner									pter 8 (Oth			2)	
Street Address								Other (f	Private/Con Homes, etc	nmerci	aı		
							So		# of Floors	\top	Bldg	. Age	
706 hillcrest road		(0)			County	Code (7)				_			
City (5)	County	(6)			10-556	use only)	C	urrent Use (Pr	ior if being	demol	ished)	
	BERG	EN				20.5							_
RIDGEWOOD Name of Monitoring Firm Hired by B			17	ASCM No.	IN	ame of Abateme	nt Conti	actor (9)					
Name of Monitoring First Filled by B	ug. Omio. (,			- 11	D & S RESTO	RATIO	ON, INC.					_
						reet Address							
Street Address					- 11	20 California	Ave.		11				
					- ci	ty, State, Zip Coo	de						
City, State, Zip Code						Paterson, NJ	07503						
- Washering Firm		Phor	ne Number		T	elephone Numbe	er		License 1		r		
Project Manager for Monitoring Firm		1				973-345-803			01	169	_	_	_
		Oletion	Data (11)		<u> </u>	lame of OSHA M							
Start Date (10)	Sched.	Completion	Date (11)			D & S Restor	ration,	Inc.					
11/08/13	11/22/					treet Address							
Occupancy Status During Abatemen	t (Check on	ly one)				20 California		ie		_	_		
☐ Facility closed/vacated during	entire period	d of abatem	nent.			ity, State, Zip Co	ode						
Abatement performed outside Describe:		cility nours			_11	. NI	07502						
Describe: NORMAL H	OURS				$- \bot$	Paterson, NJ			/a a gativa	proces	Ire		_
Scope of Work (check all that apply								Containment i-enclosure	w/riegalive	press	ui C		
	Renovation	1					Glo	vehag proced	ure				
>160 sf or ≥260 lf	Demolition						Nor	n-Exempted (*) and Non-	friable	proce	dure	_
	Is location	normally u	sed solely							e	R	E	E
Location of asbestos-containing	by mainter	nance/cust	odial	Descrip	otion of as	bestos-containin	g	Amount (Specify	SF or	m o	р	С	n
material (acm) to be	staff(12)	500		materia	II (ACM)			LF)		v	a	a p	L
abated in facility (13)	Yes	No	N/A							e	r	-	-
DAGENENIT		X		PIPE INS	ULATI	ON		20 LF T		N N	片	片	ዙ
BASEMENT (2 days)				PIPE INS	ULATI	NC		50 L FT		N N	부	片	井
BASEMENT BOILER Rm (2 closets)										ᄪ	닏	屵	부
							37 12 2			1	빌	븯	부
	+												
David Wests Hauler	INJD	EP Hauler I	D# C	ubic Yards	of Waste	Name of Regis	tered La	indfill	TOO TE	οV			
Registered Waste Hauler D & S RESTORATION, INC.		506		YD		TULLYTON	VN, R	ESOURCE I	KECUVE.	N I	_		
City, State			Disposal [City, State	MAT TO	۸					
PATERSON, NJ 07503			11/09/1			TULLYTO	WN, P	A	Date				
Completed by (Print or Type)	Title			Signature)					4/201	3		
BOGDAN JOLDZIC	PRESID	ENT		ــــــــــــــــــــــــــــــــــــــ		d activities				-			The state of the state of



D&S Proj. #: 2013-405

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

RECEIVED

									**	-		
Date of Notification (1)	Na	me of Buildi	ing Owne	r/Operator (2)			2013 0	GT 30 A	H	. 5	b	
1 0 / 2 4 / 1 3	B	ENJAMI	NELS	ON		4			77.17		-	
Agencies Notified Type Notificati	on Str	eet Address	3			8 8	BESA	STOS C	UN	LLES	بال	
		08 ST. NI	CHOLA	S AVENUE	3		2	LICEN:	Din	u	9	1
DEP Amendment #:	Cit	y, State, Zip	Code									
☑ DOL ☐ Emergency		ENGLEW	OOD, N	J								
DOH (including	Nar	me of Conta	act				Telephone	Number				
justification) DCA Cancellation		BENJAM	IN NEL	SON								
Cancellation				LITY INFORM	ATION							
Name of facility where abatement is	s taking plac	ce (3)					Type of Facility (4)) (K - 12)				
BENJAMIN NELSON								pter 8 (Other	thar	K-12	2)	
Street Address				7			Other (P	rivate/Comm			*	
								fomes, etc.	_	Bldg.	Δα	Θ.
208 ST. NICHOLAS AVENU		(0)				. 0 1: /7	Square Feet #	OT FIOORS		Diug.	. Ay	5
City (5)	Count	y (6)				nty Code (7) te use only)	Current Use (Pric	or if being de	moli	shed)		_
ENGLEWOOD	BER	GEN							_			
Name of Monitoring Firm Hired by	Bldg. Owner	r (8)		ASCM No.		Name of Abatement						
						D & S RESTOR	ATION, INC.				_	
Street Address						Street Address						
						20 California A			_	-	_	
City, State, Zip Code						City, State, Zip Code						
		- 15:				Paterson, NJ 0	/503	License Nur	nber	_	_	
Project Manager for Monitoring Firm	1	Pho	ne Numb	er		973-345-8020)	0116				
						Name of OSHA Mo						
Start Date (10)	Sched.	Completion	Date (11)		D & S Restorat				-		
11/06/13	11/28	/13				Street Address						
Occupancy Status During Abateme	nt (Check or	nly one)				20 California A	venue					
Facility closed/vacated during	entire perio	d of abatem	nent.			City, State, Zip Code	е					
Abatement performed outside Describe:	of normal f	acility hours	}-				892					
Other-Describe: NORMAL I	IOURS				_	Paterson, NJ 0				_		_
Scope of Work (check all that appl	y)				- 225		Full Containment w	/negative pre	essur	е		
\boxtimes >3 sf or >3 lf	Renovation	n				F	Mini-enclosure Glovebag procedur	re.				
≥160 sf or ≥260 lf	Demolition						Non-Exempted (*)	and Non-frial	ole p	roceo	lure	
Location of		normally u		/				l H		- 1	E	E
asbestos-containing	by mainte staff(12)	nance/custo	odial			sbestos-containing	Amount (Specify S	l m			n c	n
material (acm) to be abated in facility (13)	1		T	material	(ACM)		LF)	0 0		a	a	L
abated in facility (15)	Yes	No	N/A					е		r l	р	
BASEMENT		X		PIPE INSU		AND DESCRIPTION OF PERSONS ASSESSMENT OF THE	253 L FT		_	<u> </u>	4	牌
BASEMENT BOILER						ATION (bricks)	45 SQ FT		_	-	븍	ዙ
BASEMENT		$\square X$		CHIMNE	Y PAC	KING	4 SQ FT			믞	부	牌
									븪	=+1	4	쓔
					VA7	IN-me of Barbar	ad Landfill		ال			
Registered Waste Hauler D & S RESTORATION, INC.		EP Hauler II		Cubic Yards of 3 YDS	vvaste	Name of Registere TULLYTOWN	od Landiiii I, RESOURCE RE	COVERY				
City, State			Disposal I	Date		City, State		The state of the s				
PATERSON, NJ 07503			11/07/1			TULLYTOW	N, PA	Ta			_	
Completed by (Print or Type)	Title	ENTE		Signature				Date 10/24/13	3			
BOGDAN JOLDZIC	PRESID	ENI						10/24/15				

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

D&S Proj. #: 2013-404

RECEIVED

Date of Notification	. /4\	П	lame of Bu	ilding Own	er/Operator (2)				TOP CIEC	00 44	1. 0	7		
1 10 1/12 14		- 11		RESIDEN		Š.			ZLI3 OCT (OU AN	1.5	ľ		
Agencies Notified		ion S	treet Addr					-	ASRESTI	is ca	HTRI	71		
☐ EPA	Initial Amended	- 11	106 NO	RTH 17TE	I STREET				ASBESTO & LH	ENS	NG	4		
☐ DEP	Amendment #:	110	ity, State,		IOIKEEI							— (4)	_	
DOL	Emergency	$-\parallel$	-	35%	K, NJ 0750	0								
⋈ DOH	(including	II _N	ame of Co		K, NJ 0/30	0			Telephor	a Numba	r			
V	justification)	11	0.											
DCA	Cancellation	<u> </u>	WISSE	RESIDEN	NCE									_
				FACI	LITY INFORM	ATIO	N							
Name of facility when	here abatement i	s taking pla	ace (3)						Type of Facility	(4) ol (K - 12)	1			
WISSE RESID	ENCE								=	apter 8 (0		nan K	-12)	
Street Address								٦	☑ Other	(Private/C	Comme			
106 NORTH 1	7ТИ СТРЕЕТ								Bldgs. Square Feet	/Homes, of Floor		Ble	dg. A	ne.
City (5)	/III STREET	Cour	nty (6)			Co	unty Code (7)	=	Square Feet	# 01 1100) S	U	uy. A	ge
Oity (3)		Cou	ity (O)			34776	ate use only)		Current Use (P	rior if beir	na dem	olishe	ed)	
PROSPECT P	ARK	PA	SSAIC			,			- Cu., Oil C 030 (I		9 40111		-/	
Name of Monitorin	g Firm Hired by	Bldg. Owne	er (8)		ASCM No.		Name of Abatem	nent C	Contractor (9)					
							D & S REST	ORA	TION, INC.					
Street Address						\neg	Street Address							
							20 Californi	a Av	e.					
City, State, Zip Cod	le						City, State, Zip C	ode						
							Paterson, N		503					
Project Manager fo	r Monitoring Firm	Ì	P	hone Numb	er		Telephone Numb			License		er		
							973-345-8	_		()1169			
Start Date (10)		Sched	. Complet	ion Date (11	1)		Name of OSHA							
11/04/1313		11/22	2/13				D & S Resto	natio	m, mc.					
Occupancy Status	During Abatemer				THE RESERVE OF	-	20 California	ΑV	enile					
Facility close	d/vacated during	entire peri	od of abate	ement.			City, State, Zip C		<u> </u>					
Abatement per Describe:	erformed outside	of normal	facility hou	irs-			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Other-Descri	be: NORMAL H	IOURS				_	Paterson, N	J 075	503			430		
Scope of Work (ch								П	ull Containment v	v/negative	e press	ure		
≥ 3 sf or >3 If	×	Renovation	on						Mini-enclosure					
≥160 sf or ≥2	260 If	Demolition	n						Blovebag procedu Non-Exempted (*)		friable	proo	odure	,
Location of		Is location	n normally	used solely	1			<u> </u>	TOT-Exempled ()	and NOII	R	R	E	1
asbestos-cor	ntaining	by mainte	enance/cú		1	on of	asbestos-containir	ıa	Amount		e m	e	n	l E
material (acn abated in fac		staff(12)	T 200	T	material				(Specify S	SF or	0	a	c a	C
abateu in iac	anty (13)	Yes	No	N/A							v e	İ	р	
BASEMENT			X		PIPE INSU	JLAT	ION		64 L FT		×			
						W NV								
Registered Waste F			EP Hauler		ubic Yards of	Waste				-COX	D37			
D & S RESTOR	ATION, INC.	135	000	Disposal D	YD			VN, l	RESOURCE RI	ECOVE	KY			
City, State PATERSON, N	II 07503			11/05/1			City, State TULLYTO	WN	PA					
Completed by (Prin		Title] = 1,00,1	Signature		TOLLITO	., 14,		Date				
BOGDAN JOL		PRESID	ENT		AND THE PROPERTY.					3707.890030	/ 2013			
ASB-41				for asbesto	os licensure ex	empte	ed activities.							

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

Check # 1558

Date of Notification (Building Owner / Op	erator (2)				
$\frac{10}{29}$	/13				VERIZON Street Ad						
Agencies Notified	Type of N	otifica	ation		40 Orient						
☐ EPA	·.	Initia	ıl			e, Zip Code					
			nded		Rutherfor					S. A.	
☑ DOH			ndment		Name of		1,000	Tolonho	na Alumb	¥	
☑ DOL			rgency v cellation	v/ justification	ALEX BA	YLOR	3				
				F	ACILITY IN	IFORMATION					
Name of Facility Whe	ere Abatem	nent is	Taking	Place (3)		Type of Facility (4)	All III WALL				
Verizon						□ Cabaal/					
Street Address						School (n-12) iter 8 (Other	than K 1	2)		
40 Orient Way							e., private &				
						bldgs., h	omes, etc.)				
City (5) Rutherford	County (6)		County Code	(7)	Square Feet	# Of Floor		Buildin		
Rutherlold	Bergen					65,000 Current Use (Prior	-1	3	1	40-	
						Telephone	i being den	iolisnea)			
Name of Monitoring	Firm Hired	by B	dg. Owr	ner (8)	ASCM NO	Name of Abatement	Contractor	(9)			
ESIS				•							
Charact Andrews						LVI DEMOLITION SI	ERVICES IN	С			
Street Address 10 EXCHANGE PLAC	F					Street Address					
City, State, Zip Code	1000					32 WILLIAMS PARK	١٨/Δ٧				
JERSEY CITY, NJ 073						City, State, Zip Cod					
Project Mngr. For Mo	onitoring F	irm		Telephone Nu	ımber	1					
BRIAN KINGSBURY		,		201-356-5166		EAST HANOVER, N	J 07936				
Sheduled Start Date	,	Sche		oletetion Date (1		Telephone Number		License			
$\left \frac{-11}{2} \right \frac{-11}{2}$	/ 13	-	11_/	/ 22 /	13	973-772-3660		860)		
Occupancy Status Di	uring Abate	emen	(Check	Only 1)		Name of OSHA Mor	itor				
☐ Facility Cl	osed/Vaca			tire Period of		LVI DEMOLITION SE	ERVICES IN	С			
Abatemen						Street Address					
Abatemen Hours - De		d Out	side of I	Normal Facility		32 WILLIAMS PARK	M/AV				
		7:00	M -3:30	PM MON-FRI		City, State, Zip Cod					
	E 1 	• 1100 2000				EAST HANOVER, N					
Scope of Work (Chec	k All That	Apply)								
☐ Demolition			v	Renovation		Evil Cantainment	idh Namati	D			
☐ ≥3sf or >3l	50.			Renovation	H	Full Containment w Mini - Enclosure	ith Negative	Pressure	•		
≥160 sf or	≥260 If					Glovebag Procedur	е				
					V	Non-Exempted (*) a	nd Non-Fria	ble Proce	dure		
Location of			Is		December			A14			
Asbestos Conta	9	Lo	cation	As	Descript bestos - C			Abateme R	nt Type	ΙE	ΙE
Material (ACI	M)	100000000000000000000000000000000000000	rmally		Material		Amount	E	R	N	N
TO BE ABATE	ED		Jsed		e., therma		(Specify	М	E	С	c
in Facility (13)		18337	olely Main-	insu	lation, sur	facing, VAT, ellaneous)	SF or LF)	0 V	P	A P	L
(15)		5000	nance/	011	oniei iiiisc	enaneous)		Ā	A	S	o s
		7223023	stodial					Ĺ	R	Ü	ŭ
			aff (12)							L	R
Floor Tiles and Mastic		YES	NO N/A			5	1000.05				
Duct Insulation	-	HH	4	Basement A/C Basement A/C	Equipment	Room	600 SF 120 SF	V		+-4	$- \dashv -$
Date modicion		H		basement Ave	Lquipment	TOOM	120 31		H	+ +	++
								H	H	1 +	1 -
Name of Registered V	Waste Hau	ler	i.	NJDEP Waste	200 CONTROL OF THE PARTY OF THE	Name of Registered	Landfill				
NEWARK CARTING		200		Hauler ID No.		GROWS					
City, State				4509	of Waste	City State					
NEWARK, NJ					Disposal Date	City. State MORRISVILLE, PA		1/1			
para and a second of the secon					Julio	MONINOVILLE, FA		////			
Completed by (Print of	or Type)			Title		Signature	11/1		1	Date	
Ralph Barnhardt				Operations Mar	nager	All	Mr AK	n			10/05/15
ASB-41							/				10/29/13

State of New Jersey

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

Date of Notification (1)							g Owner/Operator								
October 15, 2013					PA of	NY &	NJ, Port New	age Magne RM	Minal 7						
Agency Notified	Type N	otification			Street A	Address									
□ EPA	│ □ Initia	ı			274 K	Cellogg	Street	BESTOS CO	NTROL.						
COLP Noterpied or Sale Rep 10 2004	⊠ Ame			Ī	City, St	ate, Zip (Code	& LICENSI	NG (19					
⊠ DOL	100000000000000000000000000000000000000	endment # 1	mas.		Port i	Newarl	k, NJ 07114	OR LIVELING		19					
⊠ DOH		rgency (includin fication)	g	Ī	Name o	of Contac	t		Telenhon	e Numh	er				
□ DCA		cellation			Ron S	Shaw			ć						
					FACIL	ITY INF	ORMATION		-						
Name of Facility Where	Abatemer	nt is Taking Plac	e (3)					Type of Facility	(4)				8////		
Port Elizabeth			,						202						
Street Address								☐ School (K-12) ☐ Subchapter 8		1 K-1 2)					
Trench on north and s	outh eid	of Borth 3 on	Corb	in Str	oot (Cro	ee Stroo	at Kellogg St \	☑ Other (i.e. pri			building	gs,			
	outil Side	e of Bertil 3 off	COLD	/III		33 31166	t Kellogg St.)	homes, etc.) Square Feet	# of Floor	re	Bldg.	Δαο	-		
City (5)										5		Aye			
Newark, NJ 07114	.				0 1	0 1 77	VOTATE LIGE	N/A	N/A	dana alia	n/a				_
County (6)					ONLY)	Code (/) (STATE USE	Current Use (Pr		aemolisi	nea)				
Essex								Under grou							_
Name of Monitoring Firm	n Hired by	Building Owne	г	ASCM	No.			ment Contractor (9	10						1
PA of NY & NJ				N/A				storation Co.,	Inc.				1770		
Street Address							Street Address								
241 Erie Street, Ro	oom 23	6					223 Randol	Part Hall at Order transport and the second							
City, State, Zip Code							City, State, Zip								
Jersey City, NJ 07							Clifton, NJ	07011							
Project Manager for Mor	itoring Fi	rm	1100		ne No.		Telephone No.		License N	10.					
Uday Mehta					95-488	1	973-478-468	100	00120						
Start Date (10)		Scheduled Co			300000000000000000000000000000000000000		Name of OSHA								
November 04, 201		December						vironmental S	Services,	L.L.C					
Occupancy Status Durin	g Abatem	nent (Check only	one))			Street Address								
☐ Facility Closed/Vacate					t			Brook Avenue					35.		
Abatement Performed							City, State, Zip		_						
☑ Other - Describe: No			NOLK	(Lyndhurst,	NJ 07071-199	8						
Scope of Work (Check a	Il that app	oly)	*				☐ Full	Containment with	Negative P	ressure					
≥ 3 sf or ≥ 3 lf					⊠ Ren			i-Enclosure	<u></u>						
☐ ≥ 160 sf or ≥ 260 lf					☐ Dem	olition		vebag Procedure i-Exempted (*) and	Non-Friabl	le Proce	dure				
			1.	s Loca	lian.							A	bate		nt
			7.7	Norma	10/7/200							_	Ту	pe	
Locati Asbestos-Containir		al (ACM)		ed Sol		Ashe	Description stos Containing N		Δm	nount				ш	
TO BE A	•	ai (Aoiii)		aintena Custoc			., thermal systems		7.000	pecify		Re	R	nca	Enc
IN Fac		×		Staff	?		surfacing, VA other miscellan		SF	or LF)		Removal	Repair	Encapsulate	Enclosure
(13	5)			(12)			other miscellan	leous)				val	=	late	ITe
			Yes	No	N/A									200	
Trench on north and south sid	de of Berth	3 on Corbin Street	100	1.0	X	Cond	rete encase t	transite pipe		150	In ft	X			
					\forall		site pipe			760	In ft	X			-
	XXXX				1/	cranc	nto pipo								
							19					-			
Name of Registered Wa	ete Haule) -	N	IDED	Waste H	auler	Cubic Yards of	Name of Regis	tered I andf	Fill		1100			
Name of Registered Wa	Sie naule	:1	70,529	No.	waste n	autei	Waste	Name of Regis	tereu Lanui						
Two Brothers Cor	ntractin	g, Inc.	1	2695			100	Minerva Er	nterprise	s, Inc.					
City, State							Disposal Date	City, State							
Clifton, NJ 07014							10/30/13 - 11/29/13	Waynesbu	rg, OH						
Completed by		Title					Signature /	111			Date				
G. Roger Woodma	an	Project Ma	anac	ier			1//	VU			10/24	/20	113		

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

Check # 1557

Date of Notification (,					Building Owner / Oper	ator (2)				
$\frac{10}{10} / \frac{29}{10}$	/13				First Energ						
Ai Natified	T 6 N -	V.C L			Street Add						
Agencies Notified	Type of No				76 South S				4		
□ EPA DEP		Initial			Akron, Oh	e, Zip Code	CONTRACTOR CONTRACTOR CONTRACTOR		10 Tay - 10 True - 1 - 10 Miles		AND COLOR OF THE PARTY OF THE PARTY.
☐ DOH			ueu dment#		Name of 0			Telephon	o Numbe		
☑ DOL	П			justification	Jim Halse			T Bibruio.			
			ellation	Justification	Jilli Haise	· y					
		ounoc	matron	F	ACILITY IN	FORMATION	-	·	_	- 7	
				• • •	NOILLI II IIV	TOMMATION					9
Name of Facility Whe	re Abatem	ent is	Taking F	Place (3)		Type of Facility (4)					
				**************************************		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					numberon seri-conversion conv
						School (K	-12)				
Street Address						☐ Subchapt	er 8 (Other	than K-12)		i i
Rt 34 & Lincoln Circle	West					✓ Other (I.e.	, private &	commerci	ial		
							mes, etc.)				
City (5)	County (6)	E.		County Code ((7)	Square Feet	# Of Floor	s	Building) Age	
Middletown	Middlesex						<u> </u>				
						Current Use (Prior if	being dem	olished)			
						Telephone Pole					
Name of Monitoring	Firm Hired	by Bld	lg. Owne	er (8)	ASCM NO	9					
Environmental Health	Inventigatio	20				LVI Domelition Consis	oo Ina				
Environmental Health Street Address	mvestigatio	112			L	LVI Demolition Servic Street Address	es IIIC.				
655 West Shore Trail						Street Address					
City, State, Zip Code						32 Williams Parkway					
Sparta, NJ 07871						City, State, Zip Code				0.000	
Project Mngr. For Mo	nitoring Fi	rm		Telephone Nu	mhor	- City, State, Zip Code					
Dino Nappi	mitoring r			212-682-9271	ilibei	East Hanover, NJ 070	136				
Sheduled Start Date	(10)	Scheo	. Comp	letetion Date (1	1)	Telephone Number		License N	Number		
11//08	/ 13		11	09 /	13	Toophions traines.					
// /	/	_	-/	/		973-884-8682			0	0860	
Occupancy Status D	uring Abate	ement	(Check	Only 1)		Name of OSHA Moni	tor				
☐ Facility CI	osed/Vacat	ted Du	ring Ent	ire Period of		LVI Demolition Service	es Inc.				
Abatemen	Tilliana anan					Street Address					
				ormal Facility							
				n to 5;00 pm		32 Williams Parkway					
☑ Other - De	scribe:					City, State, Zip Code					
						East Hanover, NJ 070	136				
Scope of Work (Ched	ck All That	Apply)									
☐ Demolition		,		Renovation		Full Containment	bla Namativa	D			
 ☑ Demolition ☑ ≥3sf or ≥3 	101	1	7	Renovation		Full Containment wi Mini - Enclosure	ın Negative	Pressure			
□ ≥160 sf or						Glovebag Procedure					
						Non-Exempted (*) ar		ble Proce	dure		
											E
Location of	f		İs		Descript	ion of		Abateme	nt Type		
Asbestos Conta	S		ation	As	bestos - C			R		E	ΙE
	1971	Nor	mally		Material	(ACM)	Amount	E	R	N	N
TO BE ABAT		υ	sed		e., therma		(Specify	M	E	C	С
in Facility			olely			facing, VAT,	SF or LF)	0	Р	A	L
(13)		238.500	Main-	or	other misc	ellaneous)		V	A	P	0
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Name of Registered	Wasta Harr	ler I		NJDEP Waste	Cubic	Name of Registered	Landfill				
NEWARK CARTING	vvaste Hau	161		Hauler ID No.		I.E.S.I.	Landin	Λ			
THE WAR OF THE					of Waste		1	//			
City, State				1 4000	Disposal	City. State		11			
NEWARK, NJ					Date	BETHLEHEM, PA 18	1 q 5	11/			
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Completed by (Print	or Type)			Title		Signature	1 1/1	1/		Date	
							M/h	MN			**************************************
Ralph Barnhadt				Operation Man	ager	LIV I	11. 110) -		1	0/24/13
ASB-41		-	Total last								•

State of New Jorsey
NOTIFICATION OF 2014-303 ARA ENTIRE (Pursuant to NJAC 8:50 and 72:120)

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Date of Notification (1)			Name of	ETZ 7	184 Sherator	SINC.	Balta	IES	N Dept.		lealth	ESE EX	nior S
Agencies Notified Type Notification		1	Street At	fdress	AA	10		1515	1	n-mun	(sign	ature)	11
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DEP Amended DOL Amendment Emergency (i		_ [SEC.	94 CUS,	NJ	070	96	٤.	A.				ď
DOH justification)	r joicean ig		Name of	Contact			3.9378	Telenh	mae Numb	tet			- 1
DCA Cancallation		1	EACI	ITY INFOR	MATION			1					
lame of Facility Where Abatement is Taking FORMER PANASONI	Place (3 C But	110			ALCON.		Facility (4						
PANASONIC WAY		ervicere				SI	ibchapter her (i.e. p	8 (Other t	han K-12) mmerdal		ings,	home	s,
oly (5) SECAUCUS						Square	Feet	# 01 710		8	dg. A		
County (8) Hug?Sow			County C (STATE L	Code (7) ISE ONLY)			Use (Prio		demolishe	d)			
Name of Monitoring Firm Hilred by Building C	(B) TOTWC		ASCIN	No.			ment Con ntracting		W1/11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Street Address						Address							\neg
City, State, Zip Code						state, Zip n Rock,	Code N.J. 07	452					
Project Manager for Monitoring Firm			Telephoi	ne No.		hone No. -262-58			icense No. 10156				\neg
Start Date (10) /0/25//3	Schedul	ed Cor	upletion I	Date (11)			Monitor vironme	ntal Ser	vices Inc	3.			
Occupancy Status During Abatement (Chec	k Only Or				Stree	Address							-1
Facility Closed/Vecated During Entire F Abatement Performed Outside of Norm					City.	Huyler State, Zip	Codo				-		
Other - Describe:		-			Had	kensac	k, NJ 07	7606					
Scope of Work (Check All That Apply)	Summ				F	a -							
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,		Local Norma			h	- nf						pe	
Localion of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole aintena todial (12)	aly by ince/ Staff?	(i.e. th	Descriptio Containing ermal system surfacing, Vo other miscella	Material (ns insulat NT, or		Amo (Spe SF p	ecify !	Removal	Rapair	Encapsulate	Endosure
	Yes	No	N/A									15	
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1 ST 2 m 3120 FLOORS			X	MAS	TC +	TILE		50	24/5	X			
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ROOF MECHANICAL RUEN			X	Accessors to the second second	CAUSITE				0 8F	×			
Name of Registered Waste Hauler			VJDEP V Hauler ID		Cubic Yards of Waste			Registere		المائدان الم	1 000	···	
Rovic Transport			20785		120				them La	i iÇi i [μ,	
City, State Riverdate, New Jersey 07457				1	Disposal Day	3 00		hem, PA	18015				
Completed by R. McDonald	Title Pres	siden	t	n s Ana	Signate	m	Der	1	Dat	0/	24/	1/13	
					111				warm days				

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

CHECK # 20528

Date of Notification (1) 10-24-13					wner/Ope Techno			o, je j	n [7	: T W	TE			
Agencies Notified Type Notification			treet Ad One Sta	dress amford f	orum			1,125	9 ¢				. 1	
EPA Initial Amended Amendment #_			ity, State	e, Zip Cod rd	le			0	CT :	3 0 201	3			
Emergency (in justification) DCA Emergency (in justification) Cancellation	cluding		lame of	Contact Kaplan					Talo	nhane Ni	a.l		4	4
DOA Cartoliation					RMATION	J						94.5		, i
Name of Facility Where Abatement is Taking Street Address	Place (3)		9				S S	f Facility (4 chool (K-12 ubchapter 8) 3 (Othe					
700 Union Boulevard								ther (i.e. pri	vate &	commerc	iai bulic	lings,	nome	s,
City (5) Totowa							Square 310,0	Feet	# of 2	Floors		ldg. A 965	ge	
County (6) Passaic			County C	ode (7) SE ONLY)				it Use (Prior mercial	if beir	ng demolis	hed)			
Name of Monitoring Firm Hired by Building Ov Detail Associates	wner (8)	-	ASCM 00012		100000			ement Cont		200	7.0			
Street Address 300 Grand Avenue	-2				1000		Address Broad	s Street						
City, State, Zip Code Englewood, NJ 07631-4355			10-11-11-1		C	City, St	tate, Zip	Secretary and the second		7/00				
Project Manager for Monitoring Firm			elephon	e No. 69-6708	Т	Γeleph	one No			License N	No.			
Stephen A. Jaraczewski Start Date (10)	Scheduled		,		N	Vame (of OSH	A Monitor		00730			38	-
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12-31-13						-Air In							- 22
Occupancy Status During Abatement (Check X Facility Closed/Vacated During Entire Pe			ent		1000			s son Aver	nue					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	I Facility F	lours				350	tate, Zip Islan	o Code d City, N	/ 111	01				
Scope of Work (Check All That Apply)		-				300								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat moliti				×	Min Glo	Containme i-Enclosure vebag Proci i-Exempted	edure	_			e	
	l						1401	-Excinpled	() air	2 140/11 110	1	74851 TV A	ement	
	100000000	ocation or mall			Dono	ription	of					Ty	ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Custo	tenan	ice/		os Contair thermal sy surfacin other mis	ning M ystems ng, VA	Material s insula T, or		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
Garden Hall West Conference Rm.	1.00	x			Pipe Ir	nsula	ition		-	IOLF	x			
(Gound Flr.)														
				(-			
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic Ya	ards		Name of F	Registe	ered Landfi	ill			_
ATC, Inc. / JBT (50071)			auler ID 1310	No.	of Waste			Minerva		erprises				
City, State Shirley, NY / Bronx, NY		30-			Disposa TBD	11	2)	City, State Waynes		OH 446				
Completed by Richard Doran	Title Projec	t Ma	nager		Sig	nature		(I))	100	ate 0-24-	13		

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

GAC# 9029-13			(= ===								
Date of Notification (1) Oc	tober 25	5, 2013		0	Name of Building Owner/Op HOSTERMAN RESID	erator (2)	ie ii		i v	Ē,	
Agencies Notified		Notification Initial		ation	Street Address 46 MAPLE LANE	*	part of the second			1	d
□ EPA □ DCA		No. of the last of	ed Noti	fication#	City, State, Zip Code BLAIRSTOWN, NJ 07	7825	0	CT 3	0 201	j '	
X DOL			ication		Name of Contact	-	Tele	nhone N	lumbor		- 1
☑ DEP- No Longer REQUI ☑ DOH	RED	□ Cance		ottor)	MS. DONNA HOSTER	RMAN					
				FACILITY IN							
HOSTERMAN RESIDI	ENCE				Type of Facility (4) School (K-12)						
Street Address					Subchapter 8 (other than k				33		
46 MAPLE LANE					Other (i.e. private & common Sq. Feet: Unknown	nercial build <u># of Floo</u>	lings, h <u>rs:</u> 2	omes, et Bldg.	c.) <u>Age:</u> 8	0+ ye	ars
City (5) BLAIRSTOWN	County (6) RREN		V Code (7) Use Only)	Current Use (prior if being of	lemolished): RE	SIDENC	E		
Name of Monitoring Firm Hired		Owner (8)	ASCM		Name of Contractor (9)						
ENVIRONMENTAL AN		INC.	0090	,	GREENWOOD ABATE	MEIT O	ONSU	JLTAN	TS, IN	C .	
Street Address					Street Address						
401 ST. JAMES AVENU	JE 				268 MAIN STREET						
City, State, Zip Code PHILLIPSBURG, NJ 08	865				City State, ZipCode BUTLER, NJ 07405						
	roject Manager for Monitoring Firm ON GILBERT Telephone Number 908-454-6316						Licer	nse Num	ber		
JON GILBERT		300-434	-0310		973-492-0477		008	40			
Scheduled Start Date (10) 11/04/2013		Scheduled 11/08/20		on Date (11)	Name of OSHA Monitor						
G45 C32004995 C1469 K55409K5 A352294N3		100 BANGCOM VENA 100-0.			ENVIROVISION, INC.						
Occupancy Status During Al Facility Closed/Vacated D				nt	Street Address						
☐ Abatement Performed Ou					20-21 WARGARAW RO	OAD		-			
Describe Other – Describe: Note	· M E .	7AM _ 7D	M (nich	nte	Oity, State, 2ip Code						
weekends & holidays			w (mgi	113,	FAIRLAWN, NJ						
Source of Work (Check all that	t apply)						2000 A COLO				2,000
 ≥ 3 sf or ≥ 3 l ≥ 160 sf or ≥ 				□ Renovation □ Demolition		ull Contain fini-Enclos Blovebag P	ure 'rocedu	ıre			
Location of Asbestos-Containi	no liele	cation Norma	lly Llood	Description of As	bestos Containing Material	Non-Exemp	1 /		n-Friable		dure
Material (ACM) in Facility (13)	Sole Staff	ly by Maint./0	ustodial		nal systems insulation, surfacing		ify SF		e Repair		Enclose
EXTERIOR	YES	NO X	NA T	EVTERIOR	TRANSITE SIDING	2000	er_	X	_		_
LATERIOR	_		-	EXTERIOR	RANSITE SIDING	2000	31	Ι Δ	+-	+	+
Name of Reg. Waste Hauler		NJDEP Wa			Cubic Yards of Waste:				istered La		
1). GAC, Inc.		1). NJ D			40 CV				vfill Lar V.S. No		ndfill
Butler, NJ 07405 2). Newark Carting, Inc.		2). NJ D	EP #40	109	10 CY			J	0.0. 140	1 til =u	
Newark, NJ 04509	•										
Notes: None						<u>Disposal Da</u> 11/08/13			City, Sta 1). Rout Bridgepo 304-842 215-736 2). 100 I Rd. Mor 19067 215-736	e 2, Box ort, WV/ -2784 -1700 New For risville,	A rd Mill
Completed by (Print or Type)		<u>Fitle</u>	חס ורי	`T	Signature		Date		-05.0	042	
RAYMOND C. PEDAL	2.60(0).85%	SENIOR P		1	Raymand C. Peda	rlino	0	ctobe	r 25, 2	U13	

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 Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJ October 16, 2013 Street Address Notification Type Agencies Notified ENVIRONMENTAL HEALTH & SAFETY DEPTO13 ☑ Initial Notification ☐ EPA 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS ■Amended Notification ☐ DCA City, State, Zip Code ■ Emergency (including X DOL PISCATAWAY, NJ 08854 ▼ DEP- No Longer REQUIRED iustification) Tolophone Number Name of Contact □ Cancelled X DOH MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) MARRYOTT MUSIC, BLDG# 8310 ■ Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Street Address DOUGLASS CAMPUS # of Floors: 4 Bldg. Age: 90+ years Sq. Feet: N/A County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC (State Use Only) **MIDDLESEX NEW BRUNSWICK** Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. 0098 Cardno ATC GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 BURLINGTON, NJ 08016 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 609-386-8800 **BRIAN KEARNY** 00840 973-492-0477 Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) 11/10/13 11/08/13 ENVIROVISION, INC. Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ■Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe ☑Other - Describe: Shift Hours: 5:00 PM - 5:00 AM FAIRLAWN, NJ Scope of Work (Check all that apply) ■ Full Containment with Negative Pressure Mini-Enclosure **X**Renovation ≥ 3 sf or ≥ 3 lf Glovebag Procedure X Demolition □ > 160 sf or ≥ 260 Non-Exempted (*) and Non-Friable Procedure Abatement Type Amount Description of Asbestos Containing Material Is Location Normally Used Location of Asbestos-Containing (Specify SF (ACM) (i.e. thermal systems insulation, surfacing, Remove Repair Encap Enclose Solely by Maint./Custodial Material (ACM) in Facility (13) or LF) VAT, or other miscell.) Staff? (12) NO YES X 100 SF VAT X Rooms 007 & 013 X 9 LF TSI \mathbf{X} Rooms 007 & 013 Name of Registered Landfill 5 CY NJDEP Waste Hauler ID # Cubic Yards of Waste: Name of Reg. Waste Hauler G.R.O.W.S. North Landfill See Below See Hauler Below #1 & 2 City, State Disposal Date Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 100 New Ford Mill 11/10/13 Rd. Morrisville, Pa NJDEP # 12561 Hauler #2) STG - 58 Pyles Lane, New Castle, De 19720 19067 215-736-1700 NJ DEP # SW2117 Date Signature Completed by (Print or Type) October 25, 2013 Raymand C. Pedalino SENIOR PROJECT RAYMOND C. PEDALINO MANAGER

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

Name of Building Owner/Operator (2) Date of Notification (1) LG Electronics 10-24-13 Street Address Agencies Notified Type Notification 3 0 2013 111 Sylvan Avenue Initial **EPA** City, State, Zip Code DEP Amended **Englewood Cliffs** 7 Amendment # DOL Emergency (including Name of Contact justification) DOH Wilton Marto Cancellation DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, N 111 Sylvan Avenue etc.) Bldg. Age # of Floors Square Feet City (5) **Englewood Cliffs** Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) County (6) Commercial Bergen Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Pinnacle Environmental Corp. Omega Environmental Services, Inc. Street Address Street Address 200 Broad Street 280 Huyler Street City, State, Zip Code City, State, Zip Code Carlstadt, NJ 07072 South Hackensack, NJ 07606 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00756 201-939-6565 (201) 489-8700 Anton Rezin Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Even-Air Inc. 12-31-13 11-04-13 Street Address Occupancy Status During Abatement (Check Only One) 10-59 Jackson Avenue Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Long Island City, NY 11101 Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Encapsulate Asbestos-Containing Material (ACM) Maintenance/ (i.e. thermal systems insulation, (Specify Remova TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)Yes No N/A 14LF x Caulking Ground (Building 2 S-2 Stairs) 1LF х Pipe Fittings Ground (Building 2 S-2 Stairs) 2SF X Gasket Ground (North East Extension) 500LF X Compound Roof Cubic Yards Name of Registered Landfill NJDEP Waste Name of Registered Waste Hauler of Waste Hauler ID No. Minerva Enterprises ATC, Inc. / JBT (50071) 24310 TBD Disposal Date City, State City, State Waynesburg, OH 44688 TBD Shirley, NY / Bronx, NY Date Signature Completed by 10-24-13 Project Manager Kevin Moriarty

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ate of Notification	(1)	111	Name (of Bu	ild:	ing Ow	ner/O	perator	(2)						
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ngencies Notified Ty	be MOLITICAL		00.11			O4====				·						
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[]DCA			Kevi	n Fitz	-								_	9		
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Name of Facility Whe	re Abatement	is Tak	ing P	lace	(3)				122		10.1	21	90020600			
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<u>-</u>	İ	Morris							B	eidence					_	_
Flanders, NJ 07836 Name of Monitoring Owner (8)	irm Hired by	Buildi	ng /	ASCM	No.	- 11				t Contracto	r (9)					
S&S Environmental S	ciences, Inc.				_		Four S	Addres	uild	ers, Inc.						_
98 Sand Park Road						[];	180 S	argeant State.	Ave	enue Code						_
City. State. Zip Co	de					- 11	CHICAGO AND S	, NJ 07								
Cedar Grove, NJ 070	09	Firm T	eleph	one i	dmuy		Teleph	ione Nu	mber	1000		Licens		nber		
Prakash Khaitan		la	73-85	7-71	88	- 11	973-6	14-037	7			00807				_
Scheduled Start Dat		ed.Comp	letic	n Da	te (11	Name o	of OSHA	Mor	nicor						
1 0 / 2 6 / Month / Day / Occupancy Status Du	1 3 1 Mo	nth /	Day	/ 1 Y	ear ne)		Four Stree	Strong E	Build ss	ders, Inc.						-
Occupancy Status Di	ed/Vacated Du	ring Er	tire	Peri	ođ		180 S	argean	t Av	enue						_
of Abatement []Abatement Fer Hours - Descr	formed Outsid	le of No	ormal	Faci	111	y	CIEY.	State.	Zi	p Code						
[]Other - Descr	ibe:				_	-	Clifto	n, NJ 0	-							
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[X]>3 sf o	or >260 lf							[X]NO	n-rr	Table Floc			Abat	emen	t T	7P
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First Floor			+								_		-	-	-	+
				JDEP	Was	te	TCubic	Yards	_	Name of Re	gister	ed Land	eili	<u> </u>		1
Name of Registere	a Maate Hanii	u.L	Н	auler	r ID	No.	of Wa			G.R.O.W.S	Inc					
Four Strong Builde	ers, Inc.			2609			Dispo	osal Da	te	City. Stat	e					_
City. State									. 873.75							
Clifton, NJ	505						L	Signat	1174	Tullytown,	FA		10	ate		-
Completed By (Pri	nt or Type)	Title						4	7	KIN			, l.	יטוחו	5/13	
Bilyana Kulakovsk	a	Office	Admi	nistra	ator			14						UZ		
ASB-41 JUN 95										Ø					G4	.6

6389-NJ

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) check #: 5615

Friable Notification

		· 	Name	a of	Buil	dina	Owner/Operato	or (2)				7		-
Date of Notification														
1 0 / 2		and the state of the state of	1		enwo		venue LLC		·			+-	_	_
Agencies Notified	Type Notifice	ition										100		
(X)EFA	[X]Initial Notifica	ation			in Str		Code	067	3.0.20	13		-		
[X] DEP	[]Amended				n, NJ							4		
[X] DOL	Notifica	ation			Cont			Tel	ephone No	umber		<u>-</u> -		
[X] DOH	[]Cancella	ation						I.	1,01			¥		
[]DCA			Lis		nned									-
	7/2-						FORMATION	The Second	1 Fer (A)					_
Name of Facility W	here Abatemen	t is Ta	king	Plac	e (3)		Type of Facil						
Residence								i isubch	1 (K-12)	(Othe	r the	an K	-12)	
Street Address								1 -1-7	(i.e., building	חת סו	mes.	SEC	. 1	_
OO Oversused Asses								Square Feet	# of Fl	COLZ	Bld	g. A	ge	
92 Greenwood Aver	nue	County	(6)			Cour	nty Code (7)	3,500 Current Use	2	hein	d de	100)
020, (3)						(ST	ATE USE ONLY)		(Pfict it	, Dean	9 20		•	150
Madison, NJ 07940	n: 112 2 E	Morris	100	TASCI	M No.	<u></u>	Name of Abate	Residence	or (9)					
Name of Monitoring Owner (8)	J Firm Mired t	oy purro	ing	1.50										
TBD	_						Four Strong B	Builders, Inc.						_
Street Address						1								
							180 Sargeant	Avenue						
City, State, Zip	Code													
					N Y		Clifton, NJ 07	013-1935		Licens	se Nu	mber		
Project Manager fo	or Monitoring	Firm (ereb	none	Nume	ser		<u> </u>	1,	00807				
		hed.Com			200		973-614-037			JU6U1				
Scheduled Start D	,					200		3 14535 2						
1 1 1 / 0 5 / Day /	1 3 1 M	1 1 / 1.	Day	1/1-	Year		Four Strong E							
Occupancy Status	During Abatem	ent (Che	eck c	only	one)		Street Addre	SS						
(X) Facility Clo							180 Sargean	Avenue						
[]Abatement Fe Hours - Desc	rformed Outsi	de of No	orma)	l Fac	ilit	y	City. State.	Zip Lode						
[]Other - Desc						_	Clifton, NJ 07	7013			8 8 8			
Scope of Work (Ch	eck all that	apply)	-					l Containment	with Neo	ative	Pre	ssur	e	0.57
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f 1>3 sf							[X]Nor	vebag Procedur	edure					
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Basement			1.00	X	127.5	Pipe	Insulation and	fittings	250 LF	=	X			L
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FIIST FIOOI Dack Si	de entry way		+	 					\top					
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n	a Wassa Want	27	1	वचताः	Wast	ie .	TCubic Yards	Name of Reg	istered	Landf	111			
Name of Register	eu waste nault				r ID		of Waste							
Four Strong Build	ers, Inc.		_ 1	260	9			G.R.O.W.S.,					-	
City. State							Disposal Dat	e City, State	98					
Clifton, NJ								Tullytown, P	PA					
Completed By (Pr	int or Type)	Title			-	200-01-02	Signatu	sell		\bot	מ	ate		
		Office A	Δdmi	nistra	ator		188	Jui-			1	0/24	/13	
Bilyana Kulakovsl	NG	Office /	WITH	· iioti t			4/20							
JUN 95													G46	567

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Check #: 5617

Date of Notification	(1)		Nam	e of	Buil	ding	Owner	/Operato	r	(2)		-				-
110/21							ool Dis									
Agencies Notified T		Section 1	Str	eet	Addre	288	טטו טופ	illici	-							_
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[X] DOH	[]Cancella	ation														
[]DCA			Da	rio								-				-
		F 1 - T-	Fina				iforma'	LION	175	ype of Facili	ty (4)					
Name of Facility Whe	re Abatemen	t is la	KING	Fiel	JE (3	,			1	Mischan!	(K-12)					
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215 Dodd Street									1	quare Feet	# of F1	COLZ	80	1g. r	ge	
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East Orange, NJ 0701	7	Essex				1,			1	School					1301	
Name of Monitoring Powner (8)	Firm Hired b	y Build	ing	ASC	M No.	-			me	ent Contractor	(9)					
TTI Environmental, In Street Address	c			000	03		Four	Strong B	ull	Iders, Inc.	<u> </u>		-			_
1253 North Church St	reet						180 5	Sargeant	A١	venue						
City. State. Zip Co.	de						_	State,								
Moorestown, NJ 0805	7 Monitoring	Firm []	elep	hone	Num	5er	Clifto	n, NJ 070	01 nbe	3-1935 er		Licen	se N	umbe	-	
Michael R. Stocku		1	856)	840	-8800)	,	614-0377		onitor	(00807	7			
1 0 / 2 4 / 1 Month / Day / Occupancy Status Du					_			Strong B		lders, Inc.						
[X] Facility Close of Abatement [] Abatement Perf Hours - Descri [] Other - Descri	d/Vacated Du ormed Outsid be: 2nd Shift	iring E	ntire	Per	riod		City	Sargeant State.	Z	ip Code						
Scope of Work (Chec		apply)					Cinto		-							
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Basement Hallway			ies	V	N/B	Pipe	Insula	tion			8 LF		X			
basement rianway												_				
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Name of Registered	Waste Haule	r,			Wast f ID		of Wa	Yards ste		Name of Regis		andf	ill			
Four Strong Builders	s, Inc.		1	2609	9		Diena	sal Date		G.R.O.W.S., I	nc.					
City. State							prefe	GGT DUCE	-							
Clifton, NJ										Tullytown, PA			- 194			
Completed By (Print	or Type)	Title						Signatur	e	12			D	ate		
Bilyana Kulakovska		Office A	Admir	nistra	ator			B	4	der			1	0/25	/13	
ASB-41 JUN 95											-	/			G46	67

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Name of Pacificacions (1) 10/25/2013								2505				
Agrancies Notified)13		Name (of Building O		Construction	CAN'S	Ep	84	Ļ	
Name of Context Telephone Number Telephone Nu	[X] EPA [X] [] DEP []	Initial Notif Amended N	otification			87-93 l	Marcy Avenue	STOS CON	II: is	2		
Name of Context Telephone Number Telephone Nu		Emergency	(including			East O	range, NJ 070174	LICENSIN	Givol			
Type of Facility Where Abatement is Taking Place (3) School (k-12) Solocal Pront Sured Address Sured Address 1202 Ocean Front County (6) County (6) County (6) County (6) Coran County (6)				Name					<u> </u>	(3)		
Street Address			F	ACILITY	INFORM	ATION	b					
County (6) County (6) County (6) County (6) County (64c) (7) County (7		aking Place	(3)				Type of Facility (4)					
County (6) County (6) County (6) County (6) CSTATE USE ONLY) CSTATE USE ONLY CSTATE USE ONLY) CSTATE USE ONLY CSTA		ront					[x]	Other (i.e., privat		85	al build	ings,
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Guardian Contracting, Inc.	City	Cou	nty (6)			n		# of Floors	Bldg.		0	
Street Address Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 Toms River, New Jersey Street Address Street Address Street Address Toms River, New Jersey 08755-1271 Toms River, New Jersey Scheduled Completion Date (11) Toms River, New Jersey 08755-1271 Toms River, New Jersey Street Address Street							Marina					
Street Address		lding Owner	(8)	ASCM	No.	Name of			Inc.			
Toms River, New Jersey 08755-1271						Street Ad	dress					
Project Manager for Monitoring Firm	City, State, Zip Code					City, Stat		Divon Novy Iona	or. 097	55 1	771	
Scheduled Start Date (10)	Project Manager for Monitoring Firm		Telephone Num	ber			e Number	License N		33-1.	2/1	
[x] Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Road [] Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Piscataway, New Jersey 08854 Scope of Work (Check all that apply) [] Other – Describe [] Full Containment with Negative Pressure [] Mini-Enclosure [] Mini-Enclosure [] Join Sate of 23 lf [] Renovation [] Secondary In Join Sate of S			Fig. 1. Lance and the Application of the Control of	pletion Date	(11)		OSHA Monitor					
City, State, Zip Code Piscataway, New Jersey 08854 Scope of Work (Check all that apply) [] Full Containment with Negative Pressure [] Mini-Enclosure [] Mini-En				Abatamant		Street Ad		telton Road				
Scope of Work (Check all that apply) [] Full Containment with Negative Pressure [] Mini-Enclosure [] Mini-Enclosure [] Mini-Enclosure [] Glovebag Procedure [x] ≥160 sf or ≥260 lf [x] Demolition [x] Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted (*) and Non-Exempted						City Stat		tetton Road				
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$ \begin{bmatrix}] & >3 \text{ sf or } \ge 3 \text{ If } \\ [x] & \ge 160 \text{ sf or } \ge 260 \text{ If } \end{bmatrix} \begin{bmatrix}] & \text{Renovation} \\ [x] & \text{Demolition} \end{bmatrix} \begin{bmatrix}] & \text{Glovebag Procedure} \\ [x] & \text{Non-Exempted (*) and Non-Friable Procedure} \end{bmatrix} $ $ \begin{bmatrix} X & \text{Non-Exempted (*) and Non-Friable Procedure} \end{bmatrix} $ $ \begin{bmatrix} X & \text{Non-Exempted (*) and Non-Friable Procedure} \end{bmatrix} $ $ \begin{bmatrix} X & \text{Non-Exempted (*) and Non-Friable Procedure} \end{bmatrix} $ $ \begin{bmatrix} X & \text{Non-Exempted (*) and Non-Friable Procedure} \end{bmatrix} $ $ \begin{bmatrix} X & \text{Non-Exempted (*) and Non-Friable Procedure} \end{bmatrix} $ $ \begin{bmatrix} X & \text{Non-Exempted (*) and Non-Friable Procedure} \end{bmatrix} $ $ \begin{bmatrix} X & \text{Non-Exempted (*) and Non-Friable Procedure} \end{bmatrix} $ $ \begin{bmatrix} X & \text{Non-Exempted (*) and Non-Friable Procedure} \end{bmatrix} $ $ \begin{bmatrix} X & \text{Non-Exempted (*) and Non-Friable Procedure} \end{bmatrix} $ $ \begin{bmatrix} X & \text{Non-Exempted (*) and Non-Friable Procedure} \end{bmatrix} $ $ \begin{bmatrix} X & \text{Non-Exempted (*) and Non-Friable Procedure} \end{bmatrix} $ $ \begin{bmatrix} X & \text{Non-Exempted (*) and Non-Friable Procedure} \end{bmatrix} $ $ \begin{bmatrix} X & \text{Non-Exempted (*) and Non-Friable Procedure} \end{bmatrix} $ $ \begin{bmatrix} X & \text{Non-Exempted (*) and Non-Friable Procedure} \end{bmatrix} $ $ \begin{bmatrix} X & \text{Non-Exempted (*) and Non-Friable Procedure} \end{bmatrix} $ $ \begin{bmatrix} X & \text{Non-Exempted (*) and Non-Friable Procedure} \end{bmatrix} $ $ \begin{bmatrix} X & \text{Non-Exempted (*) and Non-Friable Procedure} \end{bmatrix} $ $ \begin{bmatrix} X & \text{Non-Exempted (*) and Non-Friable Procedure} \end{bmatrix} $ $ \begin{bmatrix} X & \text{Non-Exempted (*) and Non-Friable Procedure} \end{bmatrix} $ $ \begin{bmatrix} X & \text{Non-Exempted (*) and Non-Friable Procedure} \end{bmatrix} $ $ \begin{bmatrix} X & \text{Non-Exempted (*) and Non-Friable Procedure} \end{bmatrix} $ $ \begin{bmatrix} X & \text{Non-Exempted (*) and Non-Friable Procedure} \end{bmatrix} $ $ \begin{bmatrix} X & \text{Non-Exempted (*) and Non-Friable Procedure} \end{bmatrix} $ $ \begin{bmatrix} X & \text{Non-Exempted (*) and Non-Friable Procedure} \end{bmatrix} $ $ \begin{bmatrix} X & \text{Non-Exempted (*) and Non-Friable Procedure} \end{bmatrix} $ $ \begin{bmatrix} X & \text{Non-Exempted (*) and Non-Friable Procedure} \end{bmatrix} $ $ \begin{bmatrix} X & \text{Non-Exempted (*) and Non-Friable Procedure} \end{bmatrix} $ $ \begin{bmatrix} X & \text{Non-Exempted (*) and Non-Friable Procedure} \end{bmatrix} $ $ \begin{bmatrix} X & \text{Non-Exempted (*) and Non-Friable Procedure} \end{bmatrix} $ $ \begin{bmatrix} X & \text{Non-Exempted (*) and Non-Friable Procedure} \end{bmatrix} $ $ \begin{bmatrix} X & \text{Non-Exempted (*) And Non-Friable Procedure} \end{bmatrix} $ $ \begin{bmatrix} X & Non-Exempted (*) And Non-Friable$	Scope of Work (Check all that apply)					[]		with Negative Pres	sure			
X ≥160 sf or ≥260 lf X Demolition X Non-Exempted (*) and Non-Friable Procedure			[] Re	novation		[] []		ure				
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) YES NO N/A Name of Registered Waste Hauler Guardian Contracting, Inc. City, State Toms River, New Jersey Completed by (Print or Type) Is Location Normally used Asbestos-Containing Asbestos-Containing Asbestos-Containing Amount (Specify SF Or LF) Nate of Registered (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) A Adatument Type R R R E E E N N N M P C C C V A A A L V V R S S S O Other miscellaneous) A A L U U U U U U T T.R.R.F. City, State City, State Tullytown, Pennsylvania Completed by (Print or Type) Title Signature Josephane City State Tullytown, Pennsylvania		lf				[x]			Ртоседи	re		
Is Location Description of Asbestos-Containing Material (ACM) Solely by Maintenance/Custodial Staff (12) VAT, or other miscellaneous VAT, or		T						T	Abate	ment '	Гуре	
Maintenance/Custodial in facility Staff Insulation, surfacing, VAT, or other miscellaneous VAT, or other miscellaneo	Asbestos-Containing Material (A		Normally used Solely by		Asb N	estos-Con laterial (A	taining CM)	(Specify SF	R E	R E	E	N
VAT, or other miscellaneous) YES NO N/A Exterior X Asbestos siding Asbestos siding Z600 sf X Name of Registered Waste Hauler Guardian Contracting, Inc. City, State Toms River, New Jersey Completed by (Print or Type) Title V R S U U U U L R E E City, State Tullytown, Pennsylvania City, State Tullytown, Pennsylvania Date		Ma		dial				or LF)	1			
YES NO N/A N/A L L E E						VAT, o	r		V		S	S
Exterior X Asbestos siding 2600 sf X Name of Registered Waste Hauler Guardian Contracting, Inc. City, State Toms River, New Jersey Completed by (Print or Type) Title Asbestos siding Completed Signature Asbestos siding Cubic Yards of Waste Name of Registered Landfill T.R.R.F. City, State Tullytown, Pennsylvania Date	W 30	VI	es no n	/A	oth	er miscella	ineous)		1 1		L	R
Name of Registered Waste Hauler Guardian Contracting, Inc. City, State Toms River, New Jersey Completed by (Print or Type) NJDEP Waste Hauler ID No. Cubic Yards of Waste Tomo. Cubic Yards of Waste Name of Registered Landfill T.R.R.F. City, State Tullytown, Pennsylvania Date	Eutorion	- 1.			ootos sidin			2600 ef			E	E
Guardian Contracting, Inc. City, State Toms River, New Jersey Completed by (Print or Type) Disposal Date 11/15/13 Tullytown, Pennsylvania Date	Exterior		^	ASO	esios sium	ıg		2000 \$1	^		-	+-
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City, State Toms River, New Jersey Disposal Date 11/15/13 Tullytown, Pennsylvania Completed by (Print or Type) Title Signature Oity, State Tullytown, Pennsylvania Date		Inc.	1			rds of Wast		ered Landfill				
Completed by (Print or Type) Title Signature / / Date	City, State	W-2										
		Titl	e		ature .	- lad	Jwii, Fennsylvani	1	A 12 CONTAC		13	

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



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 1 ND) CEIVED

Date of Notification (1)	15/13		Name	of Buildin	g Owner/Operator	13 80-, PM LL	145				
	Type Notification			Address	THIPHINE	1 00 / Late	7,10				4
Agencies Notified	(X) Initial		Sueer	155	RT 5-00	STOS CON	ROL.				
∑ 000 ∑ 000 ∑ 000 ∑ 000 ∑ 000	Amended .		City, S	tate, Zip C	ode g	LICENSIN	6 (0)				٦
Ø DOF	Amendment #_ Emergency (inc	ludino		()- 1	LEEN FIE	ED NI	. 40				_
☐ DOH .	justification)		Name	of Contac	it		Telephone Numbe	r .			
☐ 00H . ☐ 00A	Cancellation			BR	ULE BREL	INIG					
			FAC	ILITY INF	ORMATION						
Name of Facility Where	Abatement is Taking	Place (3)				Type of Facility	(4)			924	٦
RES	DENCE	••				School (K-12					
strue: Andress				SYM		Other (i.e., p	(Other than K-12) nvate & commercial	buildir	ngs.		
119	SHERIDA	w:5	QUA	n E		homes, etc.)					-
34 /S	2/GANTINE					Square Feet	# of Floors		a Age		
County (6)	ANTIC			ity Code (ONLY)	7) (STATE	Current Use (Pr	ior if being demolish	ned,			
Name of Moniforing Fin		wner	ASCM	No.	Name of Abaten	nent Contractor (9)				
	J/A	A. C. C. C. C. C. C. C. C. C. C. C. C. C.		500000000	L KL	EMCO IN	JE,				_
Street Address					Street Address	S,SPRUC					
					Cm. State 7in (`ode					-
Co. State Zip Code					Mo.	PLE SHA-	DE N.J.	०८ ०	2 5		-
Project Manager for Mo	onitoring Firm	T,e	lephone	No	Telephone No.		License No				
r roject manager ie						9-0472	004	7 7			
Stan Date (10)	Sched	uled Comp	letion Da	le (11)	Name of OSHA	Monitor SEPH KL					
11 /10	13 11	117	/13				CAM				_
Uccupancy Status Dur	ing Abatement (Chec	k only one)		Street Address	S 500	LULT 2 U.S.				
∑ Facility Closed Vaca	ated Dunng Entire Per	nod of Aba	tement							===	=
Abatement Perform	ed Outside of Normal	Facility Ho	ours		Crty, State, Zip (sole	LODE, N.	J. (18	5	1
() Other - Describe:	•				1-12	<u> </u>	1270				-300
Scope of Work (Check	all that apply)					ntainment with No	gative Pressure			•	
1 2 3 51 Of 2 3 11		Renov		10	Glovet	nclosure pag Procedure					
		Demoki	ion		Non-E	xempted (*) and N	on-Friable Procedu				
,		Is Loca	tion					A	uaten (n, I		
		Norma Used Sol			Description (of		-			-
Location Asbestos-Containing		Mainten	ance/	Asbe	stos Containing Ma	aterial (ACM)	Amoun! (Specify	2	_	Ī	
TO BE AB	ATED	Custox Staff		(i.e	thermal systems surfacing, VA	r, or	SF or LF)	Removal	Repair	S.de	(10,000,000
IN Facil		(12			other miscellane	eous)		h vc	316	Entapsulite	147
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SID	INCL		X		10007/15						
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	4			-				+			
				l	T Cubia Varda	Name of Rei	gistered Landfill				
rame of Registered W	Vaste Hauler	***	NUDEP Hauler II		Cubic Yards of Waste		1. U. A.				
KLEMOU	INC,		179	04			2,0,14				
	= SHADE,	NIT	•		Disposal Date	City. State	0 S A N T V I L	LE	W.	7.	
					Signature		Date	1	1		
Completed B,	V . E Title	V	P		Jour	ren Kelin	m 10/	25/	1:	\$	
JOSEPN	NOMY -										

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

RECEIVED

Date of Notification (1) 10-25-2013	**************************************		T	Name of Bella C	Building (Owner/O	perator			- K - E-	- 1-6				
Agencies Notified	Type Notification		+	Street Ac	idress	una o	ar tirrig	2013	DET 30	PH	H: 56		-		
☐ EPA				9 Prosp	oect Str	eet									
DEP X DOL	Amended Amendment		_		e, Zip Co vood, N		50	AJO 5	ESTOS	CUR	TRUL				
☑ DOH	Emergency justification)	(including		Name of		1000					ephone N	wher	-		
☐ DCA	Cancellation			Ben Ra					غ ي						
Name of Facility Where	Abatement is Takin	g Place (3)		FACIL	ITY INFO	ORMATIO	NC	Type	of Facility (4)	`			-		
Commercial		3 (-)						5.000000000	School (K-12						
Street Address	70.004							I S	Subchapter 8	(Oth					
100 Westfield Aven	iue								Other (i.e. pri etc.)	vate 8	k commer	cial bui	dings	home	es,
City (5) Clark, NJ 07066								Squar 2500	e Feet	# o	Floors		3ldg. <i>A</i> 30+	\ge	
County (6) Union				County C	ode (7) ISE ONLY			Currer	nt Use (Prior	if bei	ng demoli	shed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.		Name	of Abat	ement Conti	ractor	(9)				
	3								rironmenta			LC			
Street Address			0.000					Addres Virgini	s a Avenue						
City, State, Zip Code							7 1000 C 1000 C	State, Zip	p Code / , NJ 073	<u>Ω4</u>					
Project Manager for Mor	nitoring Firm		T	Telephor	ne No.			none No			License	No.			
	1958	F. 1					201-	333-88	855		01174				
Start Date (10) 10-25-2013		Scheduled 10-25-2		npletion [Date (11)			of OSH e as a	IA Monitor bove			30.00.00			
Occupancy Status Durin	g Abatement (Che	k Only One)				Street	Addres	s						
Facility Closed/Vac							City, S	State, Zi	p Code						
Other – Describe:															
Scope of Work (Check A	II That Apply)							_							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	fig.		enova emoli					Min	Containmenti-Enclosure vebag Proce		Negative	Press	ure		
							>		n-Exempted		d Non-Fria	able Pr			
		A 44 A 44 A 44 A 44 A 44 A 44 A 44 A 4	ocat	200-200										emen ype	t
Location Asbestos-Containing		Used		ly by	Ashes	Des tos Cont	scription		(ACM)	Δ	mount		T	Т	
TO BE AB	ATED		ntena	nce/ Staff?	(i.e.	thermal	system	s insula	ition,	(5	Specify	Re	N Z	Enca	Enc
In Faci (13)			(12)				cing, VA			Si	or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								1 20	'	ate	6
Office R	loom		x				VAT			2	40 SF	×	1	\vdash	
													+		
			17505-0									+	+		
			10555					-					-	-	
Name of Registered Wa	ste Hauler		IN	JDEP W	aste	Cubic	Yards		Name of R	egiste	ered Land	fill			
Tri-State Transfers	Assoc.			lauler ID A456	No.	of Was	ste		Minerva	Ente	erprise				
City, State Bronx, NY							sal Date 5-2013		City, State Wynesb		Ohio				
Completed by		Title				S	ignatur	е	C	- 220	1.5	Date			
Liliana Serrano		Office	ma	nager			LIL	ar	12 Del	ىد	القنة	10-25	2013	3	

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

CYHOD4068 RECEIVED

Date of Notification (1)	/ 1 3		(Purs	Nai		8: 60 and 12: 120 ilding Owner/Op DPMC			DET 30) PH	11: 3	1			
Agencies Notified Type of N [X] EPA	otification				eet Addro West Stat			A SE	ESTO	s cor	ATRO) L			100,000
[] DEP [] Initi	al			Cit	y, State, 2	Zip Code			ESTO & LIC	ENSI	4G	4			
[] DOL [] Ame	ended endment#			Tre	enton NJ	08624			CC 2.10			d.	P		
[X] DOH [X] Eme	rgency (including			Na	me of Co	ntact				Telephone	Numbe	r			
Just	ification) cellation			Mr	. Brian O	'Niel									
Name of Facility Where Abatement is Taking F	Place (3)]	FACIL	ITY INF	ORMATION	Г	Type of Facili	ty (4)						
Edna Mahan Correctional Facility								[]	School (K-12)					
Street Address				-			\dashv			pter 8 (Ot	her than	K-12	re.		
######################################								[X]		.e., private		nercia	I		
30 County Road 513 City (5) Cou	nty (6)			Con	nty Code	(7)	\dashv	Square Feet		s, homes, # of Floo		R	dg. A	ae	
chy (5)	113 (0)			750000	ATE USE			oquare 1 con		01 1100			g	6"	
								Current Use (Prior if bein	g demolish	ned)			-91	
Clinton Hun Name of Monitoring Firm Hired by Building O	terdon wner (8)		ASC	M		Name of Abat	temen	t Contractor (9))						
•								, ,							
Environmental Connection								Environmental	Consulting,	Inc.					
Street Address						Street Addres									
120 North Warren Street						1141 Route 23					_				
						City, State, Zi	•	ie							
Pennsauken NJ 08109	Tolo	nhone	Numb		Wayne NJ 07 Telephone Nu				License N	0			_		
Project Manager for Monitoring Firm	0.000000	phone 392-42		CE .	973 628-9500	imber		- 1	00408	0.					
Ryan Broadwater Scheduled State Date (10)	Scheduled Com					Name of OSH	IA Mo	nitor		00408	_				
1 0 2 4 / 1 3 Month / Day / Year	1 1	2	5 ay	_1] 3	Enviro Vision									
Occupancy Status During Abatement (Check o [] Facility Closed/Vacated During Abatement [] Abatement Performed Outs [X] Other - Describe: Scope of Work (Check all that apply)	ring Entire Period		Reno	vation		City, State, Zi Fairlawn NJ	aw Ros ip Cod	Full Containn Mini-Enclosur	re	egative Pr	essure				
$[X] \ge 3 \text{ sf or } \ge 3 \text{ lf}$		1 1	Dem	olition			[X]	Glovebag Pro		n					
[] ≥ 160 sf or ≥ 260 lf		·					[]	Non-Exemted	(*) and No	n-r riable	Procedu		baten	ent T	vpe
Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13)		Lo No So Main Cu	Is ocation ormally Used olely by otenanous ostodial off (12)	ce/		Description of Asbestos-Conta Material (Ad (i.e., thermal sy insulation, surf- or other misco	aining CM) ystems acing,	VAT,		Amount (Specify SF or LF)	8	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Administration Building				x	Pipe in:	sulation			4 LF			X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consulting.	Inc.		EP Wa ler ID 1 1781	Nn.	Cubic Y	ards of Waste		G.R.O	of Registere	u Landfill					
City, State					Disposa	l Date		City, S					CALL		
Wayne NJ 07470								Morri	sville PA						
Completed by (Print or Type)	Title				S	ignature	/	_		D	ate		occus 1888		
Jerry Bijelonic	Project Manage	r				CV	_					10/2	4/2013	3	

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



Date of Notification (1)	-24-13		Name	of Buildin	g Owner/Operator	BAT	13,0CT 30 I	PHII	: 51)	
Agencies Notified	Type Notification		-				SESTOS CO	DAT			
Dor Deb	Amended Amendment # Finergency (inclu-	ding	City, S	tate, Zip C	AKEW OC	DD NJ	. 0890	MG	(
DOH DCA	justification) Cancellation	ung		of Contact	t LIJCK1S		Telenhoné Numb	or			
			FAC	ILITY IN	ORMATION						
Name of Facility Where	Abatement is Taking Pl	lace (3)				Type of Facility School (K-1	2)				
Street Address	END ST.				2.		8 (Other than K-12 private & commercia		ings,		
City (5) LAKEWO	OD NJ.		0.11%			Square Feet	# of Floors	Blo	ig. A	je –	
County (6) OCE	AN			nty Code (ONLY)	7) (STATE		rior if being demolis テルブ	hed)			
Name of Monitoring Firm (8)		ner	ASCM	No.		nent Contractor (9	RIES INC	-			
Street Address					Ctroot Address	ATICK.					
City, State, Zip Code			-		O'h Otata Ta (
Project Manager for Mo	nitoring-Firm	Tele	phone	No.	Telephone No	9-1499	License No.	96	,		_
Start Date (10) 10 - 29	Schedule	ed Comple	etion Da	te (11)	Name of OSHA		1	/			ᅱ
Occupancy Status Durin			د/		Street Address			-	_	:	ᅱ
Facility Closed/Vacat Abatement Performe Other - Describe:	ted During Entire Period	d of Abate			City, State, Zip (Code					
Scope of Work (Check	all that apply)					ntainment with Ne	egative Pressure				=
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	. [Renovat Demolitic			☐ Mini-En	nclosure ag Procedure	on-Friable Procedu	re			
		Is Locati Normali			1 4 2				bater Typ		
Location Asbestos-Containing	Note that the second constraint is a first to the second constraint of	Jsed Sole Maintenar			Description of tos Containing Ma	aterial (ACM)	Amount			П	
TO BE ABA IN Facility (13)	TED	Custodi Staff? (12)		(i.e.	thermal systems, surfacing, VAT other miscellane	, or	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Y	es No	N/A					Ĺ		è	
SIDIN	6		V	-T*	PANSIT	<u> </u>	1900-36	V		_	-
		_									
						T N d D.	jistered Landfill				
Name of Registered War	ISTRIES INC		NUDEP I Hauler II 2 1 6	No.	Cubic Yards of Waste	6	R, O, W. S	<u> </u>			
City, State					Disposal Date	City, State	PA.				
Completed By PLI	ACKIS Title T	PRES	,		Signature	Welflad	Date (0	-2	4	-/	3

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

			-							-		
Date of Notification (1)			Nan	ne of Buildin ヘテムェ\	ng Owner/Operator	(2) 2013-06T .	an PH	11:26				
Agencies Notified Type Notification	n			et Address		C Series Des 1/1	00 LH	11-60				-
Agencies Notified Type Notification				0.,	NOALSIDE	AVECT	os coi	HT.BAL			7	
Amended				State, Zip								=
DOL Amendment		_	2000000	SACK	11	UZELH	CENSI	16 (10			
☐ Emergency (☐ DOH justification)		9		ne of Conta			Telenh	ana Alumh				_
☐ DCA ☐ Cancellation			750000	Ank_	•							
<u> </u>		-			FORMATION							
	Dl	- (2)	+/	ACILII Y IN	FURMATION					3		
Name of Facility Where Abatement is Taki	ng Place	e (3)				Public Cor		Тур	e of	Facili	ty (4)
Street Address			===			Subchapter		than K-12)			
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						Other (i.e.,	private &	ummercia	bull	dings		
300 EngelsiDE AU						homes, etc Square Feet	i.) # of F	loore	Ты	dg. A	-	
City (5) BEACH HAUEN NO	M						1 # 01 7	10015	1		ī	
	01/0		10		7) (STATE	Current Use (P	-	a domolis	-	וצג	60	140
County (6)	(US	unty Code (E ONLY)	() (SIAIE	GACAS		g demois	icu)			
SA250	0		1		Name of Abatem							=
Name of Monitoring Firm Hired by Building (8)	Owner		ASCA	I NO.	()			~1	v 1	r		
					@105020	aivus G	50 10 W/8	NINC			_	
Street Address					Street Address	٨.						
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City, State, Zip Code					City, State, Zip Co		NA	088	1.5	1		
					Phillips	pridi	11:1-			_		=
Project Manager for Monitoring Firm		l ele	ephone	e No.	Telephone No.	1212		se No. O	150	1		
		_					Contr	act No.				
	duled C	100		30.00	Name of OSHA M	ionitor						
4 Nov 2013 6	De		2013	3						_		_
Occupancy Status During Abatement (Che					Street Address							
Facility Closed/Vacated During Entire Po					0: 0: 4: 0				_			=
Abatement Performed Outside of Normal Other - Describe:	ii raciiii	y nou	is		City, State, Zip Co	ode						
											<u>:</u>	=
Scope of Work (Check all that apply)					☐ Full Conf	tainment with Ne	gative Pre	essure				
≥3 sf or ≥3 lf		novati			Mini-Enc	losure						
∑ ≥160 sf or ≥260 lf	Dei Dei	molitio	n		Gloveba	Griable						
	Isl	ocatio	n n	Γ	LAT IVO NO	THE	•		A	bate	ment	-
	No	rmally								Typ	e	
Location of Asbestos-Containing Material (ACM)	Used	Soleh tenan		Achact	Description of tos Containing Mate	orial (ACM)	Amo	unt				
TO BE ABATED		stodia			thermal systems in		(Spec		70	-	Enc	m
IN Facility		taff?			surfacing, VAT, o		SF or	LF)	Removal	Repair	aps	clos
(13)	<u></u>	(12)			other miscellaneou	IS)			<u>va</u>	=	Encapsulate	Enclosure
	Yes	No	N/A								ø	
exterior	\vdash			Sucto	acing (sidin	12.	400	5	∇			
						27/			\forall	\dashv	-	_
7012743				Sucte	seing (rost	ing	7,00	0	4	\dashv	-	
	_								_	\dashv	-	
Name of Registered Waste Hauler		0.00100	JDEP \ auler IC	AND DESCRIPTION OF THE PARTY OF	Cubic Yards of Waste	Name of Regi	stered Lar	ndtill				
A Greener Recycling			194:		Vaste √6	Grow ES	E LAND	D 7,11				
City, State			- 1 .2		Disposal Date	City, State	,11.	01				
Hainesport, N.J.		•			025-1	Morris	ville	PA				
Completed By . Title					Signature			Date	<u> </u>	100	,,	5
	DWE.	<_			Fred 9	2 whorse		240	B	5	0).	≥
ASB-41					(7				8		

Check # 8758

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

[D					PE (TEN				100	
Date of Notification (1)	-13	N	ame of	Building Owner/	operator (2) - 3	Mont	gomery	Bu	1.1	20	-
Agencies Notified Type Notification		S	treet Ad		2013 067	30; PH	41-20	110	,	-1	
□ EPA Initial			ity Stat	e, Zip Code) rennii	<u> 19101</u>	"Kikky	Hil	l l	Rd	
DDEP Amended Amendmen	10.014	_ `	ily, Stat		A TEST	OS CAN	NTROL 08	53	34		
DOH Emergency justification		N	100	Contact	Je [1	CENST	Telenhane Nur	nhor	<u></u>		
□ DCA □ Cancellation	n .			ITY INFORMAT	ucash	<u> ; </u>	-8				
Name of Facility Where Abatement is Taki			7	THEORMA		of Facility (4)	10.75		-	-1
Dingle family	Dove	llin	21	Vacant)		School (K-1					
Street Address 2 1/1:44	000	0:	J wa	+			8 (Other than K-1: rivate & commerci		lings,	home	es,
City (5)	jec			A CONTRACTOR OF		etc.) re Feet	# of Floors	В	dg. A		
Princeton	No			3546			1		-) +-	-
County (6) Mercer			County C	ode (7) SE ONLY)			family 1		11.	ac	
Name of Monitoring Firm Hired by Building	Owner (8)	_	ASCM	No.	Name of Aba	CONTROL OF CONTROL		Juse)	
EPC Technoli	99169	b		NA	EPC	TE	chnolog	ies	,	In	ادا
Street Address	23				Street Address	SS	222	3	****		
City, State, Zip Code		=	20	200	City, State, Z		00 T	-	-		_
New Equat	NO		280	533	New	Egy	of W	0		13	3
Project Manager for Monitori lg Firm	A	100	elephor		Telephone No		License N	0.	10	u	
Start Date (10)	Schedule			758-3365 Date (11)	Name of OSH		2 0	7	רנ	1	
Nov 5, 2013	No	8 ر	, 20	013	EPO	- Tec	hnologies	\mathcal{I}	nc		
Occupancy Status During Abatement (Che					Street Addres		727				
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor			ent		City, State, Z		337				_
□ Other – Describe:		:			New 1		NJ	280	53	3	
Scope of Work (Check All That Apply)						0 (1					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti				II Containm	ent with Negative I e	Pressu	re		
7	/ -					ovebag Pro	cedure d (*) and Non-Friat	ole Pro	cedur	e	
	Is	Locatio	on			LXOIIIPIO	4 () 4114 1111 1114	T	Abate	ement	1
Location of	1	lormally d Solel	y		escription of			-	Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intenan	ce/		ntaining Material al systems insula		Amount (Specify	Re	77	Enc	En
In Facility (13)	Cusi	odial S (12)	tanr		facing, VAT, or miscellaneous)		SF or LF)	Remova	Repair	Encapsulate	Enclosure
(10)	Yes	No	N/A					<u>a</u>	-	ate	re
1/.1				1	Elas	oring	100 SE	X			
Kitchen	1	×		Floor		,	600 SF	X			
pasement	×			TRansit		ric	80 CF	100			
Darky.	~		,	1 1Ci abij	Pipe		90 CI	-	1		
Name of Registered Waste Hauler			JDEP W		ic Yards	Name of	Registered Landfi	1			<u> </u>
EPC Technologic	e.S.	H	auler ID		laste 4	Was	te Manage	nen	t .	e f	AS
City, State				Disp	osal Date	City, Sta	te	PA			
Completed by	NJ Title			11	-8-13 Signature	Morr		ate		/	
Steve Schen Kee	Pize	sid	ent		Steer	Sch	oh.		26	11.	3

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

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Date of Notification (1)	10/25/2013				Name of	Building C			RECE	WHO THE	2	86	8	
Agencies Notified [X] EPA	I Limited the second	Notifica			Street Ac	idress		iviaic	AIJ OCT 30 y Avenue					
[] DEP [x] DOL	Amen	dment #	rification		City, Sta	te, Zip Cod	e East O	range	ASBESTOS , NJ 27017CE	CONTROL				C-Inches
[x] DOH		cation)	icidding	ł	Name of	Contact			Tel	onhone Number	100			\neg
DCA	[] Cance	llation				Sal Co	nte							١
				FAC	ILITY I	NFORM	ATION							
Name of Facility Where A Res	batement is Taking l sidence	Place (3)					Тур	e of Facility (4)	School (k-12)				
Street Address										Subchapter 8 (oth				
	06 Ocean Front									Other (i.e., privat homes, etc.)			al build	ings,
City	67	Count	ty (6)		County C (STATE	ode (7) USE ONLY	n	Squ	are feet 2000 sf	# of Floors	Bldg	. Age 6	0	
Lavallette		Ocea	an					Curi	rent Use (Prior if b Marina	eing demolished)				
Name of Monitoring Firm)wner (8)		ASCM N	lo.	Name of	Abate	ment Contractor (9 Guardian) Contracting,	Inc.			
Street Address	treet Address						Street Ac	idress		ate 9, Unit 61				
City, State, Zip Code						City, Sta	te, Zip	Code		ov 087	755 1	71		
Project Manager for Moni	toring Firm	— т	Telephone N	umber			Telephor	ne Nun		ver, New Jers		33-1.	2/1	
100							732-34	9-99	32	00624				
Scheduled Start Date (10) 11/11/1	3		Scheduled Co 11/14/13	Oliver and the second and the	on Date (1	.1)	Name of	OSHA	A Monitor E.M.S.L	Analytical				
Occupancy Status During [X] Fac	Abatement (Check of eility Closed/Vacated			of Abat	tement		Street A	ddress	1056 Ste	lton Road				
	atement Performed (City, Sta	te, Zip	Code	-				
[] Oth	ner – Describe			-	-		, , , , , ,	,		ay, New Jerse	y 088	54		
Scope of Work (Check all	that apply)						[]		Full Containment w Mini-Enclosure	ith Negative Pres	sure			
[] >3	sf or ≥3 lf		ſ 1	Renova	tion		1		Glovebag Procedure	•				
	60 sf or ≥260 lf		[x]	Demoli	tion		[x]	1	Non-Exempted (*)	and Non-Friable	Procedu	ire		
					T						Abat	ement	Гуре	
	_		Is Location				Description				R	R	Е	E
Location Asbestos-Containing l	ANTICE TO THE STREET OF THE ST	6	Normally use Solely by	ed			bestos-Co Material (A			Amount (Specify SF	E	E P	N C	N C
TO BE ABA		Maii	ntenance/Cus	todial			., thermal			or LF)	M	A	A	L
in facili			Staff		1	ins	ulation, su		ıg,		O V	I	P	0
(13)			(12)			- 21	VAT,		>		A	R	S	S
-		YES	S NO	N/A		oun	er miscell	aneou	15)		L		L E	R E
Exterior			X		Asbe	stos sidir	ng			1900 sf	Х			
											_		_	
i sui la marki						T = 1.				11 15"				<u></u>
Name of Registered Waste Guardian C	e Hauler contracting, Inc.		NJDEP Waste 20	Hauler 223	ID No.	Cubic Ya	ards of Was	ste	Name of Registere T.R.R.F.	a Landfill		1000		
City, State				Dispo	sal Date	***************************************	City, S							
Toms River	r, New Jersey	Title		11/1:	5/13 Signat	ture ^	, lully	town,	Pennsylvania	1	Date	:		
Nicholas Fe		- VE W C	ect Manage	r		Vi	chot	1	tel		10/	25/20	13	

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

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

Date o Notification (1)			I	Name of	Building O	wne Poper	afor @	ONSTRUCTION	->()\			. j	
Agencies Notified Type of Notific X PA I Initi	ition al Notifica	ation		Street Ad	ldress	2010 00		AAMIZ: 56	CX+13	12	83	,4	\dashv
[x] DOL Ame	nded Not indment # rgency (in			City, Star	te, Zip Cod	SoES West	TOS	NS NE TOU					
I X I DOR	fication) cellation			Name of	Joyce (Te					
			FAC	ILITY I	NFORM	ATION							
Name of Facility Where Abatement is Takin Residence	g Place (3)				-	Тур	e of Facility (4)	School (k-12) Subchapter 8 (oth	ner than	k-12)		
Street Address 14 E. New York	Avenue							[x]	Other (i.e., privat homes, etc.)	te & cor	nmerci	al build	ings,
City	Count	ty (6)		County C	ode (7) USE ONLY	2	Squ	are feet 1500 sf	# of Floors	Bldg	. Age	0	
Long Beach Twp.	Ocea	an		(SIAIL)	OGE ONE	7	Curi		being demolished)			<u> </u>	
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM N	0.	Name of	Abate	ment Contractor (T			
N/A Street Address	treet Address						ldress		n Contracting, oute 9, Unit 61	inc.			
City, State, Zip Code					City, Star	te, Zip	Code	iver, New Jers	ev 087	755-12	271		
Project Manager for Monitoring Firm	Telephone N	umber			Telephon 732-34		nber	License N 00624					
Scheduled Start Date (10) 10/25/13		Scheduled Co 10/28/13		on Date (1	1)	Name of	OSHA	A Monitor E.M.S.I	Analytical				
Occupancy Status During Abatement (Check			-6 A L -			Street Ac	ddress	1056 St	elton Road				
[X] Facility Closed/Vacat						C': C:	. 7		citon Road				
Other – Describe						City, Sta	te, Zip		vay, New Jerse	y 088	54		
Scope of Work (Check all that apply)				1		[]		Full Containment	with Negative Pres	sure			
[] >3 sf or ≥3 lf		[]	Renova	tion		1		Glovebag Procedu	re				
[x] ≥160 sf or ≥260 lf		[x]	Demoli	tion		[x]			and Non-Friable	Procedu	ire		
	Ī			T			25,088			Abat	ement	Туре	
FA (25) 11 (6)		Is Location				Description				R	R	Е	Е
Location of		Normally use Solely by	ed			estos-Con Material (A			Amount (Specify SF	E	E	N C	N
Asbestos-Containing Material (ACM) TO BE ABATED		ntenance/Cus	todial			, thermal			or LF)	M	P A	A	C
in facility		Staff				ulation, su	ırfacir			O V	I	P	0
(13)		(12)			-41-	VAT, of er miscell		,a)		A	R	S	S
	YES	S NO	N/A		oun	er miscen	aneou	15)		L		L E	R E
Exterior		x		Asbe	stos sidir	ng	0		1700 sf	X		E	1
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste 20	Hauler	ID No.	Cubic Ya	ards of Was	ite	Name of Registe T.R.R.F.	red Landfill				
City, State			Dispo	sal Date		City, St		Dannauluania					
Toms River, New Jersey Completed by (Print or Type)	Title		10/2	Signat	ure	, runy	Wh,	Pennsylvania	,	Date			
Nicholas Fernicola	Proj	ect Manage	r		Mi	ha	_	101		10/	24/20	13	

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

		(Purs		o NJAC 8:60		40	RE	CEIVE	-			
Date of Notification (1) October 24, 201	3		N	ame of Buildin	g Owner/ AV	Operator H Den	nolition 2013 06		783	3		
[] DEP [] Amer	Notifica ded Not dment#	ification		treet Address	Toda .		Lacey Pd SFS	CENSING	* 35 *01.			es .
[x] DOH justifi	cation)		N	lame of Contac Ton			Tele	nhone Number	4,			
[].20.		I	FACIL	ITY INFOR	MATIC							
Name of Facility Where Abatement is Taking Long Branch Sewi	g Place (age Au	3) thority				T	L .	School (k-12) Subchapter 8 (other	er than	k-12)		
Street Address 134 Joline Ave							[x]	Other (i.e., private nomes, etc.)	& con	nmerci	al build	lings,
City	Count			ounty Code (7) STATE USE ON	ILY)	1	quare feet 2000 sf urrent Use (Prior if be	# of Floors 1	Bldg.	Age 50)	
Long Branch	Mon	mouth					Sewage A				88	
Name of Monitoring Firm Hired by Building N/A	Owner	(8)	A	SCM No.	Nan	ne of Ab	atement Contractor (9 Guardian	O) Contracting,	Inc.			
Street Address					Stre	et Addre		ite 9, Unit 61				
City, State, Zip Code					City	y, State, 2	Zip Code	ver, New Jerse	y 087	55-12	.71	
Project Manager for Monitoring Firm		Telephone Nu	mber		732	ephone N 2-349-9	932	License N 00624	umber			
Scheduled Start Date (10) 11/08/2013		Scheduled Cor 11/11/2013	The state of the s	n Date (11)				Analytical				
Occupancy Status During Abatement (Chec [X] Facility Closed/Vacat [] Abatement Performed [] Other – Describe	ed Durin	ng Entire Period	of Abat ility Ho	ement		y, State,	1056 Ste Zip Code	lton Road ay, New Jerse	y 088	54		
Scope of Work (Check all that apply) $ \begin{bmatrix}] >3 \text{ sf or } \ge 3 \text{ lf} \\ [x] \ge 160 \text{ sf or } \ge 260 \text{ lf} $		L J	tenovati Demoliti			[] [] [x]	Full Containment v Mini-Enclosure Glovebag Procedur Non-Exempted (*)	re	Procedi			
	1								Abat	ement	Туре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)		Is Location Normally usec Solely by ntenance/Cust Staff (12) S NO			Asbesto Mater (i.e., the insulation	rial (AC ermal system, surfa AT, or	ining M) stems acing,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos s	iding			1500 sf	X			
DATOLIOI												_
											-	-
								17 1611				
Name of Registered Waste Hauler Guardian Contracting, Inc			223	2			Name of Register T.R.R.F.	ed Landfill				
City, State Toms River, New Jersey			Dispose 11/12	/2013		City, State	wn, Pennsylvania	-A	Date			
Completed by (Print or Type) Nicholas Fernicola	Title Pro	: ject Manager		Signature	do	et	41		100	24/20	13	

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

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

	W									KECEI	VE	1		
Date of Notification (1)	October 24, 2013	5		1	Name of E	Building Ow	ner/Oper Wheele	ator (er Hi	2) Ill Developing	13 007 30	7)	83<	<u>/</u>	
Agencies Notified [X] EPA	[]	Notificat			Street Add		49 N	Лет	orial Links Rd.					
[] DEP [x] DOL	Amen-	ded Notif dment #_ gency (inc				e, Zip Code	Waym	art, I	PA 18472	& LICEN	SING	reul.	H)—	
[x] DOH [] DCA	justific [] Cance	cation) llation			Name of (Doug			Tel	ephone Number				
				FACII	LITY IN	IFORMA	TION				_		-	
Name of Facility Where R	Abatement is Taking esidence	Place (3))					Тур	ĹÍ	School (k-12) Subchapter 8 (oth				
Street Address	43 Marshmallow	Rd.							*	Other (i.e., privat homes, etc.)		67	al build	lings,
City		County	(6)		County Co STATE U	ode (7) ISE ONLY)			900 sf	# of Floors	000000000000000000000000000000000000000	. Age 5:	3	
Lavallette		Ocean			CO (N		Nama of	2000	rrent Use (Prior if b Residence Residence (e)			9 (
Name of Monitoring Fi	rm Hired by Building V/A	Owner (8	8)		ASCM No).	Street Ac		Guardiar	Contracting,	Inc.		_	
Street Address						***************************************		1889 Ro	ute 9, Unit 61					
City, State, Zip Code						City, Sta		Toms Ri	ver, New Jers		755-12	271		
Project Manager for Mo	5544	Number	D : (1)		732-34	9-99		00624						
Scheduled Start Date (1 11/08/2013			Scheduled 11/11/20		n Date (1)	1)	Street A		E.M.S.L	. Analytical				
į į <i>į</i>	acility Closed/Vacate Abatement Performed	d During	Entire Peri				City, Sta	->-300.500	1056 Ste	elton Road	000	<i>51</i>		
[](Other – Describe							1	Full Containment	yay, New Jerse	· ·	54		
Scope of Work (Check	all that apply)						[]		Mini-Enclosure		33410			
L 3	>3 sf or ≥3 lf ≥160 sf or ≥260 lf		[] [x]	Renovat Demolit			[x]	•	Glovebag Procedu Non-Exempted (*)		Proced	ure		
											Abat	tement	Туре	T
Asbestos-Containin TO BE A in fac	Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Cust Staff (12) YES NO						estos-Co aterial (A thermal lation, st VAT, r miscel	ntain ACM syste urfactor	ing I) ems ing,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior			X		Asbes	stos siding	3			900 sf	X			
		-							-	+-				
Name of Registered W Guardian	aste Hauler Contracting, Inc.	ste Hauler 20223		Cubic Yar 2			Name of Registe T.R.R.F.	red Landfill						
City, State	ver, New Jersey				al Date 2/2013		City, S Tully		n, Penajsylvania	. ,	T = -			
Completed by (Print or Nicholas	r Type)	Title Proje	ect Manag	ger	Signat)) (10	1	ter	1	Dat 10/	e '24/20	13	
	Control Control Control				i for asb	estos licen	sure exe	mpte	d activities.					

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

Date of Notification (1) 10/25/	2013			Name of Bu	ilding C		rator (2) RECE Construction	EIVED	2	86	7	
Agencies Notified Type of [X] EPA [X]	Notification Initial Notif Amended N			Street Addre	ess	87-93	Marcy Avenue 3	PHII: &				
[x] DOT	Amendmen Emergency	t #		City, State,	Zip Cod	e East C	orange, NJ 27510	S CONTRO	L			
[x] DOH []	justification Cancellation			Name of Co	ontact Sal Co	nte	T	elenhone Number	120			
			FAC	LITY INF	ORM	ATION	***					
Name of Facility Where Abatement is Residence	Taking Place	(3)					Type of Facility (4)	School (k-12)				
Street Address 1204 Ocean	Front			100			[] [x]	Subchapter 8 (of Other (i.e., priva homes, etc.)		-0.00 -0.000 -0.000 -0.000 -0.000 -0.000 -0.000 -0.000 -0.000 -0.000 -0.000 -0.000 -0.000 -0.000 -0.000 -0.000	ial buil	dings,
City	Cou	nty (6)		County Code (STATE USI		7)	Square feet 2000 sf	# of Floors	Bldg	g. Age	50	
Lavallette	Oc						Current Use (Prior if Marina)		-	
Name of Monitoring Firm Hired by B N/A	uilding Owner	(8)		ASCM No.				9) n Contracting	Inc.			
Street Address						Street Ac	1889 Ro	oute 9, Unit 61				
City, State, Zip Code		-						iver, New Jers	ey 08	755-1	271	
Project Manager for Monitoring Firm		Telephone N				Telephon 732-34	e Number 9-9932	License N 00624	Number			
Scheduled Start Date (10) 11/11/13		Scheduled Co 11/14/13		on Date (11)		Name of	OSHA Monitor E.M.S.I	. Analytical				
Occupancy Status During Abatement [X] Facility Closed		ne) ng Entire Period	of Aba	tement		Street Ad		elton Road				
	formed Outsid	e of Normal Fac				City, Stat	e, Zip Code					
Scope of Work (Check all that apply)						Г 1		vay, New Jerse		54		
						[]	Full Containment v Mini-Enclosure	with Negative Pres	ssure			
$\begin{bmatrix} & & & \\ & & & \\ & & & \end{bmatrix} > 3 \text{ sf or } \ge 3 \text{ lf}$ $\begin{bmatrix} & & & \\ & & & \\ & & & \end{bmatrix} \ge 160 \text{ sf or } \ge 260$) If	5 5	Renova Demoli			[] [x]	Glovebag Procedur Non-Exempted (*)		Procedi	ıre		
				T					LAL	ement	т	
Location of Asbestos-Containing Material (A		Is Location Normally use Solely by	d		Asb M	Descriptio estos-Con laterial (A	taining CM)	Amount (Specify SF	R E M	R E P	E N C	E N C
TO BE ABATED in facility (13)	Ma	intenance/Cust Staff (12)	todial			thermal s lation, sur VAT, o	facing,	or LF)	O V	A I R	A P S	L O S
(13)	YE		N/A		othe	r miscella			A		U L	U R
Exterior		Tx T		4.1	. 11			1000 6		_	Е	Е
Exterior		Asbestos	sidin	g		1900 sf	X	<u> </u>		-		
		+	- 11						-			\vdash
						200			+-			
Name of Registered Waste Hauler Guardian Contracting	Inc	NJDEP Waste	Hauler 223	ID No. Cu	ibic Yar	ds of Wast	Name of Register	led Landfill	l			
City, State Toms River, New Jer	***		-	al Date	,00 .	City, Sta		4				
Completed by (Print or Type) Nicholas Fernicola	Title			Signature	M	L L	1 10 -	1	Date 10/2	25/20	13	

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

				(Pursuan	t to NJAC 8:60	and 12:1	REÓ	2 Miles	28	X4	\cap	
ate of Notification (1)	10/24/2013				Name of Buildin		erator (2) wide Modular	30 AM 12: 47)			
gencies Notified X] EPA] DEP X] DOL	Amen	Notifi ded No dment	tification #		Street Address City, State, Zip C	4	Rt. 37 East	DS CONTROL CENSING				
x] DOH] DCA	justifi	gency (cation) ellation			Name of Contact Fern			Telephone Number	- 17 - T		1.0	
				FAC	ILITY INFOR	MATION						
	oatement is Taking idence	Place	(3)				Type of Facility (4	School (k-12) Subchapter 8 (ot	her tha	n k12)		
Street Address 223	6 th Avenue)			[x]	Other (i.e., private homes, etc.)			ial buil	dings,
Ortley Bea	ich	Cour	ty (6) an		County Code (7) (STATE USE ON	LY)	Square feet 1200 sf Current Use (Prior	# of Floors 1 if being demolished		g. Age	8	
Name of Monitoring Firm I					ASCM No.	Name o	Resident Contract	ence for (9)				
N/A Street Address						Street A	.ddress	lian Contracting, Route 9, Unit 61	inc.			
City, State, Zip Code					W W			River, New Jers			271	
Project Manager for Monitor Scheduled Start Date (10)	oring Firm		Telephone		on Date (11)	732-34	ne Number 19-9932 f OSHA Monitor	00624	umber			
[] Abat		d Durii	g Entire Pe	riod of Ab		Street A	ddress 1056 ate, Zip Code	S.L. Analytical Stelton Road caway, New Jerse	ey 088	354		
Scope of Work (Check all to $\begin{bmatrix} & & & & & & \\ & & & & & \\ & & & & & \end{bmatrix}$ $\stackrel{>3}{=}$ sf $\begin{bmatrix} & & & & \\ & & & & \\ & & & & \end{bmatrix}$ $\stackrel{>1}{=}$ 160	for≥3 lf		[] [x]	Renova Demoli		[[[[x]	Mini-Enclosure Glovebag Proce			ure		
								9-4	Aba	tement	Туре	
Asbestos-Containing M TO BE ABAT	Location of Solely by Asbestos-Containing Material (ACM) TO BE ABATED Maintenance/Custo in facility Is Location Normally used Solely by Maintenance/Custo Staff						on of ntaining ACM) systems urfacing, or laneous)	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior	1	X		Asbestos sid	ing		1300sf	X				
	Hauler ntracting, Inc.		NJDEP Wa	20223	3	Yards of Was	T.R.R.F.	tered Landfill				
City, State Toms River,		m.			sal Date 5/2013	City, S Tully	tate town, Pennsylvan	nia	l n-			
Completed by (Print or Typ Nicholas Fern		Title Proj	ect Manag	ger	Signature	ichi	of te	//	Date 10/2	24/20	13	

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

RECEIVED

Date of Notification (1) 10/25/13 \$200 Chk#2871				Building C Board o			2)	20	13 06	30	PHI	: :	2	
Agencies Notified Type Notification		s	treet Ad											
EPA Initial Amended Amendment #		_ C	ity, Stat Kearny	e, Zip Coo , New Jo Contact	ie	0703		Α, τ	& L	TOS C	SINI	3		
DOH justification) DCA Cancellation				ruscino										1
			FACIL	ITY INFO	RMATIC									
Name of Facility Where Abatement is Taking Kearny High School	Place (3)							Facility (4)						
Street Address								nool (K-12) bchapter 8		than K-12	2)			
336 Devon Street						Ľ	Oth etc	ner (i.e. pri	vate & c	ommercia	al build	lings,	home	s,
City (5) Kearny, New Jersey 07032						100	Square 1	Feet	# of F	oors		ldg. A 5+	ge	
County (6) Hudson			County C	ode (7) SE ONLY)			Current High S	Use (Prior	if being	demolish	ed)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	No	- 1			ment Contr	ractor (9	1	-			-
Briggs Associates		,	7.00			Lilich (Corpo			<u>'</u>				
Street Address 3 Crosswicks Street						Street A		Avenue	Э					
City, State, Zip Code Bordentown, New Jersey 08505			(i.)			City, Sta Woodl	ite, Zip land P	Code ark, Nev	v Jerse	y 0742	4			
Project Manager for Monitoring Firm Mike Hoodak			elephor	ne No. 8-5520		Telepho		00	1.00	icense N	0.			
Start Date (10) 11/05/13	Schedule		pletion [Date (11)		Name of	100000000000000000000000000000000000000	Monitor mental l	abs					
Occupancy Status During Abatement (Check						Street A		- Internal					7.00	
Facility Closed/Vacated During Entire P		2000	ent					22 West	t					
Abatement Performed Outside of Normal Other – Describe: 7AM-1AM					_ [City, Sta Union		Code Jersey (07083					
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		enovat emoliti			×.	×	Mini-l	Containmer Enclosure ebag Proce Exempted	edure				e	
	le	Locatio	nn l				14011-1	ZXEIIIPICU	() and i	VOII-I Had	1	Abate	ement	
Location of	N	lormall	у .		Des	scription o	of				-		ре	_
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Solel intenan odial S (12)	ce/		thermal surfac	aining Ma systems i cing, VAT niscellane	insulation, or		(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										(p)	
New Addition			X	Pipe	Insula	ation(Wr	rap&C	ut)	20	LF	Х			
New Addtion Steam Risers			X		Pipe	Insulati	ion		89	LF		Х		
New Addition Steam Risers			Х		Roofi	ng Mate	erial		2,80	0 SF	X			
New Addition Roof			X			f Flashir				SF	X			
Name of Registered Waste Hauler		3.200	JDEP Wauler ID		Cubic of Was	Contract Con		Name of R			Ę.			
Lilich Corporation		0.000	3724		3			G.R.O.V	v.S La	ndfill				
City, State Woodland Park, NJ 07424	-14				Dispos 01/03	sal Date 3/14		City, State Morrisvil		nnsylva	nia			
Completed by Tatiana Kalenikova	Title Vice	Presid	dent			Signature		11.11	1/		ate 0/25/	13		
					/	alu	may	ren	urc					

State of New Jersey

				TION O		Jersey STOS ABA 60 and 12:		Dage	##	124	16	-		F
Date of Notification (1) 10/25/13					uilding Ov	wner/Opera	ator (2)		J 4	Oil			S Base	
Agencies Notified	Type Notification		Str	reet Add	Iress	Street, U	nit A-1			2013 0	CT 3	OF	HII	: 6
EPA DEP DOL	Initial Amended Amendment #		Cit	ty, State	, Zip Code			•		ASBE	STO	S C	ONI	KO
≥ DOH DCA	Emergency (in justification) Cancellation	cluding	100000	ob Jag		14 (14)		- K	Tolor	L	, ,		+144	
				FACILI	TY INFOR	RMATION	1=	- F = - 114 · //	4)					-
Name of Facility Where House	Abatement is Taking	Place (3)						of Facility (4 School (K-12	65					
Street Address 106 North 22nd St	reet					-	×	Subchapter Other (i.e. patc.)	8 (Other rivate &	than K-12 commerci	2) al buildi	ngs, ł	nomes	ŝ,
City (5) East Orange	· · · · · · · · · · · · · · · · · · ·	70.0						e Feet	# of F	loors	50 50	dg. Ag)	e	
County (6)				ounty Co	ode (7) SE ONLY)		Curre	nt Use (Pric	or if being	g demolish	ned)			
Name of Monitoring Fir	m Hired by Building O	wner (8)	1	ASCM	No.			tement Con onmental			;		-	
Street Address							reet Addres O Box 48	ss 33, 4 E G	ate Dri	ve			7.50	
City, State, Zip Code							ty, State, Z Glenwood	p Code , NJ 074	18					
Project Manager for Mo	onitoring Firm		Te	elephon	e No.	1000	elephone N 73-583-8			License N 703	lo.			
Start Date (10) 11/6/13		Scheduled (Comp	oletion D	ate (11)	Na	ame of OSI	HA Monitor						
Occupancy Status Dur	ing Abatement (Check	Only One)				St	treet Addres	ss						
Facility Closed/Va Abatement Perfor Other – Describe	acated During Entire P rmed Outside of Norm :	eriod of Aba al Facility H	ateme ours	ent		C	ity, State, Z	ip Code						
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Name and Address of the Owner, when the Owner, which the	novati				Mi Gl	ll Containm ni-Enclosur ovebag Pro n-Exempte	e cedure				e	
		100000000000000000000000000000000000000	catio									Abate Ty		ã.
Asbestos-Containi TO BE A In Fa	ion of ing Material (ACM) ABATED acility 3)	Used S Maint Custoo	Solely	y by ce/		tos Contain thermal sy surfacin	iption of iing Materia stems insul g, VAT, or cellaneous)	ation,	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A						015			е	10000
Base	ement			Х	-	pipe in	sulation		5	0 LF	x			
				1.5										
Name of Registered V Freehold Cartage			Ha	JDEP Wauler ID		Cubic Ya of Waste 10		Name of GROV		red Landf	ill			
City, State						Disposal	Date	City, Sta	ate					

TBD

Title

President

Signature

Date

10/25/13

Morrisville, PA

Freehold NJ

Completed by

Andrew Scott Higgins

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

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

Date of Notification				-	Owner/Operator	(2)	0 F 11 / F	- r.				
10-24-13			Jo	e Pra	to		RE	CEIAE	-11			
Agencies Notified	Type Notifica	ation		et Addres				*				
[]EPA	[X]Initial		23	Jeff	ers	on Street	2013 00	1 30 PH	11: i0			
[]DEP	Notific	ation	City	State,	Zip	Code						727
[X]DOL	[]Amended Notific	ation	Be	llevi	lle	NJ,07109,	ASSE	STOS CO	HTROI	•		
[X]DOH	NOTIFIE	ation	Name	of Conta	act		Telepher	LICENSI	NG	10		
[]DCA	[]EMERGENC	Y	Jo	e Pra	to							
7 - To To Line	[]Cancella	tion										
					ITY I	NFORMATION						
Name of Facility Who Same as above		is Taki	ng Pl	ace (3)		P 25	Type of Facil					
Saute as above	•						[]School	(K-12) ter 8 (Oth	er than	K-1	2)	
Street Addres							[X]Other (i.e., priva	ate & c	omme	r-	
								uildings, l			0:	
City (5		County	(6) Es	Sex	Cour	nty Code (7)	Square Feet 2600	# of Flo	ors B	1dg. 75	Age	
CICY (S		Councy	(0,20	JUA	11 1453162192	ATE USE ONLY)	Current Use (100	eina de		shed)
							Carrent obe (ozng de			
Name of Monitoring	Firm hired by	Buildin	g AS	CM No.		Name of Abater	ment Contracto	r (9)				2777
Owner (8) N/A						AZTECH M	ANAGEMENT	, Inc.				
Street Address						Street Address	3					
						86 Chris	topher St					
City, State, Zip Co	de					City, State,	Zip Code					
	ity; State, Zip Code					Montclai	r, NJ 070	42				
Project Manager for	Monitoring Fi	rm Te	lepho	ne Numbe	r	Telephone Numb	ber		License	Nu	ber	
		N,	/A			(973)744	-8800		003	71		
Scheduled Start Dat	e (10) Sche	ed. Comp	letio	n Date (11)	Name of OSHA	Monitor					
11-2-13		11-3				N/A						
Month Day 3			Day only	Year one)		Street Address	9					
[X]Facility Clo	osed/Vacated D					Buleet Address						
[]Abatement Pe	erformed Outsi cribe:«OffHour			Facility	Y	City, State,	Zip Code					
[]other - Desc				cript»								
Scope of Work (Chec	k all that app	oly)		78.00		Ш						
[X]>3 sf or	2 16		VIDOR	novation			Containment wi Enclosure	th Negativ	e Press	ure		
[]>160 sf		97		olition			bag Procedure					
		21	Is			[]Non-F	riable Procedu	ire	l ab	-+	ent '	m-ma
Locatio	n of		Locat:			Description	on of			T T	E	E
Asbestos-Co		'	Used	i l		Asbestos-Con Material (Amount (Specif	E	R	C	C
Material TO BE A			Sole: Sy Ma:	in-		(i.e., thermal		(Specif	0	P	P	D L
In Faci	_	0	ustod	lial		sulation, surface		LF)	V	I	S	U
(13)		Yes	No			or other misce.	llaneous)		L	1	L	R
Basement						e Insulat	ion	60 lf	X			
	- 1			(cl	Lean & was	hing)						
W. 1000												
Name of Registered AZTECH MANAG	IC H		Waste ID No.	1100000	bic Yards Waste 1.	Name of Regi		dfill				
#04000 IV.	City, State				Di	sposal Date	City, State				-	
	fontclair, NJ 07042					11-3-13	Morrisvi	lle, PA	190	67	*	
Completed By (Print	mpleted By (Print or Type) Title					Signature	1) 4	11	Date	<u> </u>		
Constantine V		reside	ent			1/ ,	J. T.	//	10-2		3	
							my jucia	1/2-		_		

page 1

CK# 6620

18/28/2013 82:53

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RECENVED

Paragon Job#			Noti (Pursu	State State	e of	NJ PE Papatement -7 and 12:126-7)		DOL	- 1() D/	Ϋ́	
			1. 5.55								-	7
Dak: of Notification (1)		Nama of	Building Ox	Most/Operation	105	CONTROL				<i>-</i>		
1 10 1/12 15 1/11 13 1		William	- December	University	filt	MOING ()		-	.1/	-	1.	
Aparties Notified Type Notified EPA	Estion	Street Add	n ratersor	University		- 49		10	LVI	TO W	V_	
Ø DEP Initi	at	300 Pa	impton Rd)			l W	41VER	AP	PRI	OVE	ED
Ame	endment		, Zip Case		To all							
M DOL Amendmen	,	Wayne	e, NJ 0747	io o								
DOH Emerger	on)	Name of C					Teleph	one Num	DBI #			
	ellation	Richar	rd Stombe	r ·			1					
			FA	CILITY INFORM	MATIC	N						
Name of facility where abelence	nt is taking p	lace (3)					Type of Pacility	(4)				
Coach House								(K = 1	70			
Street Address	1000000	· Street Street Street					☐ Subc	hapter &	(Other	than	K-12)	0
300 Pompton Rd.							Bldge	r (Privata L/Homes	(Comn , etc.	nercia		
City (5)	Cou	inty (5)					Square Foot	# of Fig	en re	T	idg.	Age
,,	000	ud (a)				unly Code (7)	8,000 sf	02		70		
Wayne, NJ 07470	Pa	ssaic			(81	ate use only)	Current Use (Prior If be	ing de	molis	nad)	
Name of Monitoring Firm Hired I	y Bidg. Owr	ier (d)		ASCM No.	.	Name of Apatement	Vacant (Bld	g. has be	en lo	vel eci		
TTI Environmental, Inc.						Paregon Contrac	7-1					
Street Address						Street Address	ciriga siru.				-	00/7580-0
1253 North Church St.				_		590 River Rd.						
City, State, Zip Code						City, State, Zip Code						
Mararestown, NJ 08057 Project Manager for Monitoring F						Clifton, NJ 070	14					
	er eat		hone Num	1000		Telephone Number		Littons		bar		
Jim Gillardi Schnauled Start Cate (10)	***************************************	5	356-840-8	800		(973) 614-1600 Name of OSHA Mon	The state of the s	0074	8	_	20	
			tion Date (1	1)		Paragon Contrac						
0ccupancy Status During Abatem	11/0	4/2013				Street Address			THE ACT	22.0		-
Facility closed/vacated during Abatement performed outsit Describe: Other-Describe:	ng entire per de of normal	idd of shall	lement urs-			590 River Rd. City, State, Zp Code Clifton, NJ 0701				-		
Scope of Work (check all that ap	ply)		THE MESONS							_		
□ Demolition □	Renovatio	n				ull Containment wines	astive pressure	C) Glow	ם מפלו	mcad	una	
☐ >3 확 ot >3 N 점	160 sfor	2250 If			100000000000000000000000000000000000000	fini-enclosure	Non-Exer					edure
Location of	is locatio	normally	used solely	7					F	R	E	1
aspestos-containing material to be	Staff(12)	nance/cu	Produiii]			abeatos-containing	Amount		m	0	n	E
abated in facility (13)	Yes	No	N/A	material (acm)		(Specify (ar or	0	8	a	0
form of Charles the configuration of									9	Ľ.	P	-
Former Coach House Foundation		X	1	Vapor Borner (S			575 SF		X			
Former Coach House Franciston		X		Pipe Insulat	ion (wrap & Cut)	50 LP		X			ID
					- Addition				111	<u> </u>	L.	11
				-					+	-	#	-
Registered Weste Hauler Newark Carting, Inc.		P Mauler	CONTROL Control	ubic Yards of W	Vaste	Name of Registered	Landfill		الل			
City Hate	450	9	Disposal D	50 yds	-	IES1		-				
Newark, NJ 07105			TBD	D Mg		City, State						
Completed by (Print or Type)	Tittle		-	dignatura	=	Berblehom PA	Market Street,	Date				
Cinran Lazevski	President		,		7	1/1.		10/25/	2013			

Paragon Job#

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

						- 200					
Date of Notification (1) 1 0 / 2 5 / 1 3		Building Owners n Paterson U	er/Operator (2)		2013 GET	30 PH11: 8	ìQ				
Agencies Notified Type Notification			Jillversity		ASRECT	00					
EPA Initial	300 P	ompton Rd.			211	US CONTRO)L				
DEP Amendm		e, Zip Code			<u> </u>	-CHOING	40				
DOL Amendment #		ie, NJ 07470			•				7		
M DOH Emergency (Telepho	ne Number		-		
justification)	Hina	10. 1				1					
DCA Cancella	tion Richa	ard Stomber									
		FAC	ILITY INFORM	ATION							
Name of facility where abatement is	taking place (3)					Type of Facility	(4) ool (K - 12)				
Coach House							hapter 8 (Ot	her th	an K-	12)	
Street Address							r (Private/Co			-/	
							s./Homes, et			Ι Δ	
300 Pompton Rd.						Square Feet	# of Floors	5	70	ig. A	је
City (5)	County (6)				ity Code (7) e use only)	8,000 sf			_	۵۱	
NI 07470	Passaic		×	(State	e use only)	Current Use (Vacant (Bld				(0)	
Wayne, NJ 07470 Name of Monitoring Firm Hired by E			ASCM No.	-11	Name of Abatement		g. nas occi		104)		
	g. ee. (e)		71001111101	- 11	Paragon Contrac						
T f I Environmental, Inc. Street Address					Street Address	ing, me.					
					590 River Rd.						
1253 North Church St. City, State, Zip Code					City, State, Zip Code						
Moorestown, NJ 08057					Clifton, NJ 070	14					
Project Manager for Monitoring Firm		Phone Numb	per		Telephone Number		License	Numb	er	-	
2007-07-7-7-7-7-1-1-1-1-1-1-1-1-1-1-1-1-1		856-840-8	800		(973) 614-1600		00748				
Jim Gillardi Scheduled Start Date (10)	ISched, Com	oletion Date (1			Name of OSHA Mor						
					Paragon Contra	cting, Inc.				_	
10/28/2013	11/04/2013				Street Address						
Occupancy Status During Abatemer Facility closed/vacated during					590 River Rd.						
Abatement performed outside	of normal facility	hours-			City, State, Zip Code	3					
Describe:				-	Clifton, NJ 070	14					
Other-Describe: Scope of Work (check all that apply	4										
Demolition				П	ull Containment w/ne	anative pressure	Glove	מ ממ	ncedi	IFA.	
1.4544	Renovation				lini-enclosure	Non-Exe					edure
>3 sf or >3 lf	≥160 sf or ≥260 l			□ "		M Non-Ex	empled ()	TR	R		T
Location of	Is location norm by maintenance					Amount		e	e	E n	E
asbestos-containing material to be	staff(12)		 Descript material 		sbestos-containing	(Specify		m o	p a	С	n
abated in facility (13)	Yes N	o N/A	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	V		LF)		V	i	a p	L
Former Coach House Foundation			Vapor Barrier (Stand By	During Demo)	575 SF		e	Ó		T
Former Coach House Foundation					Wrap & Cut)	50 LF				Ħ	一
Former Coach House Foundation								Ħ	一	Ħ	恄
			1					Ī	百	一	
			1					ī		同	
Registered Waste Hauler	NJDEP Ha	uler ID#	Cubic Yards of	Waste	Name of Registere	ed Landfill		.,	1		
Newark Carting, Inc.	4509		250 yds		IESI						
City State		Disposal	Date		City, State		20,186				
Newark, NJ 07105		TBD	Licingston		Bethlehem, PA		T D - 4 -				
Completed by (Print or Type) Goran Lazevski	Title President		Signature	/	1		Date 10/25/	2013			
Unian Lazevski	Liesidelli		1	/ /			10/23/	2012	94		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

CH# 02403

Pursuant to NIAC 8: 60 and 12: 120-)

D 6N 40 4 (1)			(Purs			: 60 and 12: 120-)	(2)	RE	CEL	A CI				
Date of Notification (1)	1 / 1 3				me or Bui ie Pierce	lding Owner/Opera	itor (2)				63			
	f Notification		-		eet Addre	-96		2013 00	T 30	SHII:	90			
[X] EPA	Tromcaton			36.50	Spruce S									
[] DEP [X] In	iitial			Cit	y, State, Z	Zip Code		ASBE	STUS	CONT	TU	t-	_	
	mended			Mi	dland Par	rk, NJ 07432		8	LICE	4214E	ı)	
	mendment # mergency (including			Na	me of Cor	ntact			Telepho	ne Number				
	astification)			You	e Pierce				à			-		art.
[] DCA [] C	ancellation					ORMATION							_	
Name of Facility Where Abatement is Taking	g Place (3)		,	racii	AII INF	ORMATION	Type	of Facility (4)						
Residence								[] Scho	ool (K-12)					
Street Address					-		11		chapter 8 (C	ther than	K-12)		
231 Spruce Street\									er (i.e., priva dings, home:		iercia	1		
	ounty (6)	- 77			nty Code		Squar	re Feet	# of Fl		B	ldg. A	ge	
				(ST	ATE USE	ONLY)	Curre	ent Use (Prior if	being demol	ished)			-	
	ergen		Lico	_										
Name of Monitoring Firm Hired by Building	(Wner (8)		ASC	M		Name of Abatem	ent Contra	ictor (9)						
Enviro Vision Consultants, Inc.						J.R. Contracting	& Environ	mental Consulti	ng, Inc.					
Street Address						Street Address 1141 Route 23								
20-21 Wagaraw Road, Bldg. #34A						City, State, Zip C	ode							
Fairlawn NJ 07410						Wayne NJ 07470)							
Project Manager for Monitoring Firm	t Manager for Monitoring Firm					Telephone Numb	er		License	No.				
Willie Morales Scheduled State Date (10)						973 628-9500 Name of OSHA N	Monitor		00408		_			_
	3 1 1 1	0	4	1	3	Enviro Vision Co		Inc.						
Month / Day / Year		D:	ay /		Year	0:	in							
Occupancy Status During Abatement (Check [X] Facility Closed/Vacated I						Street Address		. 4744						
of Abatement Abatement Performed O	utside of Normal Facili	tv Hou	ırs			City, State, Zip C		, #34A			-	_		-
Other - Describe:		•		_		Fairlawn NJ 074								
Scope of Work (Check all that apply)	de a cos						PII C	Containment Wit	h Nagativa I					
		[X]		vation		[]] Mini-	Enclosure	n regative i	ressure				
[X] ≥ 3 sf or ≥ 3 lf [] ≥ 160 sf or ≥ 260 lf		[]	Demo	olition		[X]		bag Procedure Exemted (*) and	Non-Friabl	e Procedur	e			
		alere-e-	(0)									batem		
			Is cation			Description of					R		E N	E N
Location of Asbestos - Containing			rmally Jsed			Asbestos-Containi Material (ACM			Amour (Specif	534	E M	RE	C A	C L
Material (ACM)		Sol	lely by		w .	(i.e., thermal syste	ms	(1)	SF or L		0	P	P	0
TO BE ABATED in Facility (13)			tenano stodial			or other miscella					V A	A	S , U	S U
	-	Sta Yes	ff (12) No	N/A							L	R	L E	R E
Basement			-1.0	X	pipe ins	sulation				100	х			
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		-		-	-						_		\dashv	
Name of Registered Waste Hauler		NID	EP Wa	cte	Cubic V	ards of Waste		Name of Regis	tered Landf	in				
201200 CO		1 St. 05 mm 10	er ID i	Vn.	Cubic 1	arus or waste			tereu Danur					
J.R. Contracting & Environmental Consulting City, State	ng, Inc.		17819	9	Disposal	l Date		G.R.O.W.S City, State						
Wayne NJ 07470					- aposa			Morrisville PA						
Completed by (Print or Type)	Title				Si	ignature				Date				
Jerry Bijelonic	Project Manager					~~					10/2	1/2013	<u> </u>	
4 0D 41					-	_						CACCO		

chcok

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

Date of Notification (1)				Name of Building Owner/Operator (2)												
10/24/2013				Juana Valience 713 067 30 PM II: 46												
Agencies Notified EPA	Type Notification	100	Street Ac 222 Dr	idress ake Ave	enue	-		-						411		
DEP	Amended			City, State, Zip Code Roselle, N.I. 07203 & LICENSING												
⊠ DOL	Amendment Emergency		- 2	1.000%, 1.007.200												
Ĭ DOH	justification)	The real real real real real real real rea		Name of		i (Owno	r Don			Tel	enhone Ni	mhar				
DCA	Cancellation		Mr. Art Rastelli (Owner Rep.) FACILITY INFORMATION											-		
Name of Facility Where	Ahatement is Takin	g Place (3)	_	FACIL	LITY INFO	DRMATIC	ON	Type	of Facility	(4)						
Residence	Abatement is Takin	g i lace (5)		14					•							
Street Address						-			School (K- Subchapter		er than K-1	2)				
222 Drake Avenue							R.	×	Other (i.e.				dings,	home	es,	
City (5)						300-0-			etc.) ire Feet	# 0	f Floors	TR	Ida A	ne e		
Roselle								2,00		# of Floors Bldg. Age 2 60 +			ge			
County (6)				County Code (7)				Curre	ent Use (Pri	or if bei	ing demolis	hed)				
Union					ISE ONLY)		_		idence		3	,				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.	T			atement Co							
N/A				N/A			East	Coas	st Haz Ma	at Ren	noval, Ind) .				
Street Address							Street								****	
							300000000000000000000000000000000000000	80000 L 1 21 (VO)	st Street							
City, State, Zip Code									ip Code							
5 :								Paterson, NJ 07504								
Project Manager for Mor		Telephone No.			Telephone No. 973-345-0022				00507	No.						
Start Date (10)	4 000	Completion Date (11)				Name of OSHA Monitor										
November 5, 2013					321	me as above										
Occupancy Status Durin	-	, 2010		-	Street											
							Olicet	Addie	33							
Facility Closed/Vac Abatement Perform	ated During Entire ned Outside of Norr	period of A nal Facility	batem Hours	ent		-	City. S	tate. Z	ip Code							
X Other – Describe:	Unoccupied Baseme	ent			-		,									
Scope of Work (Check A	II That Apply)	,		71000	0.000							===0				
× ≥3 sf or ≥3 lf		× R	enova	tion				Fu	II Containm	ent with	n Negative	Pressu	re			
2160 sf or ≥260 lf		□ De	emolit	nolition Mini-Enclosure												
				É				Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
	30, 30	Is	Locati	ration								Abatement				
Location	n of	N	ormal	ly		Des	cription of						Туре			
Asbestos-Containing	Material (ACM)		Used Solely by			tos Conta	aining N	/lateria	iterial (ACM) Amount					m _		
TO BE AB In Faci		0.0000000000000000000000000000000000000	odial S	504-515-515-51	(i.e.	thermal s	system: ing, VA		ation, (Specify SF or LF)			Ren	Re	ncar	nd	
(13)			(12)		other miscellar					. O. L. ,	Remova	Repair	Encapsulate	Enclosure		
		Yes	No	N/A								_		ite	TO	
Basem	ent		Х			Pipe	Insula	ulation		2	8 L.F.	X				
				-	-	· ipo								_		
			4													
Name of Registered Was	ste Hauler		13.00%	JDEP Wauler ID		Cubic Y			Name of	Registe	ered Landfi	II				
East Coast Haz Mat	Removal, Inc.		11 (41.733.5	J 419	NO.	of Wast	le		G.R.O.	W.S.	North Inc					
City, State				701.70	+	Disposa	al Date		City, Sta	te		S				
Paterson, NJ 07504						11/07/			Morrisv		'A					
Completed by	-123-73XV-140H4	Title	30711-			Sig	gnature	3	/	11		Date				
James E. Unger		Projec	ct Ma	nager			fu	~/	E 9	1	1	0/24/2	2013			
						11			1	-						
ASB-41 (R-06-08)						0	* Do no	ot use	this form fo	r asbes	tos licensu	re exen	npted	activit	ties.	

Ch#38

Print Form

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

RECEIVED

Date of Notification (1)			Name of	Building	Owner/C	Operator	(2)	13	5 0	LI V	Byan Isri					
10/25/13 \$200 Chk#2872		Mr. Kuhn 2013 0CT 30 PM 11: 42														
Agencies Notified Type Notification		Street A		1			2017 6	961)U F FI	1110-8	-		35			
EPA Initial	-	City, State, Zip Code ASBECTOS CONTROL										*				
EPA Initial Amended Amendment	#			Brunswi		w Jers	ev 08			ENSI						
□ DOH				Contact Sharbac	k Wild	heart		-	a							
No	Name of Facility Where Abatement is Taking Place (3)					ON			_							
Residence	g Place (3)					. 2	of Facility (4 School (K-1	2)							
Street Address 135 Deans-Rhode Hall Road							Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)									
City (5) South Brunswick, New Jersey 089				e Feet	# of 2	Floors		Bldg. /	\ge							
County (6) Middlesex			County C	Code (7) JSE ONLY)		_		nt Use (Prid dence	or if bei	ng demol	lished)					
Name of Monitoring Firm Hired by Building J&S Environmental	Owner (8)		ASCM	No.				ement Con oration	tractor	(9)						
Street Address 2333 Route 22 West						Street	Addres		ie				1			
City, State, Zip Code Union, New Jersey 07083	***		to			City, S	tate, Zi	p Code			101					
Project Manager for Monitoring Firm		\neg	Telephone No. Teleph				odland Park, New Jersey 07424 hone No. License No.									
Sherrill Glosomino	<u> </u>			6-0073			3-225-8400 01104									
Start Date (10) Scheduled Completion Date 11/11/13 11/25/13								A Monitor Inmental	Labs	7/7/2017/0						
Occupancy Status During Abatement (Chec				Street Address 2333 Route 22 West												
Facility Closed/Vacated During Entire Abatement Performed Outside of Norn Other - Describe: 7AM-3:30PM	Period of A nal Facility	Abater Hour	ment 's			City, State, Zip Code										
Scope of Work (Check All That Apply)					_	Unio	n, Nev	w Jersey	0708	3						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if Renovation Demolition							Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
		Loca										Abatement				
Location of Asbestos-Containing Material (ACM)	Use		ely by	escription of ntaining Material (ACM)						T- ^{''}	Туре					
TO BE ABATED In Facility		intena odial	nce/ Staff?	(i.e.	thermal	systems insulation,		tion,	(8	mount pecify	Re	R	Encapsulate	Enc		
(13)		(12)				cing, VA niscellan			SF	or LF)	Remova	Repair	psul	Enclosure		
	Yes	No	N/A								=		ate	e,		
Exterior Facade		X		Tra	nsite S	Siding	Shing	les	2,000 SF		х					
Basement, 1st, 2nd FI & Attic		X		Ex	terior '	Windov	v Gla	ze	244 LF		х					
2nd Fl Bedrooms		X		VAT	& Ma	stic No	n Fria	able	29	00 SF	х					
Perimeter Foundation Walls	X			/aterpr	oofing	Masti	С	84	0 SF	х						
Name of Registered Waste Hauler	V 14552	NJDEP W Hauler ID		Cubic of Was			Name of F	and The sec		fill						
Lilich Corporation		8724		40			G.R.O.V	W.S L	andfill							
City, State Woodland Park, NJ 07424	- %				Dispos 11/25	sal Date 5/13		City, State Morrisvi		ennsylv	/ania					
Completed by Tatiana Kalenikova	Title Vice I	_			S	ignature			1		Date	anur				
rauaria Naienikova		1	ale	ar	ala	al	an	10/25/	13							

3009 3009

Laro of Southernon (1	1 9	Name of Buildir	T Name of Building Owner Operator (2)										
10	124 03	N	BOR MUCTOS PHILLS										
Edition sorting	Type Houseon	Sugel Addiess											
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Z : ::.	Ameromen 5	oro Br	16 ANTIR	E & MICENSU	18 2 O (1)								
를 있고 를 있었	Justification) Cancertaeon	Hanve of Cours	cı		الا تولیات								
_ 3.5.	Careagadi		ME										
	· · · · · · · · · · · · · · · · · · ·		FORMATION	Type of Facility (4)									
. 3 " 6 OI Fachin Wher	e Abatement is Taking P	(C) 936/		School (K-13)									
NES	1) FACE			- Subchapter 8 10	ther than K-17)								
· . Address	BAYSHONE	= 1 vē.		Oner (i e . paya	2.1								
301	0			1000 CF	of Ploors	4 P T							
· · · · ·	SHIGANTIN	County Code	DITETATE	Cureni Use (Pror	being demolish								
7.27 : É · A		USE ONLY											
ATLAN	TIC DUDING ON BUILDING ON	nei ASCM No	Name of Abatement Contractor (9)										
This be moved to	N/A		Sueel Address										
. A Appress			369	5. SM. U.	3 Nur								
			Cay, Siale, Z		11.50	5:12							
. 5 x 1 2.0 C∞0		*.	M1.5.		LKENSE NO								
F Joe Manager to h	Housaid Enin	I stebrone Ho	Yelephone H	774-0472	(1017	<u>-1</u>							
i yet manager o		<u> </u>	Hame N.OS	HY HOURD	7								
· it Care its . /		1/12/13	Jo:	EPI KIEM									
11/5/	During Abatement (Chec	k only one)	Sueel Addi	/ C / / .	= Avi								
	SANIAR DURAN ENGIR PRI	100 or vegitime	Cay. State.			•							
= Karemen Pena	men Duisioe of Normal	Facility Hours	الد المر	1, 5 5,1.0 DE	N. J. 13	<u> </u>							
Const Describe			7:	יו כסטושיטאיטו אווט אנים	auve Piessar								
The Contract of Co	CY VIII (LOS STANA)	Renovation "	□ M	n.Enclosure									
7 2 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3		C Ostano		oversembled (,) and No	- FIGUR PIOCO	in							
F 13 1 1 2000	"	is Location											
,		NOTTEN	Descrip	non of	Amoun.	T :							
دەن	nen ol (ACM)	Hamishance! A	IN W MAILY	ng Malenal (ACM)	SF or LT.	1 1 5 1 4 1							
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4. 7	T	17 90	Onmu	1 Date City State		· NJ							
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Oct 24 2013 03:06pm

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D&S Proj. #: 2013-407	(P	ursuant to N	IAC 8:68 and 2"	₩ED	No Dept. of Hea	ith & Senior	Servic	es						
Date of Notification (1)		r (2)2013 OCT 30		Date: 10 24	signature)		10/	n						
Agencies Notified Type Notificati EPA Initial DEP Amended Amendment #:	Street Address. 224 SOUTH													
DOL Emergency (Including justification)	SO. ORANO Name of Contact	HE, NJ 07079			Telephone N	umber	_	1/6						
DCA Cancellation	KATHLEEN	WILLIAMS		1	_		94							
Name of facility where abatement	a talda a ula a 10h	FACILITY INFO	DRMATION	I I Tom	o of English (d)									
KATHLEEN WILLIAMSON			Type of Facility (4) School (K - 12) Subchapter 8 (Other than K-12)											
Street Address	· i			Other (Private/Commercial Bidgs./Homes, etc.										
224 SOUTH ORANG AVEN	County (6)		County Code (7		uare Feet # o	f Floors	pid	j. Age	E					
SO, ORANGE	ESSEX		(State use only)	1 I AMPRIOR	ırrant Use (Prlor	If being dem	ollshed	i)	-					
Name of Monitoring Firm Hired by	Bldg. Owner (8)	ASCMIN	o, Name of A	balement Contr	actor (9)									
Street Address	·		D&SI	RESTORATIO	ON, INC.	THE STATE OF THE S			-					
Dipot Addieso.	. 1		20 California Ave.											
City, State, Zip Code	- Leven	City, State,	A SHARL PARK WHAT A SHARL PARK WAS A SHARL PARK WHAT A SHARL PARK WHAT A SHARL PARK WAS A SHARL PARK WHAT A SHARL PARK WAS A SHARL PARK WHAT A SHARL PARK WAS A			-								
Project Manager for Monitoring Firm	n Phone	Paters: Telephone	on, NJ 07503		oense Numb	207								
· Jalan withinfact on Mountainfi (111)	Frione		973-345-8020 01169											
Start Date (10)	Sched. Completion D	ato (11)		Name of OSHA Monitor										
10/25/13	11/05/13			D & S Restoration, Inc.										
Occupancy Status During Abateme	nt (Check only one)	-		20 California Avenue										
Facility closed/vacated during Abatement performed outside Describe:	of normal facility hours-	nt.	City, State	20 02	4			HVS.I						
Other-Describe: NORMAL I			Paters	on, NJ 07503										
Scope of Work (check all that appl ≥ 3 sf or > 3 lf ≥ 160 sf or ≥ 280 lf	Renovation Demolition		i	Mini-	Containment w/ne enclosure ebag procedure Exempted (*) and	- '		dure						
Location of asbestos-containing material (aom) to be abated in facility (13)	le location normally used by maintenance/custodia staff(12)	al Des	cription of asbestos-co orial (ACM)	ntaining	Amount (Specify SF of	or o	e p	E n c	E n					
	Yes No	N/A		,	LF)	v		a p	L,					
BASEMENT	X	NSULATION		15 LFT	X	回								
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					****		H	爿	片					
			: 1	1			計	司						
D & S RESTORATION, INC.		Cubic Yard	TULLY	CONTRACTOR DESCRIPTION OF THE PARTY OF THE P	OURCE REC	OVERY	<u></u>							
City, State PATERSON, NJ 07503	7/4	0/28/13	City, Sta	YTOWN, PA					,					
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signatu	re	*		Date 10/24/2013	3							
ARR-41	* Do not use this form for a	usneoli zofsedes	re exempted activities.				Mary Mary Mary Mary Mary Mary Mary Mary	-	F-St					

Notification of Asbestos Abatement

CN#7005339

D&S Proj. #: 2013-407

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

						2012.00	9.7								
Date of Notification (1)	Nam		2013 0CT 30 AM 1: 20												
1 0 / 2 4 / 1 3		ATHLEE	N WILI	LIAMSON											
Agencies Notified Type Notificat	ion Stree	et Address	S			AGBESTOS CUNTROL & LICENSING									
DEP Amended	22	4 SOUT	H ORA	NG AVENU	Е	©¢	LICENSING								
Amendment #:	City,	State, Zip	Code							ŧ					
DOL Emergency	— so	O. ORAI	NGE, NJ	07079			•								
DOH (including justification)	Nam	e of Conta	act					Telepho	ne Numb	er	3-1/				
DCA Cancellation		ATHLE	EN WIL	LIAMSON											
- Cancellation	. II =			LITY INFORMA	ATION			-							
Name of facility where abatement	is taking place	(3)					ТТ	pe of Facility	(4)		_	_			
reality whole abatement	5 taking place	(0)							ol (K - 1	2)					
KATHLEEN WILLIAMSON	[_		napter 8			12)			
Street Address								Other Bldgs	(Private/ ./Homes,	Comme etc	rcial				
224 SOUTH ORANG AVEN	IUE						S	guare Feet	# of Flo		Blo	ig. Ag	ge		
City (5)		Cour	ity Code (7)	=	•				2000						
\$1.000 \$1.000					(Stat	e use only)		Current Use (I	Prior if be	ing dem	olishe	ed)			
SO. ORANGE	ESSE														
Name of Monitoring Firm Hired by	Bldg. Owner (8	3)		ASCM No.		Name of Abatem	nent Con	tractor (9)							
						D & S REST	ORATI	ON, INC.							
Street Address						Street Address									
			EDOCATIVE-E			20 California									
City, State, Zip Code		×				City, State, Zip Co									
-					_	Paterson, N.									
Project Manager for Monitoring Firm Phone Number						Telephone Numb 973-345-80			Licens	e Numb 01169	er				
					-	Name of OSHA									
Start Date (10)	Sched. C	ompletion	Date (11)		D & S Resto		Inc							
10/25/13	11/05/1	3			-	Street Address									
Occupancy Status During Abateme	nt (Check only	one)				20 California	a Avenu	ıe							
Facility closed/vacated during						City, State, Zip C	ode								
Abatement performed outside Describe:	of normal fac	ility hours	•												
Other-Describe: NORMAL I	IOURS		191			Paterson, N.	J 07503	5							
Scope of Work (check all that appl	y)						Full	Containment	w/negati	ve press	ure				
\boxtimes >3 sf or >3 lf	Renovation							-enclosure							
≥160 sf or ≥260 lf	Demolition						_	vebag proced n-Exempted (1		n-friable	proc	edure)		
Location of	Is location n			1				· ·		R	R	Е	E		
asbestos-containing	by maintena staff(12)	nce/custo	odial			sbestos-containin	ng	Amount	CE as	e m	e p	n c	n		
material (acm) to be abated in facility (13)		No	NI/A	material (ACM)			(Specify LF)	2L 0L	o v	a	a	C L		
	Yes	No	N/A					1000 th		e	r	р			
BASEMENT		X		PIPE INSU	LATI	ON	-	15 L FT	Philips department						
										40	Ш	Ш	Ш		
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Registered Waste Hauler D & S RESTORATION, INC.		Hauler ID		ubic Yards of V YD	Vaste	Name of Regist TULLYTOV			ECOVI	ERY					
City, State			Disposal D	A STATE OF THE PARTY OF THE PAR		City, State									
PATERSON, NJ 07503			10/28/1	3		TULLYTOV	WN, PA	1							
Completed by (Print or Type)	Title			Signature					Date						
BOGDAN JOLDZIC	PRESIDEN				ow =1-	10/24/ 2013									
100 44	* Do not use t	hic form fo	ar achaete	oc licencure ev	amntar	activities									